

SURESTONE REINSURANCE LTD.
POINT HOUSE, 4TH FLOOR, 6 FRONT STREET, HAMILTON HM 11
Mailing address: P.O. BOX HM 2450, HAMILTON HM JX, BERMUDA

TELEPHONE: (441) 295- 2220

FACSIMILE NO: (441) 292-0217

DECLARATION OF COMPLIANCE

(Prepared in accordance with section 15A of the Insurance Act 1978)

For the Year-Ended – March 31, 2024

We, the undersigned Directors of Surestone Reinsurance Ltd. ("the Company") declare that to the best of our knowledge and belief, that the Company has:

- (a) complied with all requirements of the minimum criteria applicable to it;
- (b) complied with the minimum margin of solvency;
- (c) complied with applicable enhanced capital requirements;
- (d) complied with all applicable regulatory conditions, directions, restrictions and approvals imposed on the insurer; and
- (e) complied with the minimum liquidity ratio for general business.

DIRECTORS:

D Edgar
Director:

[Signature]
Director:

30/07/2024
Date

30/7/2024
Date