## **CEDED REINSURANCE REPORT**

Note: THIS REPORT MUST BE FILED WITH THE PENNSYLVANIA INSURANCE DEPARTMENT BY EACH PENNSYLVANIA DOMESTIC INSURER WHICH HAS TAKEN CREDIT FOR REINSURANCE UNDER 31 PA. CODE, CHAPTER 161.8 WITHIN 30 DAYS OF THE FILING OF INSURER'S ANNUAL STATEMENT OF FINANCIAL CONDITION BUT IN NO EVENT LATER THAN MARCH 31, EACH YEAR.

| FILED BY:                                 |                    |                                      |                                |  |
|---|--------------------|--------------------------------------|--------------------------------|--|
|   |                    | (Name of Pennsylvania Dome           | estic Ceding Insurer)          |  |
| NAIC Group Code                           |                    | <u> </u>                             |                                | NAIC Company Code  |
| For the Year Ending December 31,          |                    |                                      |                                |  |
| PART A                                    |                    |                                      |                                |  |
|   | _Policyholder St   | urplus as of December 31,            | of Ceding domestic I           | Insurer  |
|   | Aggregate Am       | nount of credit taken for Unsecure   | d Ceded reinsurance recovera   | able under 31 Pa. Code, Chapter 161.8  |
| State of                                  | - ]                |                                      |                                |  |
| County of                                 | _                  |                                      |                                |  |
| (Name),                                   |                    | _, being duly sworn, deposes and     | says that I am the chief finar | ncial officer of the above-named insurer, and  |
| that, as set forth in the filed and sworn | financial statemer | ent of said insurer for the year end | ing December 31,               | and this Ceded reinsurance report,   |
|   |                    |                                      |                                | all the conditions and requirements of 31 Pa.  |
|   |                    |                                      |                                | s are maintained (including the information  |
|   |                    |                                      |                                | requirements have been met for purposes of<br>e notice to the Department as required by 31 |
|   |                    |                                      |                                | ace was taken are more than 90 days past due   |
|   |                    |                                      |                                | credit for reinsurance was taken is failing to   |
| meet the standards in 31 Pa. Code, Cha    |                    |                                      |                                |  |
| Subscribed and sworn to before me this    |                    |                                      |                                |  |
| Day of                                    | 1                  |                                      |                                |  |
|   |                    |                                      |                                |  |
|   |                    | Chief Financial Officer              | •                              |  |

NOTE: A REPORT INCLUDING ALL INFORMATION REQUESTED IN SAMPLE PART B (INCLUDING SCHEDULES B-1 AND B-2) MUST BE PREPARED BY MARCH 31 AND BE MAINTAINED BY THE INSURER WITH OTHER DOCUMENTATION NECESSARY TO DEMONSTRATE COMPLIANCE WITH 31 PA. CODE CHAPTER 161.8

(1) Revised 11/15/02

NOTE: THIS PART B AND SUPPORTING SCHEDULES B-1 AND B-2 ARE SUGGESTED FORMATS FOR RECORDS TO BE PREPARED ON AN ANNUAL BASIS AND MAINTAINED BY DOMESTIC CEDING INSURERS WITH OTHER DOCUMENTATION NECESSARY TO DEMONSTRATE FOR PURPOSES OF FINANCIAL EXAMINATIONS CONDUCTED BY THE DEPARTMENT THAT THE CONDITIONS OF 31 PA. CODE, CHAPTER 161.8 HAVE BEEN MET. INSURERS MAY WISH TO DEVELOP THEIR OWN FORMS FOR COMPILING THIS INFORMATION. A SEPARATE REPORT INCLUDING ALL INFORMATION IN PART B AND SCHEDULES B-1 AND B-2 MUST BE PREPARED FOR EACH UNAUTHORIZED ALIEN ASSUMING INSURER FOR WHICH REINSURANCE CREDIT HAS BEEN TAKEN UNDER 31 PA. CODE, CHAPTER 161.8.

