Hiscox Société Anonyme

Solvency and Financial Condition Report 2020

April 2021

Contents

Glossary of terms

Abbreviation	Details of abbreviations
CaA	Le Commissariat aux Assurances
CEO	Chief Executive Officer
CFO	Chief Finance Officer
COO	Chief Operating Officer
CRO	Chief Risk Officer
CUO	Chief Underwriting Officer
DAC	Deferred Acquisition Costs
EAL	Excess of assets over liabilities
EEA	European Economic Area
EIOPA	European Insurance and Occupational Pensions Authority
ENID	Events Not In Data
EU	European Union
EUR	Euro
FTSE	Financial Times Stock Exchange
GBP	British Pound
HSA	Hiscox Société Anonyme
HSA Board or the Board	Board of Directors of Hiscox Société Anonyme
HIB	Hiscox Insurance Company (Bermuda) Ltd.
HIG	Hiscox Investment Group
Hiscox Board or Group Board	Board of Directors of Hiscox Ltd
Hiscox Group or the Group	Hiscox Ltd and its group of companies
HSA	Hiscox Société Anonyme
IBNR	Incurred but not reported
IELR	Initial Expected Loss Ratio
IFRS	International Financial Reporting Standards
Lux GAAP	Luxembourg Generally Accepted Accounting Principles
MD	Managing Director
NED	Non-Executive Director
ORSA	Own Risk and Solvency Assessment
PDR	Performance and Development Review
Property insurance	Fire and other damage to property insurance
Quota share	Reinsurance agreement where the primary insurer and the reinsurer use a fixed percentage in sharing the amount of premiums and losses
QRTs	Quantitative Reporting Templates
ROE	Return on Equity
SCR	Solvency Capital Requirement
SFCR	Solvency and Financial Condition Report
SPV	Special Purpose Vehicles
the Plan	Internal Audit Plan
UK	United Kingdom

Directors' statement

We acknowledge our responsibility for preparing the Solvency and Financial Condition Report (SFCR) in all material respects in accordance with the Solvency II Regulations. We have approved the SFCR.

We are satisfied that:

a) throughout the financial year in question, the insurer has complied in all material respects with the requirements of the Solvency II Regulations as applicable to the insurer; and

b) it is reasonable to believe that the insurer has continued to comply subsequently and will continue to do so in future.

Signed on behalf of the Board of Directors on 7 April 2021 by:

Stephane Flaquet
Stephane Flaquet (Apr 7, 2021 16:46 GMT+1)

Stéphane Flaquet Director

Andrea Schmid
Andrea Schmid (Apr 7, 2021 16:05 GMT+2)

Andrea Schmid Director

Executive summary

The purpose of the Solvency and Financial Condition Report (SFCR) is to provide stakeholders with additional information over and above that contained in the annual financial statements. This SFCR is prepared in accordance with Article 82 of the Law of 7 December 2015 on the insurance sector, as amended, as well as Annex XX of the Commission delegated Regulation (EU) 2015/35 and EIOPA guidelines on reporting and public disclosure BoS-15-109.

The SFCR contains qualitative and quantitative information on Hiscox SA (HSA or the Company)'s business and performance, system of governance, risk profile, valuation for solvency purposes and capital management together with standardised Quantitative Reporting Templates (QRTs) for 2020.

In 2020, the Covid-19 pandemic impacted market conditions and the business. Loss estimates and their underlying assumptions continue to be reviewed on an ongoing basis. The impact of Covid-19 has been factored into a number of the significant financial reporting judgements and has been reflected in the relevant sections of HSA's annual financial statements. Figures presented in the SFCR take account of the impact of Covid-19 on the Company.

Business and performance

HSA is a Luxembourg authorised insurer and is a wholly owned subsidiary of Hiscox Ltd, which is incorporated in Bermuda and has a FTSE 250 listing on the London Stock Exchange. HSA's operations form the vast majority of the European division of Hiscox Ltd.

As at 31st December 2020, HSA's principal activity is the transaction of general insurance business, in particular personal and commercial insurance. Personal insurance includes high-value households, fine art and collectibles as well as luxury motor vehicles. Commercial insurance is focused on small and medium sized businesses, particularly for professional indemnity and other liabilities such as employment liability and property risk.

The most material Solvency II lines of business are estimated to be General Liability insurance and Fire and Other Damage to Property insurance (Property insurance) accounting for approximately 94% of GWP. HSA underwrites insurance risk in various locations including Germany, France, the Netherlands, Belgium, Spain, the Republic of Ireland, Portugal and the United Kingdom (UK). The material geographical areas where HSA underwrites business are Germany and France.

In 2020, HSA's gross written premiums amounted to €417m on a Lux GAAP basis which compared to 2019 is a decrease of 16% explained by the specific accounting requirements relating to the portfolio transfer (Part VII) considered last year.

The claims performance is highly impacted by Covid-19 losses with a 56% loss ratio, with the most affected lines of business being Commercial Property with Business Interruption cover and Events cancellation. With the Reinsurance arrangements HSA has in place, the net loss ratio is a healthy 25%.

The operational expenses ratio of 18% performed better than expected, driven by a tight management control of expenses and also as a reaction to the economic situation the sector was going through and the slowdown of business.

HSA made an underwriting loss in 2020 of €1.167 thousands compared to a loss €4.049 thousands in 2019 returning a combined ratio of 101.3% (2019: 103.8%).

No final dividend has been declared for the year ended 31 December 2020 (2019: nil).

Further details of HSA's business and performance during the reporting period are included in Section A of this report.

System of governance

HSA operates within an adequate system of governance with clear roles and responsibilities throughout the organization which underpins its business model in accordance with the Group's governance framework and the Solvency II requirements.

The Board meets at least four times a year and is provided with appropriate and timely information to enable it to review business strategy, trading performance, business risks and opportunities, solvency and regulatory compliance.

HSA operates a three lines of defence model which establishes clear risk roles and responsibilities that enables risk-reward decisions to be taken in a transparent and consistent manner, with an appropriate amount of challenge and oversight. The three lines of defence model provides a widely-understood system of risk management and internal control across the business, and a mechanism for assessing and monitoring its effectiveness.

HSA's Own Risk and Solvency Assessment (ORSA) process is an integral part of the risk management system. The ORSA process covers business planning, assessing and monitoring the risk profile, validating outputs used to inform capital decisions and conducting solvency assessments. The ORSA process is evidenced during the course of the year as part of risk monitoring and reporting presented to the HSA Board and HSA Audit & Risk Committee. The ORSA report is approved annually by the HSA Board.

There were no material changes in HSA's system of governance during the reporting period.

Further details of HSA's system of governance are included in Section B of this report.

Risk profile

HSA calculates its regulatory Solvency Capital Requirement based on four risk types: underwriting risk; market risk; credit risk and operational risk. Material risk exposures are mitigated through the operation of controls to reduce the likelihood or impact of risks occurring; the holding of capital; and through the purchase of (re)insurance to limit HSA's exposure to losses.

A snapshot of HSA's pre-diversified risk profile composition for the year ended 31 December 2020 is shown in Figure 1. The risk profile is produced using the Solvency II standard formula framework.

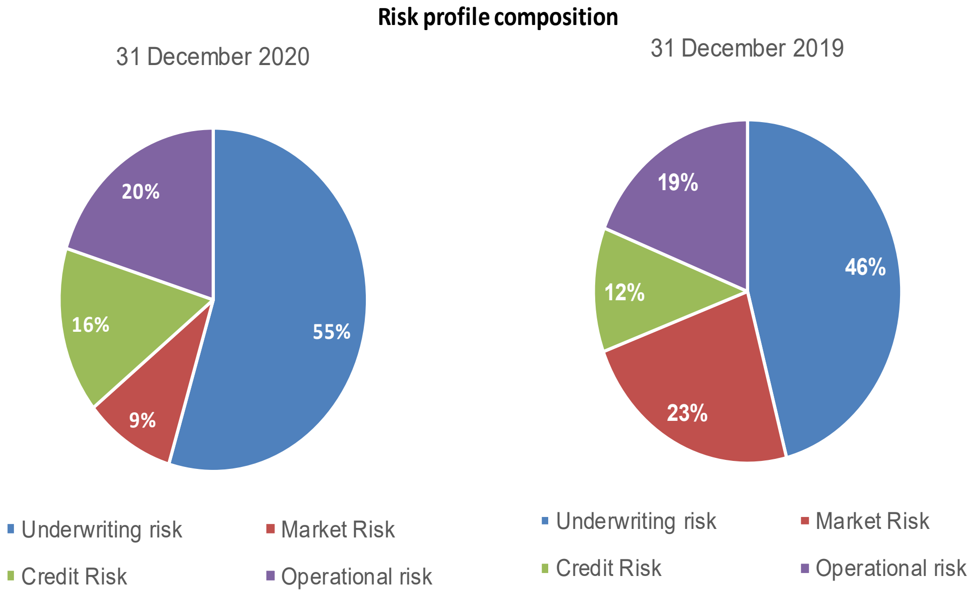

Figure 1

Underwriting risk (including reserve risk) remains the most significant risk that HSA is exposed to, representing 55% of its pre-diversified risk profile which is assumed mainly through the underwriting process.

The second largest risk type is **operational risk**, making up 20% of the overall pre-diversified risk profile.

The third largest risk is **credit risk**, which amounted to 16%. The inherent credit risk exposure for HSA is material with the quota share agreement in place with Hiscox Insurance Company (Bermuda) Ltd.. This risk is mitigated by holding collateral and limiting the amount of exposure to reinsurers based on their credit rating.

The remaining type is **market risk**. The pre-diversified SCR for market risk amounted to 9% in 2020. HSA invests in accordance with the Solvency II Prudent Person Principle to protect the security, quality, liquidity and profitability of the portfolio, and ensure that assets are available to the company in the relevant currency as required.

All risk types are actively managed as part of the risk management framework.

Although there are links between underwriting, market and credit risk, it is unlikely that the most extreme losses in each category will be incurred at the same time. To recognise this, HSA's SCR is less than the sum of the individual capital requirements for each risk, reflecting the impact of this diversification benefit. Further details of HSA's risk profile, including analysis of HSA's diversified capital standard formula SCR are included in Section C of this report.

Valuation for solvency

Assets and liabilities have been valued for solvency purposes in accordance with the Solvency II Directive (as implemented in Luxembourg) and the Solvency II Regulations.

Table 1 shows the differences between HSA's shareholders' equity (as presented in the financial statements prepared under Luxembourg Generally Accepted Accounting Principles (Lux GAAP)) and the Solvency II balance sheet shown in Appendix A of this report:

	2020 €000	2019 €000
Shareholders' equity as shown in the financial statements	103,667	103,091
Solvency II valuation adjustments to assets (Note i)	(749,893)	(786,735)
Solvency II valuation adjustments to technical provisions (Note ii)	143,300	144,308
Solvency II valuation adjustments to other liabilities (Note iii)	580,745	640,239
Solvency II Excess of Assets over Liabilities (EAL)	77,819	100,903

Table 1

The differences between shareholders' equity and Solvency II EAL are due to valuation adjustments as explained below:

i. Valuation of assets under Solvency II
Valuation adjustments to assets relate primarily to adjustments to remove deferred acquisition costs, intangible assets and insurance and reinsurance receivables not yet due as these are taken into account in the valuation of technical provisions under Solvency II. Adjustments have been made to the valuation of investments for the purposes of Solvency II as they are valued on a market value basis, however under Lux GAAP, the collective investments are valued at lower of historical acquisition cost and market value, and the debt securities are valued at amortised cost or acquisition cost. Additionally, for Solvency II purposes IFRS 16 was applied, resulting in differences to Lux GAAP.

ii. Valuation of technical provisions under Solvency II
Adjustments have been made to statutory technical provisions and reinsurance recoverables (consistent with the adjustments to valuation of assets) to reflect Solvency II valuation requirements. Solvency II requires the technical provisions ("claims provisions" plus "premium provisions") to be a best estimate of the current liabilities relating to insurance contracts, plus a risk margin. The best estimate liabilities are calculated as the discounted best estimate of all future cash flows relating to claim events prior to the valuation date, as well as the discounted best estimate of all future cash flows relating to future exposure arising from policies that the insurer is obligated to at the valuation date.

iii. Valuation of other liabilities
Valuation adjustments to other liabilities relate primarily to adjustments to remove deferred acquisition costs payable in the financial statements (relating to reinsurance ceded) and insurance and reinsurance payables not yet due as these are taken into account in the valuation of reinsurance recoverables under Solvency II. HSA has no material contingent liabilities that require recognition as liabilities in the Solvency II balance sheet. Additionally, for Solvency II purposes IFRS 16 was applied, resulting in differences to Lux GAAP.

Further details of HSA's valuation of assets and liabilities for solvency purposes are included in Section D of this report.

Capital management summary

The solvency position of an insurer under Solvency II is determined by comparing eligible own funds with the Solvency II SCR. Insurers are required to meet the SCR at all times and are required to rectify any breach within six months (though this period can be extended by a further three months). A breach of the lower Minimum Capital Requirement (MCR) is required to be rectified within three months.

At 31 December 2020, HSA's Solvency II Eligible own funds were €77.8m, compared to a standard formula SCR of €56.2m and representing an SCR coverage ratio of 138%. HSA's MCR was €25.3m.

HSA's eligible own funds are calculated in Table 2 below.

	2020	2019
Solvency II EAL €'000	77,819	100,903
Eligible own funds (Tier 1 & Tier 3) €'000	77,819	100,903
Minimum capital requirement €'000	25,301	29,983
Solvency capital requirement €'000	56,224	66,599
Solvency capital requirement ratio	138%	152%

Table 2

There are no restrictions on the availability or transferability of HSA's own funds (e.g. no existence of ring-fenced funds). The majority of the eligible own funds are unrestricted Tier 1 items (i.e. ordinary share capital, related share premium and reconciliation reserve), with the exception of a deferred tax asset amounting to €4.3m which is not eligible to cover the MCR.

HSA has not requested and therefore does not have in place approvals to use the matching adjustment, volatility adjustment, transitional interest rate term structure or the transitional deduction on technical provisions. Therefore no adjustments have been made relating to these transitional measures.

HSA regularly reviews the suitability of the Solvency II standard formula that has been assessed as deemed appropriate.

Decisions on optimal capital levels are an integral part of HSA's business planning and forward-looking assessment of risk processes which cover a three year time horizon. HSA manages its own funds in such a way that it will ensure it holds sufficient capital to meet its regulatory and business requirements.

There were no instances of non-compliance with the SCR or MCR. Further details of HSA's capital management approach are included in Section E of this report.

A. Business and performance

A.1. Business

A.1.1. Name and legal form of the undertaking

Hiscox S.A. (HSA) is a private company limited by shares.

The registered office of HSA is 35F Avenue John F. Kennedy, L-1855 Luxembourg, Luxembourg.

A.1.2. Supervisory authority responsible for the financial supervision of HSA

HSA is supervised by the Commissariat Aux Assurances.

Commissariat aux Assurances
7, boulevard Joseph II
L-1840 Luxembourg
Luxembourg

A.1.3. External auditor

The external auditor of HSA is PricewaterhouseCoopers Société coopérative.

PricewaterhouseCoopers Société coopérative
20 rue Gerard Mercator
L-2182 Luxembourg
Luxembourg

A.1.4. Holders of qualifying holdings in HSA

Hiscox Ltd, a company incorporated in Bermuda and listed on the London Stock Exchange, owned 100% of the ordinary share capital of HSA.

The registered office of Hiscox Ltd is Chesney House, 96 Pitts Bay Road, Pembroke HM08, Bermuda.

A.1.5. Details of HSA's position within the legal structure of the group and related undertakings

The simplified group structure in Figure 2 shows HSA's position within the legal structure of Hiscox Ltd and its group of companies ('Hiscox Group' or 'the Group').

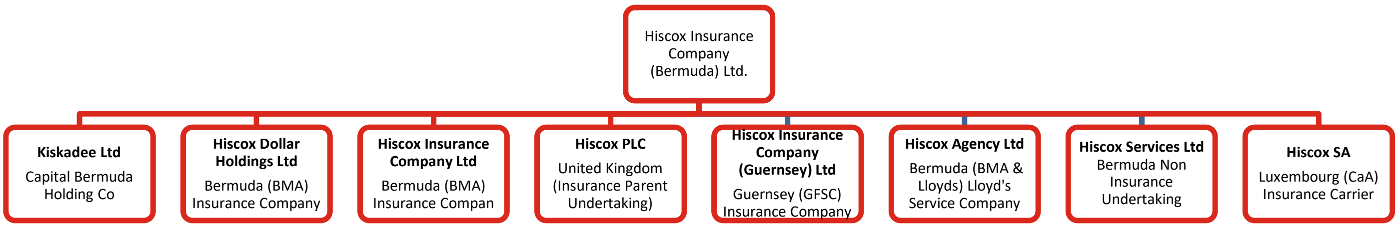

Figure 2

The detail of ownership of HSA is shown in sub-section A.1.4 above.

A.1.6. Material lines of business and material geographic areas where business is carried out

The principal activity of HSA is the transaction of general insurance business, in particular personal and commercial insurance cover. Personal insurance includes high-value household, fine art and collectibles as well as luxury motor vehicles. Commercial insurance is focused on small and medium sized businesses, particularly for professional indemnity and other liability lines such as directors and officers, cyber, public liability, employers' liability, and property risks.

Material lines of business

The material Solvency II lines of business which HSA underwrites and their relative contribution to HSA's gross premiums written are as shown in Table 3.

Solvency II line of business	% of gross premiums written	
	2020	2019
Fire and other damage to property insurance	32.5%	38.0%
General liability insurance	61.7%	57.7%
Others	5.8%	4.2%

Table 3

Material geographic areas

As at 31 December 2020, the main locations where HSA conducts business are Germany, France, and the Republic of Ireland and their combined contribution to HSA's gross premiums written is €333m. This is shown in Figure 3 below.

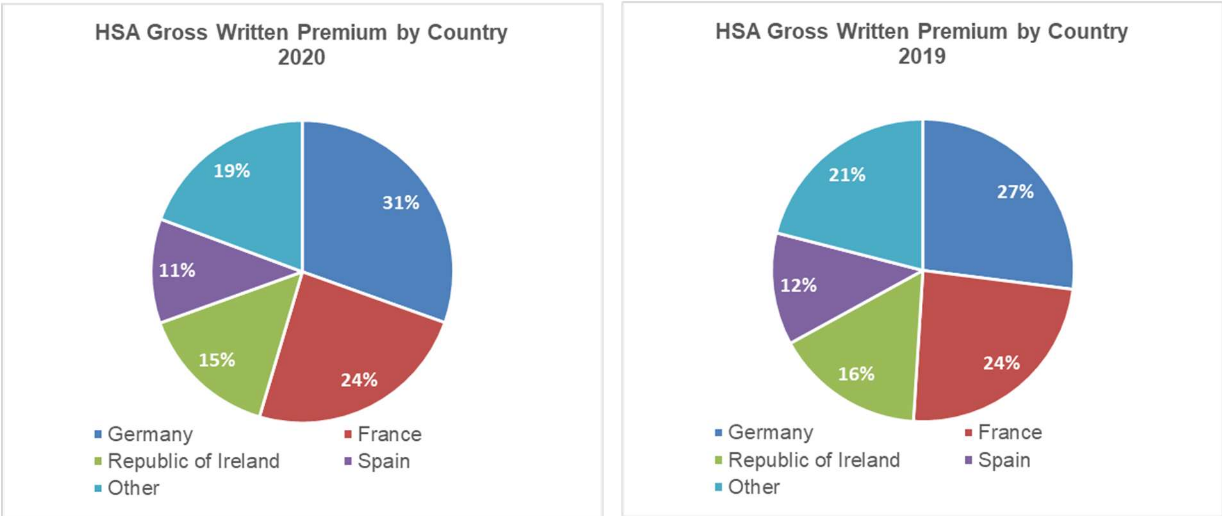

Figure 3

A.1.7. Significant business or other events during the period that have had a material impact on HSA

For the Company, 2019 was the foundational year, with 2020 dominated by the global pandemic – the Coronavirus (Covid-19), and the economic impact of the lockdowns across Europe.

