

**THE BANK
OF
GUYANA**



INSURANCE AND PENSIONS SUPERVISION DEPARTMENT

**GUIDELINE FOR APPOINTED ACTUARIES
REQUIREMENTS FOR THE VALUATION OF TECHNICAL PROVISIONS
AND THE APPOINTED ACTUARY'S REPORT
FOR GENERAL INSURANCE BUSINESS**

**ISSUED UNDER THE AUTHORITY OF
PART I, SECTION 7(D) OF THE
INSURANCE ACT 2016
(ACT NO. 17 OF 2016)**

June 2026

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1.0 Authorisation

1.1 IN EXERCISE of the powers conferred by section 7(d) of the Insurance Act 2016, the Bank of Guyana (herein referred to as the Bank) issues this Guideline for observance by all registered insurers carrying on general insurance business in Guyana.

1.2 This Guideline is issued to support the Bank's supervisory assessment of general insurers, including the assessment of technical provisions, insurance contract liabilities, reinsurance recoverability, solvency implications, actuarial valuation practices and annual supervisory filings.

1.3 This Guideline should be read together with the Insurance Act 2016, the Insurance Regulations 2018, applicable financial reporting standards, relevant actuarial standards of practice and any other guidelines, directions, or reporting requirements issued by the Bank. Where there is any inconsistency between this Guideline and the Insurance Act 2016 or the Insurance Regulations 2018, the Insurance Act 2016 and Insurance Regulations 2018 shall prevail.

1.4 This Guideline is a mandatory supervisory reporting guideline. It should not be interpreted as altering the statutory distinction between express legal requirements under the Insurance Act 2016 and supervisory expectations imposed by the Bank for the purpose of prudential supervision.

2.0 Introduction

2.1 The implementation of IFRS 17 has increased the need for structured actuarial analysis and documentation in relation to general insurance liabilities. While the Insurance Act 2016 expressly addresses appointed actuary requirements for life insurers, general insurers are also required to prepare financial statements and annual supervisory filings in accordance with applicable financial reporting and supervisory requirements. In practice, the application of IFRS 17 to general insurance business requires actuarial input in areas such as liabilities for incurred claims, liabilities for remaining coverage, risk adjustment, discounting where applicable, reinsurance contracts held, onerous contracts, data quality and valuation uncertainty.

2.2 The Bank requires consistent actuarial information to assess the financial condition, reserving adequacy, reinsurance recoverability, solvency implications and risk profile of general insurers. This Guideline therefore establishes a structured Appointed Actuary's Report framework for general insurance business.

2.3 The Appointed Actuary's Report is intended to provide the Bank, the insurer's Board and Senior Management and other informed readers with a clear explanation of the data, methodology, assumptions, results, limitations, reconciliations and professional judgement underlying the actuarial valuation and related reporting.

3.0 Objectives

3.1 The objectives of this Guideline are to:

- require every registered insurer carrying on general insurance business to submit an Appointed Actuary's Report annually;
- establish minimum expectations for the form, content, opinion, supporting schedules and documentation required in the Appointed Actuary's Report;
- support the implementation and supervisory review of IFRS 17 where applicable, without transferring the insurer's financial reporting responsibilities to the Appointed Actuary;
- establish expectations relating to the qualifications, independence, professional conduct, scope of work and reporting obligations of Appointed Actuaries;
- promote consistent, comparable and transparent actuarial submissions across general insurers;
- provide the Bank with structured information to support prudential supervision and financial condition monitoring; and
- promote prudent, well-documented and proportionate actuarial valuation practices in the general insurance sector.

4.0 Scope and Application

4.1 This Guideline applies to every registered insurer carrying on general insurance business in Guyana.

4.2 Every registered insurer carrying on general insurance business shall engage an Appointed Actuary who satisfies the eligibility, professional and independence requirements set out in this Guideline.

4.3 Pursuant to section 127 of the Act, the requirement to submit an Appointed Actuary's Report is a supervisory reporting requirement of the Bank. It is linked to the Bank's need for supervisory information and to the practical requirement for actuarial input in the valuation and assessment of insurance contract liabilities and related balances under applicable financial reporting standards, including IFRS 17 where applicable.

