

SCHEDULE 9

(Section 3A)

Anguilla

INSURANCE ACT

(Section 8(4))

CERTIFICATE OF COMPLIANCE FOR A PRODUCER AFFILIATED RE-INSURANCE COMPANY

ANNUAL COMPLIANCE STATEMENT

(Certificate of compliance pursuant to section 8(4) of the Insurance Act, R.S.A. c. I16)

TO: The Director
Anguilla Financial Services Commission
P.O. Box 1575
The Valley, Anguilla AI-2640
British West Indies

Re:
Producer Affiliated Re-insurance Company (the "Licensee")

Activity period for this annual compliance statement – Year ended _____ 20__

This serves to confirm that the Licensee:

- a) has notified the Commission of all changes or proposed changes in the information (including in the Licensee’s Business Plan) submitted in connection with the Licensee’s application for its license issued under the Insurance Act, R.S.A. c. I16 (the “Insurance Act”);
- b) has carried on business only in accordance with the information referred to in paragraph (a) above and with such changes as the Commission has approved;
- c) has conducted its affairs in compliance with the provisions of the Insurance Act and the Insurance Regulations, R.R.A. I16-1; and
- d) currently writes only the types of re-insurance business indicated below arising from the operations of:

.....
Name of the entity (the “Producer”) whose business is insured with a Primary Insurer before being reinsured with the Licensee

Class of Re-insurance (Please indicate) If not listed below then please describe in "Other".	X	Primary Insurer(s)*	Rating **
(i) Credit Life			
(ii) Credit Accident & Health			
(iii) Credit Disability			
(iv) Product Service Contract / Warranty			
(v) Guaranteed Asset Protection			
(vi) Insured Finance Reserve			
(vii) Involuntary Unemployment			
(viii) Mortgage Guarantee			
(ix) Other (please state)			
(x)			

* Where there is an intermediate company between the Producer and the Primary Insurer, this must be stated.

** The Primary Insurer's Rating must be stated.

[Note that prior approval of the Commission is required for a change of Primary Insurer(s) and for a change in the nature or extent of the risk to be reinsured]

_____ (signature)
(Insurance Manager/Director of Licensee)

Date: _____