

SOLVENCY CERTIFICATE

Name of the Insurer

Name of the Auditor

For the year ended

I do hereby confirm as follows:

1. That I am the duly appointed independent auditor of _____.
2. I have reviewed the attached solvency computation presented by _____ insurance company and based on my review the insurer [] has [] has not met the requirements for the minimum margin of solvency in accordance with the requirements of section 78 of the Insurance Act, Chapter 347 and the relevant provisions of the Insurance (General) Regulations, 2010 including all amendments thereto. The insurer has a surplus/(shortfall) over the required solvency margin of \$ _____ as at year ended _____.

Auditor's signature _____

Auditing firm _____

I do hereby confirm that the above is correct to best of my knowledge:

Director's name _____

Director's signature _____

Director's name _____

Director's signature _____