

Company \_\_\_\_\_

**PARTICULARS OF REINSURANCE TREATY**  
as of January 1, 200\_\_

Class of Business \_\_\_\_\_

- 1. Type of Treaty (Surplus, Quota, Excess of Loss, or Stop Loss) \_\_\_\_\_
- 2. Limits for 100% of the Treaty \_\_\_\_\_
- 3. Premium Income for 100% of the Treaty \_\_\_\_\_
- 4. Total Company's Retention \_\_\_\_\_
- 5. Panel of Reinsurers and their respective shares (indicate percentage)

<u>Name of Reinsurer</u>	<u>Percentage of Share</u>	<u>Financial Strength Rating</u>
a. Authorized Domestic Companies:		
National Reinsurance Corporation of the Phils.	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
b. Authorized Foreign Companies :		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
c. Unauthorized Foreign Companies:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____

6. Have notices of cancellation been sent out to your reinsurers to allow you to restructure your present reinsurance arrangements to comply with Insurance Memorandum Circular No. 2-93 dated December 22, 1992 of this Commission?

If not, why not?

Other Comments: