2021

SFCR ASR Basis Ziektekosten-verzekeringen N.V.

a.s.r.
de nederlandse
verzekerings
maatschappij
voor alle
verzekeringen

Contents

Introduction

The structure of the Solvency and Financial Condition Report (SFCR) has been prepared as described in annex XX of the Solvency II Directive Delegated Regulation. The subjects addressed are based on article 51 to 56 of the Solvency II Directive and act 292 up to and including 298 and act 359 of the Delegated Regulation. Furthermore, the figures presented in this report are in line with the supervisor's reported Quantitative Reporting Templates (QRT).

All amounts in this report, including the amounts quoted in the tables, are presented in thousands of euros (€ thousand), being the functional currency of ASR Basis Ziektekostenverzekeringen N.V. (hereafter referred to as a.s.r. health basic), unless otherwise stated.

Summary

The 2021 Solvency and Financial Condition Report provides a.s.r. health basic's stakeholders insight in:

A Business and performance

The Solvency II ratio stood at 138% as at 31 December 2021, based on the standard formula as a result of € 206,148 thousand Eligible Own Funds (EOF) and € 149,337 thousand Solvency Capital Requirement (SCR).

Profit for the year before taxes was € 24,118 thousand in 2021 (2020: € 4,092 thousand). Operating expenses stood at € 26,232 thousand (2020: € 21,132 thousand). Gross written premiums rose to € 1,139,116 thousand (2020: € 816,997 thousand). Gross new business increased to € 267,239 (2020: € 147,455 thousand).

Specifically, regarding a.s.r. health basic in 2021, no dividend or capital withdrawals have taken place. Full details on the a.s.r. health basic's business and performance are described in chapter A Business and performance (page 7).

B System of governance

This paragraph contains a description of group policy of ASR Nederland N.V. (a.s.r.), which is applicable for the solo entity, a.s.r. health basic.

General

a.s.r. is a public limited company which is listed on Euronext Amsterdam and governed by Dutch corporate law. It has a two-tier board governance structure consisting of an Executive Board (EB) and a Supervisory Board (SB). The EB is responsible for the realisation of corporate objectives, the strategy with its associated risks and the delivery of the results. The SB is responsible for advising the EB, supervising its policies and the general state of affairs relating to a.s.r. and its group entities. The Business Executive Committee (BEC) works alongside the EB and shares responsibility for the implementation of the business strategy.

Risk management

It is of great importance to a.s.r. that risks within all business lines are timely and adequately controlled. In order to do so, a.s.r. implemented a Risk Management framework based on internationally recognised and accepted standards (such as COSO ERM and ISO 31000 risk management principles and guidelines). Using this framework, material risks that a.s.r. is, or can be, exposed to, are identified, measured, managed, monitored and evaluated.The framework is applicable to a.s.r. group, a.s.r. health basic and other underlying business entities.

Control environment

In addition to risk management, a.s.r.'s Solvency II control environment consist of an internal control system, an actuarial function, a compliance function, and an internal audit function. The system of internal control includes the management of risks at different levels in the organisation, both operational and strategic. Internal control at an operational level centres around identifying and managing risks within the critical processes that pose a threat to the achievement of the business line's objectives. The actuarial function is responsible for expressing an opinion on the adequacy and reliability of reported technical provisions, reinsurance and underwriting. The mission of the compliance function is to enhance and ensure a controlled and sound business operation. The Audit Department evaluates the effectiveness of governance, risk management and internal control processes, and gives practical advice on process optimisation.

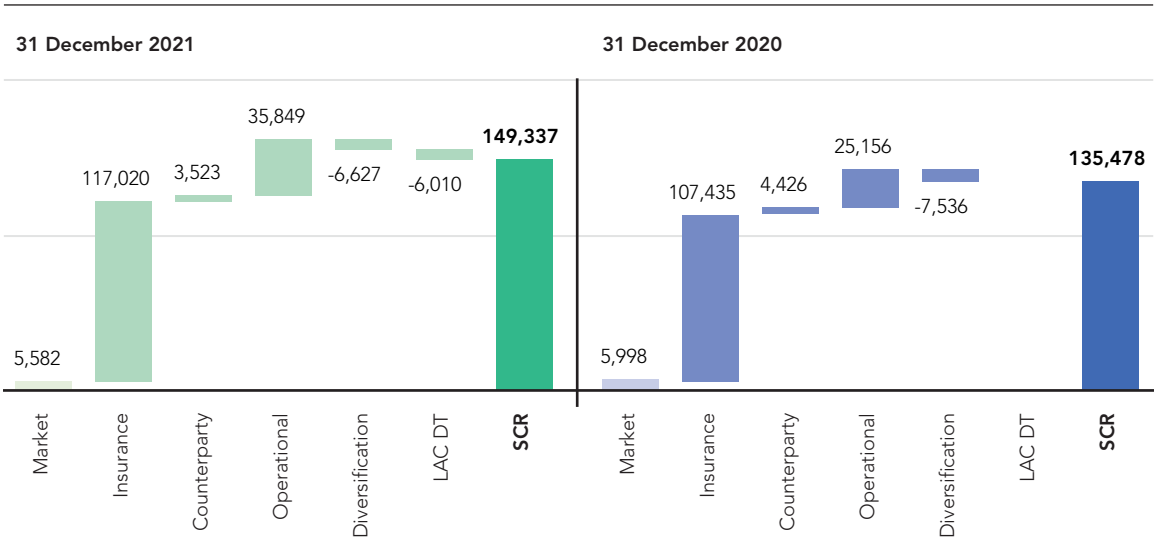
Full details on the a.s.r. health basic's system of governance are described in chapter B System of governance (page 16).

C Risk profile

a.s.r. health basic applies an integrated approach in managing risks, ensuring that our strategic goals (customer interests, financial solidity and efficiency of processes) are maintained. This integrated approach ensures that value will be created by identifying the right balance between risk and return, while ensuring that obligations towards our stakeholders are met. Risk management supports a.s.r. health basic in the identification, measurement and management of risks and monitors to ensure adequate and immediate actions are taken in the event of changes in a.s.r. health basic's risk profile.

a.s.r. health basic is exposed to the following types of risks: market risk, counterparty default risk, insurance risk, strategic risk and operational risk. The risk appetite is formulated at both group and legal entity level and establishes a framework that supports an effective selection of risks.

The SCR is build up as follows:



Full details on the a.s.r. health basic's risk profile are described in chapter C Risk profile (page 33).

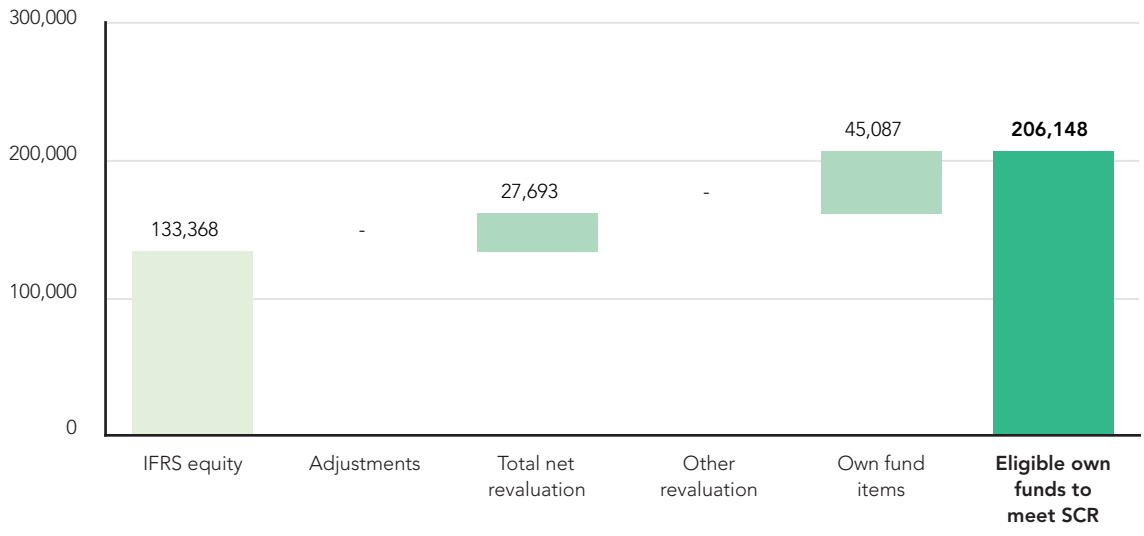
D Valuation for Solvency purposes

a.s.r. health basic values its Solvency II balance sheet items on a basis that reflects their economic value. Where the IFRS fair value is consistent with Solvency II requirements, a.s.r. health basic follows IFRS for valuing assets and liabilities other than technical provisions.

The reconciliation of IFRS equity and Excess Assets over Liabilities (Solvency II basis) can be summarised as follows:
- derecognition of items on the Solvency II economic balance sheet which are admissible on the IFRS balance sheet, for instance goodwill, pre-paid commissions and other intangible assets;
- revaluation differences on mainly insurance liabilities and other assets which are valued other than fair value in the IFRS balance sheet.

To reconciliate from Solvency II equity to EOF, the following movements are taken into consideration:
- subordinated liabilities: in accordance with the Delegated Regulation the subordinated liabilities are part of the EOF.

A graphical representation of the reconciliation from Solvency II equity to EOF is presented below.



Full details on the reconciliation between a.s.r. health basic's economic balance sheet based on Solvency II and consolidated financial statements based on IFRS are described in chapter D Valuation for solvency purposes (page 52).

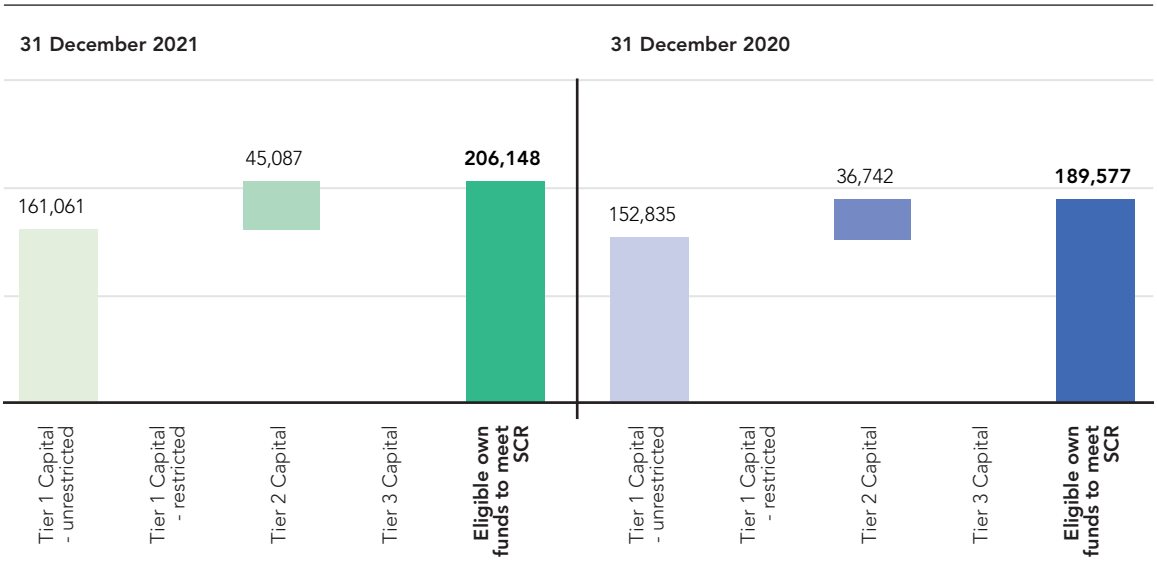
E Capital management

Overall capital management is administered at group level. Capital generated by operating units and future capital releases will be allocated to profitable growth of new business or repatriated to shareholders, beyond the capital that is needed to achieve management's targets.

a.s.r. health basic has no internal model and follows the default method for the determination of the group solvency. a.s.r. health basic maintains an internal minimum for the Solvency II ratio.

The internal minimum Solvency II ratio for a.s.r. health basic as formulated in the risk appetite statement is 110%. The Solvency II ratio was 138% at 31 December 2021.

The EOF are build up as follows:



a.s.r. has formulated its dividend policy in line with its current strategy. a.s.r. and the underlying business entities intend to pay an annual dividend that creates sustainable long-term value for its shareholders. a.s.r. and the underlying business entities aim to operate at a solvency ratio, calculated according to the standard formula, above a management threshold level. However, for a.s.r. health basic this management threshold is not applicable as a.s.r. health basic thinks it is inappropriate to distribute dividend from the mandatory health insurance.

Full details on the capital management of a.s.r. health basic can be found in chapter E Capital Management (page 60).

A Business and performance

A.1 **Business**

A.1.1 Profile

Object of the company

a.s.r. health basic provides healthcare insurance to all persons who are entitled to a health insurance under the Dutch Healthcare Insurance Act.

a.s.r. health basic aims to promote the ambitions and build on the transition to a healthcare business that works for a generation of customers who opt for a healthy lifestyle by focusing on client satisfaction, opportunities to help customers improve their health and profitable growth of the customer base. a.s.r. health basic offers well priced quality products, attractive information and services focused on improvement of health and general well-being, excellent client service and well-known brands with a drive for sustainability.

Core activities

The core activity of a.s.r. health basic is the provision of basic health insurance under the Dutch Healthcare Insurance Act. In addition to basic health insurance, ASR Nederland N.V. (a.s.r.), of which a.s.r. health basic is a part, also offers supplementary insurance through ASR Aanvullende Ziektekostenverzekeringen N.V. (a.s.r. health supplementary) and long-term care insurance through ASR Wlz-uitvoerder B.V. In the long-term care insurance a.s.r. is an implementer of the Dutch Long term Health act (Wlz) (a.s.r. long-term care). a.s.r. health basic, a.s.r. health supplementary and a.s.r. long-term care form a personnel and administrative union (hereafter referred to as a.s.r. health). At year-end 2021, the number of insured persons of a.s.r. health basic amounted to 657,771.

In 2021, the healthcare market was served from two labels. a.s.r. offered health insurance under the De Amersfoortse and Ditzo brands until 19 April 2021, per this date the disability and health insurance of the De Amersfoortse was continued under the a.s.r. brand. Consequently De Amersfoortse as a separate brand no longer exists.

The label formerly known as De Amersfoortse, now a.s.r., focuses mainly on entrepreneurs (SMEs), employees and self-employed workers. Distribution takes place mostly via the intermediary channel. The second label, Ditzo, focuses on customers looking for a good quality health insurance product, offering services exclusively via the direct online channel.

a.s.r. health basic operates all of its healthcare insurance policies under its own management. This provides the best opportunities to improve customer service for the existing labels.

Legal structure of the company

a.s.r. health basic is a wholly-owned subsidiary of ASR Ziektekostenverzekeringen N.V., which in turn is a wholly-owned subsidiary of a.s.r. a.s.r. is a public limited company under Dutch law having its registered office located at Archimedeslaan 10, 3584 BA in Utrecht, the Netherlands, and registered with the Dutch Chamber of Commerce under number 30070695. a.s.r. has chosen the Netherlands as 'country of origin' (land van herkomst) for the issued share capital and corporate bonds which are listed on Euronext Amsterdam and the Irish Stock Exchange. (Ticker: ASRNL).

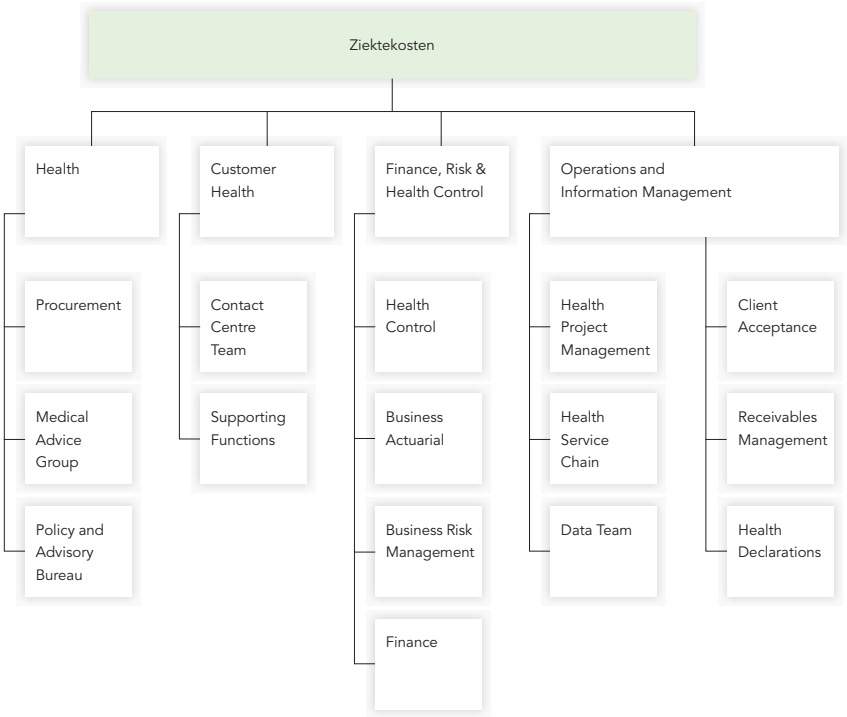
Internal organisational structure and staffing

Internal organisational structure

In 2021, the organisation of a.s.r. health basic was divided into the following segments: Operations and Information Management, Health, Customer and Finance, Risk and Control. Operations includes Client Acceptance, Health Declarations and Receivables Management. Information Management includes the Data team, Health Project Management and the Health Service Chain. Health can be subdivided into the Medical Advice Group, Procurement MSZ, Procurement Primary Health, Procurement Policy, and Policy and Advisory Bureau. Customer consists of the Contact Centre team, Proposition team and supporting functions. The segment Finance, Risk and Control includes Health Control, Business Risk Management, Business Actuarial, and team Finance.

Organisational chart

Below, the organisational chart of a.s.r. health basic is presented:



Headcount

All employees are employed by a.s.r. The a.s.r. employees that work for a.s.r. health, work for a.s.r. health basic as well as a.s.r. health supplementary and ASR Wlz-uitvoerder B.V. In 2021, a.s.r. health basic employed an average of 211 (2020: 185) internal FTEs. In addition, a flexible layer was used, mostly during November/December, when the bulk of new business was acquired. Specific teams were supported by temporary external employees.