The Covid-19 pandemic has evolved into an unprecedented public health emergency in Europe and around the world, causing disruption to businesses and economic activity.

The situation remains dynamic as governments around the globe take measures to slow the spread and mitigate the human tragedy.

The social distancing measures have resulted in our business activating business continuity plans (BCP) and most staff working on behalf of HSA are now servicing customers whilst working remotely. The investment in new technology in recent years has meant the business operates mostly in a paperless environment.

A.2. Underwriting performance

HSA's underwriting performance for the year ended 31 December 2020 is set out in Table 4.

Key performance indicators	2020	2019
Gross premiums written (€000)	417,335	496,651
Net premiums written (€000)	101,564	106,429
Net premiums earned (€000)	99,577	108,114
Underwriting profit (€000)[1]	(1,264)	(4,154)
Net claims ratio (%)	25.4	18.5
Net Operational expenses ratio (%)	76.6	85.6
Net combined ratio (%)	101.3	103.8

[1] Underwriting profit (excluding investment return) on an Lux GAAP basis

Table 4

A.2.1. Analysis of underwriting performance by material Solvency II lines of business

HSA's underwriting performance by material Solvency II lines of business for the years ended 31 December 2020 is set out in Table 5.

Key performance indicators[1]	Fire and other damage to property insurance	General liability insurance	Other	Total 2020	Total 2019
Gross premiums written (€000)	135,465	257,688	24,181	417,335	496,651
Net premiums written (€000)	39,427	55,165	6,971	101,564	106,430
Net premiums earned (€000)	37,521	54,049	8,006	99,577	108,114
Gross claims incurred (€000)	123,153	76,174	7,013	206,340	250,440
Net claims incurred (€000)	8,896	4,726	630	14,252	10,395
Expenses incurred (€000)	32,239	48,967	5,846	87,052	101,874
Underwriting profit (€000)	(3,459)	647	1,549	(1,264)	(4,154)
Net claims ratio (%)	37.4	19.4	9.5	25.4	18.5
Operational expense ratio (%) [Net]	64.1	90.5	41.1	76.6	85.6
Combined ratio (%) [Net]	109.2	98.8	80.7	101.3	103.8

[1] Underwriting profit on an Lux GAAP (excluding investment return) basis but individual line items are presented on a SII basis

Table 5

In 2020, HSA's gross premiums written totalled €417m on a Lux GAAP basis. The majority of the in force business was transferred as of 1 January 2019 from Hiscox's UK-domiciled insurer.

The pandemic made 2020 an unusually challenging year for everyone. Premium growth was hit and claims were impacted mainly from events cancellation business and commercial property business written in Republic of Ireland, France and Germany.

The combined ratio in 2020 shows a better performance comparing to the previous year, as 2019 included several costs incurred in completion of the part VII transfer from Hiscox's UK-domiciled insurer.

A.2.2. Analysis of underwriting performance by geographic area where HSA conducts business

Key performance indicators[1]	Germany	France	Republic of Ireland	Other	Total 2020
Gross premiums written (€000)	127,120	100,649	62,280	127,286	417,335
Net premiums written (€000)	27,161	26,563	13,889	33,951	101,564
Net premiums earned (€000)	26,263	25,688	14,476	33,150	99,577
Gross claims incurred (€000)	49,220	60,336	53,888	42,895	206,340
Net claims incurred (€000)	3,647	3,645	2,918	4,036	14,252
Expenses incurred (€000)	23,571	24,940	12,120	26,420	87,052
Underwriting profit (€000)	(899)	(2,860)	(535)	3,030	(1,264)
Combined ratio (%) [Net]	103.6	111.3	103.9	91.9	101.3

Table 6

[1] Underwriting profit (excluding investment return) on an Lux GAAP basis but individual line items are presented on a SII basis

Table 6 sets out an analysis of HSA's underwriting performance by geographical area. The main locations where HSA conducts business are Germany, France, Republic of Ireland, Spain, the Netherlands, Belgium, Portugal and the UK.

A.3. Investment performance

A.3.1. Income and expenses arising from investments by asset class

The composition of HSA's investment portfolio as at 31 December 2020 is as shown in Table 7.

Asset class	Composition (%)	
	2020	2019
Debt and fixed income securities	82.05	79.10
- Government bonds	9.23	7.90
- Corporate bonds	72.82	71.20
Collective investment undertakings	5.04	5.60
Derivatives	(0.01)	0.00
Deposits other than Cash equivalents	0.12	0.10
Cash and cash equivalents	12.79	15.10

Table 7

The investment income and expenses by asset class as disclosed in the financial statements for the year ended 31 December 2020 are shown in Table 8.

Asset class	2020			2019
	Investment Income (€000) (including realised and unrealised gains)	**Investment expense (€000)**	**Net investment return (€000)**	**Net investment return (€000)**
Debt and fixed income securities	288.2	(38.0)	250.2	65.0
Government bonds	10.5	(4.3)	6.2	112.0
Corporate bonds	277.7	(33.7)	244.0	(47.0)
Collective investment undertakings	(122.0)	(2.3)	(124.3)	(228.0)
Derivatives	(29.6)	0.0	(29.6)	4.0
Loans	0.0	0.0	0.0	0.0
Cash and cash equivalents	0.4	(6.0)	(5.6)	54.0
Total	136.9	(46.3)	90.6	(105.0)

Table 8

Considering the fair value of HSA investment portfolio the investments performance was as shown in Table 9.

Asset class	Investment Return (%)	
	2020	2019
Debt and fixed income securities	0.9	0.1
Government bonds	0.3	0.4
Corporate bonds	1.0	0.0
Collective investment undertakings	(5.7)	(1.0)
Derivatives	(0.1)	0.0
Loans	0.0	0.0
Cash and cash equivalents	0.0	0.0
Total	**0.4**	**0.0**

Table 9

Debt and fixed income securities: The fixed interest portfolio delivered a returned of 0.9% which is ahead of the benchmark which returned 0.0%. The benchmark comprises 50% 1-3 year Euro Corporate Index and 50% 3 month Euro Libor.

Collective investment undertakings: For the year the risk asset returned -5.7% versus the benchmark which returned 10.8%. The risk asset benchmark is a combination of equity and hedge fund indices.

Derivatives: Very low returns were made on derivative positions during the year. This is to be expected since the use of derivatives is aimed at offsetting against adverse positions rather than speculation.

Cash and cash equivalents: With interest rates remaining at low levels, interest on cash remains very subdued at €3,611. Cash held in Euros generates a return of nil, preferential to many banks or managers which have negative returns.

A.3.2. Gains and losses recognised directly in equity

There were no investment gains and losses recognised directly in equity during the period. All investment gains and losses were recognised in profit and loss.

A.3.3. Information about any investments in securitisations

There are no investments in securitisation as at 31 December 2020.

A.4. Performance of other activities

A.4.1. Other material income and expenses incurred over the reporting period

Details of HSA's underwriting and investment performance are included in sub-sections A.2 and A.3 above. HSA did not have any other material income and expenses in the reporting period other than corporation taxation expenses.

A.4.2. Leasing arrangements

The Company has arranged a bank guarantee with respect to their various office deposits. These guarantees are held with a number of different banks throughout Europe. This represents 6 month's rent that can be called by the Landlords in case of non-payment of two consecutive months of rent at the due date, in such case, the Landlord can call upon this amount at any time. This bank guarantee shall be terminated at the termination of the lease.

A.5. Any other information

All material information relating to HSA's business and performance has been disclosed in sub-sections A.1 to A.4 above.

B. System of governance

There has been no material change to HSA's system of governance, risk management approach and internal control systems which are all deemed fit for purpose. For further details please see Section A.1.7.

B.1. General information on the system of governance

As with every part of the Hiscox Group, HSA seeks to apply clear and appropriate standards of corporate governance.

The HSA Board is ultimately responsible for the oversight of HSA's performance and risk management. There is an established system of governance with defined segregation of duties and delegation of responsibilities to various committees reporting to the Board. The reporting relationship between the Board and functional areas are detailed in sub-section B.1.1 of this report. The sub-committees that act on behalf of HSA's Board are identified in Figure 4.

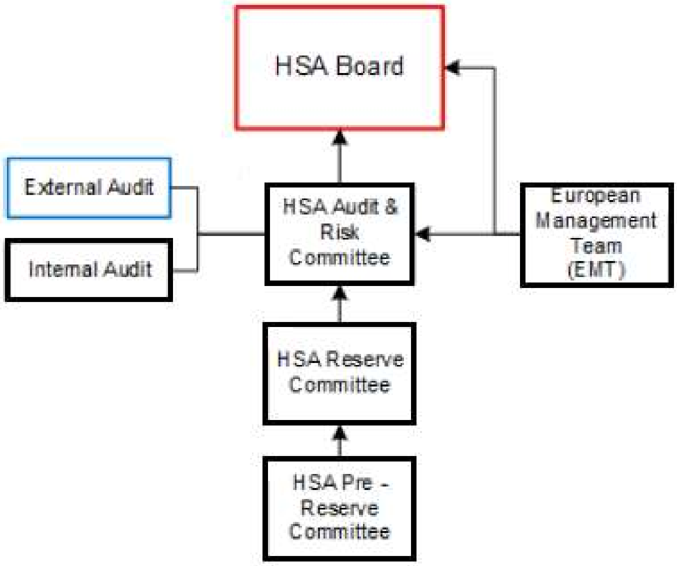

Figure 4

B.1.1. Boards and committees

The Board of Directors derives its collective authority by direct delegation from its shareholder and in accordance with Luxembourg laws. Its key purpose is to ensure the Company's prosperity by collectively directing the Company's affairs whilst meeting the appropriate interests of its shareholder and relevant stakeholders.

As at 31 December 2020 the Board was composed of two independent non-executive directors, two non-executive directors and two executive directors, who are the CEO Europe and the Head of Legal and Compliance Europe who is licensed as Approved Director of HSA. All two non-executive directors are members of the executive team of Hiscox Group with the Chairman of the Board being the Group CEO.

The composition of the Board as at 31 December 2020 is as follows:

Mr. Stephane Flaquet (Executive Director)
Mrs. Andrea Schmid (Executive Director)
Mr. Bronislaw Edmund Masojada (Non-Executive Director and Chairman)
Mr. Benjamin Walter (Non-Executive Director)
Mr. Victor H. van der Kwast (Independent Non-Executive Director)
Mr. Thomas Hürlimann (Independent Non-Executive Director)

The Board meets at least four times a year and operates within established Terms of Reference. It is provided with appropriate and timely information to enable it to review business strategy, trading performance, business risks and opportunities, solvency and regulatory compliance.

The Board retains ultimate responsibility for all aspects of the operation of HSA. A number of matters are reserved specifically for decision by the Board. Other matters are delegated to the Approved Director of HSA, the European Management Team (EMT), the appointed legal representative of the respective country branch and to the Audit and Risk Committee.

Senior Management Structure

The European Management Team (EMT) serves as the most senior decision-making forum in relation to the organisation and governance of the Company and to achieve the strategic plans, goals and objectives of the Company approved by the Board and such other matters as specified by the CEO.

Business unit structure

The Hiscox Group of companies operates primarily through the use of business units which are largely structured around specific geographies or distinct business activities to best serve customers. These business units each have their own governance structures and each can utilise the capacity provided by various Group Insurance Companies.

For the year ended 31 December 2020, three business units have written business onto HSA – Hiscox Europe, Hiscox UK and Hiscox Special Risks. All of these business units are part of the Retail division of the Hiscox Group.

HSA Key Functions' business activities

The three lines of defence model is applied across the Group. This provides a structure for risk roles and responsibilities that enables risk-reward decisions to be taken in a transparent and consistent manner, with an appropriate amount of challenge and oversight. The three lines of defence model provides a widely-understood system of risk management and internal control across the business, and a mechanism for assessing and monitoring its effectiveness. The three lines of defence are defined as per the below table.

1. First line of defence	2. Second line of defence	3. Third line of defence
Owns risk and controls	Assesses, challenges and advises on risk objectively	Provides independent assurance of risk control
The first line of defence is responsible for ownership and management of risks on a day-to-day basis, and consists of everyone at every level in the organisation, as all have responsibility for risk management at an operational level.	The second line of defence provides independent oversight, challenge and support to the first line of defence. Functions in the second line of defence include the Group risk team and the compliance team.	The third line of defence is made up of the internal audit function, which provides independent assurance to the Board that risk is being managed in line with approved policies, appetite, frameworks and processes. It also helps verify that the system of internal control is effective.

Table 10

HSA Key Function Holders are in Table 11.

Key function	Performance of function	Key function holder
Risk management function	EU Risk Manager	**Hanna Kam** Group Chief Risk Officer (reporting line to Bronek Masojada, Chair of the Hiscox SA Board and Director of the Ltd Board). The key function role has been transitionned to the European Risk Manager of Hiscox SA as at the 1st January 2021.
Actuarial function	Activities of the Actuarial function are outsourced to the Group Actuarial team, overseen by the Key Function Holder.	**Helen Cooper** Group Chief Actuary
Internal audit function	EU Internal Auditor with support and oversight from the Group Internal Audit function	**Chris Hood – Group Head of Audit** acts as interim with the intention to transition the key function role to the European Internal Auditor that joined the Company in the course of 2020.
Compliance function	EU Compliance Manager with additional support from the Group Compliance function	**Andrea Schmid** Head of Legal & Compliance Europe

Table 11

HSA Board & Committees

The HSA Board is collectively responsible for the long term success of the Company and its performance.

As shown in Figure 4 above, the Audit & Risk Committee (ARC) is a sub-committee which reports to the HSA Board.

The HSA ARC is chaired by an independent Non-Executive Director.

HSA Audit and Risk Committee

The HSA Audit and Risk Committee has delegated responsibility to provide Oversight and Challenge to the following Audit and Finance and risk management practices related to HSA:

Audit & Finance:

- the statutory audit process and annual financial statements;
- the performance of the internal audit function (on matters relating to HSA) and monitors the effectiveness of internal controls;
- HSA's reserving process; and
- HSA's financial returns and reports to the CaA and any other relevant regulator.

Risk Management:

- Provide advice to the Board on risk strategy, including the oversight of current risk exposures;
- Develop proposals for consideration by the Board in respect of overall risk appetite and tolerance, as well as the metrics to be used to monitor the Company's risk management performance;
- Ability to request specific risk reviews on areas of interest from across the business;
- Review and challenge the ORSA report at least annually and recommend it to the Board for approval;
- Provide oversight and challenge of the design and execution of stress and scenario testing;
- Provide oversight and challenge of the day-to-day risk management and oversight arrangements of the executive;
- Review results of validation activity over the financial modelling used to develop the SCR and assess the overall level of capital surplus;
- When requested by the Board, provide oversight and challenge of due diligence on risk issues relating to material transactions and strategic proposals that are subject to approval by the governing body; and
- Provide advice, oversight and challenge as necessary to embed and maintain a supportive risk culture throughout the firm.

HSA Reserving Committee

The HSA Reserving Committee reports to the Audit & Risk Committee and is chaired by the CFO of the Group.

Following the pre-reserving meeting and any other analysis deemed necessary as a consequence, the Head of Reserving and CFO Europe will form their respective recommendations to the HSA Reserving Committee on the actuarial best estimate and management loadings.

The HSA Reserving Committee reviews the HSA Balance Sheet and makes a recommendation to the Audit and Risk Committee on the appropriate level of reserves to be held in the Company. The committee also oversees, monitors and manages the Reserve Risk of HSA.

As set out in Figure 4, the Board exercises its oversight of HSA's reserve position and challenges as necessary its adequacy via the reporting of the HSA Reserving Committee into the HSA Audit and Risk Committee.

In line with governance structure across the Hiscox Group representatives of HSA are attending the following Group meetings: the Group Credit Committee, the Cash and Capital Committee, the Divisional Investment Group, Information Security Group, Reinsurance Purchase Group and Exposure Management Group.

B.1.2. Material changes in the system of governance over the reporting period

There have been no material changes in HSA's system of governance over the reporting period.

B.1.3. Remuneration policy and practices

Hiscox Ltd and all internal outsourcing partners have a single remuneration policy which is applicable to all legal entities and therefore applies to all members of staff of HSA including its Board members and key function holders.

The key principles of this policy are set out below.

Principles of remuneration policy

Hiscox Group's core business, including HSA's, is to accept risk on behalf of customers and our ongoing success depends on how well these risk exposures are understood and managed. It is therefore crucial that knowledge of those risks underpins every important decision made.

The primary objective of the Hiscox Group is to deliver strong shareholder returns across the insurance cycle and consistently grow dividends and net asset value per share whilst protecting the policyholder. The aim is to achieve this by building a diversified business which gives flexibility throughout the cycle. When setting business unit targets we seek to motivate strong performance but in a manner which encourages sustainable behaviours in line with the defined risk appetite of individual entities including HSA. The variable pay elements for staff supplying services to HSA are structured with these strategic objectives in mind.

Return on Equity ("ROE") is a key measure of the company's performance and is used in the bonus plan. The use of ROE measures ensures profitability measures also take into account the capital base utilised in the generation of profits.

For long-term awards we use a measure of tangible net asset value per share plus dividends and for 2021 have introduced a second metric, Total Shareholder return using a comparator peer group. This provides a simple measure of growth which complements the ROE measure used for the short-term incentive and adds further diversity to the overall performance assessment. The structure of the incentive arrangements and the targets set and assessed are intended to be inherently risk-adjusted taking into account exposure to current and future risk.

Specific features of the remuneration structure

The following features of the remuneration strategy contribute to ensuring remuneration of staff supplying services to HSA is aligned with HSA's business strategy, risk profile, objectives, risk management practices and long-term interests:

a) Fixed pay – represents a sufficient proportion of the remuneration package, so no individual is dependent on variable pay. This enables HSA's internal service providers to operate a fully flexible variable pay policy and where performance does not justify the payment of bonus or long-term share award, the variable components of the remuneration package will not be made or may lapse;

b) Performance metrics and targets – the approach to bonus and long-term incentives is linked to strategic priorities. ROE ensures pay is determined on the basis of risk-adjusted performance. The qualitative assessment of individual performance considers an individual's adherence to the risk management system and compliance requirements;

c) Time horizons – a portion of annual bonuses are deferred and senior leaders take part in a Performance Share Plan which normally vests after three years. Share awards to Hiscox Group's Executive Directors also have an additional two-year holding period on vested shares;

d) Shareholding guidelines – applicable to Hiscox Partners and equivalent to 100% of salary ('Hiscox Partner' is an honorary title given to employees who make significant contributions to the development and profitability of the Group). The shareholding guidelines provide long-term focus and alignment with shareholders' interests; and

e) Malus and clawback – these are safeguard mechanisms to avoid payments for failure. Unvested compensation may be reduced, cancelled or have further conditions imposed. Hiscox Group Executive Directors and Material Risk Takers are also subject to clawback on vested variable compensation.

Individual and collective performance criteria on which any entitlement to share options, shares or variable components of remuneration is based

Variable compensation across Hiscox has two components: i) annual incentives which comprise a personal performance bonus and a profit bonus component, and ii) a long term incentive scheme, the Performance Share Plan (PSP).