4.4 This Guideline applies to the general insurance business of the insurer and to the actuarial matters specified in this Guideline, including the valuation, analysis, reporting, documentation and schedules required in relation to that business.

4.5 The insurer remains responsible for its annual financial statements, annual supervisory filing, governance, internal controls and compliance with applicable financial reporting standards. The Appointed Actuary is responsible for the actuarial valuation,

analysis, opinion, report and supporting schedules prepared within the scope of the appointment.

5.0 Definitions and Interpretation

5.1 Definitions

5.1.1 For the purposes of this Guideline:

- “**Act**” means the Insurance Act 2016.
- “**Annual financial statements**” means the audited financial statements, including the notes and disclosures, prepared by the insurer for the relevant financial year in accordance with applicable financial reporting standards.
- “**Annual supervisory filing**” means the annual filing submitted by a registered insurer to the Bank in accordance with the Insurance Act 2016, the Insurance Regulations 2018 and any applicable directions, forms, or reporting requirements issued by the Bank.
- “**Appointed Actuary**” means an actuary engaged by a registered insurer carrying on general insurance business to perform the actuarial valuation, reporting and opinion functions required under this Guideline.
- “**Appointed Actuary’s Report** or **AAR**” means the annual actuarial report prepared by the Appointed Actuary in accordance with this Guideline and submitted by the insurer to the Bank.
- “**AAR-GEN Schedules**” means the prescribed schedules to the Appointed Actuary’s Report for general insurance business, including the main AAR-GEN IFRS 17 schedules and the Unpaid Claims and Loss Ratio Analysis Exhibit, in the format specified by the Bank.
- “**Bank**” means the Bank of Guyana.
- “**General insurance business**” means insurance business classified as general insurance business under the Insurance Act 2016 and any related regulations.
- “**IFRS**” means International Financial Reporting Standards as adopted in Guyana, including IFRS 17 where applicable.
- “**Liability for incurred claims** or **LIC**” means the insurer’s obligation to investigate and pay valid claims for insured events that have already occurred, including claims incurred but not reported, claims reported but not settled, allocated and unallocated claims adjustment expenses and related amounts as applicable.
- “**Liability for remaining coverage** or **LRC**” means the insurer’s obligation to investigate and pay valid claims for insured events that have not yet occurred but are covered by insurance contracts in force at the valuation date.

- **“Premium Allocation Approach or PAA”** means the simplified measurement approach under IFRS 17, where applicable.
- **“Regulations”** means the Insurance Regulations 2018.
- **“Standards of accepted actuarial practice”** means relevant actuarial standards, professional standards, educational notes, guidance and technical papers issued or recognised by the Caribbean Actuarial Association and any other actuarial standard or guidance accepted by the Bank for the purpose of this Guideline.
- **“Technical provisions”** means the actuarially assessed liabilities and related balances arising from insurance contracts and other policyholder obligations, including insurance contract liabilities and reinsurance contract assets or liabilities, as applicable under the Insurance Act 2016, the Insurance Regulations 2018, IFRS, actuarial standards and this Guideline.

5.2 Source and Status of Requirements

5.2.1 For clarity and legal defensibility, this Guideline distinguishes between different sources of obligation and expectation. The Insurance Act 2016 and Insurance Regulations 2018 remain the primary legal authority. IFRS 17-related matters are addressed as financial reporting expectations relevant to actuarial work. Actuarial standards and professional guidance inform actuarial good practice. Requirements stated by the Bank for submission, reporting, documentation, schedules, peer review and follow-up are supervisory expectations imposed for prudential supervision.

5.2.2 Where a requirement is stated as “shall” or “must”, it is intended to be mandatory for purposes of this Guideline, unless the Bank grants transitional flexibility or issues written clarification. Where a matter is described as “where applicable”, “where material”, or “where relevant”, the Appointed Actuary should apply professional judgement and explain the basis for excluding or limiting the item where necessary.

6.0 Governance and Appointment of the Appointed Actuary

6.1 Appointment and Notification

6.1.1 Every registered insurer carrying on general insurance business shall appoint an actuary to perform the functions required under this Guideline. The insurer shall notify the Bank of the appointment of its Appointed Actuary and shall provide such information as the Bank may require to assess the actuary’s qualifications, experience, professional standing, independence and fitness and propriety.