The Executive Board (EB) consists of J.D. Lansberg and J.M. Hendriks. The composition of the EB remained unchanged in 2021.

The composition of the Supervisory Board (SB) of a.s.r. health supplementary is as follows: G. van Vollenhoven (appointed on 6 July 2021), S. Barendregt, I.M.A. de Swart (appointed chairman on 6 July 2021) and J.P.M. Baeten. C. van der Pol resigned as member (and chairman) of the Supervisory Board on 18 May 2021.

Strategy and achievements

The Health strategy was revised on 1 January 2021. With this, a.s.r. is working on its ambitions to achieve a transition to a healthcare company that works for a generation of customers who choose a healthy lifestyle. Offering different health services, including a.s.r. Vitality, is intended to help and motivate people to care for their own health. By switching from reactive to more proactive customer contacts, a.s.r. can work to help customers more effectively, encourage them to make their own health choice and provide them with a more positive experience and better service.

Health strives to encourage its customers to make good choices. An example of this is the four-month participation campaign during the 2020-2021 healthcare season, in which, via a.s.r. Vitality, a.s.r. offers all its customers (new and existing) four months free access to the Vitality programme on the contracting or renewal of their health insurance. In addition, the Doorgaan proposition is a unique combination of healthcare insurance, disability insurance and services aimed at vitality and sustainable employability for entrepreneurs and their employees and provides products and services for their mental and physical wellbeing. With the focus on health and vitality, rewarding healthy choices and sustainable employability, a.s.r. strives to play a role in improving the lives of individuals and of society as a whole. New health services were introduced for both brands in 2021. One example is the Ditzo Running Programme, in which a.s.r. aims to raise customer enthusiasm for running and to encourage customers to exercise.

In 2021, a.s.r. launched a partnership with Arts & Zorg (Physician & Healthcare) to enable smart healthcare choices for its customers. A pilot programme will be set up to allow insured parties to make more use of the healthcare digital channels.

This responds to the increasing customer demand to obtain more healthcare or advice digitally, and to find a solution for the growing shortage of general practitioners.

a.s.r. devotes close attention to an optimal customer experience. It puts considerable effort into improving customer contacts by organising these quickly and efficiently with the aid of digitalisation. One example of this is the introduction of Live Chat, an accessible live chat function with which customers receive immediate assistance and fast and clear answers to questions. a.s.r. devotes a great deal of time and energy into the evaluation of its products and services, in order to remain a customer-oriented organisation.

With an NPS-c score of 49 in 2021 (2020: 49), customer satisfaction of Health remained stable.

Market and distribution developments

Market

The health insurance market in the Netherlands comprises two product types: basic insurance and supplementary insurance. The market is highly regulated, with all Dutch residents obliged to take out basic health insurance. Basic coverage has limited variations across all insurers, since it is a statutory requirement and the content is prescribed by the government. Although supplementary insurance coverage is not obligatory, 84.9% of the market opted for a form of supplementary health insurance in 2021. Health insurance contracts are taken out on an annual basis. Generally, 6-7% of customers switch between health insurance providers each calendar year. This trend has been relatively stable over the past five years. In 2021, the number of customers that switched was 1.1 million, i.e. 6.5%[1].

Insurers are obliged to accept as a policyholder any person who is statutory obliged to have basic health cover. This is enabled by a government-run system of risk spreading, which provides compensation to insurers in relation to the expected healthcare costs in their customer base. Both government and the health insurance sector are constantly seeking to improve the system of risk-based cost compensation.

Products

a.s.r.'s health insurance product offering can be divided into the following categories:

- Basic health insurance which provides broad coverage of healthcare costs, the contents of which are prescribed by the government on an annual basis. a.s.r. health basic offers three types of basic health insurance:
  - In-kind policy;
  - Restitution policy;
  - Combinaton of in-kind and restitution.

- Supplementary health insurance which covers specific risks not covered by basic insurance, such as the costs of dentistry, physiotherapy, orthodontics and medical support abroad.

An in-kind policy, under which all healthcare costs are covered by the basic insurance if the insured party goes to a contracted healthcare provider, is the most common kind of policy on the Dutch market: 77%[1] of the insured population have an in-kind policy. An in-kind policy is also referred to as contracted care. In 2021, 59%[1] of a.s.r.'s healthcare customers had an in-kind policy.

Internal control of processes and procedures

For a.s.r. health basic an adequate risk management system is essential for internal control of processes and procedures, the implementation of the strategy and continuous operational improvement. Risk management includes risk assessment, risk decision making, and implementation of risk controls, which results in acceptance, mitigation, or avoidance of risk.

Risks are identified, analysed and mitigated or accepted in line with risk appetite statements. Risk appetite statements are in place to manage the business within the risk profile limits.

The Business Risk Committee (BRC) monitors (on an ongoing basis) and discusses (on a quarterly basis) whether the financial and non-financial risks are adequately managed. If a risk profile exceeds the appetite, the BRC decides on actions to be taken. a.s.r. health basic performs comprehensive risk management to increase financial and non-financial (operational) robustness. The risk control framework for internal control of processes and procedures is based on a risk-based approach. The key risks and key controls are identified annually, and defined and evaluated by the management of a.s.r. health basic. The effectiveness of the key controls is tested and reviewed periodically.

Performing annually the Strategic Risk Analysis (SRA), the Own Risk and Solvency Assessments (ORSA), information security assessments of systems, assessments of outsourced services, monitoring operational incidents and project risk assessments is also an important part of risk management. Products and services and accompanying customer information undergo an internal 'Product Approval and Review Process (PARP)'.

1 Source: Zorgthermometer Verzekerden in Beeld 2021

In 2021, internal control of processes and procedures with regard to customer due diligence surveys, cybersecurity and the elaboration of national agreements and regulations with regard to the COVID-19 pandemic received extra attention. Extensive efforts have been made to ensure adequate supplier risk management and customer due diligence (CDD). Actions are taken to mitigate the risks of data-leakage and cybersecurity. Frequent consultation with internal and external cybersecurity experts takes place in order to optimise the risk management process and to anticipate on developments and new cybersecurity threats. With regard to the COVID-19 measurements, segregation of duties, connection with the general ledger and detailed checks were part of the internal control of the processes and procedures for drawing up calculations and paying out the continuity contributions (equalisation contribution) to health care institutions.

In 2021, a.s.r. health basic continued to check whether the insurance claims are compliant with the Dutch Healthcare Act (zorgverzekeringswet) and legislation of the Dutch Healthcare Authority (NZa). Controls are implemented on formal, material, medical necessity and fraud aspects in order to reduce the need for retrospective corrections. The Healthcare Control department reports to the CFRO of a.s.r. health basic.

Quality control

a.s.r. health basic wants to be the personal health insurer focusing on its customers' health (interests) and offering its customers an excellent service. The foundation for this is quality management and a genuine customer interest. Quality management contains policies, guidelines and principles on how a.s.r. health basic wants to serve its customers. The standards laid down in the quality policy are the starting point in actively complying with the quality standards for customer-oriented insurance, continuous improvement of processes within all departments and providing training to employees. In order to actively steer towards the objectives, they have been translated into key performance indicators (KPIs). The progress and results on these KPIs are periodically shared and discussed within the teams working on the objectives and monitored and discussed with management of a.s.r. health basic.

a.s.r. health basic attaches great importance to feedback from its customers. That is why, in 2021, continuous feedback was asked by means of Net Promotor Score (NPS) on both customer contact (contact measurement) and the handling of complaints (process measurement). In 2021 a.s.r. health basic implemented an NPS measurement on Whatsapp. This was done, because more and more customers use Whatsapp as a communication tool.

This gave a.s.r. health basic an even better insight into what customers think of its information provision, services, First Time Right service approach and the quality of its customer contact in general. The feedback was used to improve processes and train employees. a.s.r. health basic also uses the Customer Effort Score (CES) to get an insight into how much effort the customers must deliver, for example when submitting an invoice. The results have given a.s.r. health basic input for improvements. The ambition in terms of service provision to customers is reflected in the fact that a.s.r. health basic was able to maintain the NPS-c score off +49.

In 2020, a.s.r. health basic developed a new customer contact strategy which is aimed at enabling customers to contact us efficiently and effectively in the way and at the moment that suits them best. In 2021 a.s.r. health basic has built on this by using the customer feedback on reasons to contact us.

In addition, a.s.r. health basic conducted a number of experiments concerning proactive service. For example the group of customers who have been using their maximum voluntary deductible for 3 years in a row, a.s.r. health basic offered the customers to lower their voluntary deductible to save money.

In 2021, a.s.r. health basic continued to build on the work that had started a few years earlier, regarding the mapping of the total customer journey and its translation into a digital customer journey framework. Together with an external partner a.s.r. health basic built the CX Framework. In this CX Framework all customer measurements come together, offline and online. This has given a.s.r. health basic further insights into when and how customers contact us, how they appreciate this and where a.s.r. health basic can improve its service, information and processes.

In 2021, a.s.r. health basic saw an increase in the number of complaints in comparison with 2020. The number of complaints increased from 774 in 2020 to 1,099 in 2021. There are two main reasons why a.s.r. health basic had this increase. The first reason is the greater volume of customers and the second is a change in the policy rules regarding medicine.

Finance

Overall capital management is administered at group level. a.s.r. health basic is capitalised separately. Excess capital over management's targets and not allocated to profitable growth of new business, can be used to repay earlier capital investments to the extent local regulations allow and within the internal risk appetite statement. For a.s.r. health basic no upstreaming of capital to the group level is currently foreseen. All capital present is used for strengthening of the capital positioning, investments or to maintain a socially responsible pricing level. As a result of the portfolio growing in 2021, the SCR (insurance risk) increased. For this reason an extra subordinated loan of € 9 million was issued from a.s.r. to a.s.r. health basic.

A.1.2 General information

The SFCR has been prepared by and is the sole responsibility of the Company's management. Selected Own Funds and SCR information are also reported in a.s.r. financial statements. KPMG has examined the 2021 financial statements and issued an unqualified audit report thereon. The SFCR is not in scope of the KPMG audit.

Name and contact details of the supervisory authority

Name:	De Nederlandsche Bank
Visiting address:	Spaklerweg 4, 1096 BA Amsterdam
Phone number (general):	+31 800 020 1068
Phone number (business purposes):	+31 20 524 9111
Email:	info@dnb.nl

Name and contact details of the external auditor

Name:	KPMG Accountantants N.V.
Visiting address:	Laan van Langerhuize 1, 1186 DS Amstelveen
Phone number	+31 20 656 7890

A.2 **Key figures**

- The net result amounted to € 18.1 million (2020: € 3.1 million);
- Gross written premiums increased to € 1,139.1 million (2020: € 817.0 million);
- Operating expenses increased to € 26.2 million (2020: € 21.1 million);
- Combined ratio (COR) improved to 96.8% (2020: 98.6%).

Key figures

(in € thousands, unless stated otherwise)	2021	2020
Gross written premiums	1,139,116	816,997
Operating expenses	-26,232	-21,132
Result before tax from continuing operations	24,118	4,092
Income tax (expense) / gain	-6,032	-1,023
Net result	18,086	3,069
New business	267,239	147,455
Combined ratio	**96.8%**	**98.6%**
- Claims ratio	93.9%	94.5%
- Commission ratio	0.5%	1.5%
- Expense ratio	2.3%	2.6%

Gross new business

Almost 253,000 new insured persons opted for one of the two labels of a.s.r. health basic in 2021 (2020: more than 143,000). Compared to 2020, a.s.r. health basic had a net growth in the number of insured persons in 2021 of 214,000 policyholders. The in-kind policies, visibility (partly due to a.s.r. Vitality) and a good premiumsetting led to the net growth. The total gross new Healthcare business of € 267.2 million (nominal premiums; 2020: € 147.5 million) is accounted for 97% by the Ditzo brand (2020: 95%).

Gross written premiums

Gross written premiums increased to € 1,139 million (2020: € 817 million). This increase is the result of the growth of the portfolio.

Operating expenses

Operating expenses amounted to € 26.2 million (2020: € 21.1 million). The expenses increased mostly as a result of higher variable costs (e.g. IT related costs, contribution Zorgverzekeraars Nederland (ZN)) due to the growth of the portfolio. The expense ratio decreased because the fixed costs could be spread among more insured persons.

Profit/(loss) for the year before taxes

The net result in 2021 amounted to € 18.1 million, an increase of € 15.0 million compared to 2020. A higher net underwriting result is offset by higher operating expenses, higher other income and expenses and lower investment income. The higher underwriting result is due to the favorable development of the COR on the current claim year and

a positive COVID-19 impact, mainly because of an extra contribution received from the Health insurance fund, based on article 33 of the Health insurance Act.

Combined ratio
COR improved compare to last year due to an improvement in the claims ratio, expense ratio as well as in the commission ratio. This development is due to the rise of the earned premium in 2021. This year also the commission ratio improved due to lower cost of acquisition compared to 2020. The cost of acquisition decreased due to a lower growth in number of people insured in 2022.

COVID-19
COVID-19 schemes with healthcare providers
The outbreak of the global COVID-19 pandemic in 2020 had a major impact on healthcare in the Netherlands. In a very short time, there was great pressure on the capacity of hospitals. Nursing wards and ICUs became overcrowded and due to both the contagiousness of the virus and the need to deploy available staff as much as possible on COVID-19 care, regular care was downscaled significantly in many places. In addition to the healthcare challenges, this resulted in financial uncertainties for healthcare providers. Insurers have made every effort to prevent care provision from being unnecessarily burdened with financial uncertainties or administrative burdens, so that the attention of care providers could focus as much as possible on providing the necessary COVID-19 care and maintaining regular care capacity as much as possible. After the initial commitment of advances and agreements on accelerated payment of claims, arrangements for Continuity Contributions and Additional Costs have been made available to care providers who offer care that falls within the basic insurance and / or supplementary insurance. This allows them to apply for financial contributions to compensate for ongoing costs and additional costs for COVID-19 costs.

Explanation of COVID-19 schemes with healthcare providers
In 2020 and 2021, health insurers made the following schemes available:

- Generic Continuity contribution healthcare providers;
- Continuity contribution Medical Specialist Care (MSZ 2020) and MSZ Accent;
- Continuity contribution Mental Health Care (GGZ);
- Continuity contribution District Nursing, Geriatric Rehabilitation Care and Primary Care:
- Additional cost schemes.

A COVID-19 scheme for Medical Specialist Care (MSZ 2021) has again been drawn up for 2021.

The starting point of all schemes is that the continuity of care - even after the pandemic - must be guaranteed. Therefore, the basis of the schemes is that ongoing costs of the care provider are reimbursed. This can be adjusted if a care provider can demonstrate that this is justified, for example because more care has been provided than what is assumed as a basis in the contribution. COVID-19 related healthcare costs are also reimbursed through a contribution. This may concern immediate care as well as costs related to the existence of the pandemic (such as keeping capacity for COVID-19 care available). Finally, a hardship clause in most schemes ensures that healthcare providers cannot experience an excessive positive or negative effect from the effects of the COVID-19 pandemic. Therefore, if the annual results over 2021 of the healthcare provider show that these are significantly lower due to the COVID-19 care provided and the inadequate reimbursement thereof, further consultation can take place between healthcare provider and insurers. This also applies the other way around (when there is financial overcompensation).

Effect on 2021 result
The basis of the schemes is aimed at compensating for the negative financial COVID-19 effects of healthcare providers and thus maintaining the regular healthcare capacity. For this, healthcare providers are fully reimbursed for their ongoing costs and partly for their variable costs. This means that, on balance, less is reimbursed than the contract value, which in principle has a slightly positive effect on the insurance result of the health insurer. This is offset by the additional reimbursements for COVID-19 related healthcare costs.

On several fronts, the healthcare costs associated with the schemes can be adjusted at a later date in connection with subsequent calculation and the claim that may be made on hardship clauses. In the 2020 insurance result presented in this report, the effects of the schemes as at 31 December 2021 are taken into account, as known to us on the date of signing this report (21 March 2022). These has an increasing effect on the net insurance claims and benefits (see chapter 2.5.5). This takes into account the subsequent distribution of the costs according to the Solidarity Agreements for Health Insurers (see chapter 2.6.7 Contingent liabilities and assets).

Because of high uncertainty over the national healthcare costs in 2021 85% of the difference between the national health care budget ('macro prestatiebedrag') and the realised costs are for the account of the national health insurance fund ('zorgverzekeringsfonds') instead of the individual health insurer. This so called "macro neutrality" has a negative impact on the earned premiums of a.s.r. basic health, because the realised costs are lower than the national health care budget (because COVID-19 costs are excluded from the national budget in 2021). This is included in the item gross insurance premiums (chapter 2.5.1).

Catastrophe Regulation Health Insurance Act
Article 33 of the Health Insurance Act concerns the Catastrophe Scheme. These regulations stipulate that a health insurance entity can receive an extra contribution from the Health Insurance Fund if the health care costs per insured person as a result of a pandemic, calculated over the calendar year of the outbreak and the following calendar year, exceed a certain threshold. In the case of the current COVID-19 pandemic, this concerns the calendar years 2020 and 2021 together with a threshold of 4% of the extra COVID-19 related healthcare costs compared to the average equalisation contribution over 2020 according to the recalculated equalisation contribution of 2020 per March 2021 by the Dutch Health Care Institute. This is approximately € 60 per insured person. The healthcare costs to which the Catastrophe Scheme pertains include:

1. Regular direct costs for care for COVID-19 patients;
2. Surcharges on regular rates in connection with increased costs as a result of the COVID-19 pandemic;
3. Indirect additional costs.

For the years 2020 and 2021 together, the COVID-19 related expected health care costs at all (or nearly all) health insurance entities in the Netherlands have already exceeded the limit of the Catastrophe Scheme. This means that they receive compensation from the Health Insurance Fund. This also applies to a.s.r. health basic.

The COVID-19 related costs that fall under the Catastrophe Scheme and the corresponding contribution from this scheme are divided through the Solidarity Agreements for Health Insurers (see paragraph below). This is included in the item gross insurance premiums (chapter 2.5.1).

