



# TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)  
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)

## FORM SAS 2/99: SOLVENCY ASSESSMENT SCHEDULE B NON-DOMESTIC INSURER<sup>1</sup> LONG TERM BUSINESS ONLY

PLEASE COMPLETE ALL SECTIONS OF THIS FORM AS FULLY AS POSSIBLE.

Insurance Company Name	
Financial Year End	

### **A** Calculation of Actual Solvency Margin (ASM)

- |   |   |    |       |
|---|---|----|-------|
| 1 | Aggregate value of Permitted Assets at Balance Sheet date   | \$ |       |
| 2 | Aggregate value of Liabilities at Balance Sheet date (minus)  | \$ |       |
| 3 | <b>Actual Solvency Margin A. (1) – A. (2)</b><br>(N.B. See Insurance Regulations for Prohibited/Permitted Assets) | \$ | _____ |

### **B** Calculation of Minimum Solvency Margin (MSM)

- |          |   |    |         |
|----------|---|----|---------|
| 1        | Long term only – Net Worth US\$180,000.00             | \$ | 180,000 |
|          | <b>MSM</b>  | \$ | _____   |
| <b>C</b> | <b>A. (3) (ASM) above as a percentage of B. (MSM)</b> |    | _____ % |

<sup>1</sup> Includes Captives & International insurers

Calculation Sheet for:

Consolidated Business

Domestic Business

\_\_\_\_\_  
**Independent Auditor** (SIGNATURE)

\_\_\_\_\_  
**Date**