Annual incentive – personal performance bonus

This plan is limited to more junior and mid-level employees. HSA's key function holders and Board are not expected to take part in this scheme – only in the profit bonus scheme as outlined below.

Awards under this scheme are based entirely on individual performance ratings and are not directly linked to the Group's or individual business units' performance. Individuals must normally achieve a "successful" Performance and Development Review (PDR) rating at year-end in order to qualify for a bonus. Where PDR ratings are below this level, awards may be scaled back. The PDR rating takes into account both financial and non-financial factors including individual performance and behaviours.

A strategic review of the variable remuneration methodology is being coordinated at Group level and will be applied as from 2021.

Annual incentive – profit bonus

Individual allocations under this scheme are also discretionary. As above, individuals must normally achieve a "successful" PDR rating at year-end in order to qualify for a full bonus. Where PDR ratings are below this level, awards may be scaled back.

Bonus pools under this scheme are determined based on financial performance. Therefore this is the main determinant of overall bonus pay-outs.

Bonus pools are calculated at a business unit level and for the Group as a whole on the basis of financial results. The bonus pool is typically funded by a set percentage of profits if the target ROE for the business unit has been achieved or exceeded.

A target for financial performance is set annually relative to a Risk Free Rate, which is effectively what shareholders could earn by investing their money in low risk, short-term government bonds.

Performance above this target is rewarded and where performance falls below this target, pay-outs will be nil. As above, individuals must normally achieve a "successful" PDR rating at year-end in order to qualify for a profit bonus. Where PDR ratings are below this level, awards may be scaled back.

For the profit bonus, when determining the size of the overall bonus pool following the year-end, the Group Remuneration Committee is able to make adjustments where appropriate. This may include making adjustments to recognise the performance of developing/fledgling businesses where bonus awards may not be fully self-funding (at an individual business unit level) in early years. In extreme cases, the size of the overall bonus pool may be reduced if the Committee deems that payments would compromise Hiscox Group's future capital base or results are considered to have been achieved in a manner outside of the Group's risk appetite or the risk appetite of individual legal entities, including HSA.

Performance Share Plan (PSP)

Share awards under this scheme are made to senior leaders at the discretion of the Group Remuneration Committee.

Awards normally vest after a three-year period with 30% vesting automatically and 70% of the award vesting subject to the achievement of performance conditions. These performance conditions are reviewed annually and set to align with the long-term objectives of Hiscox Limited, the ultimate parent company of HSA.

Main characteristics of supplementary pension or early retirement schemes for members of the Board or other key function holders

There are no supplementary pension or early retirement schemes for members of the Board or other key function holders of HSA. Any existent pensions are applicable to all employees.

B.1.4. Material transactions during the reporting period with shareholders, persons who exercise a significant influence on HSA and with members of the Board

There were no material transactions during the reporting period with shareholders (in 2019 there was a capital add on of €10m and a share premium of €13.5m). Neither were there material transactions with persons who exercise a significant influence on HSA or with members of the HSA Board.

B.2. Fit and proper requirements

B.2.1. Description of the skills, knowledge and expertise applicable to the persons who effectively run HSA or are responsible for significant functions

HSA maintains a fit and proper policy to ensure that individuals who effectively run HSA or are responsible for significant functions fulfil the following requirements under the Solvency II Directive at all times:

a) their professional qualifications, knowledge and experience are adequate to enable sound and prudent management (fit); and

b) they are of good repute and integrity (proper).

All Board members and any member of staff who is responsible for a significant function is required to have the relevant professional qualifications, knowledge and experience to enable sound and prudent management. In addition, the Board needs to collectively hold the qualifications, knowledge and experience necessary to run a company of HSA's size and complexity.

The qualities of each individual are also assessed in the wider team context to ensure that collectively there is a wide breadth of skills, knowledge and expertise to ensure the effectiveness of the Board and the operation of key functions. The effectiveness of the Board is self-assessed annually and an external review is undertaken at least once every three years to ensure ongoing appropriateness.

Good repute, integrity, substantial management and leadership experience, a good understanding of regulators' expectations and strong people skills are overarching qualities sought from all Board members and individuals responsible for significant functions.

B.2.2. Process for assessing the fitness and the propriety of the persons who effectively run HSA or have other key functions

For Group A individuals, fitness and propriety will be assessed as follows:

- Upon appointment,
- When required by a Regulatory Authority where fitness and propriety is deemed a regulatory requirement, and
- Assessed annually in line with this policy

For Group B individuals, fitness and propriety will be assessed as follows:

- Upon appointment, and
- When moving into a Group A role where fitness and propriety is deemed a regulatory requirement.

Fitness and propriety assessment on appointment

For all individuals, the assessment of fitness and propriety upon appointment will normally include (but may not be limited to):

- Interview with an appropriately qualified manager,
- Interview with other relevant senior experienced individuals as appropriate,
- Verification of academic and or professional qualifications to the extent that they are relevant to the position, and
- Obtaining references from previous employers in line with local employment legislation guidance.

For individuals in Group A, the assessment of fitness and propriety upon appointment will additionally include (but may not be limited to) the following:

- Checks with credit reference agencies regarding financial soundness,
- Criminal record check to the extent it is legally permissible to do so,
- Checks on disqualification from acting as a Director or in relation to a regulated function,
- A declaration by the individual concerned that they are fit and proper, and

- A regulatory reference check where it is deemed necessary by the appropriate regulatory authority.

Annual assessment

For all individuals, the annual assessment of fitness and propriety will normally include (but may not be limited to):

- Annual Performance and Development Review (PDR) by an appropriate qualified line manager, and
- Any others issues arising that would cause concern as to an individual's fitness and propriety.

For individuals in Group A, the ongoing annual assessment will include:

- Checks with credit reference agencies regarding financial soundness,
- Criminal record check to the extent it is legally permissible to do so,
- Checks on disqualification from acting as a Director or in relation to a regulated function,
- A declaration by the individual concerned that they are fit and proper,
- Line manager attestation that the individual concerned is deemed fit and proper,
- Confirmation of completion of mandatory training by the individual, and
- Confirmation of no issues identified due to disciplinary or Code of Conduct actions.

Further, members of the different boards within Hiscox will be subject to regular discussion and evaluation of board effectiveness (the detail of which process falls outside the scope of the Policy).

Additional concerns

In the event that any matter is highlighted through the ongoing assessment process which increases the risk of the individual not being deemed as a fit and proper individual, this will be referred to the Head of HR Compliance to consider and review following which this will be raised with the Chief Human Resources Officer.

The Head of HR Compliance will review the matter, having consideration to the significance to the matter, the duties and responsibilities of the individual concerned, and the possible impact of the matter on the individuals ability to carry out those duties and responsibilities.

The Head of HR Compliance will consult with the Chief Human Resources Officer and refer to the Chairman of the relevant Boards any matter which is deemed to be material.

Annual fitness and propriety assessment

For all individuals, the annual assessment of fitness and propriety will normally include (but may not be limited to):

a) a Performance Development Review by an appropriately qualified manager;

For individuals who effectively run HSA or are responsible for significant functions, the on-going assessment will additionally include (but may not be limited to) the following:

b) An annual communication to individuals outlining the matters which might adversely affect their propriety to carry out their duties and responsibilities and of which they must notify the Group Chief Compliance Officer or the Group Human Resources Director.

Further, members of the HSA Board are subject to regular discussion and evaluation of board effectiveness.

B.3. Risk management system including the ORSA

B.3.1. Description of the risk management system

HSA has an established risk management framework in place which provides a controlled and consistent system for the identification, measurement, mitigation, monitoring and reporting of risk, illustrated in Figure 5 below. The risk management framework is designed to operate continuously. It is reviewed and enhanced regularly in light of changes to the risks HSA is exposed to, the external environment and evolving practice on risk management and governance.

The Board has ultimate responsibility for setting HSA's risk strategy and the amount of risk that the company can accept in order to maximise the likelihood of achieving business plan objectives and for the overall effectiveness of the risk management framework.

Figure 5

Risk identification (includes risk definition and risk ownership)
Risk identification is achieved by clearly defining an exposure (e.g. identifying the potential drivers and consequences of the risk) and identifying a risk owner responsible for management of the exposure. HSA's material risks and the controls used to mitigate them are documented in its Risk and Control Register (RCR).

The RCR details HSA's current key risk exposures including a qualitative assessment of the probability and impact, risk mitigation/controls and related monitoring and reporting processes. The RCR is periodically reviewed and updated as HSA identifies and assesses the material risk exposures and the appropriateness and effectiveness of the risk management framework and system of internal control.

Risk appetite
Risk appetite is communicated in qualitative and quantitative terms, describing the level and types of risk the Boards are willing to achieve its strategic objectives and business plan. HSA's risk appetite framework allows clear monitoring and management of risk exposure in relation to the Board's willingness to take on risk.

Risk Measurement
Risk measurement is the assessment of HSA's actual risk exposures using various methods including risk and capital models, stress and scenario testing, reverse stress testing, and expert judgment. This enables the prioritisation of risk and mitigating actions.

Risk mitigation
After risks are formally assessed, a decision is made on how to mitigate them to reduce exposure or maintain it at an acceptable level. Determining the most appropriate response involves understanding the associated costs and benefits.

Risk mitigation involves implementing and maintaining internal controls and other techniques to manage, reduce or eliminate risk exposures. Applying controls to reduce the likelihood or impact of a risk occurring is one of the available methods to respond to risks, in addition to accepting the risk without further action, taking action to avoid the risk completely, or transferring all or some of the risk – most commonly to other insurers.

The methods used to mitigate each of HSA's material risks are described in more detail in section C.

Risk monitoring
HSA operates a number of practices and tools to monitor risk exposures, trends, effectiveness of controls and changes across the company.

Monitoring of risks occurs at various levels across the Group. Critical risks and other significant exposures are monitored at Board and Committee level on a regular basis, with more frequent monitoring occurring at the business and functional levels.

Risk reporting
HSA employs a broad risk reporting system to raise awareness of risks across the business.

Risk reporting describes the methods and forums used to communicate and discuss risk and control exposures and issues, including the escalation routes that support appropriate risk governance.

All significant operational risk events or near misses that are a result of losses to Hiscox (financial or other) arising from inadequate or failed internal processes/controls, people and/or systems or from external events are recorded centrally by the Group Risk team.
The risk events reporting process is applicable to all risk categories, and all staff across the Group are responsible for communicating all such losses to the EU Risk Manager, who will escalate to the Audit & Risk Committee. To foster and streamline the process, Specific Point of contacts have been identified in each Functions within HSA.

Material risk types and Critical risks are formally reported to management, the Board and the Audit & Risk Committee regularly, with more frequent reporting at the business and functional levels.

B.3.2. Implementation of the risk management system

The sub-sections below outline how the risk management framework is implemented and integrated in HSA's organisational structure, culture and decision-making processes.

On a regular basis all material risks are assessed to ensure that even following a series of significant loss events, sufficient capital is available to support risk exposures and regulatory requirements, and to meet financial obligations, particularly to policyholders. For material risks, we compare our exposure against an established risk appetite to ensure each risk remains within acceptable levels.

As part of the Risk and Control Self-Assessment process, a qualitative assessment of each risk's likelihood and impact is performed by risk owners, with input from the control owners and challenge from the EU Risk Manager. Assessments are completed on both an inherent and residual basis, defined as follows:
- 'inherent risk' is the risk that the event would pose if there were no controls or other mitigating factors in place; and
- 'residual risk' is the risk that remains after current controls are taken in account.

The methods used to measure each of HSA's material risks are described in more detail in section C.

Risk reporting is completed for the HSA Board and for the Audit & Risk Committee to highlight material exposures requiring the Board's consideration, action or response. Some examples of risk reporting HSA undertakes are:
- Enterprise Risk reporting including
    - Dashboard of topical risk issues at HSA and branch Level;
    - Regular assessment of critical risks;

    - Operational risk event reporting;
    - Management Action monitoring
- Key risk section in each Board report;
- Risk report at each Board meeting;
- ORSA report;
- Results of risk and control self-assessment;
- Results of stress and scenario and reverse stress testing; and
- Risk appetites and limits monitoring.

Risk governance
At the heart of risk governance is the Board's oversight responsibility for risk management across the Group. The Board has ultimate responsibility for the overall effectiveness of business operations and the RMF, including oversight of the three lines of defence (described in section B1), ensuring appropriate and proportionate balance is maintained.

Within the second line of defence, during the course of 2020, the Group CRO assumes the Solvency II Risk Management Key Function and is ultimately accountable for the overall management of the risk management framework and associated strategies, processes and reporting procedures. To ensure its independence and objectivity, the Group CRO reports to the Group Chief Executive Officer with a dotted line reporting to the Group-level Risk Committee Chair. The Group CRO is also entitled to direct reporting to the HSA Board and has independent access to the Board's directors, including the HSA Audit & Risk Committee Chair.

As from 1 January 2021, the Risk Management Key Function Holder is transitioned to the EU Risk Manager that reports to the HSA appointed Director with a dotted line reporting to the Group Risk Director.
The EU Risk Manager, as the Group CRO, is independent from first line decision-making and has the following key responsibilities:
- Work with the Group Risk function to designs, maintains, periodically reviews and embed the Hiscox Risk Management Framework in Hiscox SA and Hiscox EU;
- Facilitate the identification and assessment of emerging risks;
- Monitor the general risk profile of the undertaking;
- Provide challenge and advice to the business on the decisions it takes in relation to risk acceptance and mitigation;
- Provide an independent view of risk within the company;
- Lead the local delivery and implementation of risk initiatives;
- Facilitate the setting of risk appetite by the Board and ensure management monitor the company's general risk profile;
- Coordinate the Own Risk and Solvency Assessment process and facilitate the production of the ORSA reports for the HSA Board at least annually. This incorporates the risk and control self-assessment;
- Produce regular risk reporting for the Audit & Risk Committees and Boards;
- Challenge the adequacy of regulatory and internal capital requirements.

B.3.3. Own Risk and Solvency Assessment (ORSA)

ORSA process

The ORSA process comprises a number of connected processes and practices that HSA engages in to identify, measure, monitor, manage and report the risks to which it is exposed and to determine its corresponding capital needs on a current and forward-looking basis, in light of its business plan, risk profile, risk appetite and limits. This includes consideration of the following:

- HSA's approved strategy and business plan;
- The composition and dynamics of the current and forward looking risk profile;
- HSA's capital requirements (regulatory and internal), whether they are appropriate for the business's risk profile and whether HSA has sufficient assets available to meet them;
- The robustness of HSA's current and prospective solvency and liquidity, including consideration of a range of potential scenarios that could stress the business model, and how management and the Board would respond should those circumstances arise; and
- Maintaining sufficient financial strength to pay insured claims which is a critical consideration of the ORSA process.

An ORSA report is produced at least annually to summarise the key findings from the ORSA process. The report is reviewed and approved by the Board, however the various outputs from the ORSA process are reviewed and challenged by the Board/Risk Committee as they are completed.

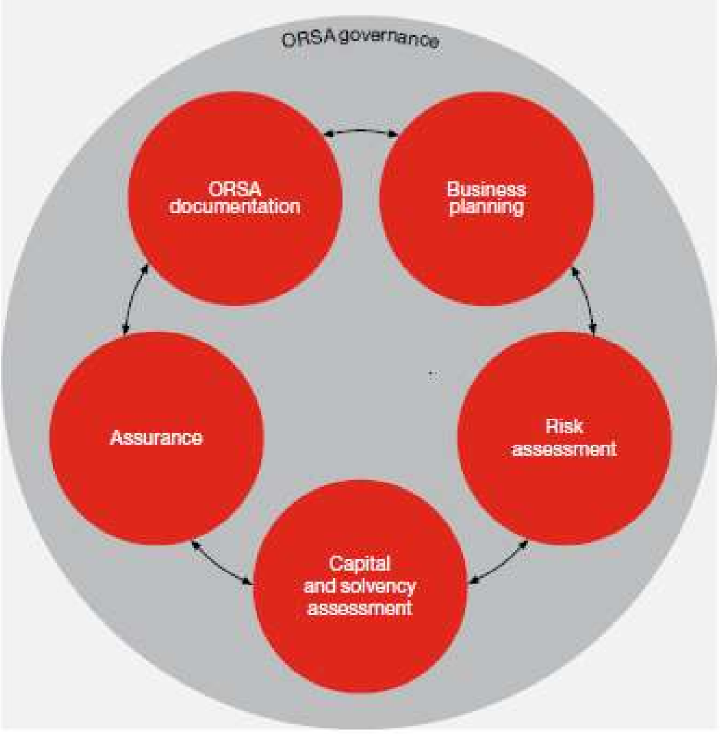

Figure 6

Determination and management of HSA's own solvency needs

HSA calculates its regulatory capital assessment using the Solvency II standard formula, which is a high level assessment of required capital using market factors which for HSA's Risk Profile is appropriate. The Board has set an overarching Risk Appetite Statement that it wishes to maintain a regulatory solvency ratio above 120% of the standard formula SCR in normal trading conditions.

The Hiscox Group has a separate internal economic capital model, the Hiscox Integrated Capital Model, (HICM), which is used by insurance entities within the Group to assess their own view of their risks and capital requirements. The internal capital assessments within this report have been calculated using the HICM, unless stated otherwise. The HICM was used during HSA's 2021 business planning process for the associated capital analysis and is consistent with how HSA sees risks emerging and accumulating.

The internal economic capital view provided by the HICM allows a more detailed, HSA-specific view of its capital requirements, which is a useful internal tool for the business and the ORSA. HSA regularly reviews the suitability of the standard formula and there are currently no plans for HSA to use the HICM to calculate its regulatory capital requirements.

B.4. Internal control function

B.4.1. The internal control system

The following diagram illustrates the five components of the system of internal control. These are all reinforced by the roles of the HSA Board in owning, steering and overseeing the effective design and implementation of the system of internal control within the formal risk governance framework.

Figure 7

The control environment is the collective set of standards, processes and structures that provide the basis for establishing and maintaining internal control across HSA.

HSA faces a variety of risks from both external and internal sources. Risk assessment is the process by which HSA identifies and assesses the material risks which could influence the achievement of its objectives.

Control activities are the actions that individuals take to implement and operate HSA's internal controls to reduce the impact or likelihood of the risk and keep exposure within appetite. They are performed at various stages within business processes and across the technology environment. They may be preventative, directive, detective or corrective in nature and encompass a range of both manual and automated activities.

Information on the risk environment is routinely shared with the business. Management uses information from both internal and external sources to support decision making and ensure the functioning of the system of internal control and reports this to the HSA Board and Audit & Risk Committee as appropriate, to enable them to discharge their oversight responsibilities.

Risks and controls are monitored by risk and control owners through normal day-to-day business operations. The Audit & Risk Committees are held quarterly to monitor HSA's risk exposures. On an annual basis key risks and controls are assessed and confirmed as appropriate by the risk owners as part of the Risk and Control Register ("RCR") review and update process.

B.4.2. The compliance function

The Hiscox Group and HSA Compliance functions are, with risk management, the second line of defence in the Hiscox Group's risk management framework. As such the Compliance functions' role is to assist Hiscox in managing regulatory risk including compliance with privacy and the protection of personal data regulations. Regulatory risk is to be understood as the risk of sanction (or other enforcement or supervisory action) by regulatory authorities due to failure to act in accordance with the relevant requirements.

The Compliance functions manage regulatory risk by way of four key activities: (i) the setting of and advisory on regulatory policies and standards; (ii) the oversight and monitoring of regulatory risk and corresponding controls; (iii) the second line regulatory reporting to management, the Board and committees, as well as regulators; (iv) and the interaction with regulatory supervisors to instil and maintain an open and effective working relationship.