6.1.2 The Bank may request additional information from the insurer or proposed Appointed Actuary before accepting an Appointed Actuary’s Report for supervisory purposes. Where the Bank considers that the actuary does not satisfy the requirements of this Guideline or is otherwise unsuitable for the role, the Bank may require the insurer to

address the matter, appoint another actuary, obtain an independent review, or take such other action as the Bank considers necessary for supervisory purposes.

6.2 Eligibility, Fit and Proper Requirements

6.2.1 An individual may be eligible to act as Appointed Actuary where the individual:

- is a Fellow of an actuarial accreditation body that is a full member of the International Actuarial Association;
- is an Ordinary Member or Affiliate Member of the Caribbean Actuarial Association, unless otherwise accepted by the Bank;
- is in good standing with the actuarial accreditation body by which fellowship was granted and with the Caribbean Actuarial Association;
- has satisfied applicable continuing professional development requirements;
- has relevant practical experience in general insurance actuarial work, insurance liability valuation, IFRS 17 actuarial work, or other experience accepted by the Bank;
- has appropriate knowledge of the insurer's business, risk profile, data, regulatory framework and financial reporting requirements; and
- satisfies the fit and proper requirements applicable to the role.

6.3 Changes, Resignation, Cessation or Revocation

6.3.1 The insurer shall notify the Bank promptly of any change in Appointed Actuary, resignation, termination, revocation, or non-renewal of appointment and any circumstance that may affect the Appointed Actuary's ability to continue satisfying the requirements of this Guideline.

6.3.2 Where the Appointed Actuary resigns or ceases to perform the actuarial function before completion of the engagement, the insurer and the Appointed Actuary shall each provide the Bank with a written statement of the reasons for the resignation or cessation, including any material disagreements relating to data quality, methodology, assumptions, valuation results, disclosures, scope of work, professional judgement, or reporting to the Bank.

6.3.3 Before accepting an appointment, a prospective Appointed Actuary should take reasonable steps to communicate with the previous Appointed Actuary and understand whether there were any unresolved matters relevant to the appointment.

6.4 Independence, Objectivity and Conflicts of Interest

6.4.1 The Appointed Actuary shall perform the role with objectivity, professional integrity and independence of judgement. The Appointed Actuary shall not accept or continue an appointment where an actual or potential conflict of interest is likely to impair the actuary's ability to act fairly, objectively and in accordance with applicable professional standards.

6.4.2 The insurer shall assess whether the Appointed Actuary has any actual or potential conflict of interest. Any actual or potential conflict of interest, together with the proposed safeguards or mitigating measures, shall be disclosed to the Board and to the Bank.

6.4.3 The general manager, chief financial officer, or any person performing equivalent management or financial reporting functions for the insurer shall not be appointed as the Appointed Actuary.

6.5 Professional Standards and Scope of Work

6.5.1 The Appointed Actuary shall perform the valuation and prepare the Appointed Actuary's Report in accordance with the Insurance Act 2016, the Insurance Regulations 2018, this Guideline, applicable IFRS requirements including IFRS 17 where applicable, the Code or Rules of Professional Conduct of the Appointed Actuary's professional body, relevant standards of accepted actuarial practice and any additional direction issued by the Bank.

6.5.2 For general insurance business, relevant actuarial standards include general actuarial practice standards, standards relating to unpaid claims and claim liabilities, standards relating to premium-related liabilities and standards relating to actuarial services in connection with IFRS 17.

6.5.3 The Appointed Actuary shall exercise professional judgement in selecting assumptions, methods, models, data and approaches used in the valuation. The Appointed Actuary shall explain and justify all material assumptions, methods, changes in assumptions, changes in methodology, reliance on others, limitations and areas of uncertainty.

7.0 Appointed Actuary's Report and Filing Requirements

7.1 Annual Submission

7.1.1 Every registered insurer carrying on general insurance business shall submit an Appointed Actuary's Report annually to the Bank. The Appointed Actuary's Report, together with the prescribed AAR-GEN Schedules, shall be submitted within ninety (90) days after the end of the financial year, unless otherwise directed by the Bank.