Health insurers' Solidarity Agreements
The financial effects associated with the COVID-19 pandemic are disproportionately distributed among health insurers. Some health insurers have to deal with more costs than others, depending on the region in which the insurer is most active and / or the number of policyholders requiring COVID-19 care. It follows that the contribution from the Catastrophe Regulation is also disproportionately distributed. Most health insurers reach the limit to be eligible for contribution, but some may not. Moreover, the contribution is not evenly distributed. Since the amounts are likely to be substantial, this may result in an undesirable change in the level playing field between health insurers. Especially, since the costs are divided amongst health insurers because of the schemes drawn up with health providers. To prevent a change in the level playing field, health insurers have drawn up a framework agreement - with the consent of the Netherlands Authority for Consumers and Markets (ACM)* - to redistribute both the COVID-19 costs and any contributions from the Catastrophe Scheme. This framework forms the Solidarity Agreements between Health Insurers.

The Solidarity Agreements is structured on the basis of a consecutive step-by-step plan that is spread over two calendar years:

Solidarity Agreement 2020

The following steps of the solidarity agreements for 2020 have been approved by ACM:

Step 1a
All variable costs of healthcare providers that are reimbursed through the schemes for Continuity contribution MSZ 2020, and MSZ accent and generic schemes for other health care suppliers will be divided between the health insurers in 2020 on the basis of their share in the total national equalisation contribution 2020.

Step 1b[1]
The COVID-19-related costs 2020 that are not divided in step 1a, as well as these costs over 2021 and the contributions that are paid from the Health Insurance Fund in the name of the Catastrophe Scheme from the Health Insurance Fund to an individual health insurer, are divided among all health insurers. The contributions from the Catastrophe Scheme are redistributed per premium payer per health insurer. The COVID-19 costs redistributed proportionally to the market share of the risk equalisation contribution. Through this method of allocation, each health insurer has the same (dis)advantage on the premium level. This was negotiated in 2021.

Step 2
Differences in the expected and actual settlement results (including Catastrophe Scheme) of an individual health insurer for the year 2020 that remain after application of steps 1a and 1b and that fall outside a fixed bandwidth, are collected by the health insurers jointly. For a.s.r. health basic a special agreement for this Step 2 has been taken because of the large number of new insured per 2020. The standard approach of Step 2 did not gave a good estimate of the going concern outcomes of the risk equalisation contribution.

1 The application of the Catastrophe Scheme is based on both 2020 and 2021. As a result, the implementation of this scheme and the distribution of the contributions in accordance with the Solidarity Agreements for Health Insurers, takes place over the two years mentioned

Solidarity agreements 2021

The following steps for 2021 have been approved by ACM:

Step 1a
This step has also been expressed for 2021 to maintain the level playing field between health insurers by means of the solidarity agreements MSZ 2021. This is done by distributing COVID-19's financial effects in the MSZ in solidarity among the health insurers. In this way it is prevented that the COVID-19 pandemic seriously affects the regular competitive position of health insurers and thus disrupts the regular functioning of the health insurance market.

Step 1b[1]
The COVID-19 related costs 2020 that are not divided in step 1a, as well as these costs over 2021 and the contributions that are paid from the Health Insurance Fund to an individual health insurer in the name of the Catastrophe Scheme from the Health Insurance Fund, are divided among all health insurers. This redistribution is proportional to the market share of the risk equalisation contribution. Through this method of allocation, each health insurer has the same (dis)advantage on the premium level.

Step 4
Differences in the expected and actual settlement results (including Catastrophe Scheme) of an individual health insurer for the year 2021 that remain after application of steps 1a and 1b and that fall outside a fixed bandwidth, are collected by the health insurers jointly. Based on the same arguments as for 2020, a.s.r. health basic has decided not to participate in Step 4.

A.3 **Investment performance**

a.s.r. health basic's investment policy is aimed at striking a balance between generating returns and preventing risks. Protecting the solvency position is an important factor in this context.

A.3.1 Financial assets and derivatives

Investments

	31 December 2021	31 December 2020
Available for sale	365,534	271,402
	365,534	**271,402**

Breakdown of investments

	31 December 2021			31 December 2020		
	Available for sale	Fair value through profit or loss	Total	Available for sale	Fair value through profit or loss	Total
Fixed income investments						
Government bonds	258,027	-	258,027	152,663	-	152,663
Corporate bonds	104,563	-	104,563	115,826	-	115,826
Equities and similar investments						
Equities	2,944	-	2,944	2,913	-	2,913
Total investments	**365,534**	**-**	**365,534**	**271,402**	**-**	**271,402**

Based on their contractual maturity, an amount of € 130,538 thousand (2020: € 182,532 thousand) of fixed income investments is expected to be recovered after one year after the balance sheet date. For assets without a contractual maturity date, it is expected that they will be recovered after more than one year after the balance sheet date.

1 The application of the Catastrophe Scheme is based on both 2020 and 2021. As a result, the implementation of this scheme and the distribution of the contributions in accordance with the Solidarity Agreements for Health Insurers, takes place over the two years mentioned

Investment income

Breakdown of investment income per category

	2021	2020
Interest income from investments	-	536
Other interest income	4	5
Interest income	**4**	**540**
Dividend on equities	62	73
Dividend and other investment income	**62**	**73**
Total Investment income	**66**	**614**

In 2020, the effective interest method was applied to an amount of € 536 thousand of the interest income from financial assets not classified at fair value through profit or loss.

In 2021, the effective interst rate for financial assets not classified at fair value through profit or loss was negative, hence interest income from investments are presented under interest expenses.

A.3.2 Consolidated statement of comprehensive income

Consolidated statement of comprehensive income for the year ended 31 December

(in €)	2021	2020
Net result	**18,086**	**3,069**
Unrealised change in value of available for sale assets	-724	803
Realised gains/(losses) on available for sale assets reclassified to profit or loss	-343	-260
Income tax on items that may be reclassified subsequently to profit or loss	260	-136
Total items that may be reclassified subsequently to profit or loss	**-807**	**407**
Total other comprehensive income, after tax	**-807**	**407**
Total comprehensive income	**17,279**	**3,476**

A.3.3 Information about investments in securities

As a.s.r. health basic has no investments in securitisation, no further information is included here.

A.4 **Performance of other activities**

a.s.r. health basic has no material other activities.

A.5 **Any other information**

No other information is applicable.

B System of governance

B.1 General information on the system of governance

B.1.1 Corporate governance

a.s.r. health basic has an Executive Board (EB) and a Supervisory Board (SB).

Executive Board

The EB is responsible for the company's management, meaning that it is responsible for aspects such as achieving corporate objectives, the strategy and the associated risk profile, and the ensuing financial performance of the company and its subsidiaries.

The General Meeting of Shareholders appoints the members of the EB and may suspend or dismiss any member of the EB at any time. The SB may also suspend any member of the EB. A suspension by the SB may be overruled by the General Meeting of Shareholders at any time. a.s.r. aims to have an adequate and balanced composition of the EB. The EB consists of two members, one female and one male. In 2017, the SB adopted a formal diversity policy. a.s.r. uses the following definition for diversity: a balanced composition of the workforce, based on age, gender, cultural or social origin, competences, views and working styles. One of the objectives is an EB consisting of at least 30% women and at least 30% men. The current composition of the EB does meet both goals regarding the gender balance of the EB.

Supervisory Board

The SB is responsible for overseeing, checking (also proactively) and advising the EB with regard to achieving the corporate objectives, the strategy and the risks associated with the company's business activities.

The SB consists of four members. The General Meeting of Shareholders appoints the members of the SB and may suspend or dismiss any member of the SB at any time.

This paragraph contains a description of group policy, which is applicable for a.s.r. health basic. However, a.s.r. health basic has its own governance structure, which is described below. a.s.r. health basic uses the facilities of the group.

B.1.1.1 Supervisory Board Committees

Audit and Risk Committee

The SB did not institute an Audit and Risk Committee.

Audit and risk issues are discussed during a separate part of every meeting of the SB in the presence of the senior management of the Audit, Risk and Compliance departments.

Remuneration Committee

The SB did not institute a Remuneration Committee.

Selection & Appointment Committee

The SB did not institute a Selection, Appointment and Remuneration Committee.

B.1.1.2 Corporate Governance

a.s.r. health basic is a limited liability company. The company has a two-tier board; a SB and an EB. The General Meeting of Shareholders is authorised to appoint and dismiss members of the EB and the SB.

B.1.1.3 Executive Board

The EB is responsible for the day-to-day conduct of business of a.s.r. health basic and for the strategy, structure and performance. In performing their duties the EB is guided by a.s.r. health basic's interests, which include the interests of the business connected with a.s.r. health basic, which, in turn, include the interests of customers, insurers, employees and, in general, the society in which a.s.r. health basic's business is carried out. The EB is accountable for the performance of its duties to the SB and to the General Meeting.

Composition
The EB will consist of a minimum of two members, J.M. Hendriks and J.D. Lansberg. The composition of the EB remained unchanged in 2021. The General Meeting of Shareholders appoints the EB members and may at any time suspend or dismiss any member of the EB. Only candidates found to meet the fit and proper test under the Dutch Financial Markets Supervision Act are eligible for appointment.

Education and evaluation
The members of the EB followed individual development programs in 2021 as part of their continuing education and development. In addition, much attention was devoted to knowledge-development in the areas of strategic challenges, risk and compliance, as well as to the handling of and potential implications following from pandemics for health care insurers in The Netherlands.

The decision making process of the EB was self-evaluated in 2021 and discussed with the deputy directors. Goal of the evaluation and discussion was to find useful elements and ways to further enhance the effective decision-making and information gathering. In addition to the self-evaluation, the performance of the members of the EB was also assessed by the SB.

B.1.1.4 **Supervisory Board**
The SB supervises the policy pursued by the EB and the general course of affairs at a.s.r. health basic and advises the EB. Specific powers are vested in the SB, including the approval of certain decisions taken by the EB.

Composition
The SB of a.s.r. health basic consists of four members: I.M.A. de Swart (chairman), J.P.M. Baeten, S. Barendregt and G. van Vollenhoven.

C. van der Pol resigned on 19 May 2021 and I.M.A. de Swart succeeds C. van der Pol as chairman of the SB. G. van Vollenhoven was appointed as new member of the SB as of the same date. The SB has drawn up a profile for its size and composition, taking into account the nature of a.s.r. health basic's business, its activities and the desired expertise and background of the SB members.

The composition of the SB is such that each supervisory director should have the skills to assess the main aspects of the overall policy and that the SB as a whole meets the profile thanks to a combination of the experience, expertise and independence of the individual supervisory directors. The SB is diverse in terms of the gender and professional background of its members. The diversity of its members ensures the complementary profile of the SB.

Education and evaluation
In 2021, specific sessions were also organised jointly with the SB of a.s.r. for the benefit of further education. The first session was a follow-up on the explanation of IFRS 17, the new accounting standard for insurance contracts, led by FRPM. The new regulations will impact future external reporting on insurance contracts. The implementation of IFRS 17 is a major project within a.s.r. The second session focused on the Distribution and Services segment of a.s.r. This knowledge session was led by VKG and Dutch ID, two of a.s.r.'s distribution businesses and took place in the second half of the year. During this session, the SB was given an update on the developments, strategic vision and achievements in the distribution landscape.

The SB is responsible for assessing the quality of its own performance. It therefore performs an annual self-assessment and discussion of its own performance and that of its committees and members. A self-assessment with external supervision is carried out every three years. The self-assessment for 2021 was carried out with internal guidance. The assessment was based on written and oral input from the members of the SB, the EB and the Company Secretary. The following aspects were assessed:

- Composition and functioning of the SB (strengths and points for improvement);
- Effectiveness of processes (information-gathering and decision-making);
- Advisory role;
- Role as an employer.

The outcome of the assessment was discussed in a formal meeting of the SB with the EB. The overall impression that emerged from this self-assessment was positive. The SB is seen as a properly operating group in terms of content, with a balanced and high-quality composition. The atmosphere is open and the relationship with the EB is good.

B.1.1.5 **Corporate Governance Codes and regulations**
Dutch Health Insurers Code
a.s.r. health basic is subject to the Dutch Health Insurers Code (2012). This code contains principles for governance. Specifically, it defines guidelines for the fulfilment of the public responsibility regarding the execution of the compulsory Dutch Health Insurance Act. Every year, a.s.r. health basic reports it performance to the Dutch Healthcare Authority.

Professional oath
On 1 January 2013, the Dutch financial sector introduced a mandatory oath for EB and SB members of financial institutions licensed in the Netherlands. With regard to insurance companies, in addition to the EB and SB members, individuals holding a management position immediately below the EB who are responsible for staff who may have a significant influence on the risk profile of the insurance company, are also required to take the oath, as are certain other employees.

This includes individuals who may (independently) significantly influence the risk profile of the undertaking as well as those who are or may be involved in the provision of financial services.

Notwithstanding the above, a.s.r. has decided that all employees and other individuals carrying out activities under its responsibility must take the oath. New employees must take the oath within three months of joining the company.

B.1.2 Related-party transactions

A related party is a person or entity that has significant influence over another entity, or has the ability to affect the financial and operating policies of the other party. Parties related to a.s.r. health basic include a.s.r. and its subsidiaries, members of the EB, members of the SB, close family members of any person referred to above, entities controlled or significantly influenced by any person referred to above and any other affiliated entity.

a.s.r. health basic regularly enters into transactions with related parties during the conduct of its business. These transactions mainly involve loans and receivables, subordinated liabilities and allocated expenses, and are conducted on terms equivalent to those that prevail in arm's length transactions.

1. The remuneration of the EB and SB of a.s.r. health basic are described in chapter B.1.3;
2. The operating expenses are predominantly intercompany, consisting of allocated expenses from head office, support functions and expenses related to personnel;
3. Transactions with a.s.r. concern the payment of taxes as a.s.r. heads the fiscal unity.

Positions and transactions between a.s.r. health basic and the related parties.

Financial scope of a.s.r.'s related party transactions

	2021	2020
Balance sheet items with related parties as at 31 December		
Subordinated liabilities	45,000	36,000
Other liabilities	10,817	1,408
Transactions in the income statement for the financial year		
Operating expenses	712	157
Interest expenses	2,253	1,319

No provisions for impairments have been recognised on the loans and receivables for the years 2021 and 2020.

No loans were provided by a.s.r. health basic to the EB.

During 2021, a.s.r. health basic paid no dividend to a.s.r. (2020: nil).

B.1.3 Remuneration of Supervisory Board and Executive Board

B.1.3.1 **Remuneration of Supervisory Board members**
The remuneration policy of the EB and SB members is determined in accordance with the current Articles of Association of a.s.r. The WNT is applicable to a.s.r. health basic. The applicable remuneration maximum (WNT Maximum) excluding pension benefits is € 257 thousand in 2021 and € 250 thousand in 2020, based on a.s.r. health basic being a health insurer with more than 300,000 policyholders.

The EB and SB of a.s.r. health basic are also the EB and SB of a.s.r. health supplementary. The total costs of the EB and SB are allocated for 78.23% (2020: 75.26%) to a.s.r. health basic and 21.77% (2020: 24.74%) to a.s.r. health supplementary. The applicable WNT maximum is calculated accordingly.

Remuneration of the Supervisory Board members

Amounts in € thousands	2021	WNT Maximum	2020	WNT Maximum
Supervisory Board member				
C. van der Pol (chairman)[1]	1	15	3	28
J.P.M. Baeten[2]	-	26	-	19
S. Barendregt[3]	3	26	3	19
I.M.A. de Swart[4]	-	30	-	12
G. van Vollenhoven[5]	2	13	-	-
Total	**6**		**6**	

The annual remuneration for the members of the SB is accounted for in the remuneration paragraph of the annual report of a.s.r. In 2021, only the amount of compensation paid for the services provided by the SB members C. van der Pol, S. Barendregt, and G. van Vollenhoven were charged to a.s.r. health basic and is subsequently accounted for in the result of a.s.r. health basic. Members of the SB who are also members of the EB of a.s.r. receive no compensation for their services.

B.1.3.2 **Remuneration of current and former Executive Board members**

The remuneration of current and former members is in accordance with the 2021 remuneration policy.

In accordance with the remuneration law "Wet aansprakelijkheidsbeperking DNB en AFM en bonusverbod staatsgesteunde ondernemingen", issued by the Dutch government, no variable remuneration has been disbursed to the EB members.

Annual remuneration for members of the Executive Board 2021

Amounts in € thousands Executive Board member	Fixed and variable employee benefits	Pension benefits	Total
2021			
J.M. Hendriks RA[6]	153	32	185
J.D. Lansberg[7]	201	35	236
Total	**354**	**67**	**421**

Amounts in € thousands Executive Board member	Total Employee benefits	WNT maximum
2021		
J.M. Hendriks RA	185	233
J.D. Lansberg	236	236
Total	**421**	**469**

In 2021, both EB members were in function from 1 January 2021 until 31 December 2021, on a 0.78 FTE basis each. Both EB members were employed by a.s.r., there is no employment with a.s.r. health basic. Employee and pension benefits disclosed above were charged to a.s.r. health basic based on the aforementioned allocation basis.

1 C. van der Pol was appointed member of the Supervisory Board prior 1 January 2021, his appointment ended at 19 May 2021.
2 J.P.M. Baeten was appointed member of the Supervisory Board prior 1 January 2021 and still a member of the Supervisory Board.
3 S. Barendregt was appointed member of the Supervisory Board prior 1 January 2021 and still a member of the Supervisory Board.
4 I.M.A. de Swart was appointed member of the Supervisory Board prior January 2021, is still a member of the Supervisory Board and as per 19 May 2021 chairman.
5 G. van Vollenhoven was appointed member of the Supervisory Board as per 6 July 2021 and is still member of the Supervisory Board.
6 Member of the Executive Board since 1 April 2015.
7 Member of the Executive Board since 1 September 2016.

Annual remuneration for members of the Executive Board 2020

Amounts in € thousands

Executive Board member	Fixed and variable employee benefits	Pension benefits	Total
2020			
J.M. Hendriks RA	141	20	161
J.D. Lansberg	188	24	212
Total	**329**	**44**	**373**

Amounts in € thousands

Executive Board member	Total employee benefits	WNT maximum
2020		
J.M. Hendriks RA	161	208
J.D. Lansberg	212	212
Total	**373**	**420**

In 2020, both EB members were in function from 1 January 2020 until 31 December 2020, on a 0.75 FTE basis each. Both EB members were employed by a.s.r.; there is no employment with a.s.r. health basic. Employee and pension benefits disclosed above were charged to a.s.r. health basic based on the aforementioned allocation basis.