The HSA Compliance function consists of local compliance professionals led by the Head of Legal and Compliance Europe, who is reporting into the CEO Europe creating a fully vertically integrated Compliance function in Europe, with matrix oversight from the Hiscox group compliance function.

The HSA Compliance function provides regular reports to the HSA Board on the management of compliance risk and the impact of any future changes in the regulatory environment on the Company. Significant control issues or issues affecting more than one business unit only may be escalated at Hiscox Group level.

B.5. Internal audit function

B.5.1. Implementation of the internal audit function

Hiscox Group's internal audit function operates at a Group level and is part of the overall system of governance. There is a senior internal audit position based in Luxembourg, which oversees HSA internal audits. The function provides objective and independent assurance and advice to the Group's Audit Committees (including HSA's Audit and Risk Committee) and the Group Boards of Directors (including the HSA Board) regarding the processes and systems of internal control and risk management operating in the Group.

Internal audit's scope extends to all legal entities, including HSA, and business units forming part of the Hiscox Group.

Internal audit is responsible for the development of an internal audit plan ('the plan'), with a corresponding budget. The plan typically details proposed audits over the next 12 months, and is reviewed every six months to ensure it remains aligned to the key risks facing the Group's legal entities (including HSA). The plan is developed using a risk-based approach, including input from Executive Management. Prior to submission to the Group's Audit Committees (including the HSA Audit and Risk Committee) for approval, the plan is shared with Executive Management.

In setting its plan scope, internal audit takes into account business strategy and forms an independent view of whether the key risks to the Group and its individual entities such as HSA have been identified, including emerging, critical, and systemic risks, and assessing how effectively these risks are being managed. In 2020 this included a view of the impacts of the Covid-19 Pandemic on HSA. Internal audit's view is informed, but not determined, by the views of management and/or the risk function. In setting its priorities and deciding where to carry out more detailed work, internal audit focuses on the areas where it considers risk to be higher. It makes risk-based decisions as to which areas within its scope are included in the plan; it does not necessarily cover all of the potential scope areas every year.

Internal audit reviews the plan regularly and advises the HSA Audit and Risk Committee of any material alterations to it. Any impact of resource limitations and significant interim changes are communicated promptly to the Hiscox Ltd Audit Committee and Executive Management.

In carrying out its duties and responsibilities, internal audit is entitled to:

a) full and unrestricted access to all of the Group's activities, records, property and information;
b) full and free access to the Hiscox Ltd Audit Committee, and other subsidiaries' Audit Committees including HSA's;
c) allocate and apply resources, scope of work and audit techniques, set frequencies and select appropriate subjects in order to meet its objectives; and
d) the assistance of staff across the Group where necessary to fulfil its objectives.

In addition, internal audit has free and unrestricted access to the Board and other subsidiaries' Boards. The Head of Group Internal Audit has the right of attendance at all or part of any of the Group's governance and risk forums, or any other forum or committee in the execution of internal audit's remit.

B.5.2. Maintaining an independent internal audit function

Internal audit is independent of the activities that it audits, in order to ensure unbiased judgements and impartial advice to the Group's Audit Committees (including the HSA Audit and Risk Committee) and to management. In order to ensure this independence and objectivity, the internal audit team members report directly to the Head of Group Internal Audit, who reports directly to the Chair of the Hiscox Group Audit Committee. Internal Audit also adheres to the Chartered Institute of Internal Auditors' Code of Ethics. Where internal audit is unable to provide independent and objective assurance in a particular circumstance, a third party or parties with the requisite expertise may be engaged.

In order to fulfil its responsibilities efficiently and effectively, internal audit may also co-operate with other functions or assurance providers within the Group (for example, Group compliance or technical underwriting reviews). Where such co-operation takes place, the work will be planned and carried out in such a way as to ensure that the independence and objectivity of internal audit remain safeguarded.

B.6. Actuarial function

The actuarial function of HSA is responsible for:

a) calculating the technical provisions (an estimate of the amount the firm will need to pay out in the future to settle insurance claims). This involves ensuring that the methodologies and underlying models used for this purpose are appropriate;
b) assessing the sufficiency and quality of the data used in the above calculation;
c) monitoring the claim experience (the amounts paid and reported to HSA) and comparing those against the amounts predicted by the actuarial models;
d) contributing to the effective implementation of HSA's risk management system, including risk modelling, ORSA and involvement in the calculation of the capital requirements;
e) providing an opinion on HSA's underwriting policy; and
f) providing an opinion on HSA's reinsurance arrangements.

The HSA actuarial function is made up of qualified individuals who have expert knowledge of actuarial and financial mathematics, and who possess skills that make them appropriate for the role. The HSA actuarial function consists of the Hiscox Group Chief Actuary and various other members of the Group actuarial team. The Hiscox Group Chief Actuary produces reports each year on the above matters, setting out their conclusion and the underlying analysis supporting this conclusion. The Chief Actuary and the actuarial function escalate any relevant matters to the Audit & Risk Committee of HSA and the Executive Committee of the Hiscox Group as appropriate.

B.7. Outsourcing

B.7.1. The outsourcing policy

HSA has adopted the Hiscox Group Outsourcing Policy. The outsourcing policy sets out the responsibilities and considerations for HSA when outsourcing services, together with the associated reporting and monitoring arrangements to be implemented where outsourcing is used.

The purpose of the outsourcing policy is to set out the process for selecting and managing outsourced services, governed by this policy, that satisfy all applicable regulatory requirements whilst optimising the value HSA obtains from its service providers. Furthermore, the policy provides an approach that addresses the need to identify, assess and manage the potential operational risks of outsourcing resulting from significant changes to people, processes and systems that may result in reduced control.

The outsourcing policy has been developed to ensure that prudent selection and management methods are employed for outsourced arrangements and by providing a good practice guide for HSA.

The outsourcing policy specifies the requirements for both outsourcing to external service providers and internal outsourcing where services are provided to HSA by other members of the Hiscox Group.

The process covers:

- Identification of potential suppliers;
- Terms of the outsourcing contract;
- Supervision of the outsourced service;

- Monitoring and management of the contract; and
- Orderly exit from the contract.

The approach to the management of outsourced arrangements where underwriting authority, claims management and payment authority and investment management mandates are delegated to a third party are set out in the 'Delegated Authority Policy' and the 'Group Investment Policy', respectively.

In addition to services outsourced by the branches of has to service providers established within the EEA, HSA relies on a range of internal outsourcing partners located in the UK for provision of a variety of services as outlined below:

- Hiscox Underwriting Group Services Ltd (HUGS)
  IT services, actuarial services, temporary provision of risk management key function, temporary provision of internal audit key function, investment management services, as well as capital modelling and capital management support services, outwards reinsurance support services, investment management series, and other group services.

- Hiscox Underwriting Ltd (HUL)
  HUL is an intermediary which is fully owned by the Hiscox Group that provides insurance mediation and underwriting services to HSA and which is authorised through delegated authority to write business on behalf of HSA but only with regards to UK customers with an EEA risk.

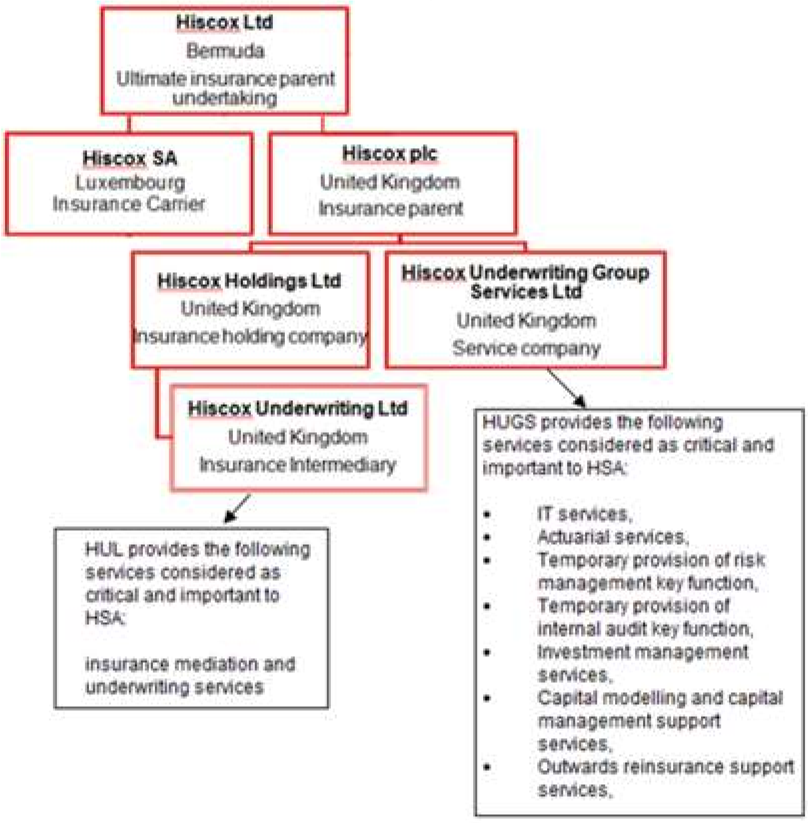

Figure 8

The table below identifies the operational functions that are outsourced as well as the responsible person within HSA:

Function	Main Activities	Performance of function	Function Holder	Hiscox SA responsible person
Actuarial and Reserving	Advice as to the appropriateness of the reserving including the preparation of actuarial opinions and reports, and presentation of reports to the reserving committee of HSA; Preparation of actuarial data for inclusion in management and other reports as requested, including regulatory returns; Detailed review of the pricing or reserving adequacy of a product or line of business, as requested by HSA;	All reserving and actuarial services are outsourced to the Group actuarial team	**Helen Cooper** Group Chief Actuary	**Patrícia Vaz Baptista** HSA CFO
Investments	• All matters in relation to management of investments for Hiscox SA • Monitoring adherence of Investment Managers to guidelines issued by the firm	All investment management activities are outsourced to the Group Investments team	**James Millard** Group Investment Officer	**Patrícia Vaz Baptista** HSA CFO
Outward Reinsurance support services	• Purchase of reinsurance activities	All reinsurance purchasing activities are outsourced to the Group Reinsurance team	**Rob Caton** Head of Underwriting Risk and Reinsurance	**Justin Bowen** HSA CUO
IT Services	• Provision of IT services - see section 7.6	See section 7.6	**Gustavo Serpa** is Technology Director, Europe	**Diogo Conceição** HSA COO
Modelling and capital management support	• All matters in relation to modelling of capital requirements for Hiscox SA	All capital modelling activities are outsourced to the Group Capital Modelling team	**Craig Martindale** Head of Group Capital Management	**Patrícia Vaz Baptista** HSA CFO

Table 12

B.8. Any other material information

The Board considers the HSA system of governance to be appropriate given the nature, scale and complexity of the risks inherent in its business. All material information regarding the system of governance of the insurer is included in the sections above.

C. Risk profile

HSA uses the Solvency II Standard Formula to calculate its regulatory capital requirement (SCR). The regulatory capital risk profile of HSA has decreased in 2021, driven largely by a reduction in Market risk and Catastrophe Risk. The majority of Standard Formula SCR capital is attributed to underwriting risk and the next largest risk area is Operational risk. Further information on each risk type is detailed below.

HSA calculates Risk Profiles from the Hiscox Group's Integrated Capital Model (HICM) (an economic capital model which is used for internal purposes and not for setting HSA regulatory capital) to monitor its risk exposures over the next calendar year by risk category. It sets out the potential upside and downside risk associated with the proposed 2021 calendar year business plan for each risk type and in aggregate, with estimated likelihoods of occurrence (return periods). Changes in the Risk Profile are monitored throughout the year and the outcomes reported to the Audit & Risk Committee.

The composition of HSA's capital requirement under both SCR and the HICM for 2021 is shown in figure 9.

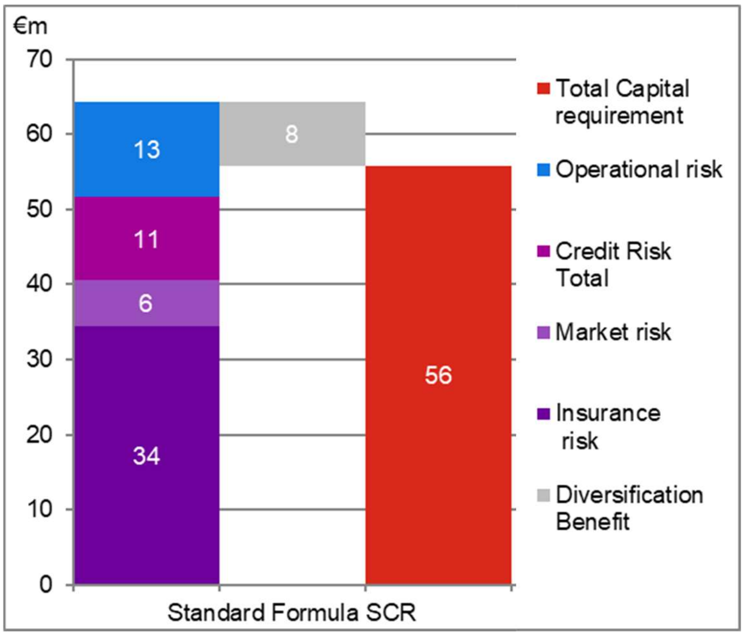

Figure 9 Composition of SCR 2021

The Standard Formula quantifies underwriting risk, market risk, credit risk and operational risk. Other risks are not explicitly modelled under the Standard Formula.

C.1. Underwriting risk

C.1.1. Risk description

The predominant risk to which HSA is exposed is insurance risk, which is assumed mainly through the underwriting process. Insurance risk is defined as 'the possibility that insurance premiums and/or reserves are ultimately insufficient to fully settle claims and associated expenses'.

Within the Risk and Control Register, it is sub-categorised into i) underwriting (premium) risk, and ii) reserve risk.

Underwriting risk

The Underwriting risk is defined as the risk that insurance premiums will not be sufficient to cover future insurance claims and associated expenses. It also encompasses people, process and system risks directly related to underwriting, such as human error in paying invalid claims or misquoting premium prices.

Key underwriting risk exposures include:

Risk type	Risk grouping	Risk name	Risk definition
Insurance	**Underwriting**	**Underwriting Exposure Management**	Insurance exposures accumulate to an unacceptable level, are not fully understood or materialise unexpectedly.
		Pricing	The risk of failing to price policies adequately, or making poor risk selection decisions.
		Authority Breach	Accepting risks outside of agreed underwriting parameters or where authority limits have been breached.
		Contract or policy wordings	Policy wordings are vague, incorrect and/or do not adequately reflect exposure assumed (including the risk of non-affirmative cover).

Table 13

Underwriting risk can arises from poorly managed exposure, inappropriate underwriting models, loss experience not emerging as expected, changes in market conditions, poor staff training and monitoring.

Reserve risk

The reserve risk is defined as the risk of unsuitable case reserves (for example, over- or under-reserving) and/or insufficient technical reserves in place to meet incurred losses and associated expenses. HSA makes financial provisions for unpaid claims, defence costs and related expenses to cover liabilities both from reported claims and from 'incurred but not reported' (IBNR) claims. If insufficient reserves were put aside to cover our exposures, this could affect the HSA's future earnings and capital.

Key reserve risk exposures include:

Risk type	Risk grouping	Risk name	Risk definition
Insurance	**Reserves**	**Claims reserves**	Unsuitable case reserves (e.g. over- or under-reserving) and/or insufficient technical reserves in place to meet incurred losses and associated expenses.

Table 14

C.1.2. Risk mitigation

HSA has established controls to manage and mitigate its key underwriting and reserve risks.

Key controls in place for HSA's underwriting, reserving and claims risks include:

- Underwriting and claims authority letters; and
- Claims underwriting guidelines.
- Underwriting and reserving reviews;
- HSA Pre-Reserving Committee and Reserving Committee;
- Review and sign-off of reserves by the Audit & Risk Committee; and
- Independent actuarial review of reserves.

Peer reviews are in place for underwriting, to act as an independent check that staff have acted within their authority and according to defined processes. Trends from peer reviews are reported to underwriting management to highlight control weaknesses and training needs.

Underwriting authority letters and claims authorities set out the parameters within which underwriting and claims staff can operate. For example, authority limits will be based on experience and restricted to certain lines of business, with referrals to a more senior underwriter for approval before binding a risk where necessary. Ensuring that underwriters operate within defined parameters helps HSA to monitor its exposure to risk geographically and by line of business.

Claims underwriting guides help to ensure that a consistent approach is taken to managing and reserving for claims. This reduces subjectivity in the level of reserves retained for claims with similar attributes.

C.1.3. Measures used to assess risk

Underwriting risk and reserve risk are both explicitly modelled within the risk profile (see Table 13 and Table 14).

For underwriting risk and reserve risk, measurement is performed via the use of risk and capital models, including the risk profile, and expert judgment. The risk profile tool allows the Group and carriers to measure actual exposure against parameters that articulate the amount of risk it is prepared to accept.

Stress and scenario testing, as well as reverse stress testing, is also used to assess underwriting and reserve risk, please see section C.7.1. for further information and results of HSA's most recent testing.

C.1.4. Risk concentration

HSA writes a focused book of commercial and personal insurance risks. The portfolio concentrates on professionals and small and medium sized businesses as well as mid net worth and high net worth individuals. The geographic spread during 2020 in Europe was mainly in France and Germany, and the type of risks are mainly first party property exposures and third party liability. Concentration of underwriting exposure may exist across counterparties, industries and/or geographic locations.

Concentrations of property exposure at a single location are monitored monthly. We also regularly geocode all properties and feed this data into external catastrophe models. For casualty classes, we have a number of Realistic Disaster Scenarios (RDSs) that are used to model the expected losses we would incur from systemic events. Outputs from these modelling exercises are incorporated into our predicted loss ratios, which form the basis of underwriting strategy discussions and decisions.

C.1.5. Material changes over the reporting period

Underwriting risk (Insurance risk) exposure has reduced overall in absolute terms but has increased by 9% as a percentage of the SCR over the reporting period. This change is explained by the following:
- Premium and Reserve risk has increased since the prior year. While premium volumes have reduced compared to year-end 2019, the increase in reserves (partly due to an adverse experience in 2020 and to the growth of the business) has more than offset the reduction in premium.
- Catastrophe risk, however, has reduced since year-end 2019, attributed mostly to a correction in the reinsurance protection applied within the SCR calculation.
- Overall all, the above contributed to a reduction in Insurance risk over the year.

C.2. Market risk

C.2.1. Risk description

Market risk is the threat of unfavourable or unexpected movements in the value of HSA's assets and/or the income expected from them owing to movements in market prices (e.g. generating negative investment returns).
Within the Risk and Control Register, market risk is sub-categorised into i) foreign exchange risk, and ii) investment risk.

Risk type	Risk grouping	Risk name	Risk definition
Market	**Foreign exchange**	**FX Risk**	Foreign exchange risk arises from having to convert assets from one currency to another in order to cover liabilities due (e.g. claims).
	Investments	**Investment Risk**	Probability of loss over a 12 month period for a given investment strategy, or the exposure to inappropriate assets/asset classes, or operating outside of authorised strategic asset allocation and/or tactical asset allocation limits.

Table 15

HSA chooses to assume market risk in order to optimise the return on assets while ensuring that funds are available to pay claims when required. Also, the Prudent Person Principle is embedded within HSA's investment approach.

FX Risk is assessed remote since HSA is operating mostly in the Euro zone, therefore Liabilities arising as a result of known claims and those likely to be made in Euro. Also, HSA does not actively seek to generate investment returns by taking 'bets' on currency movements.

C.2.2. Investment management in accordance with the 'Prudent Person' Principle

The Prudent Person Principle is embedded in Solvency II and is used to guide HSA's investments.

