**Form RJ-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, Current Year

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Company Code or  ID  Number | 2 | 3  Effective  Date | 4  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 | 12  Funds  Withheld  Under  Coinsurance |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Totals | | | |  |  |  |  |  |  |  |  |

**Form RJ-S – PART 1 – SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Company  Code or  ID  Number | 2 | 3  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 | 11  Modified  Coinsurance  Reserve | 12  Funds  Withheld  Under  Coinsurance |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Totals | |  |  |  |  |  |  |  |  |  |  |

**Form RJ-S – PART 2**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Company  Code or  ID Number | 2 | 3  Effective  Date | 4  Name  of  Company | 5  Location | 6  Paid  Losses | 7  Unpaid  Losses |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Totals—Life, Annuity and Accident and Health | | | | |  |  |

**Form RJ-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, Current Year

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

**Form RJ-S – PART 3 – SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1  Company  Code or  ID  Number | 2 | 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 | Outstanding Surplus Relief | | 12  Modified  Coinsurance  Reserve | 13  Funds  Withheld  Under  Coinsurance |
| 10  Current  Year | 11  Prior  Year |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Totals | |  |  |  |  |  |  |  |  |  |  |  |