7.1.2 The annual actuarial submission shall include one signed hard copy of the Appointed Actuary's Report, unless the Bank permits electronic-only submission; one electronic copy

of the Appointed Actuary's Report in PDF format, including a scanned copy of the signed actuarial opinion; one electronic copy of the completed AAR-GEN Schedules in Excel format; one electronic copy of the completed Unpaid Claims and Loss Ratio Analysis Exhibit in Excel format; and any additional supporting information, reconciliation, explanation, or documentation required by the Bank.

7.2 Prescribed Schedules

7.2.1 The prescribed AAR-GEN Schedules, including the main AAR-GEN IFRS 17 schedules and the Unpaid Claims and Loss Ratio Analysis Exhibit, form part of the annual actuarial submission and are mandatory unless the Bank otherwise directs.

7.2.2 The Appointed Actuary shall complete the AAR-GEN Schedules and the Unpaid Claims and Loss Ratio Analysis Exhibit in the format prescribed by the Bank. Where a prescribed schedule requests information for a methodology or item that is not applicable to the insurer, the Appointed Actuary shall indicate "Not Applicable" in accordance with the Bank's instructions and provide an explanation in the Appointed Actuary's Report where the matter is material. The prescribed workbooks shall not be structurally altered except where the Bank's instructions expressly permit additional rows or other modifications.

7.2.3 Unless otherwise specified by the Bank, all monetary amounts reported in the AAR-GEN Schedules and the Unpaid Claims and Loss Ratio Analysis Exhibit shall be reported in thousands of Guyana dollars (GYD'000). The Appointed Actuary's Report shall clearly state the unit used in any tables, summaries, or reconciliations.

7.2.4 Where a table, field, or disclosure is not applicable, the Appointed Actuary shall indicate this in accordance with the instructions and provide a brief explanation in the Appointed Actuary's Report where the matter is material.

7.3 Minimum Contents of the Appointed Actuary's Report

7.3.1 The Appointed Actuary's Report shall include, at a minimum, the following sections. Where a section is not applicable, the report should retain the heading and state that it is not applicable, with a brief explanation where material.

- Introduction and scope;
- Expression of actuarial opinion;
- Executive summary;
- Description of the insurer and general insurance business;
- Materiality standard;
- Data quality, data checks and reliance on data supplied by the insurer or third parties;

- Summary of methods, models and assumptions;
- Portfolio reporting and classification of contracts;
- Liability for incurred claims;
- Liability for remaining coverage;
- Risk adjustment;
- Discounting and financial risk, where applicable;
- Reinsurance contracts held, reinsurance recoverability and non-performance risk;
- Expenses, including acquisition, maintenance, claim handling and other directly attributable expenses;
- Onerous contracts and loss components, where applicable;
- Insurance acquisition cash flows and recoverability, where applicable;
- Actual versus expected experience and unpaid claims analysis;
- Liability roll-forward and reconciliation;
- Sensitivity analysis, uncertainty and limitations;
- Significant changes in data, methodology, assumptions, business mix, claims experience, reinsurance, or financial reporting treatment;
- Matters reported to the Board or Audit Committee;
- Peer review status, where applicable;
- Any qualification, limitation, reservation, or emphasis of matter; and
- Appendices, exhibits and completed schedules.

8.0 Valuation and Technical Reporting Requirements

8.1 General Valuation Expectations

8.1.1 The Appointed Actuary shall assess the technical provisions and related balances for the insurer's general insurance business, including liabilities for incurred claims, liabilities for remaining coverage, reinsurance balances, risk adjustment, discounting where applicable and any other material actuarial balance.

8.1.2 The valuation shall consider, where relevant, claims paid and outstanding, claims incurred but not reported, allocated and unallocated claims adjustment expenses, premium liabilities and unexpired risk, expected future claims and claim expenses, directly attributable expenses, reinsurance recoveries and payables, salvage and subrogation, large losses, catastrophe losses, changes in claims handling, underwriting, pricing, policy terms, business mix and reinsurance, inflation, legal developments, regulatory developments,

uncertainty and sensitivity of results, consistency with prior valuations and consistency with applicable financial reporting and actuarial standards.

8.2 IFRS 17-related Reporting Expectations

8.2.1 Where IFRS 17 applies, the Appointed Actuary's Report shall explain how the actuarial valuation supports the insurer's IFRS 17 insurance contract liabilities and related balances. Consistent with section 4.5, this requirement does not transfer responsibility for the preparation and presentation of the annual financial statements from the insurer to the Appointed Actuary.