HSA invests in assets and instruments that can be properly identified, measured, monitored, managed, controlled and reported on. They are invested in a manner to ensure the security, quality, liquidity and profitability of the portfolio, and such that they are available to the company in the relevant currency as required. Assets held to cover technical provisions are also invested in a manner appropriate to the nature and duration of HSA's liabilities. They are invested in the best interest of all stakeholders, taking particular account of HSA's customers.

Assets are diversified in such a way that there is no over reliance on, or concentration of risk in, any particular asset, issuer, group of undertaking, geography, asset class or other risk attribute in the Group or divisional portfolios.

C.2.3. Risk mitigation

HSA has established controls to manage and mitigate its key market risks.

Examples of some key controls in place for place for HSA's market risks include:

- Currency matching and asset-liability matching strategy;
- Divisional Investment Group;
- Cash and Capital Committee meetings;
- Minimum cash limits; and
- Investment manager performance management.

Matching the currency of assets with the currency of liabilities reduces the likelihood of HSA not being able to pay claims due to currency fluctuations. Matching the maturity of assets with the expected timing of liabilities helps to maximize returns on the investment portfolio, and preserve liquidity, which helps to avoid liquidating assets before they are due to mature.

HSA has a minimum amount of cash that must be retained at all times. This helps to ensure planned and unforeseen liabilities can be covered in a timely manner, without impacting the investment portfolio.

HSA uses external investment companies to manage its portfolio. The investment managers must operate within defined constraints set by HSA, and they provide regular updates on performance, which is reported to HSA's management and the Divisional Investment Group.

C.2.4. Measures used to assess risk

Measurement of Market risk is performed via the use of risk and capital models, stress and scenario and reverse stress testing and expert judgement. For example, Market – Investment and Market – FX risk are both modelled as part of the HSA's modelled Risk Profiles. The Risk Profile tool allows clear measurement of actual exposure against parameters that articulate the amount of risk it is prepared to accept.

C.2.5. Risk concentration

Concentration risk arises when too much exposure is held in assets which respond to similar risk factors. Assets are diversified in such a way that there is no over reliance on, or concentration of risk in, any particular asset, issuer, group of undertaking, geographical area, asset class or other risk attribute in the Group or Divisional portfolios.

Permitted asset classes within the investment portfolio are bonds, risk assets (including equities), cash and derivatives.

The majority of assets held by HSA, i.e. about 95%, comprise cash and bonds. In the bond portfolios, the largest exposures are to European governments bonds and corporate bonds issued EUR. These exposures vary over time within the limits set in the investment guidelines. The largest individual exposure is to the French government at 6% of bond exposure. For corporate bonds, there is a wide range of holdings, covering multiple sectors and in excess of 100 issuers. The bond portfolios are actively managed and so individual positions and exposures are subject to change over time depending on the decisions of the investment managers. Whilst the exposures shown in table 17 may change over the coming year, concentrations are limited by the portfolio restrictions applied to each mandate.

C.2.6. Material changes over the reporting period

There have been significant changes to the global economic environment during 2020, related to the discovery and spread of Covid-19, also known as “Coronavirus”.

The global economy is expected to remain under pressure for a significant amount of time until the situation has stabilised. We are monitoring the situation closely and updating our response as required.

During the course of 2020, HSA SCR calculation went through an independent review, benefiting from a mitigation effect that reduced the HSA's market risk capital requirement.

C.3. Credit risk

C.3.1. Risk description

Credit risk is defined as the risk of loss or adverse financial impact due to default by counterparties to which HSA is exposed.

The inherent credit risk exposure for HSA is material with the quota share agreements in place with HIB to cede 90% of GWP (across internal and external reinsurance). Currently the quota share operates with a funds withheld agreement between HSA and HIB which mitigates HSA's residual risk exposure and hence is assessed as not a critical risk for HSA. It is worth noting that HSA will continue to review the funds withheld structure to ensure its continued appropriateness and benefit for HSA.

Within the Risk and Control Register, Credit risk is sub-categorised into i) Counterparty default (reinsurer) risk, Counterparty default (broker) risk and, ii) Counterparty default (other).

Risk type	Risk grouping	Risk name	Risk definition
Credit	**Credit**	**Counterparty default (reinsurer)**	Default or downgrade of a reinsurance counterparty (external).
		Counterparty default (broker)	Default or downgrade of a broker counterparty (external).
		Counterparty default (other)	Default of counterparties other than reinsurers and brokers (e.g. banks, investment managers, other custodians).

Table 16

C.3.2. Risk mitigation

HSA has established controls to manage and mitigate its key credit risks that include:

- Collateral requirements for reinsurers;
- Group Credit Committee meetings;
- Reinsurance Credit Committee meetings;
- Reinsurance counterparty limits;
- Broker exposure monitoring; and
- Bank exposure monitoring.

To reduce credit risk exposure to reinsurers, HSA has limits in place to manage our exposure to reinsurers based on their credit rating. HSA can request collateral to be held from reinsurers, which can be used to pay claims if the reinsurer is downgraded or defaults on its obligations.

Broker credit risk is also closely managed, through an approval process for new brokers and monitoring of due and overdue premium.

Credit risk arising through exposure to banking counterparties is controlled in a similar way, through approval of the counterparties based on credit worthiness and monitoring of individual exposure and credit ratings.

C.3.3. Measures used to assess risk

HSA's exposure to credit risk is represented by the values of financial assets and reinsurance assets included in the balance sheet at any given point in time. HSA's gross receivables are exposed to the underlying internal intermediary's broker credit risk.

Reinsurance credit risk and broker credit risk are both explicitly modelled within the risk profile.

Credit risk is included in HSA's stress and scenario testing. Please see section C.7.1. for further information and the results of HSA's most recent tests.

C.3.4. Risk concentration

The concentration of credit risk exposures held by insurers may be expected to be greater than those associated with other industries, due to the specific nature of reinsurance markets and the extent of investments held in financial markets. Exposures are diversified as far as possible in accordance with Group policies, in order to avoid concentration of reinsurers, bonds issuers, brokers or other counterparties.

An analysis of HSA's current exposure to credit risk (at market value) as at 31 December 2020 is detailed in Table 17:

Credit risk exposure (€000)	2020	2019
Bonds	341,747	312,005
Collective Investments Undertakings	20,994	22,214
Derivatives	0	72
Deposits other than cash equivalents	513	327
Reinsurance Recoverable	108,615	24,080
Gross receivables arising from insurance and reinsurance contracts	11,375	10,788
Trade receivables	16,498	16,631
Cash and cash equivalents	53,286	59,548
Total	**553,029**	**445,667**

Table 17

Further information on the risk concentration on HSA's bond portfolio is detailed in sub-section C.2.5.

C.3.5. Material changes over the reporting period

Credit risk has increased slightly by 6% over the reporting period. The reduction of credit risk on broker debt, was offset by an increase in reinsurer credit risk.

C.4. Liquidity risk

C.4.1. Risk description

The characteristics of liquidity risk mean that it should be viewed across three different time horizons:

- Short-term – cash required in the coming months to cover normal trading activity including payment of known claims, expenditure and salaries;
- Medium-term – cash required to meet medium-term funding requirements including tax and dividend payments and planned project and capital expenditure; and
- Long-term – cash required to support the longer term ambitions of HSA including underwriting capital to meet growth ambitions and funding to support potential future stress scenarios such as catastrophe losses.

Risk type	Risk grouping	Risk name	Risk definition
Market	**Investments**	**Liquidity Risk**	Inability to meet cash requirements from available resources within appropriate/required timescales.

Table 18

Liquidity risk arises from the need to pay insurance claims and other liabilities, which may have an uncertain timing or quantum. HSA has to balance the liquidity of assets with the return and the quality.

C.4.2. Risk mitigation

HSA has established controls to manage and mitigate its key liquidity risks that include:

- Minimum cash limits
- Cash-Flow projections and monitor
- Solvency II monitoring and quarterly projections
- Cash and Capital Committee meetings
- Divisional Investment Group meetings
- Large loss procedures

As mentioned in section C.2.3, HSA has minimum cash requirements that must be retained at all times.

Quarterly Cash and Capital Committee meetings are held to monitor the liquidity position of HSA. Any significant breaches of cash reserve limits are also reported to the Cash and Capital Committee.

C.4.3. Measures used to assess risk

Cash flow analyses are performed on a regular basis to ensure sufficient cash is available to cover liabilities due and cash levels are monitored on a daily basis. Furthermore, additional liquidity is available from holdings in short dated government bonds if required, both at a Group-level and within HSA's own investment portfolio.

The Hiscox Group cash and capital committee plays a key role in governance and oversight of liquidity risk for the Group, including HSA. The committee monitors the short and medium term cash flow and liquidity, and takes action where appropriate.

C.4.4. Expected profit included in future premiums

The expected profit included in future premiums is €25,896 thousands (2019: €31,638 thousands). This represents the profit that is expected to materialise from contracts which have been bound by HSA but the company is yet to go through the risk exposure period to which the premium relates. The variance year on year is driven by a change in mix of business of future premiums at 31 December 2020.

C.4.5. Risk concentration

HSA's liquidity risk concentration is managed by holding assets with a variety of approved banks, bond issuers and credit institutions.

The bond portfolios typically hold approximately half their assets in European government bonds, which are highly liquid, particularly for the governments predominantly held. The corporate bond exposures are to over 100 issuers, all of which have investment grade credit ratings. HSA's exposure to equities is held via shares and funds that are traded on internationally recognised stock exchanges or are otherwise open ended vehicles which deal on a daily basis, and therefore can be expected to be realised quickly.

C.4.6. Material changes over the reporting period

Although not modelled explicitly, there is not believed to be any change in the liquidity risk profile. There has been no change in liquidity strategy, which remains to hold short-term, high quality liquid assets.

C.5. Operational risk

C.5.1. Risk description

Operational risk is the risk of direct or indirect loss resulting from internal processes, people or systems, or external events.

Key operational risk exposures include:

Risk type	Risk grouping	Risk name	Risk definition
Operational	People	Retention & Organisational Gaps	Loss of implicit knowledge and experience of key individuals or teams, or failure to recruit the necessary amount or calibre of human resources.
		Employment reputation/ compliance	Failure to ensure employment and compensation practices are in line with market standards and are appropriate in the context of employment law.
		Performance management	Ineffective (e.g. inefficient and reactive) management and/or monitoring of employee underperformance.
		Financial Crime (excl. Sanctions)	Failure to implement or maintain the processes and procedures necessary for the detection and prevention of fraud and financial crime, both internal and external.
	Systems	IT/Systems Failure	Major IT, systems or service failure (e.g. systems are disrupted, unavailable or insecure).
	Processes	Data Security	Failure to implement or maintain the systems and processes necessary to protect the confidentiality, integrity or availability of information and data.
		Project risk/change management	Projects and/or change initiatives are not delivered to plan, budget or specification or the risks inherent to the project are not appropriately managed.
		Outsourcing	Ineffective or inadequate oversight of individual outsourced arrangements and/or the overall outsourcing portfolio; including both intra-group and external arrangements.
		Business continuity	Failure to restore the delivery of services, operations or premises to acceptable predefined levels following a disruptive incident
		Financial Misstatement	The risk that financial statements have been misstated to a material degree, as a result of error or fraud.
		Reserving Process	Ineffective processes, controls and systems in place to effectively manage and monitor reserves.
		Claims Management	Ineffective management of claims (e.g. customer experience and appropriateness of decisions).
		Underwriting Operations	The processes, controls and systems in place to support and monitor individual underwriting decisions are insufficient/ineffective. "Underwriting Operations" covers (a) policy/ documentation issuance (new business, renewals, mid-term adjustments, cancellations); (b) data capture; (c) monitoring of underwriter decisions; (d) Delegated Authority oversight.

Table 19

C.5.2. Risk mitigation

The key controls and mitigation in place for HSA's Operational risks include:

People risks
- Succession planning
- Training and development programs
- Employee performance framework
- Employee Engagement Survey

System risks
- IT DR (disaster recovery)
- Data back-up
- IT access protocols
- IT security (e.g. firewalls, email scanning and content filter)

Processes risks
- Change Delivery Framework (CDF)
- Business continuity plan (BCP) testing
- Information Security Committee monitoring of data security and privacy
- Data transfer policy
- European Design Authority (EDA)

C.5.3. Measures used to assess risk

Operational risk is measured through the use of risk and capital models, such as the risk profile tool, which measures risk exposure against Board approved risk appetite.

Stress testing and scenario analysis also includes operational risks. Please see section C.7.1. for further information on the results of the most recent testing.

Operational risk and near miss events are also reported to the risk function for analysis and to understand the root cause of each event. These are also reported to the HSA Risk Committee.

C.5.4. Risk concentration

Concentration of operational risk is mitigated by a decentralisation and federation of its organisation by country, therefore providing multiple of locations across nine countries in Europe. The Company also offers remote working capabilities therefore limiting the risk of reliance on physical offices to trade. Nevertheless both DR and BCP plans are in place.

The Personal Development Review process and training and development programme aims to manage talent in order to reduce single person dependencies on key people as well as staff turnover. Documentation of policies and procedures also limit the reliance on specific individuals.

C.5.5. Material changes over the reporting period

HSA's operational risk remains capped at 30% of the basic SCR and has therefore moved in line with the other risk categories, reducing 16% when compared to 2019.

C.6. Other material risks

C.6.1. Description of other material risks

Strategic risk

Strategic risk is the possibility of adverse outcomes that may result from strategic ‘bets’/business initiatives taken or not taken by HSA. This may include business expansion or contraction, mergers and acquisitions, negative impacts to reputation or brand management, or failure of the Board to provide adequate oversight of the business or make appropriate business decisions.

Key strategic risk exposures include:

Risk type	Risk grouping	Risk name	Risk definition
Strategic	**Strategic**	Strategy evolution and execution	Ineffective business plans and strategies, decision making or resource allocation, or failure to adapt to changes in the business environment.
		Management of financial performance	Management of finances (including expenses) is not suitably tracked or controlled and infringes overall profitability.
		Capital management	Holding of inadequate or inappropriate capital resources vs. risk profile, regulatory capital or rating agency capital requirements, and/or inefficient use of capital.
		Conduct risk	Failure to pay due regard to the interests of customers or failure to treat them fairly at all times.
		Technology strategy	Outdated technology strategy or solutions in place to support business growth and harness relevant emerging technologies.
		Management of conflicts of interest	Actual or perceived conflicts of interest between Group entities or with third party capital providers cause HIC to fail to fulfil its duties to stakeholders.

Table 20

Regulatory and legal risk

The insurance industry is a highly regulated sector and, as such, is exposed to continuous regulatory change. The can affect the level of capital that firms are required to hold or require changes to how they are set up operationally from time to time. Regulatory risk is the risk of failing to act in accordance with relevant regulatory requirements in all relevant jurisdictions or a deterioration in the quality of relationship with one or more regulators. Legal risk is the risk of failing to act in accordance with relevant legal requirements in all relevant jurisdictions.

Risk type	Risk grouping	Risk name	Risk definition
Regulatory and legal	**Regulatory and legal**	Regulatory risk	Failure to act in accordance with relevant regulatory requirements in all relevant jurisdictions or deterioration in the quality of relationship with one or more regulators.
		Sanctions	The risk of direct or indirect engagement, including financial transactions, with sanctioned entities (individuals, businesses or countries).
		Tax governance	Failure to act in accordance with relevant taxation laws or adapt to changes in taxation.
		Legal risk	Failure to act in accordance with relevant legal requirements in all relevant jurisdictions.
		Privacy & Data Protection	The potential loss of control over personal data.

Table 21

Group risk

Group risk encompasses the risks arising from the interconnected nature of the Group and its entities. Contagion risk arises from HSA's internal reinsurance and internal transactions risk arises from inter-company transactions and services arrangements not being carried out in a way that satisfies legal or regulatory requirements.

Risk type	Risk grouping	Risk name	Risk definition
Group	**Group**	Internal transactions	Transactions conducted between entities within the Group lead to complex interdependencies amongst the Group or are not conducted in accordance with legal and/or regulatory requirements.
		Contagion risk	Decision(s) or action(s) taken by the Group or another carrier within the Group compromises the entity in question's going-concern position, strategy or regulatory standing (e.g. failure of carrier or other legal entity).

Table 22

As part of the Hiscox Group, HSA is connected to a number of other related Hiscox entities. These connections largely take the form of arrangements for services provision and reinsurance arrangements (predominantly with Hiscox Insurance Company (Bermuda) Limited). Hiscox Ltd is the parent company of all Hiscox SA.

C.6.2. Risk mitigation

Strategic risk

Examples of some key controls in place for HSA’s strategic risks include:
- Board review of business plans and operating budgets;
- Business plan monitoring;
- Stress and scenario testing; and
- Board training.

Regulatory and legal risk

Examples of some key controls in place for HSA’s regulatory and legal risks include:
- Management and oversight of regulatory engagement by the EU Head of Legal and Compliance;
- Group wide mandatory regulatory compliance training;
- Internal Legal SMEs to help manage legal issues.

Group risk

Examples of some key controls in place for HSA's Group risks include:

- Arms-length structure to reinsurance transactions;
- Annual review of the register of shared reinsurance purchases by the ARC; and
- Entity-specific governance.

As part of the Hiscox Group, HSA is subject to oversight by its own Board and Committees, and also by the Group Board and Committees. This additional review, including by independent Non-Executive Directors, helps to provide comfort that HSA is operating in a responsible manner.

Contingency plans are in place which can be followed in the event of failure of another entity in the Hiscox Group, to minimise the impact on HSA.

C.6.3. Measures used to assess risk

Strategic risk, regulatory and legal risk and Group risk are not modelled quantitatively at a risk level by HSA. These risk exposures are believed to be covered by other risk types and management actions. Where specific strategic or group initiatives are under consideration, these are subject to individual risk assessment and measurement. As with all other risk types, these are included as part of risk dashboard monitoring and reporting to the risk committee.

C.6.4. Material changes over the reporting period

HSA has been operationally ready since 1 January 2019 and maturity of the legal entity processes, governance, organisation as well as its people capability is being continuously reviewed and uplifted to support the organisation becoming more mature, efficient and robust. A number of actions were taken during 2020 to increase the maturity.

C.7. Any other information

C.7.1. Stress and Scenario testing

HSA uses stress and scenario testing to assess the robustness of its business model, business plan and capital to a range of potential threats. This allows HSA to better understand its vulnerabilities and identify potential actions it could take under those scenarios to safeguard the business.

HSA uses a variety of methods to undertake such analysis, as follows:

- Stress tests assess the impact on the business of a change in an individual factor (e.g. standalone/individual basis stresses);
- Scenario tests assess the impact of a change in the overall operating environment resulting from a number of factors or a particular event;
- Reverse stress testing assesses scenarios and circumstances that would render the business model unviable. HSA defines unviability as when the business is no longer willing or able to write premium or at the point when crystallising risks cause the market to lose confidence in the business and, therefore, the projected business plan targets cannot be met. This will not necessarily be the point where the business runs out of capital entirely; and
- High level, forward-looking scenarios consider the impact of events on a multi-year basis (e.g. from 2021 to 2023). These are typically based on less severe scenarios than are used for stress and scenario testing including an 'expected' scenario (i.e. in which there are no positive or negative shocks to the market).

HSA has a defined approach to the development of scenarios, with the Group risk team coordinating the process. They work closely with business risk owners and subject matter experts to identify scenarios and assess their impact and likelihood. Assumptions, controls, potential mitigating actions and potential future management actions that could be taken in response to each scenario are also considered.

