**Everest International Assurance, Ltd.** 

Seon Place 4th Floor 141 Front Street P.O. Box HM 845 Hamilton HM DX, Bermuda Tel: 441.295.0006 Fax: 441.295.4828



## DECLARATION OF COMPLIANCE (Prepared in accordance with Section 15A of the Insurance Act 1978) For the Year-Ending – December 31, 2020

We, the undersigned Directors of EVEREST INTERNATIONAL ASSURANCE, 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 as at December 31, 2020;
- (c) complied with applicable enhanced capital requirements as at December 31, 2020;
- (d) complied with all conditions and regulatory approvals imposed on the Company's certificate of registration; and
- (e) complied with the minimum liquidity ratio for general business as at its financial year end

DIRECTORS:		
Docusigned by:  kyle I dams	4/30/21	
Director: Kyle Adams	Date	
Sanjoy Mulikenjee	_4/30/21	
Director: Sanjoy Mukherjee	Date	