8.2.2 The Appointed Actuary's Report shall address, where applicable, the measurement approach used, basis for determining portfolios and groups of contracts, contract boundaries, estimates of future cash flows, directly attributable expenses, risk adjustment for non-financial risk, discounting and financial risk, onerous contracts and loss components, insurance acquisition cash flows, reinsurance contracts held, liabilities for investment and service contracts, transition matters, liability roll-forward and movement analysis and reconciliation to the financial statements and annual supervisory filing. The level of detail required under this section shall be proportionate to the measurement approach applied, the nature and duration of the contracts, the materiality of the balances and the complexity of the insurer's general insurance business. Where the Premium Allocation Approach is validly applied, the Appointed Actuary is not expected to provide General Measurement Model-level analysis except where required by IFRS 17, where the matter is material, or where requested by the Bank for supervisory purposes.

8.3 Data Quality, Reliance and Documentation

8.3.1 The Appointed Actuary shall assess whether the data used in the valuation are sufficient, reliable, relevant, complete and appropriate for the purpose of the valuation. The Appointed Actuary's Report shall describe the data received, sources of data, period covered, checks performed, reconciliations performed, material limitations, adjustments made, reliance placed on others and the impact of unresolved data limitations on the actuarial opinion.

8.3.2 The insurer shall provide the Appointed Actuary with timely access to all records, data, explanations and personnel reasonably required to perform the valuation and prepare the Appointed Actuary's Report. The Appointed Actuary shall obtain a signed statement from appropriate management confirming, to the best of management's knowledge and belief, the completeness and accuracy of the data provided for the valuation.

8.4 Liability for Incurred Claims

8.4.1 The Appointed Actuary's Report shall describe the valuation of the Liability for Incurred Claims. The report shall address, where material, claims paid, case reserves, incurred but not reported claims, claims reported but not settled, claims adjustment expenses, recoveries, reinsurance recoveries, large losses, catastrophe losses, claims development patterns, claims inflation, changes in claims handling practices, discounting where applicable, risk adjustment, uncertainty and sensitivity. (Analysis of actual versus expected experience shall be addressed under Section 8.11)

8.5 Liability for Remaining Coverage

8.5.1 The Appointed Actuary's Report shall describe the valuation or assessment of the Liability for Remaining Coverage. The report shall address, where material, the measurement approach applied, unearned premium or remaining coverage basis, expected future claims, expected claims adjustment expenses, expected maintenance expenses, acquisition cash flows, onerous contracts and loss components, discounting where applicable, risk adjustment, reinsurance impact and material uncertainty or limitations.

8.5.2 Where the Premium Allocation Approach is applied, the Appointed Actuary shall explain why the approach is appropriate and identify any circumstances that may indicate that the remaining coverage is onerous.

8.6 Risk Adjustment

8.6.1 The Appointed Actuary's Report shall describe the approach used to determine the risk adjustment for non-financial risk. The report shall include, where material, methodology used, level of aggregation, risks reflected, diversification assumptions, basis for allocation across portfolios or lines of business, gross, ceded and net risk adjustment where applicable, confidence level or equivalent disclosure where applicable, changes from the prior year and rationale for the selected approach.

8.7 Discounting and Financial Risk

8.7.1 The Appointed Actuary's Report shall explain whether future cash flows were discounted. Where discounting is applied, the report shall describe the methodology, source of yield curve or rate assumptions, treatment of liquidity characteristics, treatment of financial risk, consistency with IFRS 17 where applicable, treatment of short-tail claims, impact of discounting on liabilities and changes from the prior year. Where discounting is not applied, the report shall explain the basis for that conclusion.

8.8 Expenses and Acquisition Cash Flows

8.8.1 The Appointed Actuary's Report shall describe how expenses have been reflected in the valuation, including claims handling expenses, acquisition expenses, maintenance expenses, directly attributable expenses, expense allocation methodology, changes in expense assumptions, consistency with IFRS 17 where applicable and limitations in expense data or allocation systems.