The HSA Audit & Risk Committee oversees the stress and scenario testing programme. It approves the aggregate scenarios to be tested and considers the outputs of the stress tests, together with any recommendations and actions. It may also request further stress testing or re-runs.

The scenarios test the key risk exposures faced by HSA and are based on internal and external events. Insurance risk is the most material risk to the business and so is a key area of focus for stress and scenario testing. In the most recent round of testing, the following scenarios were considered:

- Economic downturn;
- Ransomware cyber attack;
- Deterioration in casualty reserves and reinsurance default (reverse stress test)

The reserve stress test is calibrated such that a deterioration in reserves depletes all of HSA's capital but this is an extreme event beyond a 1 in 200 return period.

If the event of a capital shortfall, depending on the severity this would be expected to be temporary as HSA has a range of possible future Management Actions could include a cost-benefit assessment to determine whether continuing to write these lines could be capital efficient, purchasing additional reinsurance against further deteriorations and a policy wordings review. Rate increases are likely to be associated with this sort of event which may offset losses to some extent. There is also the option of capital injections from Group.

Sensitivity testing is undertaken to assess the impact of changes to model inputs for each risk category on the overall SCR. The inputs for all main risk categories (except operational risk) were stressed to assess the impact of a 10% increase and a 10% decrease in each risk category input on the SCR output. A total of eight tests were performed, the test results are as follows, shown in relation to HSA's solvency ratio:

Test	Risk category	SCR (€000)	Change in SCR (%)	Change in solvency ratio (%)
Base	Base	56,224	-	-
Overall premium up 10%	Insurance (Premium)	58,169	+3.5%	-4.5%
Overall premium down 10%	Insurance (Premium)	54,049	-3.9%	+5.4%
Overall claims provisions and reinsurance recoverables up 10%	Insurance (Reserve); Credit	57,296	+1.9%	-2.5%
Overall claims provisions and reinsurance recoverables down 10%	Insurance (Reserve); Credit	55,159	-1.9%	+2.6%
Intermediary counterparty default up 10%	Credit	56,702	+0.8%	-1.1%
Intermediary counterparty default down 10%	Credit	55,754	-0.8%	+1.1%
Cash + Bonds + Equities up 10%	Market	56,563	+0.6%	-0.8%
Cash + Bonds + Equities down 10%	Market	55,893	-0.6%	+0.8%

Table 23

From the table, the stresses of the inputs for all categories resulted in small changes in the SCR. These numbers do not consider changes in own funds and do not assume any future management actions, although there are a wide variety available to HSA that would be considered depending on the wider situational context.

C.7.2. Exposure arising from off-balance sheet positions and/ or special purpose vehicles (SPV)

HSA does not presently make use of SPVs and holds no material off-balance sheet exposures.

C.7.3. Other material information regarding the risk profile of the business

All material information relating to HSA's risk profile has been disclosed in sub-sections C.1 to C.6 and sub-sections C.7.1 to C.7.2 of this document.

D. Valuation for solvency purposes
D.1. Assets

D.1.1. Value of assets on a Solvency II basis and details of Solvency II basis of valuation

Table 24 provides an analysis of HSA's total assets on a Solvency II basis compared to the amounts shown in the statutory financial statements as at 31 December 2020.

Balance Sheet (€000)	Solvency II	LUX GAAP	Difference
Goodwill	0	175	(175)
Deferred acquisition costs	0	47,685	(47,685)
Intangible assets	0	23,465	(23,465)
Deferred tax assets	4,321	3,425	896
Property, plant & equipment held for own use	18,278	4,494	13,784
Bonds	341,747	339,844	1,902
Government Bonds	38,449	45,181	(6,732)
Corporate Bonds	303,298	294,664	8,634
Collective Investment Undertakings	20,994	20,994	0
Derivatives	0	0	0
Deposits other than cash equivalents	513	513	0
Reinsurance recoverables	108,615	543,174	(434,558)
Insurance & intermediaries receivables	11,375	63,503	(52,128)
Reinsurance receivables	0	217,019	(217,019)
Receivables (trade, not insurance)	16,498	16,126	373
Cash and cash equivalents	53,286	53,286	0
Total assets	**575,628**	**1,333,701**	**(758,074)**

Table 24

Unless otherwise stated, the Solvency II basis of valuation for all assets follows fair value measurement principles. There were no changes to the recognition and valuation bases over the period. Further details of the assets and explanations for material differences between Solvency II and financial statement valuation basis are set out below.

Goodwill

Under Solvency II this assets are valued at zero.

DAC (Deferred Acquisition Costs)

Deferred acquisition costs represent the proportion of acquisition costs incurred which corresponds to the proportion of gross premiums written which are unearned at the balance sheet date. DAC is not recognised as an asset in the Solvency II balance sheet.

Cash flows relating to acquisition costs, attached to future premiums, are included in the Solvency II technical provisions (further details provided in sub-section D.2). DAC is not included within the Solvency II technical provisions as it is not a future cash flow.

Intangible Assets

Under Lux GAAP, intangible assets are recognised where they can be identified separately, measured reliably and it is probable that they will be recovered by directly related future profits. These assets are held at cost less accumulated amortisation and impairment losses and are amortised on a straight-line basis over the useful economic life which is deemed to be 5 years in accordance with Luxembourg requirements.

For valuation purposes, and according to Solvency II, the Company has to demonstrate that these assets can be sold separately and, moreover, it would be necessary to demonstrate that there is an active market in which similar intangible assets are traded. Given that the Company's assets considered in this class do not meet these requirements, their value for solvency purposes is zero.

Deferred Tax Assets

The valuation of deferred tax is determined on the basis of the difference between the values ascribed to assets and liabilities recognised and valued in accordance with the Solvency II Directive, and the values ascribed to assets and liabilities as recognised for tax purposes. Assets and liabilities have been offset to the extent permissible under IAS 12.

All deferred tax balances are calculated on a country by country basis and are subject to a recoverability test to give comfort that there will be sufficient taxable income available in future years to absorb any deferred tax assets recognised.

Following this approach a net deferred tax asset of €4.3m has been recognised. The deferred tax asset arises primarily on timing differences in Spain and Germany on claims and equalisation reserves as calculated in accordance with local tax GAAP principles.

Based on current profit projections the net deferred tax asset of €4.3m is expected to be capable of being utilised within two to three years. The asset is being used as basic own funds of Tier 3 and represents 8% of the SCR.

Property Plant and Equipment

The difference results from the application of the IFRS 16 for Solvency II purposes.

Investment in bonds and collective investment undertakings

Adjustments have been made to the valuation of investments for the purposes of Solvency II as they are valued on a market value basis, however under Lux GAAP, the collective investments are valued at lower of historical acquisition cost and market value, and the debt securities are valued at amortised cost or acquisition cost.

Accrued interest on Bonds is classified as receivables (trade, not insurance) under Lux GAAP but is considered a component of the bond valuation under Solvency II.

Reinsurance recoverables

Reinsurance recoverables are a component of the Solvency II technical provisions. Further details and the differences between the Lux GAAP and Solvency II valuation bases are explained in sub-section D.2.

Insurance and intermediaries receivables

Insurance and intermediaries receivables are recognised as assets in the Lux GAAP balance sheet.

Under Solvency II the amount due is considered under technical provisions whilst the amount past due (i.e. when they remain unpaid in the first business day after the payment deadline) should be recognised as an asset in the Solvency II balance sheet.

When assessing the amount of past due receivables at the valuation date, the Company assessed on a look through basis the internal agencies brokers past due amounts of €11.4m (2019: €10.8m). Thus, the difference between the LUX GAAP and the Solvency II balance sheet relates to the past due amounts at the valuation date. Also, the amounts past due were not considered in the calculation of Solvency II technical provisions (as described in sub-section D.2).

Reinsurance receivables

Receivables related to reinsurance contracts are recognised when they are past due. Reinsurance receivables are considered past due when the amount receivable remains unpaid one business day after the due date. These include amounts past due from reinsurers that are dependent on the expected claims and benefits arising under the related reinsured insurance contracts.

Receivables (trade, not insurance)

Receivables (trade, not insurance) include corporate tax and intercompany balances receivable from fellow group companies. The amounts presented are considered to be representative of fair value as these are the amounts which must be received in order to settle the obligation.

Under Lux GAAP, Receivables (trade, not insurance) include accrued interest. Although there are no valuation differences between the two regimes, there is a presentational change and the amount of accrued interest is reported as a component of the bonds value under Solvency II as explained in 'Investment in bonds' above.

Cash and cash equivalents

There are no differences in the valuation bases between Lux GAAP and Solvency II.

D.2. Technical provisions

D.2.1. Value of technical provisions for each material Solvency II line of business and description of bases, methods and main assumptions used

Solvency II requires the technical provisions to be a best estimate of the current liabilities relating to insurance contracts, plus a risk margin.

- The best estimate liabilities are calculated as i) the discounted best estimate of all future cash flows relating to claim events prior to the valuation date (claims provisions), and ii) the discounted best estimate of all future cash flows relating to future exposure arising from policies that the insurer is obligated to at the valuation date (premium provisions).

- Risk margin is the amount that insurers and/or reinsurers would require over and above the best estimate liabilities in order to take over and meet the insurance and reinsurance obligations over the lifetime of the policies (i.e. the amount required to transfer liability to a third party).

Table 25 shows the value of the discounted technical provisions as at 31 December 2020 for HSA's material Solvency II lines of business.

Solvency II line of business (€000)	Gross	Outward reinsurance	Net	Risk margin	Technical provisions
General liability insurance	282,101	67,682	214,419	4,288	218,707
Fire and other damage to property insurance	148,256	41,719	106,537	2,131	108,668
Credit and suretyship insurance	5,614	3,411		44	
Other	4,185	(4,197)	8,382	168	8,550
Total	**440,156**	**108,615**	**331,541**	**6,631**	**338,172**

Table 25

At 31 December 2020, the discounted net technical provisions were €297,054 thousands, meaning an increase of €41,118 thousands. The key drivers of the movement in the best estimate technical provisions are given below:

- €94,440 thousands reduction in net future premium cashflows (increase in net TPs) driven by an increase in reinsurance premiums due related to the 90% quota share arrangement.
- €5,722 thousands increase in net claims reserves, linked to losses arising from the Covid-19 pandemic.
- €60,862 thousands reduction in future expenses, with a €73,909 thousands reduction in net

commission, corresponding to the increase in premium due for the 90% quota share. This is partially offset by a €9,190 thousands increase in admin expenses.

Description of bases, methods and main assumptions used

Best estimate liabilities

The best estimate contains no margins for prudence or optimism and is intended to represent the mean of the aggregate distribution of claims reserves. Gross and reinsurance cash flows are estimated separately for premium and claims and these are used to calculate net results.

The most appropriate level of granularity is used when producing the reserve estimates, by categorising risks into homogeneous risk groupings. The risk groupings are determined by the Reserving team after examination of the characteristics of the business being written and after discussions with the Underwriting and Claims teams. These groupings are reviewed when the mix of business within a reserving class has changed significantly over time. The reserving class groupings generally mirror internal reporting classes of business.

Ultimate premium and claim estimates, gross of reinsurance, are then calculated using the following actuarial projection techniques:-

a) Chain ladder method;
b) Expected loss ratio (ELR) or Initial expected loss ratio (IELR) method; and
c) Bornhuetter-Ferguson (BF) method.

The projection method used for a particular class of business depends on various factors, including the characteristics of the class and the length of the claims development. The chain ladder method based on the historic claims development of incurred claims has typically been used for the older underwriting years. However, the claims experience on the most recent underwriting years is relatively immature and the chain ladder method produces estimates with a relatively higher level of uncertainty for these years. For this reason, the BF or ELR method has typically been used for the more recent underwriting years. The BF method places weight on initial loss expectations and is less volatile to early claims experience. As the underwriting years become more mature, more weighting is placed on the emerging experience and the projection will move over to a chain ladder projection (or blend of the BF and chain ladder methods). This transition will occur quicker on the shorter-tailed classes than the longer-tailed ones.

Where there is limited history of Company experience, consideration has been given to peer benchmark experience from across the Hiscox Group. The selected benchmarks are felt to be similar and relevant to the business written by the Company. The benchmark experience is judgmentally weighted with the Company experience as is felt appropriate based on the relevance of the benchmark and the volume and stability of the company experience.

In addition to this, information on new or potentially material claims which are not included in the current incurred position is provided by the Claims team. The Reserving team review these adjustments, and where appropriate, they are incorporated into the analysis.

Reinsurance recoveries for each reserving class and underwriting year have been estimated by applying expected external and internal recovery rates to the gross IBNR estimates and adding known recoveries to date. These recovery rates are based on a review of the reinsurance programmes purchased, historical recovery rates and for classes with quota share protection, the quota share cessions are applied to estimate recoveries.

Events not in data (“ENID”) are potential events which are not adequately contained within historical claims experience. HSA is required to include an allowance for these within the Technical Provision calculations, such that the mean technical provisions represent the probability-weighted average of all future cash flows. The current basis for the estimation of ENIDs is a low/medium/high uplift of best estimate reserves based on expert judgment.

There are no guarantees or options that materially affect the calculation of technical provisions. Any relevant guarantees would be identified through discussions with underwriters and the impact of guarantees would be valued on a best estimate basis.

Risk margin

The HSA risk margin is calculated using a cost of capital approach which involves calculating the cost of holding the regulatory capital requirement implied by the standard formula capital assessment model at each future time period until the business has run off. The amounts are then discounted back to the current time period. This regulatory capital requirement calculation excludes new business and market risk.

Assumptions

Assumptions and parameters are set by members of the Reserving team with the relevant knowledge and understanding, and with adequate experience. Assumptions are set consistently across the Group and where this is not possible, the differences are understood.

Where sufficient, quality data is not available, benchmark information is used overlaid with expert judgement to determine suitable assumptions. The input of expert judgement allows for specific knowledge and experience to be utilised.

All assumptions and parameters are subject to regular review to ensure that they are appropriate for their intended purpose. Sensitivity testing of key assumptions is carried out to identify key areas of uncertainty.

Validation of the different assumptions is carried out at the reserving class level. The frequency of the validation takes account of the materiality of the assumption. Many assumptions are validated quarterly, while other assumptions are validated annually with quarterly monitoring.
The key assumptions are listed below along with some of the key measures considered when setting them.

- Initial Expected Loss Ratio (IELR) – selected IELRs are determined using historical experience, rate change indices and benchmark information;
- Premium and claims development patterns;
- Tail development;
- Allowance for future inflation;
- Reinsurance recovery rates – details of reinsurance programme, historical recoveries;
- Reinsurance payment lags – discussions with the Reinsurance team and based on historical claims experience;
- Bound but not incepted (BBNI) premium – business written prior to but incepting after the valuation date;
- Events not in data (“ENID”) loadings – uplift factors are applied to the reserves for each reserving class based on whether it has been classified as being high, medium or low risk of ENIDs and compared to a statistical projection approach for further consideration;
- Expense forecast – estimate of the future expenses required to fully run off all the liability cash flows;
- Underwriting year expense allocation;
- Counterparty default percentages; and
- Recovery in default.

D.2.2. Description of the level of uncertainty associated with the value of the technical provisions

The estimates shown in this report reflect all available data and information available at the valuation date. Despite this, the actual cost of settling future claims is uncertain as it depends on events yet to occur. These could be different from the estimates reported above, and possibly materially so.

The most significant drivers of this uncertainty are highlighted below:

a) Initial Expected Loss Ratio (IELR) selection

IELRs for each class of business have been selected by analysing historical performance and expected changes in premium rates and inflation. The nature of the IELR estimates, which incorporate a large degree of expert judgement, means that there is a degree of uncertainty surrounding their values, particularly where significant changes have been made to the underwriting. Historically, market-wide rate monitoring has tended to under-estimate the effect of a softening market on profitability. The IELR is a key driver of HSA's technical provision estimates for the most recent years of account.

b) Growing accounts

Classes which are increasing in size can be subject to increased uncertainty. If growth is driven by a change in the mix of risks written (e.g. different types of risks, new territories, increasing exposure, relaxing terms and conditions) this can increase the uncertainty considerably for a class of business. This risk can potentially be exacerbated when growing in a soft market.

c) New classes of business

There are a number of classes of business written within HSA for which there is a limited amount of historical data on which to base the analysis. For these classes, a blend of Hiscox's limited internal data is used together with external benchmark patterns. There is therefore additional uncertainty surrounding the ultimate outcome for these classes of business.

d) Long-tailed classes of business

Longer-tailed classes are subject to uncertainty arising from a number of different factors; for example, claims inflation and changes in litigation such as judicial reforms. In addition, reporting and settlement delays can mean it may take many years before we can be certain of a final outcome, with any significant changes in results possibly having a material impact on assumptions made on the more recent years of account. Weakening terms and conditions also add additional uncertainty.

e) Unearned exposure

The technical provisions include cash flows associated with unearned exposures. As there is a greater degree of uncertainty attached to the unearned exposure, the estimates for these years of account will be subject to additional uncertainty.

f) Unincepted exposure

HSA is also required to include an allowance for unincepted bound exposure within the technical provision calculations. This exposure primarily relates to contracts incepting on 1 January after the valuation date. As these contracts are entirely unearned at the valuation date, there is additional uncertainty attached to this exposure.

g) Events not in data ("ENID") loadings

Events not in data ("ENID") are potential events which are not adequately contained within HSA's historical claims experience. HSA is required to include an allowance for these within the Technical Provision calculations, such that the mean technical provisions represent the probability-weighted average of all future cash flows. By definition, there is little data available to base the analysis on. Loadings and classifications remain highly subjective with a high level of actuarial judgement employed. The ENID output is compared and validated against an alternative statistical approach.

h) Future expenses

Future administration expenses are based on historical levels of expenses and a projected future expense inflation rate to calculate an expense provision estimate to fully run off the entirety of future cash flows within the technical provisions. Actual expenses could be materially different to those estimated within the expense projection.

D.2.3. Explanation of material differences between Solvency II and financial statement basis

The bases, method and assumptions used in the valuation of technical provision under Solvency II are consistent with those under Lux GAAP except for the adjustments listed in Table 26. The comparison in table 26 is done on a net basis.

Conversion from Lux GAAP to Solvency II basis (€000) net of reinsurance	Total	General liability	Fire and other damage to property	Other
Lux GAAP Technical Provisions (net of DAC)	56,623	33,894	19,269	3,460
Elimination of 100% net UPR	395	1,158	625	(1,388)
Add back DAC	(6,980)	(4,178)	(2,375)	(426)
Future premium incepted net of commission	276,326	180,162	87,097	9,067
Elimination of margin for prudence	(2,193)	(1,193)	(928)	(72)
Future premium on unincepted	(36,008)	(26,054)	(8,993)	(960)
Net future claim cost (unearned + unincepted)	9,526	5,131	3,970	425
Additional expenses not included under Lux GAAP	30,888	20,242	9,412	1,234
Total ENID	1,073	805	236	32
RI bad debt adjustment	204	113	85	6
Discounting	1,686	1,252	391	43
Risk Margin	6,631	4,288	2,131	212
Other	0	0	0	0
SII Technical provisions	**338,172**	**215,620**	**110,920**	**11,632**

Table 26

Notes to Table 26:

- *Removal of DAC* – Solvency II basis considers all future cash flows to determine the estimate of future liabilities, therefore DAC is excluded as it is not considered a future cash flow. The Impact of the DAC is negative because of reinsurance commissions that are larger than gross commissions.
- *Unearned premium reserve (UPR)* – Solvency II basis allows for the recognition of profits on unearned incepted business by allowing for the expected claims (captured in Net future claim) cost (unearned + unincepted) on the Lux GAAP unearned premium reserve.
- *Future premium incepted* – Solvency II basis consider all future cash flows, therefore allows for the future premium due from incepted business.
- *Elimination of margin for prudence* – Solvency II technical provisions are calculated on a best-estimate basis and any margin held within the Lux GAAP reserves are removed (e.g. the management margins in the booked reserves).
- *Future premium on unincepted business* – Solvency II basis allows for the future premium on the

business that is unincepted but legally bound at the valuation date as well as the corresponding unincepted claims (captured in Net future claim cost (unearned + unincepted) .