B.2 **Fit and Proper requirements**

a.s.r. has a policy that sets out principles and criteria to ensure that persons who effectively run the undertaking and other key functions are fit and proper. The fit and proper policy provides guidance on the assessment process and contributes to controlled and sound business operations and promotes the stability and integrity of a.s.r. as well as customer confidence.

a.s.r. assesses all employees (internal and external FTEs) for their reliability and integrity prior to their appointment and periodically during the course of employment. This includes persons who effectively run the undertaking and other key functions.

The fit and proper requirements that are imposed on persons who effectively run the undertaking and other key functions are included in the job profile, which is used as a basis for recruitment. Each year, an assessment is made of the extent to which an employee may require additional training. In addition, a.s.r. has a program for the continuing education of persons who effectively run the undertaking and other key functions.

B.3 **Risk management system including the Own Risk and Solvency Assessment Risk Management System**

This paragraph contains a description of group policy, which is applicable for the solo entity. It is of great importance to a.s.r. that risks within all business lines are timely and adequately controlled. In order to do so, a.s.r. implemented a Risk Management framework based on internationally recognized and accepted standards (such as COSO ERM and ISO 31000 risk management principles and guidelines). Using this framework, material risks that a.s.r. is, or can be, exposed to, are identified, measured, managed, monitored and evaluated. The framework is both applicable to a.s.r. group and the underlying (legal) business entities.

B.3.1 Risk Management Framework

The figure below is the risk management framework as applied by a.s.r.

Risk Management framework

The Risk Management (RM) framework consists of risk strategy (including risk appetite), risk governance, systems and data, risk policies and procedures, risk culture, and risk management process. The RM framework contributes to achieving the strategic, tactical and operational objectives as set out by a.s.r.

Risk strategy (incl. risk appetite)

Risk strategy is defined to contain at least the following elements:

- Strategic objectives that are pursued;
- The risk appetite in pursuit of those strategic objectives.

a.s.r.'s risk strategy aims to ensure that decisions are made within the boundaries of the risk appetite, as stipulated annually by the Executive Board (EB) and the Supervisory Board (SB) (see chapter Risk strategy and risk appetite).

Risk governance

Risk governance can be seen as the way in which risks are managed, through a sound risk governance structure and clear tasks and responsibilities, including risk ownership. a.s.r. employs a risk governance framework that entails the tasks and responsibilities of the risk management organisation and the structure of the Risk committees (see chapter Risk governance).

Systems and data

Systems and data support the risk management process and provide management information to the risk committees and other relevant bodies. a.s.r. finds it very important to have qualitatively adequate data, models and systems in place, in order to be able to report and steer correct figures and to apply risk-mitigating measures timely. To ensure this, a.s.r. has designed a policy for data quality and model validation in line with Solvency II. Tools, models and systems are implemented to support the risk management process by giving guidance to and insights into the key risk indicators, risk tolerance levels, boundaries and actions, and remediation plans to mitigate risks (see chapter Systems and data).

Risk policies and procedures:

Risk policies and procedures at least:

- Define the risk categories and the methods to measure the risks;
- Outline how each relevant category, risk area and any potential aggregation of risk is managed;
- Describe the connection with the overall solvency needs assessment as identified in the Own Risk & Solvency Assessment (ORSA), the regulatory capital requirements and the risk tolerances;
- Provide specific risk tolerances and limits within all relevant risk categories in line with the risk appetite statements;
- Describe the frequency and content of regular stress tests and the circumstances that would warrant ad-hoc stress tests.

The classification of risks within a.s.r. is performed in line with, but is not limited to, the Solvency II risks. Each risk category consists of a policy that explicates how risks are identified, measured and controlled within a.s.r. (see chapter Risk policies and procedures).

Risk culture

An effective risk culture is one that enables and rewards individuals and groups for taking risks in an informed manner.

It is a term describing the values, beliefs, knowledge, attitudes and understanding about risk. All the elements of the RM framework combined make an effective risk culture.

Within a.s.r. risk culture is an important element that emphasises the human side of risk management. The EB has a distinguished role in expressing the appropriate norms and values (tone at the top). a.s.r. employs several measures to increase the risk awareness and, in doing so, the risk culture (see chapter Risk culture).

Risk management process

The risk management process contains all activities within the RM processes to structurally 1) identify risks; 2) measure risks; 3) manage risks; 4) monitor and report on risks; and 5) evaluate the risk profile and risk management framework. At a.s.r., the risk management process is used to implement the risk strategy in the steps mentioned. These five steps are applicable to the risks within the company to be managed effectively (see chapter Risk Management process).

B.3.1.1 Risk management strategy and risk appetite

This paragraph discusses the risk appetite of a.s.r. health basic and is derived from the policy document Capital and Dividend Policy of a.s.r. health basic and a.s.r. health supplementary.

a.s.r. health basic belongs to the insurance group a.s.r. a.s.r. has a capital and dividend policy that enables the group to steer towards the financial stability of the group in a structured and balanced manner. Under the articles of association, a.s.r. health basic has its own responsibility for the capital position. A (limited) transition is therefore necessary in order to make the capital policy of the umbrella group applicable to a.s.r. health basic. As far as possible, these choices are made in line with the policy of a.s.r.

The aim of this policy is to establish a stable, consistent and predictable policy for the management of capital within a.s.r. health basic in order to promote the company's stability and continuity so as to meet the obligations towards policyholders at all times.

Each year, specific objectives (management target) and risk limits (risk appetite) for the capital position of a.s.r. health basic are set by the EB, with the approval of the SB. A solvency objective (management target) reflects the level of solvency sought and contains a reasonable buffer above the internal limits of the risk appetite statement. The difference between the limits of the risk appetite statement and the objectives (management target) is that a limit is very strict and that breaking a limit will have to be remedied immediately, whereas an objective is a long-term target value.

B.3.1.1.1 Substantiation and structure of limits and objectives for the solvency of a.s.r.

The objectives and limits are set annually by the EB of a.s.r. health basic based on the principles for capital management as laid down in the capital policy. Under certain circumstances, and with the approval of the SB of a.s.r. health basic, substantiated deviations from these principles may be made.

The objectives and limits are agreed with the EB and the SB of insurance group a.s.r. in order to ensure the consistency of the capital policy within the group. Of course, this working method does not affect the personal responsibility of the a.s.r. health basic EB members under the articles of association.

B.3.1.2 Risk governance

a.s.r.'s risk governance can be described by:

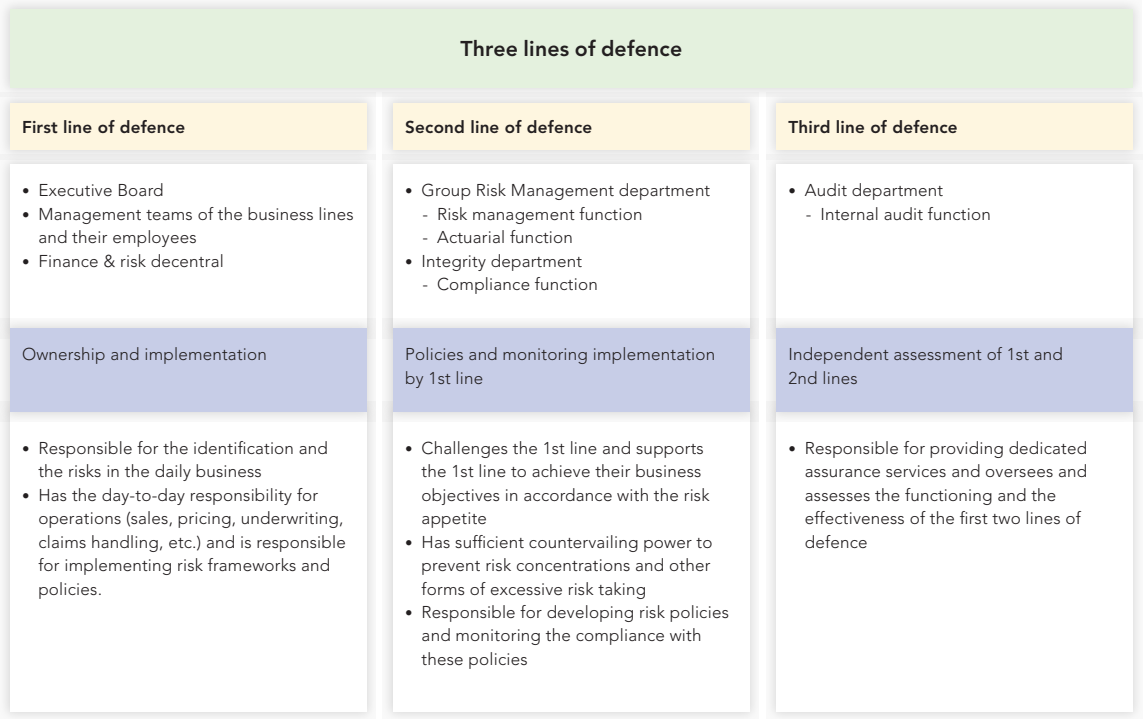
- risk ownership;
- the implemented three lines of defence model and associated (clear delimitation of) tasks and responsibilities of key function holders; and
- the risk committee structure to ensure adequate decision making.

Risk ownership

The EB of a.s.r. group has the final responsibility for risk exposures and management within the organisation. Part of the responsibilities have been delegated to persons that manage the divisions where the actual risk-taking takes place. Risk owners are accountable for one or more risk exposures that are inextricably linked to the department or product line they are responsible for. Through the risk committee structure, risk owners provide accountability for the risk exposures.

Three lines of defence

The risk governance structure is based on the 'three lines of defence' model. The 'three lines of defence' model consists of three defence lines with different responsibilities with respect to the ownership of controlling risks. The model below provides insight in the organisation of the three lines of defence within a.s.r.



Positioning of key functions

Within the risk governance, the key functions (compliance, risk, actuarial and audit) are organised in accordance with Solvency II regulation. They play an important role as countervailing power of management in the decision-making process. The four key functions are independently positioned within a.s.r. In all the risk committees one or more key functions participate. None of the functions has voting rights in the committees, in order to remain fully independent as countervailing power. All functions have direct communication lines with the EB and can escalate to the chairman of the Audit & Risk Committee of the SB. Furthermore, the key functions have regular meetings with the supervisors of the Dutch Central Bank (DNB) and/or The Dutch Authority for the Financial Markets (AFM).

Group Risk Management

Group Risk Management (GRM) is responsible for the execution of the risk management function (RMF) and the actuarial function (AF). The department is led by the CRO, which is also the RMF holder. GRM consists of the following sub-departments:

- Enterprise Risk Management;
- Financial Risk Management;
- Model validation.

Enterprise Risk Management

Enterprise Risk Management (ERM) is responsible for second-line strategic and operational (including IT) risk management and the enhancement of the risk awareness for a.s.r. and its subsidiaries. The responsibilities of ERM include the development of risk policies, the annual review and update of the risk strategy (risk appetite), the coordination of the SRA process leading to the risk priorities and ORSA scenarios and the monitoring of the non-financial risk profile. For the management of operational risks, a.s.r. has a solid Risk-Control framework in place that contributes to its long-term solidity. The quality of the framework is continuously enhanced by the analysis of operational incidents, periodic risk assessments and monitoring by the RMF. ERM actively promotes risk awareness at all levels to contribute to the vision of staying a socially relevant insurer.

Financial Risk Management

Financial Risk Management (FRM) is responsible for the second line financial risk management and supports both the AF and RMF. An important task of FRM is to be the countervailing power to the EB and management in managing financial risks for a.s.r. and its subsidiaries. FRM assesses the accuracy and reliability of the market risk, counterparty risk, insurance risk and liquidity risk, risk margin and best estimate liability. As part of the AF, FRM reviews the technical provisions, monitors methodologies, assumptions and models used in these calculations, and assesses the adequacy and quality of data used in the calculations. Furthermore, the AF expresses an opinion on the underwriting policy and determines if risks related to the profitability of new products are sufficiently addressed in the product development process. The AF also expresses an opinion on the adequacy of reinsurance arrangements. Other responsibilities of financial risk management are e.g. monitoring Solvency II compliancy (e.g. changes in Solvency II regulation), updating policies on valuation and risk, activities related to the DNB (National Supervisor), assessment of the ORSA (financial parts), assessment of strategic initiatives.

Model validation
The Model Validation (MV) department is responsible for performing validation activities or having them carried out in accordance with the drawn up annual model validation plan. MV is responsible for supervising compliance with the model validation policy, discussing and challenging the (draft) validation reports and advising the Model Committee. The MV is a separate sub-department within GRM. The MV is part of the RMF and operates independent of the AF.

Compliance
Compliance is responsible for the execution of the compliance function. An important task of Compliance is to be the countervailing power to the EB and other management in managing compliance risks for a.s.r. and its subsidiaries. The mission of the compliance function is to enhance and ensure a controlled and sound business operation.

As second line of defence, Compliance encourages the organisation to comply with relevant rules and regulations, ethical standards and the internal standards derived from them ('rules') by providing advice and formulating policies. Compliance supports the first line in the identification of compliance risks and assesses the effectiveness of risk management on which Compliance reports to the relevant risk committees. In doing so, Compliance uses a compliance risk and monitoring framework. In line with risk management, Compliance also creates further awareness to comply with the rules and desired ethical behavior. Compliance coordinates interaction with regulators in order to maintain effective and transparent relationships with those authorities.

Audit
The Audit department, the third line of defence, provides an independent opinion on governance, risk and management processes, with the goal of supporting the EB and other management of a.s.r. in achieving the corporate objectives. To that end, Audit evaluates the effectiveness of governance, risk and management processes, and provides pragmatic advice that can be implemented to further optimise these processes. In addition, senior management can engage Audit for specific advisory projects.

Risk committee structure
a.s.r. health has established a structure of risk committees with the objective to monitor the risk profile in order to ensure that it remains within the risk appetite and the underlying risk tolerances and risk limits. When triggers are hit or likely to be hit, risk committees make decisions regarding measures to be taken, being risk-mitigating measures or measures regarding governance, such as the frequency of their meetings. For each of the risk committees a statute is drawn up in which the tasks, composition and responsibilities of the committee are defined.

Audit and Risk Committee

The SB did not institute an Audit and Risk Committee. Audit and risk issues are discussed during a separate part of every meeting of the SB in the presence of the senior management of the Audit, Risk and Compliance departments.

Executive Board

The EB is collectively responsible for the day-to-day conduct of business at a.s.r. and for its strategy, structure and performance.

Business Risk Committees

The business lines manage and control their risk profile through the Business Risk Committees (BRC). The BRC's monitor that the risk profile of the business lines stays within the risk appetite, limits and targets, as formulated by the EB. The BRC reports to the FRC and the NFRC. The Chairman of the BRC is the Managing Director of the business line.

B.3.1.3 **Systems and data**
GRC tooling is implemented to support the risk management process by giving guidance and insight into the key risk indicators, risk tolerance levels, boundaries and actions and remediation plans to mitigate risks. The availability, adequacy and quality of data and IT systems is important in order to ensure that correct figures are reported and risk mitigating measures can be taken in time. It is important to establish under which conditions the management information that is submitted to the risk committees has been prepared and which quality safeguards were applied in the process of creating this information. This allows the risk committees to ascertain whether the information is sufficient to base further decisions upon.

a.s.r. has a Data Governance and Quality policy in place to support the availability of correct management information. This policy is evaluated on an annual basis and revised at least every three years to keep the standards in line with the latest developments on information management. The quality of the information is reviewed based on the following aspects, based on Solvency II:
- completeness (including documentation of accuracy of results)
- adequacy
- reliability

- timeliness

Adherence to this policy is ensured by the three lines of defence risk governance model. With a new Central Data Office and a Data Quality Improvement Programme, additional measures are taken to increase maturity in data management practices.

The preparatory body or department checks the assumptions made and the plausibility of the results, and ensures coordination with relevant parties. When a preparatory body has established that the information is reliable and complete, it approves and formally submits the document(s) to a risk committee.

The information involved tends to be sensitive. To prevent unauthorised persons from accessing it, it is disseminated using a secure channel or protected files. a.s.r.'s information security policy contains guidelines in this respect.

a.s.r.'s information security policy is based on market standards, like ISO 2700x, COBIT 2019, NIST Cybersecurity framework, SOC2 principles, PCI DSS, COSO, BS 25999, ISO 31000, ITIL en PMF. These standards describes best practices for the implementation of information security.

The aim of the information security policy is to take measures to ensure that the requirements regarding availability, reliability and integer and confidential use of systems and data are met.
- Information availability refers to the degree to which the information is at hand as soon as the organisation needs it, meaning, for instance, that the information should be retrievable on demand and that it can be consulted and used at the right time;
- The integrity, i.e. reliability, of information is the degree to which it is up-to-date, complete and error-free;
- 'Confidential use' refers to the degree to which the information is available to authorised persons only and the extent to which it is not available to unauthorised persons.

There are technical solutions for accomplishing this, by enforcing a layered approach (defence-in-depth) of technical measures to avoid unauthorised persons (i.e. hackers) to compromise a.s.r. corporate data and systems. In this perspective, one may think of methods of logical access management, intrusion detection techniques, in combination with firewalls are aimed at preventing hackers and other unauthorised persons from accessing information stored on a.s.r. systems.
Nevertheless, confidential information can also have been committed to paper. In addition to technical measures there are physical measures and measures that helps the right awareness of personnel as part of the information security environment. The resilience of this approach is actively tested.

When user defined models (e.g. spreadsheets) are used for supporting the RM Framework, the 'a.s.r. Standard for End user computing'- in addition to the general security policy - defines and describes best practices in order to guard the reliability and confidentiality of these tools and models. a.s.r. recognises the importance of sound data quality and information management systems.
The management of IT and data risks of the implemented tools, models and systems (including data) is part of the Operational IT risk management.