8.9 Reinsurance, Recoverability and Counterparty Risk

8.9.1 The Appointed Actuary's Report shall describe the insurer's material reinsurance arrangements and explain how these arrangements have been reflected in the valuation. The report shall include, where material, type of arrangement, retention, limits, deductibles, reinstatements, exclusions, order of application of treaties, changes during the period, reinsurance recoveries, reinsurance contract assets or liabilities, disputed or overdue recoveries, counterparty credit risk and non-performance risk, related-party reinsurance, financial reinsurance or limited risk transfer arrangements, commutations, cancellations and the effect of reinsurance on gross and net liabilities.

8.10 Liability Roll-forward and Reconciliation

8.10.1 The Appointed Actuary's Report shall include a roll-forward or movement analysis showing how technical provisions and insurance contract liabilities changed from the prior valuation date to the current valuation date. The Appointed Actuary shall reconcile the valuation results to the AAR-GEN Schedules, annual financial statements, annual supervisory filing and any other return or filing specified by the Bank. Any unreconciled difference or material classification difference shall be explained.

8.11 Actual versus Expected Experience and Unpaid Claims Analysis

8.11.1 The Appointed Actuary's Report shall compare actual claims experience with expected experience underlying the prior valuation, where credible and relevant data are available. The analysis shall explain material favourable or adverse development and the impact on current valuation assumptions.

8.11.2 The Unpaid Claims and Loss Ratio Analysis Exhibit shall be completed in the format prescribed by the Bank. The exhibit is intended to support the Bank's assessment of claims development, IBNR, paid losses, case reserves, risk adjustment, fulfilment cash flows, earned premium, loss ratios, claim counts, prior-year estimates and gross and ceded liability positions. Where net amounts are not separately presented in the prescribed exhibit, the Appointed Actuary shall explain how net results are derived from gross and ceded information, where material.

8.12 Materiality, Uncertainty and Sensitivity Analysis

8.12.1 The Appointed Actuary's Report shall state the materiality standard used for the valuation and explain how it was determined. The report shall discuss the main sources of uncertainty in the valuation, including data limitations, claims development uncertainty, model risk, assumption uncertainty, reinsurance uncertainty, economic uncertainty, legal or regulatory uncertainty and any other matter that could materially affect the valuation.

8.12.2 The Appointed Actuary shall include sensitivity analysis or scenario analysis where necessary to understand material valuation risk. The level of detail shall be proportionate to the nature, scale, complexity and risk profile of the insurer.

9.0 Reporting to the Board and Communication with the Bank

9.1 The Appointed Actuary shall meet with and report to the insurer's Board or Audit Committee at least once annually on matters arising from the valuation and the Appointed Actuary's Report. The report to the Board or Audit Committee should address adequacy of technical provisions and insurance contract liabilities, key assumptions and methods, significant changes from the prior year, material uncertainty or limitations, adequacy of reinsurance protection, prospective solvency implications, data quality concerns, IFRS 17 implementation or reporting issues and any matter that may materially affect the insurer's financial condition.

9.2 The Appointed Actuary shall report in writing to the Bank any matter that comes to the Appointed Actuary's attention which, in the Appointed Actuary's professional judgement, could materially and adversely affect the financial condition, solvency position, reserving adequacy, reinsurance recoverability, or regulatory compliance of the insurer.

10.0 Peer Review of the Appointed Actuary's Work

10.1 The insurer shall arrange for a peer review of the Appointed Actuary's work at least once every three years, or more frequently where directed by the Bank. The first scheduled peer review under this Guideline shall be completed within three years after the first full Appointed Actuary's Report submitted under this Guideline, unless the Bank requires an earlier review. This peer review requirement is imposed as a supervisory validation requirement of the Bank and is not an IFRS 17 requirement.

10.2 The Bank may require an earlier peer review where it has concerns regarding the insurer's valuation, data quality, reserving adequacy, reinsurance recoverability, methodology, assumptions, IFRS 17 implementation, actuarial judgement, independence, or financial condition.

10.3 The peer reviewer shall be independent of the Appointed Actuary and shall not be employed by or otherwise associated with the same actuarial firm, unless the Bank permits otherwise in exceptional circumstances. The peer reviewer shall satisfy the qualification

and professional requirements applicable to the Appointed Actuary, unless otherwise accepted by the Bank.