## **CEDED REINSURANCE REPORT**

|  | (Name of Pennsylvania Domestic Cedin                                     | ng Insurer)                    |                                      |                            |  |  |
|--|--|--------------------------------|--------------------------------------|----------------------------|--|--|
| NAIC Group Code  |  |                                | NAIC Company Code                    |                            |  |  |
| For th   | e Year Ending December 31,   |                                |                                      |                            |  |  |
| PART   | B  |                                |                                      |                            |  |  |
|  |  |                                |                                      |                            |  |  |
| (Name of Unauthorized Alien Assuming Insurer)              |  |                                |                                      | (Domiciliary Jurisdiction) |  |  |
| Complet  | e Address of Main Administrative Office of Unau                          | thorized Alien Assuming Insure | r)                                   |                            |  |  |
| (Contact   | Person and Phone Number)   |                                |                                      |                            |  |  |
|  | Total amount of Unauthorize International (ISI) classic da               |                                | r's Adjusted Shareholder Funds as of | December 31,, as rep       | ported by the Insurance Solvency         |  |
|  | Maximum amount of liabilit   | y for loss for any one risk    | ceded to the Unauthorized Alien Assi | uming Insurer.             |  |  |
|  | Ratio of net premium to adju   | sted shareholder funds of      | Unauthorized Alien Assuming Insure   | er.                        |  |  |
|  | Number of ISI tests failed by  | the Unauthorized Alien         | Assuming Insurer.                    |                            |  |  |
| Reinsurance Recoverable<br>(Loss & Allocated Loss Expense) |  |                                |                                      | Unearned                   | TOTAL                                    |  |
| LINE   |  | Paid Losses                    | Unpaid Losses                        | Premium                    | $(\mathbf{A} + \mathbf{B} + \mathbf{C})$ |  |
| LINE<br>(1)  | Total Unauthorized Recoverables  | Column A                       | Column B                             | Column C                   | (Column D)                               |  |
| (2)  | Less Security Held for Recoverables (Attach Schedule B-1)                |                                |                                      |                            |  |  |
| (3)  | Unsecured Ceded Recoverables (Line 1 minus Line 2) (Attach Schedule B-2) | \$                             | \$                                   | \$                         | \$                                       |  |
|  |  |                                |                                      |                            |  |  |

(2) Revised 11/15/02

## **CEDED REINSURANCE REPORT**

| (Name of Pennsylvania Domestic Ceding Insurer) NAIC Group Code   | NAIC Company Code                                |  |  |
|--|--|--|--|
| For the Year Ending December 31,   |  |  |  |
| SCHEDULE B-1 TO PART B FOR   |  |  |  |
| (Name of unauthorized Alien Assuming Insu  | *  |  |  |
|  | SECURITY HELD FOR CEDED RECOVERABLES             |  |  |
| Unearned Premium (Line 1, Column C)  | \$   |  |  |
| Known Case Outstanding Reserves for Ceded Loss and Allocated Loss Adjustm  | nent Expense                                     |  |  |
|  | TOTAL  |  |  |
| X 110 % = Required Amount of Authorized Security   |  |  |  |
| (This amount must be less than or equal to Part B, Line 2, Column D)   | \$\$   |  |  |
| SCHEDULE B-2 TO PART B FOR   |  |  |  |
| (Name of unauthorized Alien Assuming Insu  | rrer)  |  |  |
|  | <u>ORIZED REINSURANCE RESERVE</u>                |  |  |
| Unsecured Ceded recoverables (Part B, Line 3, Column D)  | \$   |  |  |
| X Percentage of Unsecured Ceded recoverables For which Credit has been Take  Indicate Percentage Option Select                   | en<br>ted%                                       |  |  |
| Largest Percentage of Uncollectible ceded Unauthorized Reinsu years calculated as set in 31 Pa. Code, Chapter 161. 8 (b) (1) (i) |  |  |  |
| Largest Percentage of Unearned Premiums Ceded to any one Unset forth in 31 Pa. Code, Chapter 161. 8 (b) (1) (ii).                | nauthorized Alien Assuming Insurer calculated as |  |  |
| 15 % As set forth in 31 Pa. Code, Chapter 161. 8 (b) (1) (iii).  |  |  |  |
| $= \Lambda$  | mount of unauthorized reinsurance reserve        |  |  |

(3) Revised 11/15/02