- *Net future claim cost (unearned + unincepted)* - Solvency II basis captures the claims on unearned incepted business and unincepted but legally bound business at the valuation date.
- *Additional expenses not included under Lux GAAP* – Solvency II basis makes an allowance for future expenses required to fully run off all future liabilities.
- *Total ENID* - ENIDs are events or circumstances that are not reasonably foreseeable (i.e. with low probability of occurrence) and are not contained in historical data.
- *Reinsurance bad debt adjustment* – this is an allowance made for non-recovery of reinsurance recoverables.
- *Discounting* – Solvency II basis makes an allowance for future investment income (discounting). This is determined by calculating the present value of the future cash flows using a defined yield curve.
- *Risk margin* – this is an allowance for the amount that insurers and/or reinsurers would require over and above the best estimate liabilities in order to take over and meet the insurance obligations over the lifetime of the policies (i.e. the amount required to transfer liability to a third party)
- *Other* – this is a reconciling item between Lux GAAP and Solvency II technical provisions. The need for this is largely a result of the foreign exchange rate impact when calculating the technical provisions.

D.2.4. Recoverables from reinsurance contracts and SPVs (Special purpose vehicles)

Best estimate reinsurance recoverables and costs on a Solvency II basis are calculated as part of HSA's best estimate reserving process. Reinsurance recoverables and costs are based on known amounts, plus projections based on gross IBNR and future premium estimates.

HSA's reinsurance programmes are outlined below:

- HSA's most significant reinsurance protection is the 90% Whole Account Quota Share treaty, ceding business intra-group;
- For fire and other damage to property insurance, HSA maintains a risk XOL reinsurance programme to limit the impact of large individual losses to agreed risk tolerances;
- A catastrophe reinsurance programme which limits the impact of catastrophes, which result in multiple losses, to agreed risk tolerances;
- A motor reinsurance programme protects the motor portfolio;
- A liability excess of loss programme protects casualty exposures and pro rata protections are also purchased on select lines (e.g. cyber and employer's liability); and
- In addition, the Group purchases aggregate reinsurance cover for catastrophe and cyber exposures, which supplements HSA's own reinsurance programmes.

There are no Special Purpose Vehicles that protect the HSA portfolio.

D.2.5. Validation of Solvency II technical provisions

The Solvency II technical provisions reconcile back to the Lux GAAP balance sheet, with known adjustments made to the Lux GAAP position. Some of these adjustments tie back entirely to the Lux GAAP balance sheet (e.g. DAC removal), but others require further review. Other than the reconciliation, additional validations include:

- Detailed senior actuarial review of assumptions and movements;
- Documentation and rationalisation of movements with each calculation of technical provisions. This ensures continual back-testing of the technical provisions and refinements to assumptions as necessary;
- Comparison of Solvency II adjustments to alternative methods where subjectivity is involved, e.g. ENID loadings;
- Actuarial function opinion on the calculation of technical provisions;
- Head of Reserving review of outputs;
- Chief Actuary oversight and high-level review of outputs; and

- Reviews, including CaA review and comparison to the review of the approach on other entities within the Hiscox Group.

D.2.6. Transitional measures

HSA has not requested and therefore does not have in place approvals to use the matching adjustment, volatility adjustment, transitional interest rate term structure or the transitional deduction on technical provisions and therefore no adjustments have been made to technical provisions relating to these transitional measures.

D.3. Other liabilities

D.3.1. Value of liabilities on a Solvency II basis and details of Solvency II basis of valuation

Table 27 provides an analysis of HSA's total liabilities on a Solvency II basis compared to the amounts shown in the Lux GAAP financial statements as at 31 December 2020.

Balance Sheet (€000)	Solvency II	LUX GAAP	Difference
Liabilities			
Technical provisions - non-life (excluding health)	446,787	593,514	(146,727)
Best Estimate	440,156	0	440,156
Risk margin	6,631	0	6,631
Provisions other than technical provisions	7,241	7,241	0
Pension benefit obligations	99	99	0
Derivatives	44	50	(6)
Insurance & intermediaries payables	0	11,242	(11,242)
Reinsurance payables	0	532,259	(532,259)
Payables (trade, not insurance)	43,638	29,713	13,925
Any other liabilities, not elsewhere shown	0	55,916	(55,916)
Total liabilities	**497,809**	**1,230,035**	**(285,439)**

Table 27

Unless otherwise stated, the Solvency II basis valuation for all liabilities follows fair value measurement principles. There were no changes to the recognition and valuation bases of other liabilities over the period. Further details of the liabilities and explanations for material differences between Solvency II and financial statement valuation basis are set out below.

Technical provisions – non-life (excluding health)

The basis for the valuation of technical provisions for solvency purposes and differences between the LUX GAAP and Solvency II is described in sub-section D.2.

Provisions other than technical provisions

The valuation of provisions other than technical provisions under Solvency II follows fair value measurement principles. Lux GAAP recognises commissions to brokers as provisions, and these are reclassified to insurance payables and taking in account on the calculation of SII Technical provisions.

Insurance and intermediaries payables

Payables related to insurance contracts are recognised when past due. Payables are considered past-due when the amount payable remains unpaid one business day after their due date. These may include amounts past due to agents, brokers and insurance contract holders. At the valuation date there are no amounts past due and all payables have been considered in the calculation of the technical provision in sub-section D.2.

There are no differences in the valuation bases between LUX GAAP and Solvency II.

Reinsurance payables

Payables related to reinsurance contracts are recognised when past due. At the valuation date there are no amounts past and all payables have been considered in the calculation of the technical provision in sub-section D.2.

There are no differences in the valuation bases between LUX GAAP and Solvency II.

Payables (trade, not insurance)

Payables (trade, not insurance) relate to payables to agencies, intercompany payables and insurance premium tax payable. The main difference results from the application of IFRS 16 for Solvency II purposes.

Under LUX GAAP, Payables (trade, not insurance) are carried at their carrying value which approximates fair value. Under Solvency II, they are valued on a present market value basis, to which a discount is applied. Due to the short-term duration of the liabilities, there is no difference between the Solvency II and the LUX GAAP valuation.

Any other liabilities, not elsewhere shown

Under LUX GAAP, "any other liabilities, not elsewhere shown" relate to DAC payable in relation to reinsurance ceded and deferred income. DAC is not recognised in the Solvency II balance sheet, therefore resulting in the difference between LUX GAAP and Solvency II. Deferred income has been considered in the calculation of the technical provision in sub-section D.2.

D.4. Alternative methods of valuation

HSA does not value any assets or liabilities using alternative methods of valuation as outlined in Articles 10(5) – (7) of the Solvency II Delegated Regulation.

D.5. Any other information

Other material information regarding the valuation of assets and liabilities for solvency purposes

All material information relating to HSA's valuation for solvency purposes has been disclosed in sub-sections D.1 to D.4 of this document.

E. Capital management

E.1. Own funds

E.1.1. Objectives, policies and processes employed by HSA for managing its own funds

Decisions on optimal capital levels are an integral part of HSA's business planning and forward-looking assessment of risk processes which span a three year time horizon.

HSA manages its own funds in order to ensure it holds sufficient capital to meet its regulatory and business requirements.

HSA calculates its regulatory capital assessment using the Solvency II standard formula, which is a high level assessment of required capital using market factors which for HSA's risk profile is appropriate. The Board has set an overarching Risk Appetite Statement that it wishes to maintain a regulatory solvency ratio above 120% of the standard formula SCR in normal trading conditions.

HSA regularly reviews the suitability of the standard formula and there are currently no plans to apply to use the HICM for regulatory capital requirements.

The target ratio for available capital in excess of the Solvency II SCR is agreed and signed off by the HSA Board. This represents an agreed percentage above the SCR with agreed tolerance levels above and below the target for available capital.

The value of own funds and the SCR is reported quarterly to the Board and to the CaA as part of Solvency II quarterly reporting. In case of a shortfall in own funds compared to the SCR target ratio, HSA's management team will take action. This can take a number of forms including but not limited to:

a) Reduction in or cancellation of planned dividends;

b) Seeking an injection of new capital from the Hiscox Group; and

c) Actions to reduce HSA's risk profile and therefore its capital requirement.

Where available capital exceeds the upper tolerance limit the HSA CFO may establish, and recommend to the HSA Board, an appropriate dividend payment.

There have been no changes in the policies and processes employed by HSA for managing its own funds over the reporting period.

E.1.2. Structure, amount and quality of own funds at the end of the reporting period and analysis of changes over the reporting period

Table 28 provides an analysis of basic own funds by Tier compared to the prior year:

Basic own funds by tier (€000)	Total Own Funds 2020	Total Own Funds 2019
Ordinary share capital (gross of own shares)	48,730	48,730
Share premium account related to ordinary share capital	57,986	57,986
Reconciliation reserve	(33,218)	(7,461)
Net deferred tax asset	4,321	1,648
Total excess of assets over liabilities (EAL)	**77,819**	**100,903**
Total basic own funds after deductions	**77,819**	**100,903**
Available and eligible own funds		
Total available and eligible own funds to meet the SCR	77,819	100,903
Total available and eligible own funds to meet the MCR	73,498	99,254

Table 28

The majority of the own funds is ordinary share capital, share premium on ordinary share capital and the reconciliation reserve which comes under the definition of unrestricted Tier 1 capital under Solvency II. The net deferred tax asset forms part of Tier 3 assets under Solvency II.

Table 29 provides the calculation of the reconciliation reserve.

Reconciliation reserve	2020 (€000)	2019 (€000)
Total Solvency II assets (sub-section D.1.1)	572,536	466,426
Total Solvency II liabilities (sub-section D.3.1)	494,717	365,523
Solvency II Excess of assets over liabilities	77,819	100,903
Ordinary share capital	48,730	48,730
Share premium	57,986	57,986
Deferred Tax asset	4,321	1,648
Reconciliation reserve	(33,218)	(7,461)

Table 29

E.1.3. The eligible amount of own funds to cover the Solvency Capital Requirement, classified by tiers

Majority of HSA's Own Funds are unrestricted Tier 1 own funds items and do not have any eligibility restrictions. The net deferred tax asset of €4.3m is also eligible to cover the SCR, as shown in Table 30.

	2020	2019
	(€000)	(€000)
Total eligible own funds to meet the SCR	77,819	100,903

Table 30

E.1.4. The eligible amount of own funds to cover the Minimum Capital Requirement, classified by tiers

HSA holds a deferred tax asset of €4.3m which is not eligible to cover the MCR. All other assets are unrestricted Tier 1 own funds and are therefore eligible to cover the MCR, as shown in Table 31.

	2020	2019
	(€000)	(€000)
Total eligible own funds to meet the MCR	73,498	99,254

Table 31

E.1.5. Explanation of any material differences between equity as shown in HSA's financial statements and the EAL as calculated for solvency purposes

Differences between HSA's shareholders' equity per the financial statements and the Solvency II EAL per the Solvency II balance sheet relate to valuation differences as shown in Table 32 and explained in sub-sections D.1 to D.3 this document.

	2020 €000	2019 €000
Shareholders' equity as shown in the financial statements	103,667	103,091
Solvency II valuation adjustments to assets	(749,893)	(786,735)
Solvency II valuation adjustments to technical provisions	143,300	144,308
Solvency II valuation adjustments to other liabilities	580,745	640,239
Solvency II EAL	77,819	100,903

Table 32

E.1.6. Own fund items included under transitional arrangements under Solvency II

All own funds items are unrestricted Tier 1 own funds and no other items are included in own funds under transitional arrangements under Solvency II.

E.1.7. Ancillary own funds

HSA has not applied for CaA approval of any Ancillary Own Funds items and therefore no such items are included within own funds.

E.1.8. Own funds restrictions

HSA does not have any ring-fenced funds and has not identified any other restrictions which need to be made to own funds as a result of availability or transferability of own funds within HSA.

E.2. Solvency Capital Requirement (SCR) and Minimum Capital Requirement (MCR)

E.2.1. SCR and MCR at the end of the reporting period, accompanied, where applicable, by an indication that the final amount of the SCR is still subject to supervisory assessment

HSA's standard formula SCR and MCR for the year ended 31 December 2019 and 2020 are shown in Table 33.

	2020 €000	2019 €000
SCR	56,224	66,599
MCR	25,301	29,970

Table 33

E.2.2. Standard formula SCR split by modules

Table 34 shows HSA's SCR for the year ended 31 December 2019 and 2020, split by risk module.

Risk category	2020 €000	2019 €000
Non-Life Underwriting Risk	35,180	37,197
Counterparty Risk	10,085	9,474
Market Risk	6,131	18,908
Undiversified total SCR	**51,396**	**65,579**
Diversification benefit	(8,147)	(14,349)
Basic SCR	**43,249**	**51,230**
Operational Risk	12,975	15,369
Adjustment (deferred tax)	-	-
SCR	**56,224**	**66,599**

Table 34

HSA does not use an internal model to calculate any components of its SCR.

E.2.3. Standard formula simplifications

HSA did not use simplified calculations for any risk modules or sub-modules of the standard formula.

E.2.4. Use of undertaking specific parameters

No undertaking-specific parameters were used in the calculation of HSA's SCR.

E.2.5. Capital add-ons

HSA has no capital add-ons imposed on the SCR by the CaA.

E.2.6. Information on the inputs used by HSA to calculate the MCR

As a non-life insurer HSA determines the MCR in accordance with the EIOPA standard formula for calculation of the MCR. This involves calculating a factor charge by line of business on HSA's net written premium over 12 months preceding the valuation date and net technical provisions as at the valuation date. The factor charges are then summed to determine an initial SCR, which is then constrained to be within 25% to 45% of the SCR; and it cannot be less than an absolute minimum of €3.7m. [See QRT 28.01.01]

E.2.7. Material change to the SCR and to the MCR over the reporting period, and the reasons for any such change

Table 31 and Table 32 show the movements in the SCR and MCR between 31 December 2019 and 31 December 2020 as well as movements in the constituent components of the SCR.

Movements in SCR and MCR over the reporting period

	2020 €000	2019 €000	Movement €000	Movement (%)
SCR	56,224	66,599	(10,375)	(16)
MCR	25,301	29,970	(4,669)	(16)

Table 35

Movements in components of the SCR over the reporting period

	2020 €000	2019 €000	Movement €000	Movement (%)
Insurance (underwriting risk and reserve) risk	35,180	37,197	(2,017)	(5)
Credit risk	10,085	9,474	612	6
Market risk	6,131	18,908	(12,777)	(68)
Undiversified total SCR	**51,396**	**65,579**	**(14,183)**	**(22)**
Diversification benefit	(8,147)	(14,349)	6,202	(43)
Basic SCR	**43,249**	**51,230**	**(7,981)**	**(16)**
Operational risk	12,975	15,369	(2,394)	(16)
Loss-absorbing capacity of deferred taxes	-	-	-	-
SCR	**56,224**	**66,599**	**(10,375)**	**(16)**

Table 36

The SCR figures reported at year-end 2020 are with respect to HSA's financial position and risk profile as at 31 December 2019. The following sections highlight the main drivers of movement in the SCR since year-end 2019.

Insurance risk

- Premium and Reserve risk have increased since the prior year. While premium volumes have reduced compared to year-end 2019, the increase in reserves (partly due to an adverse experience in 2020 and to the growth of the business) have more than offset the reduction in premium.
- Catastrophe risk, however, has reduced since year-end 2019, attributed mostly to a correction in

the reinsurance protection applied within the SCR calculation.

- Overall all, the above contributed to a reduction in Insurance risk over the year.

Credit risk

- There have been offsetting movements in Credit risk between Type 1 and Type 2 counterparty default risk. While credit risk on broker debt has reduced over the period, this was offset by an increase in reinsurer credit risk.

Market risk

- During the course of 2020, HSA SCR calculation went through an independent review, benefiting from a mitigation effect that reduced the HSA's market risk capital requirement.

Operational risk

- HSA's Operational Risk remains capped at 30% of the basic SCR and has therefore moved in line with the other risk categories.

HSA's MCR is currently capped at 45% of the SCR and therefore has moved in line with the SCR over the past year.

E.3. The use of the duration based equity risk sub-module in the calculation of the SCR

HSA does not use the duration-based equity risk sub-module in the calculation of the SCR.

E.4. Differences between the standard formula and any internal model used

HSA does not use a full or partial internal model to calculate the SCR.

E.5. Non-compliance with the MCR and non-compliance with the SCR

There were no instances of non-compliance with the SCR or MCR during the reporting period.

E.6. Any other information

All material information relating to HSA's capital management has been disclosed in sub-sections E.1 to E.5 above.

All amounts in the Solvency and Financial Condition Report, unless otherwise stated, are shown in Euro rounded to the nearest thousand. The rounded amounts may not add to the rounded total in all cases. All ratios and variances are calculated using the underlying amounts rather than the rounded amounts.

Appendix A: QRTs

This Appendix contains the following templates which the company is required to disclose as part of the SFCR as set out in Commission Implementing Regulation (EU) 2015/2452 of 2 December 2015 (Procedures, Formats and Templates of the Solvency and Financial Condition Report in accordance with Directive 2009/138/EC).