B.3.1.4 **Risk policies and procedures**

a.s.r. has established guidelines, including policies that cover all main risk categories (market, counterparty default, liquidity, underwriting, strategic and operational). These policies address the accountabilities and responsibilities regarding management of the different risk types. Furthermore, the methodology for risk measurement is included in the policies. The content of the policies is aligned to create a consistent and complete set. The risk policy landscape is maintained by GRM and Compliance. These departments also monitor the proper implementation of the policies in the business. New risk policies or updates of existing risk policies are approved by the risk committees as mentioned previously.

B.3.1.5 **Risk culture**

Risk awareness is a vital component of building a sound risk culture within a.s.r. that emphasises the human aspect in the management of risks. In addition to gaining sufficient knowledge, skills, capabilities and experience in risk management, it is essential that an organisation enables objective and transparent risk reporting in order to manage them more effectively.

The EB clearly recognises the importance of risk management and is therefore represented in all of the major group level risk committees. Risk Management is involved in the strategic decision-making process, where the company's risk appetite is always considered. The awareness of risks during decision-making is continually addressed when making business decisions, for example by discussing and reviewing risk scenarios and the positive and / or negative impact of risks before finalising decisions.

It is very important that this risk awareness trickles down to all parts of the organisation, and therefore management actively encourages personnel to be aware of risks during their tasks and projects, in order to avoid risks or mitigate them

when required. The execution of risk analyses is embedded in daily business in, for example, projects, product design and outsourcing.

In doing so, a.s.r. aims to create a solid risk culture in which ethical values, desired behaviours and understanding of risk in the entity are fully embedded. Integrity is of the utmost importance at a.s.r.: this is translated into a code of conduct and strict application policies for new and existing personnel, such as taking an oath or promise when entering the company, and the 'fit and proper' aspect of the Solvency II regulation, ensuring that a.s.r. is overseen and managed in a professional manner.

Furthermore, a.s.r. believes it is important that a culture is created in which risks can be discussed openly and where risks are not merely perceived to be negative and highlight that risks can also present a.s.r. with opportunities. Risk Management (both centralised and decentralised) and Compliance are positioned as such, that they can communicate and report on risks independently and transparently, which also contributes to creating a proper risk culture.

B.3.1.6 **Risk management process**

The risk management process typically comprises of five important steps: 1) identifying; 2) measuring; 3) managing; 4) monitoring and reporting; and 5) evaluating[1]. a.s.r. has defined a procedure for performing risk analyses and standards for specific assessments. The five different steps are explained in this chapter.

Identifying

Management should endeavour to identify all possible risks that may impact the strategic objectives of a.s.r., ranging from the larger and / or more significant risks posed on the overall business, down to the smaller risks associated with individual projects or smaller business lines. Risk identification comprises of the process of identifying and describing risk sources, events, and the causes and effects of those events.

Measuring

After risks have been identified, quantitative or qualitative assessments of these risks take place to estimate the likelihood and impact associated with them. Methods applicable to the assessment of risks are:

- Sensitivity analysis
- Stress testing
- Scenario analysis
- Expert judgments (regarding likelihood and impact)
- Portfolio analysis

Managing

Typically, there are five strategies to managing risk:

- *Accept*: risk acceptance means accepting that a risk might have consequences, without taking any further mitigating measures.
- *Avoid*: risk avoidance is the elimination of activities that cause the risk.
- *Transfer*: risk transference is transferring the impact of the risk to a third party.
- *Mitigate*: risk mitigation involves the mitigation of the risk likelihood and / or impact.
- *Exploit*: risk exploitation revolves around the maximisation of the risk likelihood and / or increasing the impact if the risk does happen.

Risk management strategies are chosen in a way that ensures that a.s.r. remains within the risk appetite tolerance levels and limits.

Monitoring and reporting

The risk identification process is not a continuous exercise. Therefore, risk monitoring and reporting are required to capture changes in environments and conditions. This also means that risk management strategies could, or perhaps should, be adapted in accordance with risk appetite tolerance levels and limits.

Evaluating

The evaluation step is twofold. On the one hand, evaluation means risk exposures are evaluated against risk appetite tolerance levels and limits, taking (the effectiveness of) existing mitigation measures into account. The outcome of the evaluation could lead to a decision regarding further mitigating measures or changes in risk management strategies. On the other hand, the risk management framework (including the risk management processes) is evaluated by the risk management function, in order to continuously improve the effectiveness of the risk management framework as a whole.

B.3.2 a.s.r.'s risk categories

a.s.r. is exposed to a variety of risks. There are six main risk categories that a.s.r. recognises, as described below.

1 Based on COSO ERM en ISO 31000.

Insurance risk
Insurance risk is the risk that premium and / or investment income or outstanding reserves will not be sufficient to cover current or future payment obligations, due to the application of inaccurate technical or other assumptions and principles when developing and pricing products. a.s.r. recognises the following insurance risks:
- Life insurance risk
- Health insurance risk
- Non-life insurance risk

Market risk
The risk of changes in values caused by market prices or volatility of market prices differing from their expected values. The following types of market risk are distinguished:
- Interest rate risk
- Equity risk
- Property risk
- Spread risk
- Currency risk
- Concentration risk / market concentration risk

Counterparty default risk
Counterparty default risk is the risk of losses due to the unexpected failure to pay or credit rating downgrade of counterparties and debtors. Counterparty default risk exists in respect of the following counterparties:
- Reinsurers
- Consumers
- Intermediaries
- Counterparties that offer cash facilities
- Counterparties with which derivatives contracts have been concluded
- Healthcare providers
- Zorginstituut Nederland

Liquidity risk
Liquidity risk is the risk that a.s.r. is not able to meet its financial obligations to policyholders and other creditors when they become due and payable, at a reasonable cost and in a timely manner.

Operational risk
Operational risk is the risk of losses caused by weak or failing internal procedures, weaknesses in the action taken by personnel, weaknesses in systems or because of external events. The following subcategories of operational risk are used:
- Sustainability
- Business process
- Financial reporting
- Outsourcing
- Information technology
- Project risks

Strategic risk
Strategic risk is the risk of a.s.r. or its business lines failing to achieve the objectives due to incorrect decision-making, incorrect implementation and / or an inadequate response to changes in the environment. Such changes may arise in the following areas:
- Climate change and energy transition
- Crime
- Pandemics
- Regulation
- Technology
- Interest rates

Strategic risk may arise due to a mismatch between two or more of the following components: the objectives (resulting from the strategy), the resources used to achieve the objectives, the quality of implementation, the economic climate and / or the market in which a.s.r. and / or its business lines operate.

B.4 **Internal control system**

This paragraph contains a description of group policy, which is applicable for a.s.r. health basic.

Within a.s.r., internal control is defined as the processes, affected by the board of directors, senior management, and other personnel within the organisation, implemented to obtain a reasonable level of certainty with regard to achieving the following objectives:

- High-level goals, aligned with and supporting the organisation's mission
- Effective and efficient use of resources
- Reliability of operational and financial reporting
- Compliance with applicable laws regulations and ethical standards
- Safeguarding of company assets

B.4.1 Strategic and operational risk management

The system of internal control includes the management of risks at different levels in the organisation, both operational and strategic.

B.4.1.1 **Strategic Risk Management**

Strategic risk management aims to identify and manage the most significant risks that may impact a.s.r.'s strategic objectives. Subsequently, the aim is to identify and analyse the risk profile as a whole, including risk interdependencies. The process of strategic risk analysis (SRA) is designed to identify, measure, manage, monitor, report and evaluate those risks that are of strategic importance to a.s.r.:

Identifying

Through the SRA process, identification of risks is structurally organised through the combined top-down and bottom-up SRA approach. The SRA outcomes are jointly translated into 'risk priorities' and 'emerging risks', in which the most significant risks for a.s.r. are represented.

Measuring

Through the SRA process, the likelihood and impact of the identified risks are assessed, taking into account (the effectiveness of) risk mitigating measures and planned improvement actions. Information from other processes is used to gain additional insights into the likelihood and impact. One single risk priority can take multiple risks into account. In this manner, the risk priorities provide (further) insights into risk interdependencies.

Managing

As part of the SRA processes, the effectiveness of risk mitigating measures and planned measures of improvement is assessed. This means risk management strategies are discussed, resulting in refined risk management strategies.

Monitoring and reporting

The output of the SRA process is translated into day-to-day risk management and monitoring and reporting, both at group level and product line levels. At group level, the risk priorities are discussed in the a.s.r. risk committee and the Audit & Risk Committee. At the level of the product lines, risks are discussed in the BRC's.

Evaluating

Insights regarding likelihood and impact are evaluated against solvency targets in the SRA process. Based on this evaluation, conclusions are formulated regarding the adequacy of solvency objectives at group and individual legal entity level.

Climate change

One of the areas within Strategic Risk Management concerns climate change. For a.s.r., climate change is a direct risk, both to its assets and liabilities. In chapter 4.5 Climate change of the annual report of a.s.r., the relevant climate related risks for a.s.r. are discussed including how these risks are managed. Climate related risks have had no impact on the current accounting and disclosures of a.s.r.'s assets and liabilities.

B.4.1.2 **Operational Risk Management**

Operational Risk Management (ORM) involves the management of all possible risks that may influence the achievement of the business goals and that can cause financial or reputational damage. ORM includes the identification, analysis, prioritization and management of these risks in line with the risk appetite. The policy on ORM is drafted and periodically evaluated under the coordination of ERM. The policy is implemented in the decentralised business entities under the responsibility of the management boards. A variety of risks is covered by ORM policy: IT, outsourcing, project, reporting etc.

Identifying

With the operational targets as a starting point, each business entity performs risk assessments to identify events that could influence these targets. In each business entity the business risk manager facilitates the periodic identification of the key operational risks. All business processes are taken into account to identify the risks. All identified risks are prioritised and recorded in a risk-control framework.

The risk policies prescribe specific risk analyses to be performed to identify and analyse the risks. For important IT systems, Information Security Analyses (DIVA – Dienstverlening en Informatie Veiligheids Analyse) have to be performed and for large outsourcing projects a specific risk analysis is required.

Measuring
All risks in the risk-control frameworks are assessed on likelihood of defaults and impact. Where applicable, the variables are quantified, but often judgments of subject matter experts are required. Based on the estimation of the variables, each risk is labelled with a specific level of concern (1 to 4). Gross risks with a level of concern 3 or 4 are considered 'key'.

Managing
For each risk, identified controls are implemented into the processes to keep the level of risk within the agreed risk appetite (level of concern 1 or 2). In general, risks can be accepted, mitigated, avoided or transferred. A large range of options is available to mitigate operational risks, depending on the type. An estimation is made of the net risk, after implementing the control(s). A more effective and efficient approach to managing risks is required driven by increased complexity of processes, data processing and the need for a timely and accurate view on the risk profile. a.s.r. is therefore in the process of shifting towards a more automated approach to manage risks, for example automated controls and data analysis.

Monitoring and reporting
The effectiveness of operational risk management is periodically monitored by the business risk manager at each business line or legal entity. For each key control in the risk-control framework a testing calendar is established, based on auditing standards. Each control is tested regularly and the outcomes of the effectiveness of the management of key risks are reported to the management board. Outcomes are also reported to the NFRC and a.s.r. risk committee.

Evaluating
Periodically, yet at least annually, the risk-control frameworks and ORM policies are evaluated to see if revisions are necessary. The risk management function also challenges the business lines and legal entities regarding their risk-control frameworks.

Operational incidents
Operational incidents are reported to GRM, in accordance with the operational risk policy. The causes of losses are evaluated in order to learn from these experiences. An overview of the largest operational incidents and the level of operational losses is reported to the NFRC. Actions are defined and implemented to avoid repetition of operational losses.

ICT
Through IT risk management, a.s.r. devotes attention to the efficiency, effectiveness and integrity of ICT, including End User Computing applications. The logical access control for key applications used in the financial reporting process remains a high priority in order to enhance the integrity of applications of data. The logical access control procedures also prevent fraud by improving segregation of duties and by conducting regular checks of actual access levels within the applications. Proper understanding of information, security and cyber risks is essential, reason for which continuous actions are carried out to create awareness among employees and management. All of a.s.r.'s security measures are tested frequently. In case of cyber risks a.s.r. is participating in the DNB TIBER, Threat Intel Based Ethical Hacking exercise.

Business Continuity Management
Operational management can be disrupted significantly by unforeseen circumstances or calamities which could ultimately disrupt the execution of critical and operational processes. Business Continuity Management enables a.s.r. to continue its daily business uninterruptedly and to react quickly and effectively during such situations.

Critical processes and activities and the tools necessary to use for these processes are identified during the Business Impact Analysis. This includes the resources required to establish similar activities at a remote location. The factors that can threaten the availability of those tools necessary for the critical processes are identified in the Threat Analysis.

a.s.r. considers something a crisis when one or more business lines are (in danger of being) disrupted in the operational management, due to a calamity, or when there is a reputational threat. In order to reduce the impact of the crisis, to stabilise the crisis, and to be able to react timely, efficiently and effectively, a.s.r. has assigned a crisis organisation.

There is a central crisis team led by a member of the board. Each business line has their own crisis team led by the director of the management team. The continuity of activities and the recovery systems supporting critical activities are regularly tested and crisis teams are trained annually. The objective of the training is to give the teams insights into how they function during emergencies and to help them perform their duties more effectively during such situations. The training also sets out to clarify the roles, duties and responsibilities of the crisis teams. One important training scenario used is a scenario that includes cyber threats.

Preparatory Crisis Plan
On 1 January 2019 Dutch legislation entered into force that addresses the recovery and settlement of insurance companies ('Wet herstel en afwikkeling van verzekeraars' in Dutch). The objective is that insurance companies and supervisors are better prepared against a crisis and that insurance companies can recover from a crisis without government aid. a.s.r. is obliged to have a Preparatory Crisis Plan ('Voorbereidend Crisisplan' in Dutch) in place that has been approved by DNB. In 2021 a.s.r. established its Preparatory Crisis Plan. a.s.r.'s Preparatory Crisis Plan helps to be prepared and have the capacity to act in various forms of extreme financial stress. The Preparatory Crisis Plan describes and quantifies the measures that can be applied to live through a crisis situation. These measures are tested in the scenario analysis, in which the effects of each recovery measure on a.s.r.'s financial position (solvency and liquidity) are quantified. The required preparations for implementing the measures, their implementation time and effectiveness, potential obstacles, impact on policy holders and operational effects are also assessed. The main purpose of the Preparatory Crisis Plan is to increase the chances of successful early intervention in the event of a financial crisis situation and to further guarantee that the interest of policyholders and other stakeholders are protected.

Reasonable assurance and model validation
a.s.r. aims to obtain reasonable assurance regarding the adequacy and accuracy of the outcomes of models that are used to provide best estimate values and solvency capital requirements. To this end, multiple instruments are applied, including model validation. Two times a year a model inventory is performed by the productlines to determine if and when a model (re)validation is required. Triggers for model (re)validation are diverse, e.g. regulation, conversions, analysis of change. Materiality is determined by means of an assessment of impact and complexity. Impact and complexity is expressed in terms of High (H), Medium (M), or Low (L). The model inventories are discussed in the Model Committee.

In the pursuit of reasonable assurance, model risk is mitigated and unacceptable deviations are avoided, against acceptable costs.

B.4.2 Compliance function

The Compliance function is a centralised function which is headed by the compliance manager for both a.s.r. and the supervised entities. The compliance function, part of the second line of defence, is considered a key function in line with the Solvency II regulation. The CEO bears ultimate responsibility for the compliance function and the compliance manager has a direct reporting line and access to the CEO.

The compliance manager also has an escalation line to the chair of the A&RC and / or the chair of the SB in order to safeguard the independent position of the compliance function and allows it to operate autonomously. The compliance manager is entitled to scale up critical compliance matters to the highest organisational level or to the SB.

To enhance and ensure a controlled and sound business operation, the Compliance function is responsible for:

- Encouraging compliance with relevant legislation and regulations, self-regulation, ethical standards and the internal standards derived from them (the rules) by providing advice and formulating policies.
- Monitoring compliance with the rules.
- Monitoring management of compliance risks by further developing adequate compliance risk management, including, where necessary, advising on business measures and actions.
- Creating awareness of the need to comply with the rules and desired ethical behaviour.
- Coordinating interaction with regulators in order to maintain effective and transparent relationships.

Compliance risks 2021
Developments in rules and in the management of (identified) compliance risks and action plans provide the basis for the annual compliance plan and compliance monitoring activities. a.s.r. continuously monitors changing legislation and regulations and assesses their impact on a.s.r. and the corresponding measures to be taken.

In 2021, a.s.r. paid specific attention to the main compliance risks described below.

- Customer Due Diligence (CDD) related risks (including anti-money laundering) remain relevant for a.s.r. in order to guarantee sound and controlled business operations. To ensure that a.s.r. performs the CDD process correctly and in full, parts of the CDD screening and tooling have been centralised. The central CDD desk, consisting of Compliance, Investigations, Legal and representatives of the business lines, functions as an expertise centre and recommends ensuring a consistent screening approach. On the basis of the monitoring of compliance with CDD regulation and policy performed in 2020, compliance has been further assured and the governance has been sharpened. The central CDD desk has developed an uniform monitoring framework for demonstrable compliance with the CDD policy with the business lines and is intensifying the training programme.
- Increasing attention has been given to sustainability and the implementation of regulations as announced under the EU Taxonomy Regulation. Detailed information can be found in chapter 4.4 of the Annual report of a.s.r.
- a.s.r. considers it important that personal data are handled with care. After the General Data Protection Regulation (GDPR) entered into force in 2018, attention was devoted to this in the recent years. The following themes were included in the monitoring study performed in 2021: the rights of data subjects, the policy on keeping data, keeping

data out of sight and awareness on the topic. The resulting actions are almost completed. More information on this topic can be found in chapter 3.4.5 of the Annual report of a.s.r.

B.5 **Internal audit function**

The Audit Department provides a professional and independent assessment of the governance, risk management and internal control processes with the aim of aiding management in achieving the company's objectives. This statement of duties has been set down in the Audit Charter for a.s.r. and its subsidiaries. The Audit Department reports its findings to the managing board of a.s.r. health basic and, by means of the quarterly management report, to the a.s.r. Risk Committee and to the SB of a.s.r. health basic.

