Form CR-F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

	3	4	5	Reinsurance On			9	10	11	12	13	14
				6	7	8						
	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amou Asse Pledge Compen Balanc Secure I of Cr
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