10.4 The peer review shall assess whether the Appointed Actuary's work was performed in accordance with applicable actuarial standards, this Guideline, the Insurance Act 2016, the Insurance Regulations 2018, applicable financial reporting standards and any relevant directions of the Bank. The peer review report shall be submitted to the insurer's Board, the Appointed Actuary and the Bank within the timeframe specified by the Bank.

11.0 Bank Review, Resubmission and Supervisory Follow-up

11.1 The Bank may review the Appointed Actuary's Report, AAR-GEN Schedules, Unpaid Claims and Loss Ratio Analysis Exhibit, working papers, supporting documentation, assumptions, methods, reconciliations and any other information relevant to the valuation.

11.2 The insurer and Appointed Actuary shall make available to the Bank, upon request and within the timeframe specified by the Bank, all working papers and documentation necessary to support the Appointed Actuary's Report and accompanying schedules.

11.3 Where the Bank determines that the Appointed Actuary's Report, supporting schedules, assumptions, methods, explanations, or documentation are insufficient for supervisory purposes, the Bank may require the insurer or Appointed Actuary to provide additional information, revise the report, recompute the valuation, resubmit the schedules, or take such other action as the Bank considers appropriate.

11.4 The Bank may require the insurer to reflect valuation adjustments in its annual supervisory filing or in a subsequent filing, subject to the Bank's supervisory assessment and applicable legal requirements. The Bank may also require the insurer to obtain a report from another actuary or independent reviewer where this is considered necessary for supervisory purposes.

12.0 Transitional Implementation and Post-Implementation Review

12.1 During the first year of implementation, the Bank may allow limited transitional flexibility in relation to specified fields in the AAR-GEN Schedules and the Unpaid Claims and Loss Ratio Analysis Exhibit, including fields relating to claim counts, ceded information, risk adjustment, discounting, liability roll-forward, prior-year estimates, or other data that may not be reasonably available in the prescribed format. Where such flexibility is applied, the insurer and Appointed Actuary shall identify the information that could not be provided, explain the reason for the limitation, assess the potential impact where practicable, provide a remediation plan and expected timeline and provide any additional explanation or supporting information required by the Bank.

12.2 Transitional flexibility shall not relieve the insurer or Appointed Actuary of the obligation to submit the Appointed Actuary's Report, actuarial opinion, core valuation results, reconciliations and material explanations required by this Guideline.

12.3 The Bank may review the implementation of this Guideline after the first annual reporting cycle and may issue clarifications, frequently asked questions, revised schedules, amendments, or supplementary instructions where necessary. The Bank may invite implementation feedback from insurers, Appointed Actuaries, auditors, or other relevant stakeholders after the first reporting cycle.

13.0 Effective Date

13.1 This Guideline shall take effect on **June 5, 2026**.

13.2 The first Appointed Actuary's Report, AAR-GEN Schedules and Unpaid Claims and Loss Ratio Analysis Exhibit under this Guideline shall be submitted for the financial year ending December 31, 2026, unless otherwise directed by the Bank.

14.0 References

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Appendix I - Certificate of the Appointed Actuary

I, **[name of Appointed Actuary]**, certify that:

- I am a member in good standing of **[name of actuarial professional body]** and comply with its Code or Rules of Professional Conduct;
- I meet the qualifications, professional standing, independence and fit and proper requirements applicable to the Appointed Actuary under this Guideline;
- I have performed the valuation and prepared this Appointed Actuary's Report in accordance with the Insurance Act 2016, the Insurance Regulations 2018, applicable financial reporting standards, relevant standards of accepted actuarial practice and guidelines issued by the Bank;
- I have taken reasonable steps to assess the sufficiency, reliability, completeness and appropriateness of the data used in the valuation;
- I have disclosed in this Appointed Actuary's Report any material reliance placed on information, data, assumptions, methods, or work prepared by management, auditors, reinsurers, brokers, internal actuaries, or other parties;
- I have disclosed in this Appointed Actuary's Report any material limitation, uncertainty, qualification, or reservation affecting my valuation or opinion;
- I have disclosed to the insurer and the Bank any actual or potential conflict of interest of which I am aware and I am satisfied that my ability to act fairly, objectively and independently has not been impaired; and
- I have completed the prescribed AAR-GEN Schedules and Unpaid Claims and Loss Ratio Analysis Exhibit in accordance with the instructions issued by the Bank, subject to any limitations disclosed in this Appointed Actuary's Report.