The Audit Department has an independent position within a.s.r., as set down in the Audit Charter. The SB of a.s.r. guarantees Audit and its employees an independent, impartial and autonomous position in order to execute the mission of Audit. The head of the Audit Department reports to the chairman of the EB of a.s.r. and has a reporting line to the chairman of the SB of a.s.r. health basic and to the chairman of the a.s.r. Audit and Risk Committee. The Chief Audit Executive is appointed by the SB of a.s.r. In order to maintain the independence and impartiality of the internal audit function, the audit function is not influenced by the EB of a.s.r. and the managing board of a.s.r. health basic in the execution of an audit and the evaluation of and reporting on audit outcomes. The audit function is not subjected to any inappropriate influence from any other function, including the key functions.

The persons carrying out the internal audit function do not assume any responsibility for any other (key) function. The Audit Department has periodic consultations with the supervisors (DNB and AFM) and to discuss the risk assessment, findings and audit plan. The department also takes the initiative to organise a 'tripartite consultation' with DNB and the independent external auditor at least once a year. In 2021, at the request of the DNB, no tripartite consultation was held for a.s.r. health basic.

The Audit Department sets up a multi-year audit plan based upon an extensive risk assessment. The Audit Department's risk assessment is performed in consultation with the independent external auditor. The audit plan is approved by the a.s.r. Audit and Risk Committee. At least once a year, the audit plan is evaluated and any changes to the plan must be approved by the a.s.r. Audit and Risk Committee.

All Audit officers took the oath for the financial sector and are subject to disciplinary proceedings. All Audit officers have committed themselves to the applicable code of conduct of a.s.r., follow the Code of Ethics of the Institute of Internal Auditors (IIA) and comply with the specific professional rules of the Netherlands Institute of Chartered Accountants (NBA) and the professional association for IT-auditors in the Netherlands (NOREA).

Audit applies the standards of the IIA, NBA and NOREA for the profession of internal auditing. Each year, Audit performs a self-assessment and an internal quality review and reports the results to the chairman of the board and to the members of the a.s.r. Audit and Risk Committee. In accordance with the standards of the IIA, an external quality review is performed every five years. During the last review in 2016, Audit was approved by the IIA and received the Institute's quality certificate. The next external quality review is planned to be performed in 2022.

B.6 **Actuarial function**

The Actuarial Function (AF) is one of four key functions in a.s.r.'s system of governance.

The main tasks and responsibilities of the AF are to:
- coordinate the calculation of technical provisions;
- ensure the appropriateness of the methodologies, underlying models and the assumptions made in the calculation of technical provisions;
- assess the sufficiency and quality of the data used in the calculation of technical provisions;
- compare best estimates against experience;
- inform the administrative, management or supervisory body of the reliability and adequacy of the calculation of technical provisions;
- express an opinion on the overall underwriting policy;
- express an opinion on the adequacy of reinsurance arrangements; and
- contribute to the effective implementation of the risk management system.

The AF is part of the second line of defense and operates independently of both the first line (responsible for determining the technical provisions, reinsurance and underwriting), as well as the other three key functions (internal audit, risk management and compliance).

The AF for both a.s.r. and the insurance legal entities is operationally part of a.s.r. GRM. The AF is performed by persons who have profound knowledge of actuarial and financial mathematics, proportionate to the nature, scale and complexity of the risks present in a.s.r.'s businesses.

There are two function holders. One is responsible for the legal entities in the Life segment (Individual Life & Pensions and Funeral business lines) as well as for the overall Life segment of a.s.r. The other for the entities in the Non-life segment (Property & Casualty, Disability and Health business lines) as well as for the overall Non-life segment of a.s.r.

The AF function is represented in several risk committees. At least annually the AF drafts a formal report, which is discussed with the a.s.r. Risk Committee (or EB) and the a.s.r. Audit & Risk Committee.

Independence of the AF is secured through several measures:
- The AF holders are appointed and dismissed by the Board. Both the appointment and the dismissal of the holders is, together with an advice from the Audit and Risk Committee, submitted to the SB for approval;
- The AF holders have unrestricted access to all relevant information necessary for the exercise of their function;
- The AF holders have a direct reporting line to the a.s.r. Risk Committee or EB and the Audit and Risk Committee of a.s.r. The AF is free to report to one of the management or risk committees when considered necessary;
- The AF is free to report all relevant issues;
- In case of a conflict of interest with the CRO, the function holders may escalate directly to the CEO and to the Chairperson of the Audit & Risk Committee of a.s.r.;
- If the AF is asked to perform tasks that are outside the formal scope described in a charter, the function holder(s) assess if there is a conflict of interest. If so, the AF will not execute the task unless there are sufficient additional measures to mitigate conflicts of interest;
- The Internal Audit Department evaluates periodically the governance of a.s.r. including the (independent) operation of the AF;
- Target setting and assessment of the function holders is done by the CEO taking into account the opinion of the Audit & Risk Committee.

B.7 **Outsourcing**

a.s.r. has outsourced some of its (operational) activities and/or processes to external service providers, including certain critical and/or important activities that are part of material (operational) processes. Part of the outsourced activities is related to front-, mid- or back office activities of supervised entities within the group. In addition, the management and service of some supporting systems is outsourced.

When activities are outsourced, a.s.r. remains fully accountable for these activities and the processed data and a.s.r. retains full control ('volledige zeggenschap' in Dutch) over the outsourced activities. To manage the risks related to outsourcing, a.s.r. has implemented an outsourcing policy to safeguard controlled and sound business operations which ensures compliance with laws and regulatory requirements. Solid risk management, governance, monitoring and a complete overview of outsourced activities are essential to manage those risks. The outsourcing policy outlines the relevant procedures and is applicable to a.s.r. and its supervised entities. The policy is also applicable to intragroup outsourcing.

To define the respective rights and obligations, a.s.r. drafts and agrees a written outsourcing contract with the service provider. The contract includes amongst others the obligations for all parties involved, commitment to comply with applicable laws and regulatory requirements, right to audit and information security requirements.

Confidentiality, quality of service, and continuity are key for a.s.r. in carrying out its activities. To safeguard the quality of outsourced activities, service providers are carefully examined prior to selection and during the period of service provision. a.s.r. monitors compliancy with the terms of the contract and performance of the outsourced activities. The findings of the monitoring activities serve as input for the regular consultation on operational, tactical and strategic level with the service provider and in case of non-compliance immediate action is taken.

B.8 **Any other information**

Other material information about the system of governance does not apply.

C Risk profile

This paragraph contains a description of group policy, which is applicable for the solo entity.

Risk management is an integral part of a.s.r.'s day-to-day business operations. a.s.r. applies an integrated approach to managing risks, ensuring that business objectivestargets are met. Value is created by striking the right balance between risk, return and capital whilst ensuring that obligations to stakeholders are met. a.s.r.'s approach to managing risks is described below.

Qualitative description of a.s.r.'s risk priorities

Management of strategic risks

a.s.r.'s risk priorities and emerging risks are defined annually by the EB, based on strategic risk analyses. a.s.r.'s risk priorities are defined as the main strategic risks which could materially affect its strategic and financial and non-financial objectivestargets. To gauge the degree of risk, a.s.r. uses a risk scale based on likelihood and impact (Level of Concern). For each risk priority, the degree of risk is determined for the gross and net risks. Gross risk is the degree of risk when no (control) measures are in place. Net risk is the degree of risk with mitigating (control) measures in place. Each of a.s.r.'s risk priorities has a gross and net risk Level of Concern 3 or 4, outside risk appetite boundaries. The risk priorities and emerging risks are described in the paragraphs Strategic risks and in Emerging risks.

Management of financial risks

a.s.r. health basic aims for an optimum trade-off between capital, risk and return. Steering on capital, risk and return is done by decision-making throughout the entire product cycle from PARP to the payment of benefits and claims. At a more strategic level, decision-making takes place through balance sheet management. A robust solvency position takes precedence over profit, premium income and direct investment income. Risk tolerance levels and limits are disclosed in the financial risk appetite statements (RAS) and are monitored by the Financial Risk Committee (FRC). The FRC evaluates financial risk (FR) positions against the RAS on a monthly basis. Where appropriate, a.s.r. applies additional mitigating measures.

In 2021, the Actuarial Function (AF) performed its regulatory tasks by assessing the adequacy of the Solvency II technical provisions, giving an opinion on reinsurance and underwriting, and contributing to the Risk Management Framework (RMF). The AF report on these topics was discussed by the EB, FRC and A&RC.

Management of non-financial risks

Non-financial risk appetite statements are in place to manage a.s.r. health basic's risk profile within the limits determined by the EB and approved by the SB. The risk profile and internal control performance is discussed with management in the business risk committee each quarter. The Business Risk Committee (BRC) monitors and discusses on a quarterly basis whether non-financial risks (NFR) are adequately managed. Should the risk profile exceed the risk appetite, management will decide on the steps to be taken.

a.s.r. employees gain risk management knowledge and skills through the implementation of risk management policies, procedures and practices and the execution and testing of controls within business processes for sound and controlled business operations. Training courses that cover main risk-related topics, presentations, workshops, gamification and the use of governance, risk & compliance tooling also contribute to this. In addition, risk management employees keep their knowledge and skills up to date through training courses that cover specific risk-related topics and/or continuous education.

Risk appetite

Risk appetite is defined as the level and type of risk a.s.r. is willing to bear in order to meet its targets while maintaining the right balance between risk, return and capital. a.s.r.'s risk appetite contains a number of qualitative and quantitative risk appetite statements (RAS) and gives direction to the management of both financial risks (FR) and non-financial risks (NFR). The statements highlight the organisation's risk preferences and limits and are viewed as key elements for the realisation of a.s.r.'s strategy.

In 2021, to ensure alignment with a.s.r.'s (risk) strategy, the RAS and RAS-limits were evaluated and updated by the EB and approved by the SB.

Risk descriptions

In the previous paragraphs, the risk governance and risk appetite of a.s.r. are described. Below, the identified risks are clustered by:

- Strategic risks
- Emerging risks
- Financial risks
- Non-financial risks

Strategic risks
In 2021, a.s.r. health basic's main strategic risks (risk priorities) were:

- COVID-19 / repeated pandemics
- Impact of supervision, laws and regulations and juridification of society
- Climate change and energy transition
- Solvency below the standard
- Adaptation of the healthcare system
- IT / cyber risk

In the texts given below the strategic risks are described in more detail.

COVID-19 / repeated pandemics
In December 2019, a pneumonia outbreak was reported in China which in 2020 rapidly developed into what is now commonly referred to as COVID-19. COVID-19 has resulted in a significant number of confirmed cases of infection and untimely deaths in large portions of the world, including the Netherlands. Globally, governments are taking various measures to contain the outbreak. In the Netherlands, the Dutch government issued a series of far-reaching measures to stop the spread of COVID-19. Both COVID-19 and the countermeasures have had a significant impact on Dutch society and the economy. The economic impact was mitigated in the short -term by significant economic relief programmes presented by the government to support both companies and individuals financially impacted by the COVID-19 outbreak. The longer term economic impact of the countermeasures taken to mitigate COVID-19 is uncertain.For more details on the impact on a.s.r. health basic, see the explanation of the non-financial risks regarding the operational impact on a.s.r. health basic and the explanation of financial risks regarding the financial implications on a.s.r. health basic.

Impact of supervision, laws and regulations and juridification of society
Due to growing regulatory pressure, there is a risk that:

- a.s.r. health basic's reputation will suffer if new requirements are not complied with in time.
- Available resources will largely be utilised to align the organisation with new legislation, leaving fewer resources to spend on core customer processes.
- Processes will become less efficient and pressure on the workforce will increase.
- a.s.r. health basic will have administrative fines or sanctions imposed on it for failure to comply with requirements (on time).
- Regulatory solvency position and/or performance change due to changes in regulations and supervision, such as IFRS 9, IFRS 17 and Solvency II.

a.s.r. health basic constantly monitors changing laws and regulations and assesses their impact and the corresponding actions required. The availability of capacity is also continuously monitored to ensure that there are sufficient resources to process all regulations in a timely manner.

CDD risk (including anti-money laundering) remains relevant for a.s.r. health basic in order to guarantee sound and controlled business operations. To mitigate the risks of non-compliance relating to CDD, a.s.r. health basic centralised a major part of its CDD screening and tooling to a.s.r. Group. The central CDD desk consisting of Compliance, Investigations, Legal and representatives of the business lines plays a key role in ensuring a consistent screening approach within a.s.r. health basic. The central CDD desk also functions as an expertise centre.

a.s.r. health basic has become subject to increasing sustainability regulations, such as Regulation (EU) 2019/2088 of 10 March 2021 relating to disclosures (SDFR), and may also become subject to Regulation (EU) 2020/852 (partially) from 1 January 2022 relating to a framework to facilitate sustainable investment (the EU Taxonomy Regulation). The sustainability regulations also include the amendment of existing directives and regulations such as Solvency II. The sustainability regulations will therefore also have an impact Know Your Customer (KYC), risk management and solvency requirements. Since some of the sustainability regulations are still being developed, their full impact on a.s.r. health basic is as yet unclear. a.s.r. health basic will have to implement these regulations and is likely to have to implement more sustainability-related regulations in the future.

In June 2020, the International Accounting Standards Board (IASB) published the revised International Financial Reporting Standard 17 (IFRS 17) which was endorsed by the EU. The new standard for insurance contracts will replace the existing IFRS 4 standard and will be effective from 1 January 2023. IFRS 17 is designed to facilitate comparability between insurers and to increase transparency in relation to risks, contingencies, losses and embedded options in insurance contracts. IFRS 9 Financial Instruments was published in July 2014 and will have a major impact on the accounting of financial instruments

(investments). In order to maintain cohesion between the two standards, a.s.r. health basic applies the option in IFRS 4 which allows for the deferral of the implementation of IFRS 9 until the implementation of IFRS 17 in 2023. Since 2017, a.s.r. health basic participates in an a.s.r. Group programme in place to prepare for the implementation of IFRS 17 and IFRS 9 throughout the Group. IFRS 17 and IFRS 9 will have a major impact on the Group's primary financial processing and reporting and could have a significant effect on financial statements and related KPIs. Finance, Risk, Audit and the business lines have all been given attention in the programmes due to the need to develop an integrated vision. For more information see chapter 6.3.3 of the 2021 Annual report of a.s.r., not yet effective in 2021.

On 22 September 2021, the European Commission adopted a review package of Solvency II legislation. It consists of various changes to the Solvency II framework, affecting most notably the liability discount curve, the risk margin and the volatility adjustment (VA). The next step is for the European Parliament and the member states in the Council to negotiate the final legislative texts based on the Commission's proposals. The changes are expected to take effect in 2024 at the earliest and some measures will include a phase-in period of up to eight years, to 2032.

Climate change and energy transition
Climate change brings opportunities and risks for a.s.r. health basic, its customers and society at large. On the one hand, climate-related risks have an impact on the investment portfolio and an unknow impact on the cost of claims. On the other hand, a.s.r. health basic can make a positive contribution to climate mitigation and adaptation through its investments, products and/or services.

Identified climate-related/transition risks are:

- Transition risks associated with the energy transition;
- Reputational risks associated with consumer sentiment towards financial institutions;
- Regulation and litigation risks as announced under the European Union Sustainable Finance Action Plan (EU SFAP).

The extent of transition risks and their impact depend in part on the speed of the energy transition, government policies, technological developments and changing consumer behaviour. An abrupt climate transition will potentially have major consequences for the economy, business models and financial stability.

Climate change is a source of reputational risk as consumer sentiment towards organisations regarding the organisation's contribution to the energy transition is changing. a.s.r. health basic assists the transition to a low carbon economy through its impact investing and a.s.r. health basic also invests in its own office building and parking facilities to make it more sustainable: e.g. in 2021 many solar panels and a bi-directional charging system for electric cars were added.

The EU SFAP entails a large amount of new regulation which must be interpreted and implemented in a short period of time. At the same time, not all regulation is as yet final. This entails the risk that a.s.r. health basic will make incorrect interpretations which could lead to negative publicity and/or fines and lawsuits.

See chapter 4.5 of the 2021 Annual report of a.s.r. for more detailed information on climate-related risks and opportunities, and a.s.r. health basic's approach to addressing climate change and scenario analysis.

Solvency below the standard
Growth or decline of insured persons, adjustments of the capital requirements such as an adjustment of the HRES factor could lead to a SCR ratio below the internal standard. This could lead to higher premiums, capital contribution from shareholders or an increase in supervisory attention. Strictly monitoring of financial results and Solvency II risks, in-depth analyses, monitoring SCR limits, evaluating capital policy and investing in cross sell for customer loyalty takes place in order to prevent that SCR ratio will fall below the internal standard.

Changes to the healthcare system
This risk concerns the impact on the insurance premium for our customers if major adjustments are made to the Dutch healthcare system by the government. Due to the divergent customer portfolio from the national average there is a chance that our customer portfolio will react more negatively than the market average to changes in legislation and regulations in the health care system and the equalization system, resulting in a higher than expected premiums.

IT / cyber risk
Information (cyber) security risk is constantly increasing and evolving. Malicious actors are (covertly) probing and intruding, pushing the development of more sophisticated attacks. The battle against cybercrime is ongoing and continued to dominate risk reports in 2021, especially with regard to ransomware attacks. In order to be cyber resilient, a.s.r. has a centralised programme to improve its cyber capabilities such as identification, protection, detection, respond and recover.

Digitalisation is an important strategic target for a.s.r. health basic, one which requires the trust of customers in a.s.r. health basic's digital services. To build this trust, a.s.r. health basic continues to monitor the threat landscape and invests accordingly in prevention, detection and response skills and technology to strengthen its cyber resilience. At the same

time, digitalisation is leading to growing dependencies in the value chain ecosystem. The focus on, and increased awareness for, cyber risks is therefore a continuous challenge for both a.s.r. health basic and its value chain ecosystem. Cloud and cloud security are important aspects of digitalisation. In 2021 a.s.r. further strengthened its ability to protect itself against malicious actors for the on premises and cloud solutions.

a.s.r. health basic is, via a.s.r. Group, also actively involved in partnerships with financial institutions and public agents, such as the Dutch National Cyber Security Centre (NCSC), i-CERT and DNB Threat Intelligence-Based Ethical Red team programme (TIBER-NL), to share information and improve the resilience of the financial industry against cyber risks. Cyber resilience is important for a.s.r., and in 2021 it therefore took part in a TIBER exercise for the second time. a,s.r. health care is participant in ZN-ISAC, a cybersecurity platform for health care insurance companies to share information and knowledge on cyber security.