S.02.01.02	Balance sheet
S.05.01.02	Premiums, claims and expenses by line of business
S.05.02.01	Premiums, claims and expenses by country
S.17.01.02	Non-Life Technical Provisions
S.19.01.21	Non-Life Insurance Claims
S.23.01.01	Own Funds
S.25.01.21	Solvency Capital Requirement – for undertakings on standard formula
S.28.01.01	Minimum Capital Requirement – Only life or only non-life insurance or reinsurance activity

S.02.01.02

Balance sheet

		Solvency II value
	Assets	C0010
R0030	Intangible assets	0
R0040	Deferred tax assets	4,321
R0050	Pension benefit surplus	0
R0060	Property, plant & equipment held for own use	18,278
R0070	Investments (other than assets held for index-linked and unit-linked contracts)	363,254
R0080	*Property (other than for own use)*	0
R0090	*Holdings in related undertakings, including participations*	0
R0100	*Equities*	0
R0110	*Equities - listed*	
R0120	*Equities - unlisted*	
R0130	*Bonds*	341,747
R0140	*Government Bonds*	38,449
R0150	*Corporate Bonds*	303,298
R0160	*Structured notes*	0
R0170	*Collateralised securities*	0
R0180	*Collective Investments Undertakings*	20,994
R0190	*Derivatives*	0
R0200	*Deposits other than cash equivalents*	513
R0210	*Other investments*	0
R0220	Assets held for index-linked and unit-linked contracts	
R0230	Loans and mortgages	0
R0240	*Loans on policies*	0
R0250	*Loans and mortgages to individuals*	
R0260	*Other loans and mortgages*	
R0270	Reinsurance recoverables from:	108,615
R0280	*Non-life and health similar to non-life*	108,615
R0290	*Non-life excluding health*	108,615
R0300	*Health similar to non-life*	0
R0310	*Life and health similar to life, excluding index-linked and unit-linked*	0
R0320	*Health similar to life*	
R0330	*Life excluding health and index-linked and unit-linked*	
R0340	*Life index-linked and unit-linked*	
R0350	Deposits to cedants	0
R0360	Insurance and intermediaries receivables	11,375
R0370	Reinsurance receivables	0
R0380	Receivables (trade, not insurance)	16,498
R0390	Own shares (held directly)	0
R0400	Amounts due in respect of own fund items or initial fund called up but not yet paid in	0
R0410	Cash and cash equivalents	53,286
R0420	Any other assets, not elsewhere shown	
R0500	**Total assets**	575,628

		Solvency II value
	Liabilities	C0010
R0510	Technical provisions - non-life	446,787
R0520	*Technical provisions - non-life (excluding health)*	446,787
R0530	*TP calculated as a whole*	0
R0540	*Best Estimate*	440,156
R0550	*Risk margin*	6,631
R0560	*Technical provisions - health (similar to non-life)*	0
R0570	*TP calculated as a whole*	0
R0580	*Best Estimate*	0
R0590	*Risk margin*	0
R0600	Technical provisions - life (excluding index-linked and unit-linked)	0
R0610	*Technical provisions - health (similar to life)*	0
R0620	*TP calculated as a whole*	
R0630	*Best Estimate*	
R0640	*Risk margin*	
R0650	*Technical provisions - life (excluding health and index-linked and unit-linked)*	0
R0660	*TP calculated as a whole*	
R0670	*Best Estimate*	
R0680	*Risk margin*	
R0690	Technical provisions - index-linked and unit-linked	0
R0700	*TP calculated as a whole*	
R0710	*Best Estimate*	
R0720	*Risk margin*	
R0740	Contingent liabilities	0
R0750	Provisions other than technical provisions	7,241
R0760	Pension benefit obligations	99
R0770	Deposits from reinsurers	0
R0780	Deferred tax liabilities	0
R0790	Derivatives	44
R0800	Debts owed to credit institutions	0
R0810	Financial liabilities other than debts owed to credit institutions	0
R0820	Insurance & intermediaries payables	
R0830	Reinsurance payables	
R0840	Payables (trade, not insurance)	43,638
R0850	Subordinated liabilities	0
R0860	*Subordinated liabilities not in BOF*	
R0870	*Subordinated liabilities in BOF*	0
R0880	Any other liabilities, not elsewhere shown	0
R0900	**Total liabilities**	497,809
R1000	**Excess of assets over liabilities**	77,819

S.05.01.02

Premiums, claims and expenses by line of business

Non-life

		Line of Business for: non-life insurance and reinsurance obligations (direct business and accepted proportional reinsurance)												Line of business for: accepted non-proportional reinsurance				Total
		Medical expense insurance	Income protection insurance	Workers' compensation insurance	Motor vehicle liability insurance	Other motor insurance	Marine, aviation and transport insurance	Fire and other damage to property insurance	General liability insurance	Credit and suretyship insurance	Legal expenses insurance	Assistance	Misc. financial loss	Health	Casualty	Marine, aviation and transport	Property	
		C0010	C0020	C0030	C0040	C0050	C0060	C0070	C0080	C0090	C0100	C0110	C0120	C0130	C0140	C0150	C0160	C0200
	Premiums written																	
R0110	Gross - Direct Business					11,912		135,291	256,477	12,269								415,949
R0120	Gross - Proportional reinsurance accepted							174	1,212									1,385
R0130	Gross - Non-proportional reinsurance accepted																	0
R0140	Reinsurers' share					8,724		96,038	202,523	8,486								315,771
R0200	Net				0	3,188		39,427	55,165	3,784								101,564
	Premiums earned																	
R0210	Gross - Direct Business					11,062		132,298	245,758	13,477								402,595
R0220	Gross - Proportional reinsurance accepted							167	981									1,148
R0230	Gross - Non-proportional reinsurance accepted																	0
R0240	Reinsurers' share					8,124		94,944	192,689	8,409								304,166
R0300	Net				0	2,939		37,521	54,049	5,068								99,577
	Claims incurred																	
R0310	Gross - Direct Business				-50	3,643		123,153	76,164	3,420								206,330
R0320	Gross - Proportional reinsurance accepted								10									10
R0330	Gross - Non-proportional reinsurance accepted																	0
R0340	Reinsurers' share				-42	3,291		114,257	71,448	3,135								192,088
R0400	Net				-8	353		8,896	4,726	285								14,252
	Changes in other technical provisions																	
R0410	Gross - Direct Business																	0
R0420	Gross - Proportional reinsurance accepted																	0
R0430	Gross - Non-proportional reinsurance accepted																	0
R0440	Reinsurers' share																	0
R0500	Net				0	0		0	0	0								0
R0550	**Expenses incurred**				0	3,864		32,239	48,967	1,982								87,052
R1200	**Other expenses**																	
R1300	**Total expenses**																	87,052

S.05.02.01

Premiums, claims and expenses by country

Non-life

		C0010	C0020	C0030	C0040	C0050	C0060	C0070
		Home Country	Top 5 countries (by amount of gross premiums written) - non-life obligations			Top 5 countries (by amount of gross premiums written) - non-life obligations		Total Top 5 and home country
R0010			DE	FR	IE	ES	NL	
		C0080	C0090	C0100	C0110	C0120	C0130	C0140
	Premiums written							
R0110	Gross - Direct Business		127.016	99.958	62.280	46.606	43.785	379.644
R0120	Gross - Proportional reinsurance accepted		104	691	0	0	0	795
R0130	Gross - Non-proportional reinsurance accepted							0
R0140	Reinsurers' share		99.959	74.086	48.391	35.000	32.969	290.405
R0200	Net	0	27.161	26.563	13.889	11.605	10.816	90.034
	Premiums earned							
R0210	Gross - Direct Business		122.365	97.516	61.199	44.532	42.952	368.565
R0220	Gross - Proportional reinsurance accepted		104	333	0	0	0	437
R0230	Gross - Non-proportional reinsurance accepted							0
R0240	Reinsurers' share		96.207	72.161	46.723	33.196	32.167	280.454
R0300	Net	0	26.263	25.688	14.476	11.336	10.785	88.548
	Claims incurred							
R0310	Gross - Direct Business		49.220	60.329	53.888	13.086	16.194	192.716
R0320	Gross - Proportional reinsurance accepted			6				6
R0330	Gross - Non-proportional reinsurance accepted							0
R0340	Reinsurers' share		45.573	56.684	50.970	11.286	15.109	179.623
R0400	Net	0	3.647	3.651	2.918	1.800	1.084	13.100
	Changes in other technical provisions							
R0410	Gross - Direct Business							0
R0420	Gross - Proportional reinsurance accepted							0
R0430	Gross - Non-proportional reinsurance accepted							0
R0440	Reinsurers' share							0
R0500	Net	0	0	0	0	0	0	0
R0550	**Expenses incurred**	-142	23.571	24.940	12.120	10.179	9.635	80.304
R1200	**Other expenses**							
R1300	**Total expenses**							80.304

S.17.01.02

Non-Life Technical Provisions

		Direct business and accepted proportional reinsurance												Accepted non-proportional reinsurance				
		Medical expense insurance	Income protection insurance	Workers' compensation insurance	Motor vehicle liability insurance	Other motor insurance	Marine, aviation and transport insurance	Fire and other damage to property insurance	General liability insurance	Credit and suretyship insurance	Legal expenses insurance	Assistance	Miscellaneous financial loss	Non-proportional health reinsurance	Non-proportional casualty reinsurance	Non-proportional marine, aviation and transport reinsurance	Non-proportional property reinsurance	Total Non-Life obligation
		C0020	C0030	C0040	C0050	C0060	C0070	C0080	C0090	C0100	C0110	C0120	C0130	C0140	C0150	C0160	C0170	C0180
R0010	**Technical provisions calculated as a whole**				0	0		0	0	0								0
R0050	Total Recoverables from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default associated to TP calculated as a whole																	0
	Technical provisions calculated as a sum of BE and RM																	
	Best estimate																	
	Premium provisions																	
R0060	Gross				0	564		14.563	6.119	3.370								24.617
R0140	Total recoverable from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default				27	-519		-6.683	-47.965	1.945								-53.195
R0150	**Net Best Estimate of Premium Provisions**				-27	1.083		21.246	54.084	1.425								77.812
	Claims provisions																	
R0160	Gross				176	3.445		133.692	275.982	2.244								415.539
R0240	Total recoverable from reinsurance/SPV and Finite Re after the adjustment for expected losses due to counterparty default				367	-4.072		48.402	115.647	1.466								161.810
R0250	**Net Best Estimate of Claims Provisions**				-191	7.516		85.290	160.335	778								253.729
R0260	**Total best estimate - gross**				176	4.009		148.256	282.101	5.614								440.156
R0270	**Total best estimate - net**				-218	8.600		106.536	214.419	2.204								331.541
R0280	**Risk margin**				0	172		2.129	4.286	44								6.631
	Amount of the transitional on Technical Provisions																	
R0290	Technical Provisions calculated as a whole				0	0		0	0	0								0
R0300	Best estimate				0	0		0	0	0								0
R0310	Risk margin				0	0		0	0	0								0
R0320	**Technical provisions - total**				176	4.181		150.385	286.387	5.658								446.787
R0330	**Recoverable from reinsurance contract/SPV and Finite Re after the adjustment for expected losses due to counterparty default - total**				393	-4.590		41.719	67.682	3.411								108.615
R0340	**Technical provisions minus recoverables from reinsurance/SPV and Finite Re - total**				-218	8.771		108.666	218.705	2.248								338.172

S.19.01.21

Non-Life insurance claims

Total Non-life business

Z0020 **Accident year / underwriting year** Underwriting Year

Gross Claims Paid (non-cumulative)
(absolute amount)

		C0010	C0020	C0030	C0040	C0050	C0060	C0070	C0080	C0090	C0100	C0110	C0170	C0180
	Year	Development year											**In Current**	**Sum of years**
		0	1	2	3	4	5	6	7	8	9	10 & +	**year**	**(cumulative)**
R0100	Prior											302	302	302
R0160	2011	0	0	0	0	0	0	0	0	-5.423	455		455	-4.967
R0170	2012	0	0	0	0	0	0	0	-7.231	1.356			1.356	-5.875
R0180	2013	0	0	0	0	0	0	-12.079	1.023				1.023	-11.055
R0190	2014	0	0	0	0	0	-15.439	1.822					1.822	-13.617
R0200	2015	0	0	0	0	-17.282	3.612						3.612	-13.670
R0210	2016	0	0	0	-27.420	6.394							6.394	-21.026
R0220	2017	0	0	-55.766	10.875								10.875	-44.891
R0230	2018	0	-33.932	16.155									16.155	-17.777
R0240	2019	17.794	48.186										48.186	65.980
R0250	2020	22.282											22.282	22.282
R0260												**Total**	112.464	-44.313

Gross Undiscounted Best Estimate Claims Provisions
(absolute amount)

		C0200	C0210	C0220	C0230	C0240	C0250	C0260	C0270	C0280	C0290	C0300	C0360
	Year	Development year											**Year end (discounted**
		0	1	2	3	4	5	6	7	8	9	10 & +	**data)**
R0100	Prior											11.719	11.881
R0160	2011	0	0	0	0	0	0	0	0	6.057	4.826		4.892
R0170	2012	0	0	0	0	0	0	0	6.349	4.172			4.218
R0180	2013	0	0	0	0	0	0	10.868	9.143				9.252
R0190	2014	0	0	0	0	0	14.827	14.648					14.833
R0200	2015	0	0	0	0	18.264	13.189						13.353
R0210	2016	0	0	0	26.859	18.148							18.375
R0220	2017	0	0	45.812	33.151								33.586
R0230	2018	0	65.869	47.078									47.701
R0240	2019	84.237	107.885										109.078
R0250	2020	146.978											148.370
R0260												**Total**	415.539

S.23.01.01

Own Funds

	Basic own funds before deduction for participations in other financial sector as foreseen in article 68 of Delegated Regulation 2015/35	Total	Tier 1 unrestricted	Tier 1 restricted	Tier 2	Tier 3
		C0010	C0020	C0030	C0040	C0050
R0010	Ordinary share capital (gross of own shares)	48.730	48.730		0	
R0030	Share premium account related to ordinary share capital	57.986	57.986		0	
R0040	Initial funds, members' contributions or the equivalent basic own-fund item for mutual and mutual-type undertakings	0	0		0	
R0050	Subordinated mutual member accounts	0		0	0	0
R0070	Surplus funds	0	0			
R0090	Preference shares	0		0	0	0
R0110	Share premium account related to preference shares	0		0	0	0
R0130	Reconciliation reserve	-33.218	-33.218			
R0140	Subordinated liabilities	0		0	0	0
R0160	An amount equal to the value of net deferred tax assets	4.321				4.321
R0180	Other own fund items approved by the supervisory authority as basic own funds not specified above	0	0	0	0	0
R0220	**Own funds from the financial statements that should not be represented by the reconciliation reserve and do not meet the criteria to be classified as Solvency II own funds**	0				
R0230	**Deductions for participations in financial and credit institutions**	0				
R0290	**Total basic own funds after deductions**	77.819	73.498	0	0	4.321
	Ancillary own funds					
R0300	Unpaid and uncalled ordinary share capital callable on demand	0				
R0310	Unpaid and uncalled initial funds, members' contributions or the equivalent basic own fund item for mutual and mutual - type undertakings, callable on demand	0				
R0320	Unpaid and uncalled preference shares callable on demand	0				
R0330	A legally binding commitment to subscribe and pay for subordinated liabilities on demand	0				
R0340	Letters of credit and guarantees under Article 96(2) of the Directive 2009/138/EC	0				
R0350	Letters of credit and guarantees other than under Article 96(2) of the Directive 2009/138/EC	0				
R0360	Supplementary members calls under first subparagraph of Article 96(3) of the Directive 2009/138/EC	0				
R0370	Supplementary members calls - other than under first subparagraph of Article 96(3) of the Directive 2009/138/EC	0				
R0390	Other ancillary own funds	0				
R0400	**Total ancillary own funds**	0			0	0
	Available and eligible own funds					
R0500	Total available own funds to meet the SCR	77.819	73.498	0	0	4.321
R0510	Total available own funds to meet the MCR	73.498	73.498	0	0	
R0540	Total eligible own funds to meet the SCR	77.819	73.498	0	0	4.321
R0550	Total eligible own funds to meet the MCR	73.498	73.498	0	0	
R0580	**SCR**	56.224				
R0600	**MCR**	25.301				
R0620	**Ratio of Eligible own funds to SCR**	138,41%				
R0640	**Ratio of Eligible own funds to MCR**	290,50%				

	Reconcilliation reserve	C0060
R0700	Excess of assets over liabilities	77.819
R0710	Own shares (held directly and indirectly)	0
R0720	Foreseeable dividends, distributions and charges	
R0730	Other basic own fund items	111.036
R0740	Adjustment for restricted own fund items in respect of matching adjustment portfolios and ring fenced funds	0
R0760	**Reconciliation reserve**	-33.218
	Expected profits	
R0770	Expected profits included in future premiums (EPIFP) - Life business	
R0780	Expected profits included in future premiums (EPIFP) - Non- life business	25.896
R0790	**Total Expected profits included in future premiums (EPIFP)**	25.896

S.25.01.21

Solvency Capital Requirement - for undertakings on Standard Formula

		Gross solvency capital requirement	USP	Simplifications
		C0110	C0090	C0120
R0010	Market risk	6.131		
R0020	Counterparty default risk	10.085		
R0030	Life underwriting risk	0		
R0040	Health underwriting risk	0		
R0050	Non-life underwriting risk	35.180		
R0060	Diversification	-8.147		
R0070	Intangible asset risk	0		
R0100	**Basic Solvency Capital Requirement**	43.249		

	Calculation of Solvency Capital Requirement	C0100
R0130	Operational risk	12.975
R0140	Loss-absorbing capacity of technical provisions	0
R0150	Loss-absorbing capacity of deferred taxes	
R0160	Capital requirement for business operated in accordance with Art. 4 of Directive 2003/41/EC	0
R0200	**Solvency Capital Requirement excluding capital add-on**	56.224
R0210	Capital add-ons already set	0
R0220	**Solvency capital requirement**	56.224
	Other information on SCR	
R0400	Capital requirement for duration-based equity risk sub-module	0
R0410	Total amount of Notional Solvency Capital Requirements for remaining part	0
R0420	Total amount of Notional Solvency Capital Requirements for ring fenced funds	0
R0430	Total amount of Notional Solvency Capital Requirements for matching adjustment portfolios	0
R0440	Diversification effects due to RFF nSCR aggregation for article 304	0
	Approach to tax rate	C0109
R0590	Approach based on average tax rate	0

		LAC DT
	Calculation of loss absorbing capacity of deferred taxes	C0130
R0640	LAC DT	
R0650	LAC DT justified by reversion of deferred tax liabilities	0
R0660	LAC DT justified by reference to probable future taxable economic profit	0
R0670	LAC DT justified by carry back, current year	0
R0680	LAC DT justified by carry back, future years	0
R0690	Maximum LAC DT	0

USP Key

For life underwriting risk:
1 - Increase in the amount of annuity benefits
9 - None

For health underwriting risk:
1 - Increase in the amount of annuity benefits
2 - Standard deviation for NSLT health premium risk
3 - Standard deviation for NSLT health gross premium risk
4 - Adjustment factor for non-proportional reinsurance
5 - Standard deviation for NSLT health reserve risk
9 - None

For non-life underwriting risk:
4 - Adjustment factor for non-proportional reinsurance
6 - Standard deviation for non-life premium risk
7 - Standard deviation for non-life gross premium risk
8 - Standard deviation for non-life reserve risk
9 - None

S.28.01.01

Minimum Capital Requirement - Only life or only non-life insurance or reinsurance activity

	Linear formula component for non-life insurance and reinsurance obligations	C0010
R0010	MCR_{NL} Result	43.985

		Net (of reinsurance/SPV) best estimate and TP calculated as a whole	Net (of reinsurance) written premiums in the last 12 months
		C0020	C0030
R0020	Medical expense insurance and proportional reinsurance	0	
R0030	Income protection insurance and proportional reinsurance	0	
R0040	Workers' compensation insurance and proportional reinsurance	0	
R0050	Motor vehicle liability insurance and proportional reinsurance	0	
R0060	Other motor insurance and proportional reinsurance	8.600	3.188
R0070	Marine, aviation and transport insurance and proportional reinsurance	0	
R0080	Fire and other damage to property insurance and proportional reinsurance	106.536	39.427
R0090	General liability insurance and proportional reinsurance	214.419	55.165
R0100	Credit and suretyship insurance and proportional reinsurance	2.204	3.784
R0110	Legal expenses insurance and proportional reinsurance	0	
R0120	Assistance and proportional reinsurance	0	
R0130	Miscellaneous financial loss insurance and proportional reinsurance	0	
R0140	Non-proportional health reinsurance	0	
R0150	Non-proportional casualty reinsurance	0	
R0160	Non-proportional marine, aviation and transport reinsurance	0	
R0170	Non-proportional property reinsurance	0	

	Linear formula component for life insurance and reinsurance obligations	C0040
R0200	MCR_L Result	0

		Net (of reinsurance/SPV) best estimate and TP calculated as a whole	Net (of reinsurance/SPV) total capital at risk
		C0050	C0060
R0210	Obligations with profit participation - guaranteed benefits		
R0220	Obligations with profit participation - future discretionary benefits		
R0230	Index-linked and unit-linked insurance obligations		
R0240	Other life (re)insurance and health (re)insurance obligations		
R0250	Total capital at risk for all life (re)insurance obligations		

	Overall MCR calculation	C0070
R0300	Linear MCR	43.985
R0310	SCR	56.224
R0320	MCR cap	25.301
R0330	MCR floor	14.056
R0340	Combined MCR	25.301
R0350	Absolute floor of the MCR	3.700
R0400	**Minimum Capital Requirement**	25.301