In my opinion, subject to the qualifications and limitations disclosed in this Appointed Actuary's Report, the technical provisions and related insurance contract liabilities of **[name of insurer]** in respect of its general insurance business as at **[valuation date]** have been valued on a basis that is reasonable for the purpose of the Appointed Actuary's Report and are consistent, in all material respects, with applicable actuarial standards, applicable financial reporting requirements and the Bank's supervisory reporting requirements.

The valuation results reported in this Appointed Actuary's Report and in the accompanying schedules have been reconciled, where applicable, to the annual financial statements and annual supervisory filing of **[name of insurer]**, subject to the explanations and limitations set out in this report.

Name of Appointed Actuary: _____

Professional qualification/designation: _____

Signature: _____

Date: _____

Place of signing: _____

Appendix II - Illustrative Qualified Opinion Wording

The following wording is illustrative only. The Appointed Actuary shall amend the opinion to reflect the particular facts and circumstances giving rise to the qualification or limitation.

Example: “Except for the matter described below, I am satisfied that the technical provisions and related insurance contract liabilities have been valued on a basis that is reasonable for the purpose of the Appointed Actuary’s Report. The valuation is qualified because [describe data limitation, scope limitation, disagreement, uncertainty, or other matter]. The potential impact of this matter is [describe impact where practicable].”

Appendix III - Statement of Accuracy of Data Supplied

I, **[name]**, **[title]** of **[company name]**, hereby affirm that the listings, summaries, records and data supplied to **[name of Appointed Actuary]** for the purpose of preparing the Appointed Actuary’s Report as at **[valuation date]** are, to the best of my knowledge and belief, substantially accurate and complete.

Signature: _____

Company stamp: _____

Date: _____

Appendix IV - Source and Status Matrix

| Source | Status in this Guideline | Treatment |
|---|--|--|
| Insurance Act 2016 and Insurance Regulations 2018 | Primary legal and regulatory authority | Used as the primary source for legal authority and statutory requirements. |
| IFRS, including IFRS 17 where applicable | Financial reporting framework | Used to frame actuarial reporting expectations supporting insurance contract liability measurement and disclosure. |
| Actuarial standards and professional guidance | Actuarial good practice | Used to inform professional valuation, data, assumption, reporting and documentation expectations. |
| Bank supervisory requirements | Supervisory expectations | Used to prescribe the AAR, schedules, peer review, reporting and supervisory follow-up requirements. |
| Transitional provisions | Implementation arrangement | Used to permit limited first-year flexibility without removing core reporting obligations. |

Appendix V - AAR-GEN Schedules and UCLR Analysis Exhibit Cross-reference Matrix

| Schedule / Exhibit | Purpose | Relevant Guideline Section |
|---|--|-----------------------------------|
| Cover and instructions | Identifies insurer, Appointed Actuary, reporting date, submission date, units and completion instructions. | 7.1, 7.2 |
| Portfolio reporting | Maps portfolios to actuarial lines of business. | 8.2 |
| Discount rate tables | Captures reference curves, risk-free rates, liquidity premia and total discount rates where applicable. | 8.7 |
| Risk adjustment tables | Captures gross, ceded and/or net risk adjustment amounts and methods. | 8.6 |
| Cost of capital support tables | Supports risk adjustment calculations where a cost of capital approach is used. | 8.6 |
| Actual versus expected tables | Supports analysis of prior-year reserve development and loss ratio development. | 8.11 |
| LRC grouping tables | Captures measurement approach and grouping for insurance contracts issued and reinsurance contracts held. | 8.5 |
| Liability roll-forward tables | Supports reconciliation and movement analysis for insurance and reinsurance contracts. | 8.10 |
| Investment, service or other contract table | Captures liabilities for investment, service, or other contracts where relevant. | 8.2 |
| Unpaid Claims and Loss Ratio Analysis Exhibit | Supports claims liability, IBNR, risk adjustment, fulfilment cash flow, earned premium, loss ratio, claim count and prior-year analysis. | 8.4, 8.11 |