Emerging risks

Emerging risks are part of a.s.r.'s risk priorities. Emerging risks are defined by a.s.r. as new or existing risks with a potentially major impact, where the level of risk is hard to define. For a.s.r. basic health the next emerging risks are defined:

- political changes in the Dutch healthcare system and impact of law and regulations;
- health care institutions face financial problems;
- impact of climate changes on diseases;
- cybersecurity;
- Regional instead of national purchasing health services;
- Consolidations in the market and their consequences for a.s.r. health basic.

Financial risks

Although the strategic risks also contain financial risks, a.s.r. additionally describes other relevant financial risk aspects below. These topics are:

- COVID-19
- Risk equalisation

COVID-19

The effect of COVID-19 and the measures taken by the Dutch government are impacting a.s.r. health basic's technical result. The effects of COVID-19 have had a significant effect on the claims portfolio.

At this point in time, there remains uncertainty over the long-term effects and the impact of COVID-19 on the global economy and financial markets. As stated earlier in this report, a.s.r. is financially healthy and its capital position is solid. a.s.r. health basic continues to closely monitor the impact of COVID-19 on the operating performance. a.s.r. health basic furthermore continues to monitor the potential IFRS impact relating to the valuation of financial instruments and valuation of technical provisions which are sensitive to developments in the (long-term) interest rates.

Risk equalisation

improvements of the risk equalisation systemen are expected to be made in 2022/2023. Adjustments can affect competitive relations between health care insurance companies and on the financial situation of a.s.r. health basic.

Non-financial risks

In addition to strategic and financial risks, a.s.r. has identified several non-financial risks. In 2021, the most relevant of these were:

- COVID-19
- outsourcing risk
- data quality
- digitalisation
- compliance with CDD and GDPR

COVID-19

In the first half of 2021, the Central Crisis Team (CCT) continued to manage the impact of Coronavirus. a.s.r. health basic's offices gradually reopened on 25 May to allow meetings and face-to-face gatherings to take place once more. The CCT was scaled down as of 18 June; the COVID-19 working group remained active to prepare decision-making on COVID-19 related issues. After the government dropped the 1.5 meter measure, the offices opened their doors to more employees from 25 September, whilst retaining a number of measures to regulate use and prevent too many people from visiting the offices. In response to the fourth wave of infections and in line with government advice, all employees worked from home from 15 November till 31 December; the a.s.r. offices were only open for necessary work.

a.s.r. health basic has identified strategic and operational risks relating to COVID-19. The impact on a.s.r.'s health basic operational processes in 2021 was also limited. The course of COVID-19 and its long-term consequences for a.s.r. health basic, the economy and society are inherently uncertain and might be considerable. There is also a risk that society will see a repetition of new global viral diseases in the future, with similar (global) reflexes to COVID-19.

From an operational perspective, prolonged working from home affects the vitality of employees and the social cohesion of business lines and of a.s.r. health basic as a whole. The measures taken in this regard in 2020, such as virtual staff meetings, training opportunities and online workouts, were continued into 2021. In order to monitor how a.s.r. health basic employees were doing while working entirely from home, a.s.r. health basic continued to deploy eMood. The results gave an insight into the pillars of dedication, job satisfaction and vitality and a reason to discuss these issues within teams or use targeted interventions by management.

COVID-19 has clearly shown that employees have been presented with a substantial change as a result of combining working from home with working in the office. In the second quarter of 2021, the policy on office-based working was developed in the wake of the pandemic. It creates a framework for the hybrid situation in which employees work both in the office and at home, and formulates basic principles for implementing this. For example, a.s.r. health basic's customers and their needs are central; employees work independently of time and place; and employees are given the confidence and space to manage their tasks as they see fit. Another principle is that employees work at least two days a week in the office on average. The office has been upgraded in 2021 to provide new (hybrid) meeting and contact facilities. The implementation of this policy (re-boarding) is a learning and organic process in which adjustments are made when necessary.

Outsourcing risk
In 2021 a.s.r. further strengthened the governance of outsourcing by centralising responsibility for it. Outsourcing risk (internal and external) is managed and reported as part of the overall operational risk. Outsourcing risk remains relevant for a.s.r. health basic, especially in view of cyber resilience and growing dependence on suppliers. a.s.r. health basic is fully aware of these potential risks and regulatory developments. An outsourcing framework is in place to define responsibilities, processes, risk assessment and mandatory controls. a.s.r. health basic plans to expand the available information using an external database, which allows it to increase the insight of key suppliers.

Data quality
Sound data quality has become increasingly important for a.s.r. health care in relation to the digital transformation and ambitions it pursues. In this regard, insufficient data quality could pose a threat to the degree:

- processes can be digitised;
- operations can be made efficiently;
- front-end of business can be transformed;
- customer and advisory relationships / connections can be enhanced.

As such, a.s.r. health basic recognises the importance of sound data quality (both financial and non-financial). To uphold the reliability and confidentiality of its data, a.s.r. health basic has an explicit data quality policy in place defining the data quality (including control) framework and data governance. Adherence to this policy is ensured by the three lines of defence risk governance model a.s.r. health basic has in place.

Digitalisation
As mentioned earlier, digitalisation is an important strategic target for a.s.r. health basic. Therefore, agility and risk both drive the rate of change as they coincide in digitising the customer experience. Agility breaks down complexity and delivers focus while risk reduces uncertainty and insures value. a.s.r. health basic shifts from traditional to digital communication channels which changes risk exposure and this leads to policy realignment. On an operational level, digitalisation is an enabler to reduce effort in monitoring business processes and to automate risk management controls. At a strategic level, digitalisation enables data-driven insight by combining process and customer experience data. The continuous change that digitalisation brings about requires development risks to be integrated in automated pipelines in order to minimise risks without hindering the continuous delivery of business value.

Compliance with CDD and GDPR
Compliance with CDD and GDPR policy came in 2021 under renewed attention. A project "CDD on a higher level" has been started and an CDD expert has been appointed. Extensive efforts have been made to strengthening the chain of control of the CDD and 'Sanctiewet' related risks. A service level agreement has been concluded with the a.s.r. Group's department 'Integrity'. Compliance of GDPR in relation with information security risks have special management attention. A new policy is under construction.

Quantitative description of a.s.r.'s risk priorities

Solvency II sensitivities

The sensitivities of the solvency ratio as at 31 December 2021, expressed as the impact on the a.s.r. health basic solvency ratio (in percentage points) are as presented in the table below. The total impact is split between the impact on the solvency ratio related to movement in the available capital and the required capital. The Solvency II ratios presented are not final until filed with the regulators.

Solvency II sensitivities - market risks

Effect on:	Available capital		Required capital		Ratio	
Scenario (%-point)	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
UFR 3.2%	-	-	-	-	-	-
Interest rate +1% (2021 incl. UFR 3.6% / 2020 incl. UFR 3.75%)	-	-	-	-	-	-
Interest rate -1% (2021 incl. UFR 3.6% / 2020 incl. UFR 3.75%)	-	-	-	-	-	-
Interest steepening +10 bps	-	-	-	-	-	-
Volatility Adjustment -10bp	-	-	-	-	-	-
Spread +75bps/ VA+19bps (2020: VA +15bps)	-1	-1	-	-	-1	-1

Solvency II sensitivities - explanation

Risk	Scenario
Interest rate risk - UFR 3.2%	Measured as the impact of a lower UFR. For the valuation of liabilities, the extrapolation to the UFR of 3.2% after the last liquid point of 20 years remained unchanged. The impact on available capital, required capital and ratio relates to a comparison with a solvency ratio measured at a UFR of 3.6% for 2021 (3.75% for 2020).
Interest rate risk (incl. UFR 3.6%/ 3.75%)	Measured as the impact of a parallel 1% upward and downward movement of the interest rates. For the liabilities, the extrapolation to the UFR (3.6% for 2021 and 3.75% for 2020) after the last liquid point of 20 years remained unchanged.
Interest steepening	Measured as the impact of a steepening of the curve of 10 bps between 20Y and 30Y.
Volatility Adjustment	Measured as the impact of a 10 bps decrease in the Volatility Adjustment.
Spread risk (including impact of spread movement on VA)	Measured as the impact of an increase of spread on loans and corporate bonds of 75 bps. At the same time, it is assumed that the Volatility Adjustment will increase by 19bps (2020: + 15bps) based on reference portfolio.

The Solvency II sensitivities in 2021 are similar to 2020. Furthermore, the magnitude of the Solvency II sensitivities is small, as the insurances are short-cycle.

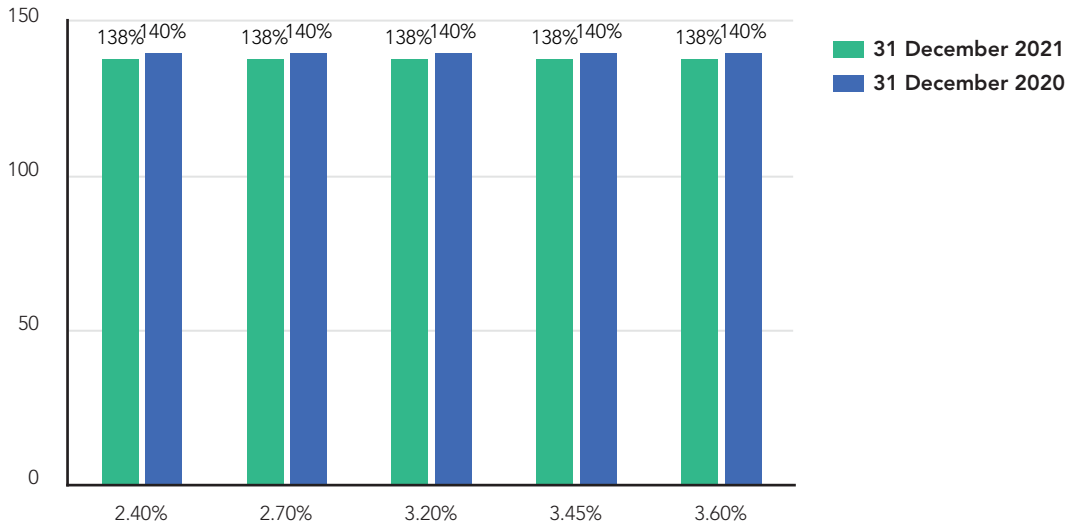
Expected development Ultimate Forward Rate

European Insurance and Occupational Pensions Authority (EIOPA) may reduce the ultimate forward rate used to extrapolate insurers' discount curves to better reflect expected inflation and real interest rates. There are various scenarios regarding lowering the Ultimate Forward Rate (UFR).

The UFR will decrease by 15 bps per year. In 2021 the UFR was 3.6% (2020: 3.75%). After the decline of the UFR by 15 basis points the solvency ratio is still above internal solvency objectives.

Changes in the UFR have no effect on the solvency ratio. The cashflows which are used in the technical liabilities have durations lower than 20 years. The impact on the solvency ratio of various UFR levels is stated below.

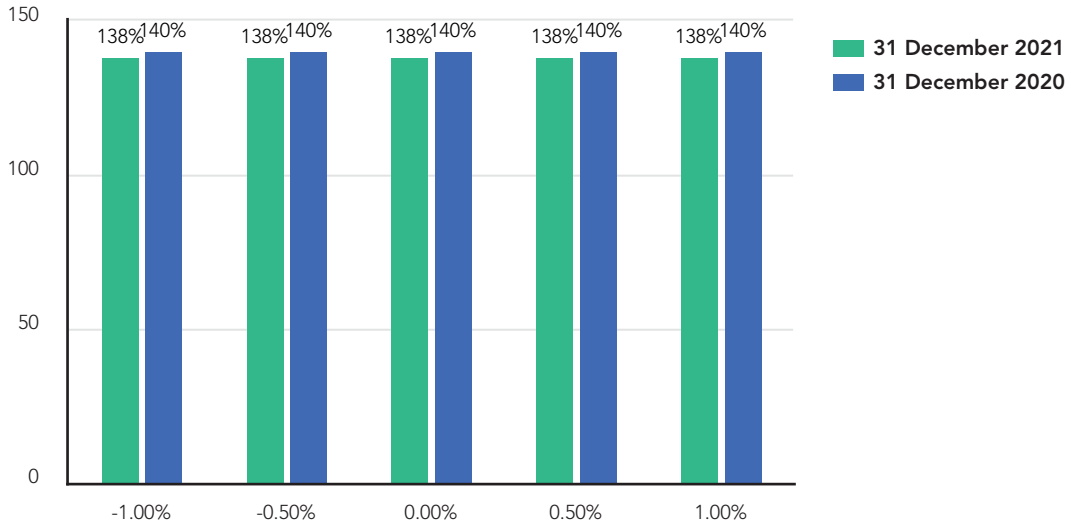
Sensitivity Solvency II ratio to UFR



Interest rate sensitivity of Solvency II ratio

The impact of the interest rate on the Solvency II ratio, including the UFR effect, is stated below. The UFR methodology has been applied to the shocked interest rate curve.

Sensitivity Solvency II ratio to interest rate



Loss absorbing capacity of deferred tax

a.s.r. uses the following methodology for the calculation of the Loss Absorbing Capacity Deferred Tax (LAC DT) benefit in euros of a.s.r. health basic.

Relevant regulation and current guidance (Delegated Regulation, Level 3 guidelines, Dutch Central Bank Q&A's and IAS12) are taken into account in the development of the LAC DT methodology.

LAC DT Components

	ASR Basis Ziektekostenverzekeringen N.V.	
	Available for substantiation	Utilised in applied LAC DT factor
Model sort	Base	Base
Component 1 – Taxable profit (t)	✔	✔
Component 2 – Taxable profit (t-1)	✔	✔
Component 3 – Net DTL position	✔	✔
Component 4a – Risk Margin	✔	✖
Component 4b – Future taxable profit	✔	✖

The outcome is an unrounded LAC DT factor.
1. The unrounded LAC DT factor is determined based on component 1 – 3 only.
2. Moreover, an outlook is made of the underpinning of the LAC DT factor in the upcoming quarters, divided over the separate components. This outlook will take into account potential risks not yet included in the model, also called a code of conduct. This code of conduct ensures financial stability in the LAC DT benefit a.s.r. health basic in euros, resulting in financial stability of the solvency position of a.s.r. health basic
3. The LAC DT factors and outlook are reviewed by Financial Risk Management.
4. A proposal with the advised LAC DT factors will be presented to the Financial Risk Committee (FRC).

The LAC DT factors agreed with the FRC are to be applied.

To ensure a stable LAC DT factor, a code of conduct is taken into account. An increase is only possible in case it is sustainable and significant. As of the second quarter of 2021, the factor for a.s.r. health basic has increased from 0% to 15%.

C.1 Insurance risk

Insurance risk is the risk that future insurance claims and benefits cannot be covered by premium and/or investment income, or that insurance liabilities are not sufficient, because future expenses, claims and benefits differ from the assumptions used in determining the best estimate liability. The healthcare sector is part of the non-life portfolio.

The solvency buffer is held by a.s.r. health basic to cover the risk that claims may exceed the available insurance provisions and to ensure its solidity. The solvency position of a.s.r. health basic is determined and continuously monitored in order to assess if a.s.r. health basic meets the regulatory requirements.

a.s.r. health basic measures its risks based on the standard model as prescribed by the Solvency II regime. The Solvency Capital Requirement for each insurance risk is determined as the change in own funds caused by a predetermined shock which is calibrated to a 1-in-200-year event. The basis for these calculations are the Solvency II technical provisions which are calculated as the sum of a best estimate and a risk margin.

The insurance risk arising from the health insurance portfolio of a.s.r. health basic is as follows.

Insurance risk - required capital

	31 December 2021	31 December 2020
Health insurance risk	117,020	107,435

Solvency II sensitivities

a.s.r. has assessed the impact of various sensitivities on the solvency ratio. The sensitivities as at 31 December 2021 and 2020, expressed as impact on the a.s.r. health basic's solvency ratio (in percentage points) are as follows:

Solvency II sensitivities - insurance risks

Effect on:	Available capital		Required capital		Ratio	
Type of risk (%-points)	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
Pandemic	-3	-3	-	-	-3	-3

Solvency II sensitivities - explanation

Risk	Scenario
Pandemic risk	Measured as the impact of a pandemic, which causes 1% of those affected to be hospitalised and 20% to see a local practitioner

The impact on the ratio is the opposite if a reversed scenario is taken into account. These shocks had no impact on the 2021 and 2020 total equity, or on the profit for these years, because a.s.r. health basic still passed the IFRS Liability Adequacy Test (LAT). While the sensitivities result in a decrease of the surplus in the Liability Adequacy Test, the outcome is still positive.

C.1.1 Health insurance risk

The Health insurance portfolio of a.s.r. health basic contains the following insurance risks:

- NSLT Health insurance risk - This risk is applicable to the NSLT Health portfolio. The calculation is factor-based. The risk is calculated similar to the Non-Life insurance risk Solvency II standard model.
- Health Catastrophe risk - The calculation of this risk is scenario-based. Below the specific health parameters for the calculation are explained.

This includes the diversification within the NSLT Health underwriting risk and Catastrophe risk. There is an increase in the Health insurance risk at the end of 2021 mainly because the volume measure reserve risk has increased due to the increase of number of contracts for 2021 compared to 2020.

NSLT Health Risk

Premium and reserve risk

The premium risk is the risk that the premium is not adequate for the underwritten risk. The premium risk is calculated over the maximum of the expected earned premium of the next year, and the earned premium of the current year.

Reserve risk is the risk that the current reserves are insufficient to cover the claims over a 12-month time horizon.

NSLT lapse risk

The basic health insurance is a compulsory insurance contract for one year without intermediate possibility of termination during contract year, and therefore lapse risk is negligible for basic health insurance.

