

DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

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FORM E-CR-S INSTRUCTIONS

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, Current Year

Create a spreadsheet with the following columns (total each column 7 through 12):

- 1. ID Number/Company Code
- 2. This column is intentionally left blank
- 3. Effective Date
- Name of Reinsured
- 5. Location
- 6. Type of Reinsurance Assumed
- 7. Amount of In Force at End of Year
- 8. Reserve
- 9. Premiums
- 10. Reinsurance Payable on Paid and Unpaid Losses
- 11. Modified Coinsurance Reserve
- Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies, and related benefits) for the calendar year.

Part 1 – Section 2. Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

Please create a spreadsheet with the following columns (total columns 7 through 12):

- 1. ID Number/Company Code
- 2. This column is intentionally left blank
- Effective Date
- 4. Name of Reinsured
- 5. Domiciliary Jurisdiction
- 6. Type of Reinsurance Assumed
- 7. Premiums
- 8. Unearned Premiums
- 9. Reserve Liability Other Than For Unearned Premiums
- 10. Reinsurance Payable on Paid and Unpaid Losses
- Modified Coinsurance Reserve
- 12. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was assumed (accident and health insurance) for the calendar year.

Part 2. Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 6 and 7):

- 1. ID Number/Company Code
- 2. This column is intentionally left blank
- 3. Effective Date
- Name of Company
- Location
- 6. Paid Losses
- 7. Unpaid Losses

Each row shall list each insurer for which reinsurance on paid and unpaid losses is recoverable.

FORM CR-S INSTRUCTIONS

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, Current Year

Create a spreadsheet with the following columns (total each column 7 through 14):

- 1. ID Number/Company Code
- 2. This column is intentionally left blank
- 3. Effective Date
- 4. Name of Company
- 5. Location
- 6. Type of Reinsurance Ceded
- 7. Amount in Force at End of Year
- 8. Reserve Credit Taken Current Year
- 9. Reserve Credit Taken Prior Year
- 10. Premiums
- 11. Outstanding Surplus Relief Current Year
- 12. Outstanding Surplus Relief Prior Year
- 13. Modified Coinsurance Reserve
- 14. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (life insurance, annuities, deposit funds and other liabilities without life or disability contingencies and related benefits).

Part 3 – Section 2. Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

Create a spreadsheet with the following columns (total each column 7 through 13):

- 1. ID Number/Company Code
- 2. This column is intentionally left blank
- 3. Effective Date
- 4. Name of Company
- 5. Location
- 6. Type
- 7. Premiums
- 8. Unearned Premiums (Estimated)
- 9. Reserve Credit Taken other than for Unearned Premiums
- 10. Outstanding Surplus Relief Current Year
- 11. Outstanding Surplus Relief Prior Year
- 12. Modified Coinsurance Reserve
- 13. Funds Withheld Under Coinsurance

Each row shall list each insurer for which reinsurance was ceded (accident and health insurance).