

**Company Name:**  
**Financial Year ended 31 December .....**

**FORM LM**

**Statement by the Appointed Actuary  
required under Section 52(2) (a) & (b) of the Insurance Ordinance, 2000**

In my opinion

- (a) the policyholder liabilities included in the balance sheet of ----- has been determined in accordance with the provisions of the Insurance Ordinance, 2000; and
- (b) each statutory fund of the -----complies with the solvency requirements of the Insurance Ordinance, 2000.

-----  
Signature of the Appointed Actuary  
with full name and description