

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, (MOST RECENT YEAR-END)

Form CRS Part 1, Section 1 must be reported by an assuming insurer upon initial application for status as a Certified

Total Separate Accounts.....	1499999
Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999).....	1599999
Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999).....	1699999
Total (Sum of 1599999 and 1699999).....	1799999

Column Descriptions

Column 7	-	Amount in Force at End of Year				
Column 7	For catastrophe		2		8	8

FORM CR-S PART 1 – SECTION 2

REINSURANCE ASSUMED ACCIDENT AND HEALTH INSURANCE LISTED BY REINSURED COMPANY
AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CRS Part 1, Section 2 must be reported by an assuming insurer upon initial application for status as a Certified Reinsurer, and on an annual basis thereafter so long as the Certified Reinsurer maintains certification. Amounts are to be reported in U.S. dollars with thousands omitted. All dates reported in Form CRS must be in the format MM/DD/YYYY. For example, the date December 13, 2011 should be reported as 12/13/2011. Certified Reinsurer's rating and collateral requirement, as assigned by the certifying state, and the effective date of such rating, must be included on this form with respect to each filing that is submitted subsequent to certification.

Part 1, Section 2 provides information on all reinsurance assumed for accident and health insurance from ceding insurers domiciled in the U.S. and abroad. Amounts are to be reported in U.S. dollars with thousands omitted. Part 1, Section 2 data may be reported on an aggregate basis as opposed to reporting data applicable to each individual insured; however, reporting entities are required to segregate and subtotal this aggregate information in accordance with the categories listed below, as applicable.

*Note: Additional Instructions for Assuming Insurers Subject to Filing Schedule S Part 1 and NAIC Annual Statement
In certain cases, a U.S. domiciled assuming insurer is required to file annually a Schedule S Part 1 from the NAIC Annual Statement. The Schedule S Part 1 filing is submitted to a U.S. state in which the assuming insurer maintains a trust fund in a qualified U.S. financial institution for the payment of the valid claims of its U.S. ceding insurers with respect to U.S. reinsurance it has assumed under a status other than as a Certified Reinsurer. The purpose of the Schedule S Part 1 filing is to enable the commissioner of the state in which the trust is domiciled to determine the sufficiency of the trust fund, and a Form CRS filing does not affect this Schedule S Part 1 filing requirement. The assuming insurer's Schedule S Part 1 should only include U.S. reinsurance it has assumed that is supported by this trust.

In such cases, the assuming insurer may exclude from Form CRS Part 1 U.S. reinsurance assumed that is reported in its Schedule S Part 1. However, the assuming

- Column3 – Effective Date
Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.
- Column4 – Name of Company (Reinsurer)
- Column5 – Location (DomiciliaryJurisdiction)
Report the twocharacter postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is attached to these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the ~~code~~ **code**:
www.nationsonline.org/oneworld/countrycodes.htm
If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.
- Column6 – PaidLosses
Report reinsured claim amounts paid by the reporting entity but not yet reimbursed by the reinsurer.
- Column7 – UnpaidLosses
Include the reinsured amounts for claims that are in course of settlement and will become recoverable from reinsurers following payment.

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
AS OF DECEMBER 31, (MOST RECENT YEAR-END)

Form CR-

{ All Reinsurance Types should

- Column7 – Amount in Force at End of Year
Report the ceded amount of the basic life insurance policy only
For catastrophe reinsurance (CAT), disability reinsurance (DIS), accidental death benefit reinsurance (ADB) and annuity reinsurance (ACO and AMCO), leave this column blank.
- Column8 – Reserve Credit Taken Current Year
- Column9 – Reserve Credit Taken Prior Year
- Column10 – Premiums
Amounts included in this column should represent reinsurance ceded premiums on an incurred basis.
For deposit funds and other liabilities without life or disability contingencies, leave this column blank.
- Columns 11 & 12 – Outstanding Surplus Relief
Outstanding surplus relief means the amount of surplus not yet reported as income.
Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, ACO, MCO, AMCO, COFW, ACOFW, MCOFW, AMCOFW, COMB, ACOMB, ACOMBW AND COMBW. This column does not apply to CAT, DIS, ADB, YRT or other non-proportional reinsurance treaties.
Include the outstanding surplus resulting from reinsurance of separate accounts business.
- Column13 – Modified Coinsurance Reserve
Report the amount of reserves held under modified coinsurance contracts. Include separate accounts modified coinsurance reserves.
- Column14 – Funds Withheld Under Coinsurance
Report the amount of funds withheld on coinsurance contracts.

FORM CR-S PART 3

Column 3 – Effective Date
Report earliest effective date of contracts with recoverables reported applicable to individual assuming insurers.

Column 4 – Name of Company (Reinsurer)

Column 5 – Location (Domiciliary Jurisdiction)

Report the two character postal code abbreviation for the domiciliary jurisdiction. A comprehensive listing of postal code abbreviations for foreign countries is available in the appendix of these instructions. For postal code abbreviations of foreign countries not found in the appendix, use the code found at:

www.nationsonline.org/oneworld/countrycodes.htm

If a reinsurer has merged with another entity, report the domiciliary jurisdiction of the surviving entity.

Column 6 – Type

m059 Td ()Tj EMC6.2 ()]16[(m05p(h)12.1 (a81.a(1ha3)4)Tj EMC6 30 p329 (x,)9th)12.1 (a)4.7 (s)1

I	Individual
G	Group

{ All Reinsurance Types should followed by /I or /G.

REINSURANCE TYPES

NOTE: The insurance type should be entered in all capital let

- Column9 – Reserve Credit Taken Other Than For Unearned Premiums
- Columns 10 and 11 – Outstanding Surplus Relief
 Outstanding surplus relief means the amount of surplus not yet reported as income.
 Report the amount of initial commissions and expense allowance not yet recovered by the reinsurer for the following types of treaties (individual or group): CO, MCO, COFW, MCOFW, COMB or COMBW. This column does not apply to YRT or other nonproportional reinsurance treaties.
- Column12 – Modified Coinsurance Reserve
 Report the amount of reserves held under modified coinsurance contracts.
- Column13 – Funds Withheld Under Coinsurance
 Report the amount of funds withheld on coinsurance contracts.