

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 C COMPOSITE: LONG TERM & GENERAL INSURANCE BUSINESS

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

| Insurance Company Name | |
|------------------------|--|
| Financial Year End | |

| | Calculation of Actual Solvency Margin (ASM) | US\$ |
|----|---|------|
| 1. | Total assets from balance sheet | |
| | Less: Non- permissible assets* | |
| | (a) premiums receivables outstanding for greater than 6 months | |
| | (b) receivables from related parties | |
| | (b) other receivables balances outstanding for greater than 90 days | |
| | (d) other non-permissible assets (specify) | |
| | (e) other non-permissible assets (specify) | |
| | (f) other non-permissible assets (specify) | |
| 2. | Total Non-permissible assets: Sum of (Row (a) to Row (f)) | |
| 3. | Permissible Assets (Row 1 minus Row 2) | |
| 4. | Total Liabilities from balance sheet | |
| 5. | Liabilities to shareholders and partners | |
| 6. | Liabilities for solvency margin purposes (Row 4 minus Row 5) | |
| 7. | Actual Solvency Margin (Row 3 – Row 6) | |

| | Calculation of Required Solvency Margin (RSM) | | |
|-------|--|---|--|
| 8. | Net Premiums Written ("NPW") | | |
| 9. | RSM = \$180,000.00 + 20% of NPW up to \$5 million + 10% of NPW in excess of \$5 million | | |
| 10. | Solvency Margin Surplus (deficit) (Row 7 – Row 9) | | |
| 11. | Solvency Margin Ratio (Row 7 as a percent of Row 9) | % | |
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Solvency Assessment Schedule C



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Minimum Solvency Margin = 100%

* Note: Each non permitted asset held by the company must be specified. A listing of non-permitted assets is presented in Section 5 of the Capital Adequacy and Solvency Guidelines for Domestic Insurers which is available on the website of the Turks and Caicos Islands Financial Services Commission.

Calculation Sheet for:

□ Consolidated Business

□ Domestic Business

| Name of Auditor | |
|----------------------|--|
| Signature of Auditor | |
| Date | |