**DIVISION OF INSURANCE** 

124 S. Euclid Ave., 2nd Floor Pierre, SD 57501 Tel: 605.773.3563 | Fax: 605.773.5369 | dlr.sd.gov/insurance

### Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, 20\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
									Reinsurance		
Company									Payable on		Funds
Code or			Name		Type of	Amount of			Paid and	Modified	Withheld
ID		Effective	of		Reinsurance	In Force at			Unpaid	Coinsurance	Under
Number		Date	Reinsured	Location	Assumed	End of Year	Reserve	Premiums	Losses	Reserve	Coinsurance
									•••••		
									•••••		
									•••••		
									•••••		
Totals											

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### Form CR-S – PART 1 – SECTION 2

# Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company

as of December 31, 20\_\_\_

1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability			
Company					Туре			Other Than	Reinsurance		Funds
Code or			Name		of			For	Payable on	Modified	Withheld
ID		Effective	of	Domiciliary	Reinsurance		Unearned	Unearned	Paid and	Coinsurance	Under
Number		Date	Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Coinsurance
Totals	•										
L								L	•		

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# **Form CR-S – PART 2** Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, 20\_\_

1	2	3	4	5	6	7
Company			Name			
Code or		Effective	of		Paid	Unpaid
ID Number		Date	Company	Location	Losses	Losses
					••••••	
Traile L'C				1		
1 otais—Life, A	Annuity and Accide	ent and Health				I

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## Form CR-S – PART 3 – SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, 20\_\_\_

1	2	3	4	5	6	7			10			13	14
-								ve Credit		Outstanding S	urplus Relief		
Company			N		T. C.		-	aken				N 1 7 1	Funds
Code or		Effective	Name		Type of	Amount in	8	9		11	12	Modified	Withheld Under
ID Number		Date	of Company	Location	Reinsurance Ceded	Force at End of Year	Current Year	Prior Year	Duranizana	Current Year	Prior Year	Coinsurance Reserve	Coinsurance
-			Company	Location					Premiums				łł
				•••••									
				•••••									
				•••••									
Totals			1		1	1	i			1	i		<u>├</u>
10000						1		1	1	1			

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# Form CR-S – PART 3 – SECTION 2

# Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company

as of December 31, 20\_\_\_

1	2	3	4	5	6	7	8	9			12	13
-	-	-		-			Ť	Reserve Credit	Outstanding Surplus Relief			
Company								Taken Other	10	11		Funds
Code or			Name				Unearned	than for			Modified	Withheld
ID		Effective	of				Premiums	Unearned	Current	Prior	Coinsurance	Under
Number		Date	Company	Location	Туре	Premiums	(Estimated)	Premiums	Year	Year	Reserve	Coinsurance
			••••••									
			••••••									
				l								
Totals												