Health catastrophe risk

A health catastrophe for NSLT Health portfolio is an unexpected future event with a duration of one year. The risk is determined ultimo year. The amount of catastrophe risk is apparent from the number of insured and parameters for mass accident scenario and pandemic scenario that have been approved by Dutch Central Bank in consultation with Health Insurers Netherlands. Accident concentration is not applicable for NSLT Health. The catastrophe risk has a projection of one year (T) following from the contract boundary of one year in accordance with the Dutch Health Insurance Act for Health Insurance. After year T the risk is 'zero'.

Health insurance risk - required capital

	31 December 2021	31 December 2020
Health SLT	-	-
Health Non-SLT	115,755	106,250
Catastrophe Risk (subtotal)	4,706	4,401
Diversification (negative)	-3,441	-3,216
Health (Total)	**117,020**	**107,435**
Medical expenses insurance and proportional reinsurance	115,755	106,250
Income protection insurance and proportional reinsurance	-	-
Diversification (negative)	-	-
Health Non-SLT (subtotal)	**115,755**	**106,250**
Mass accident risk	266	307
Accident concentration risk	-	-
Pandemic risk	4,699	4,390
Diversification (negative)	-259	-296
Catastrophe risk (subtotal)	**4,706**	**4,401**

For the NSLT Health portfolio, the technical provision at year-end can be broken down as follows under Solvency II:

NSLT Health portfolio - technical provision

	31 December 2021	31 December 2020
Best estimate	252,344	173,938
Risk margin	11,608	11,611
Technical provision	**263,952**	**185,549**

The table above shows an increase in the best estimate. This is amongst others due to an increase of the liabilities as the number of insurance contracts had increased in 2021. The risk margin is in line with 2020.

C.1.2 Managing health insurance risk

Health insurance risk is managed by monitoring claims frequency, the size of claims, inflation, handling time, benefit and claims handling costs.

Claims frequency, size of claim and inflation

To mitigate the risk of claims, a.s.r. health basic bases its underwriting policy on claims history and risk models. The policy is applied to each client segment and to each type of activity. In order to limit claims and/or ensure that prices are adjusted correctly, the product line health NSLT also uses knowledge or expectations with respect to future trends to estimate the frequency, size and inflation of claims.

Another mitigation of risks is performed by including in almost all of the contractual agreements with a healthcare institution a maximum of claims amount. The healthcare institution is allowed to invoice their claims until the maximum is reached. If the claims exceed the maximum, a.s.r. health basic can retrieve the amount above the maximum. This amount is called revenue settlement. By using this method, the individual risk (claims) per healthcare institution can be monitored and managed.

Handling time

The handling time for health care claims is mainly very short and the settlement is quick. Normally, within one to five days a claim is settled.

Benefit and claims handling costs

Taking estimated future inflation into account, benefit and claims handling costs are managed based on regular reviews and related actions.

Concentration risk

Geographically, the risk exposure of a.s.r. health basic on its health portfolio is almost entirely concentrated in the Netherlands.

C.2 **Market risk**

Market risk is the risk of potential losses due to adverse movements in financial market variables. Exposure to market risk is measured by the impact of movements in financial variables such as equity prices, interest rates and property prices. The various types of market risk which are discussed in this section, are:

- interest rate risk
- equity risk
- property risk
- currency risk
- spread risk
- concentration risk

Market risk reports are submitted to the FRC at least once a month. Key reports on market risk include the Solvency II and economic capital report, the interest rate risk report and the report on risk budgets related to the strategic asset mix.

A summary of sensitivities to market risks for the regulatory solvency, total equity and profit for the year is presented in the tables below. The first table summarises the required capital for market risks based on the standard model:

Market risk - required capital

	31 December 2021	31 December 2020
Interest rate	891	129
Equity	67	61
Property	-	-
Currency	9	34
Spread	5,457	5,942
Concentration	-	-
Diversification (negative)	-842	-168
Total	**5,582**	**5,998**

The main market risk of a.s.r. health basic is spread risk. This is in line with the risk budgets based on the strategic asset allocation study.

The value of investment funds at year-end 2021 was € 2,835 thousand (2020: € 2,804 thousand). a.s.r. health basic applies the look through approach for investment funds to assess the market risk.

The interest rate risk is the maximum loss of (i) an upward shock or (ii) a downward shock of the yield curve. For a.s.r. health basic the upward shock is dominant.

The diversification effect shows the effect of having a diversified investment portfolio.

C.2.1 Interest rate risk

Interest rate risk is the risk that the value of assets, liabilities or financial instruments will change due to fluctuations in interest rates. Many insurance products are exposed to interest rate risk; the value of the products is closely related to the applicable interest rate curve. The interest rate risk of insurance products depends on the term to maturity, interest rate guarantees and profit-sharing features. Life insurance contracts are particularly sensitive to interest rate risk. The required capital for interest rate risk is determined by calculating the impact on the available capital due to changes in the yield curve. Both assets and liabilities are taken into account. The interest rate risk is the maximum loss of (i) an upward shock or (ii) a downward shock of the yield curve according to the prescribed methodology. a.s.r. applies a look-through approach for investment funds to assess the interest rate risk.

The interest rate risk is calculated by a relative shock up- and downward shock of the risk-free (basis) yield curve. All adjustments (credit spread, volatility adjustment) on this yield curve are considered constant. The yield curve is extrapolated to the UFR. The yield curve after shock is not extrapolated again to the UFR.

The used shocks vary by maturity and the absolute shocks are higher for shorter maturities (descending: 75% to 20% and ascending: -70% to -20%):

- the yield curve up shock contains a minimum shock of 100bps;
- the yield curve after the downward shock is limited to zero (no negative interest rates);
- the yield curves of all currencies are shocked simultaneously.

Interest rate risk - required capital

	31 December 2021	31 December 2020
SCR interest rate risk up	-891	-129
SCR interest rate risk down	-	-
SCR interest rate risk	**891**	**129**

a.s.r. health basic has assessed various scenarios to determine the sensitivity to interest rate risk. The impact on the solvency ratio is calculated by determining the difference in the change in available and required capital.

Solvency II sensitivities - interest rate

Effect on:	Available capital		Required capital		Ratio	
Scenario (%-point)	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
UFR 3.2%	-	-	-	-	-	-
Interest rate +1% (2021 incl. UFR 3.60% / 2020 incl. UFR 3.75%)	-	-	-	-	-	-
Interest rate -1% (2021 incl. UFR 3.60% / 2020 incl. UFR 3.75%)	-	-	-	-	-	-
Interest steepening +10 bps	-	-	-	-	-	-
Volatility Adjustment -10bp	-	-	-	-	-	-

Interest rate risk is managed by aligning fixed-income investments to the profile of the liabilities. Among other instruments, swaptions and interest rate swaps are used for hedging the specific interest rate risk arising from interest rate guarantees and profit sharing features in life insurance products.

An interest rate risk policy is in place for the Group as well as for the registered insurance companies. All interest rate-sensitive balance sheet items are in scope, including the employee benefit obligations of the Group. In principle, the sensitivity of the solvency ratio to interest rates is minimised. In addition, the exposure to interest rate risk or various term buckets is subject to maximum amounts.

C.2.2 Equity risk

The equity risk depends on the total exposure to equities. In order to maintain a good understanding of the actual equity risk, a.s.r. applies the look-through approach for investment funds to assess the equity risk.

The required capital for equity risk is determined by calculating the impact on the available capital due to an immediate drop in share prices. Both assets and liabilities are taken into account. Stocks listed in regulated markets in countries in the EEA or OECD are shocked by 39% together with the symmetric adjustment of the equity capital charge (type I). Stocks in countries that are not members of the EEA or OECD, unlisted equities, alternative investments, or investment funds in which the look-through principle is not possible, are shocked by 49% together with the symmetric adjustment of the equity capital charge (type II).

a.s.r. applies the transitional measure for equity risk for shares in portfolio at 31 December 2015. The SCR equity shock was 22% at 31 December 2015 and linear increasing in 7 years to (i) 39% + symmetric adjustment for type I shares and (ii) 49% + symmetric adjustment for type II shares. This resulted in a reduction of the average risk charge of equity risk of about 0.2% per 31 December 2021.

Equity risk - required capital

	31 December 2021	31 December 2020
SCR equity risk - required capital	67	61

The equity risk is very limited and the result of a forced conversion.

Solvency II sensitivities - equity prices

Effect on:	Available capital		Required capital		Ratio	
Scenario (%-point)	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
Equity prices -20%	-	-	-	-	-	-

Composition of equity portfolio

The fair value of equities and similar investments at year-end 2021 was € 125 thousand (2020: € 127 thousand). a.s.r. health basic doesn't invest in equities. The current exposure to equity risk is the result of an forced conversion. On a very limited part of the investment funds look through can not be applied. These exposures are in scope of SCR equity risk.

Composition of equity portfolio

	31 December 2021	31 December 2020
Mature Markets (euro)	109	109
Alternatives	16	18
Total	**125**	**127**

C.2.3 Property risk

Property risk is not applicable for a.s.r. health basic.

C.2.4 Currency risk

Currency risk measures the impact of losses related to changes in currency exchange rates. The table below provides an overview of all currencies with exposure on liabilities and the currencies with the largest exposures. a.s.r. health supplementary has currency risk to insurance products in mainly American dollars (USD). In 2021 a.s.r. implemented a new hedge policy for currency risk. For different investment categories a.s.r. has defined a target hedge ratio.

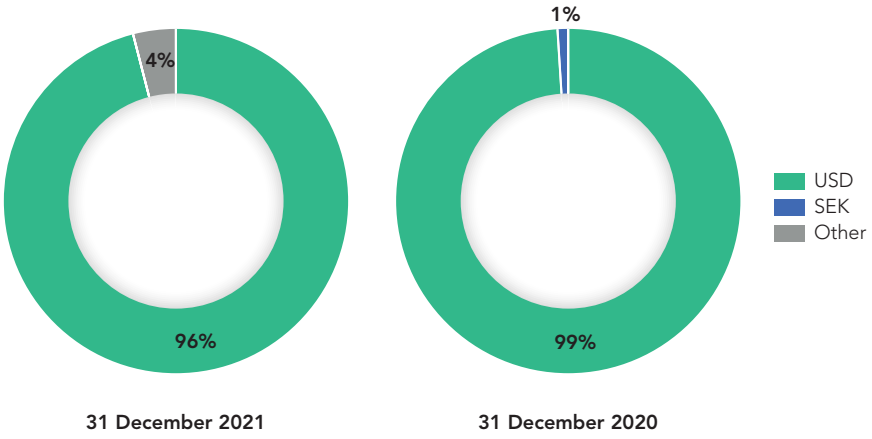
The required capital for currency risk is determined by calculating the impact on the available capital due to a change in exchange rates. Both assets and liabilities are taken into account and a look-through approach is applied for investment funds. For each currency the maximum loss due to an upward and a downward shock of 25% is determined.

Currency risk - required capital

	31 December 2021	31 December 2020
SCR currency risk - required capital	9	34

Currency risk has decreased € 25 thousand and is very limited.

Composition currency portfolio



C.2.5 Spread risk

Spread risk arises from the sensitivity of the value of assets and liabilities to changes in the level of credit spreads on the relevant risk-free interest rates. a.s.r. has a policy of maintaining a well-diversified high-quality investment grade portfolio while avoiding large risk concentrations. Going forward, the volatility in spreads will continue to have possible short-term effects on the market value of the fixed income portfolio. In the long run, the credit spreads are expected to be realised and to contribute to the growth of the own funds.

The required capital for spread risk is determined by calculating the impact on the available capital due to the volatility of credit spreads over the term structure of the risk-free rate. The required capital for spread risk is equal to the sum of the capital requirements for bonds, structured products and credit derivatives. The capital requirement depends on (i) the market value, (ii) the modified duration and (iii) the credit quality category.

Spread risk - required capital

	31 December 2021	31 December 2020
SCR spread risk - required capital	5,457	5,942

The SCR spread risk decreased slightly in 2021, mainly due to the shortening duration of the credit portfolio.

The sensitivity to spread risk is measured as the impact of an increase of spread on loans and corporate bonds of 75 bps. The volatility adjustment is based on a reference portfolio. An increase of 75 bps of the spreads on loans and corporate bonds within the reference portfolio leads to an increase of the VA with 19 bps in 2021 (2020: +15 bps).

Solvency II sensitivities - spread risk

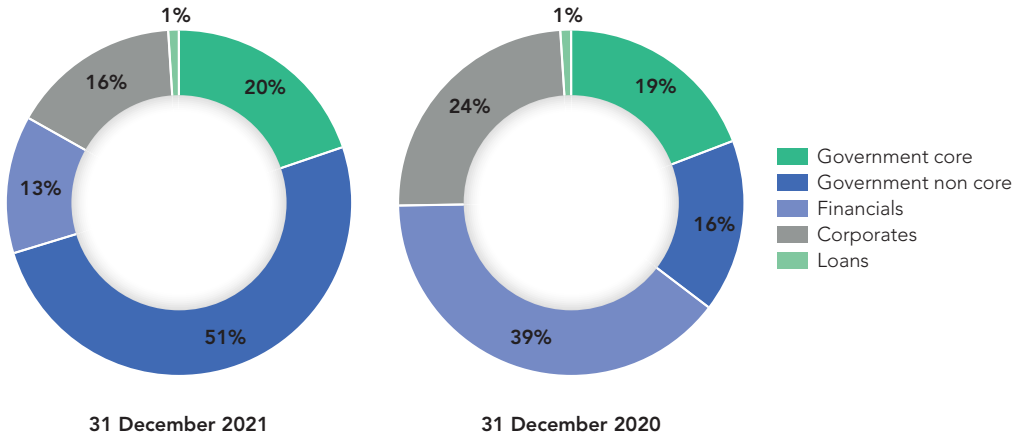
Scenario (%-point)	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
Spread +75bps/VA +19bps (2020: VA + 15bps)	-1	-1	-	-	-1	-1

Composition of fixed income portfolio

Spread risk is managed on a portfolio basis within limits and risk budgets established by the relevant risk committees. Where relevant, credit ratings provided by the external rating agencies are used to determine risk budgets and monitor limits. A limited number of fixed-income investments do not have an external rating. These investments are generally assigned an internal rating. Internal ratings are based on methodologies and rating classifications similar to those used by external agencies. The following tables provide a detailed breakdown of the fixed-income exposure by (i) rating class and (ii) sector. Assets in scope of spread risk are, by definition, not in scope of counterparty default risk.

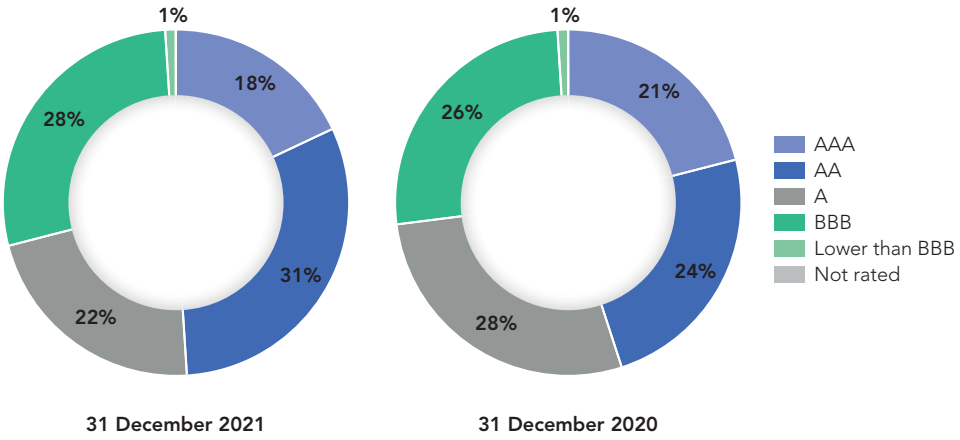
The total exposure of assets in scope of spread risk is € 366,874 thousand (2020: € 272,342 thousand). The increased portfolio is mainly due to the increase of the technical provision, which is mainly invested in Government non core.

Composition fixed income portfolio by sector



31 December 2021 31 December 2020

Composition fixed income portfolio by rating



31 December 2021 31 December 2020

C.2.6 Market risk concentrations

Concentrations of market risk constitute an additional risk to an insurer. Concentration risk is the concentration of exposures to the same counterparty. Other possible concentrations (region, country, etc.) are not in scope. The capital requirement for concentration risk is determined in three steps:

1. determine the exposure above threshold. The threshold depends on the credit quality of the counterparty;
2. calculation of the capital requirement for each counterparty, based on a specified factor depending on the credit quality;
3. aggregation of individual capital requirements for the various counterparties.

According the spread risk module, bonds and loans guaranteed by a certain government or international organisation are not in scope of concentration risk. Bank deposits can be excluded from concentration risk if they fulfil certain conditions.

Concentration risk - required capital

	31 December 2021	31 December 2020
SCR concentration risk - required capital	-	-

a.s.r. continuously monitors exposures in order to avoid concentrations in a single obligor outside of the risk appetite and has an overall limit on the total level of the required capital for market risk concentrations. The calculation of the market risk concentrations applies to the total investment portfolio, where, in line with Solvency II, government bonds are not included.

The required capital for market risk concentrations is nil as per year-end 2021.

C.3 **Counterparty default risk**

Counterparty default risk reflects possible losses due to unexpected default or deterioration in the credit standing of counterparties and debtors. Counterparty default risk affects several types of assets:

- mortgages
- savings-linked mortgage loans
- derivatives
- reinsurance
- receivables
- cash and deposits

Assets that are in scope of spread risk are, by definition, not in scope of counterparty default risk and vice versa. The Solvency II regime makes a distinction between two types of exposures:

- Type 1: These counterparties generally have a rating (reinsurance, derivatives, current account balances, deposits with ceding companies and issued guarantee (letter of credit). The exposures are not diversified.

- Type 2: These counterparties are normally unrated (receivables from intermediaries and policyholders, mortgages with private individuals or SMEs). The exposures are generally diversified.

The total capital requirement for counterparty risk is an aggregation of the capital requirement for type 1 exposure and the capital requirement for type 2 exposure by taking 75% correlation.

Counterparty default risk - required capital

	31 December 2021	31 December 2020
Type 1	80	712
Type 2	3,463	3,866
Diversification (negative)	-20	-153
Total	**3,523**	**4,426**

The decrease of Type 1 risk is the result of the decrease of cash position. The decrease of Type 2 risk is the result of the decrease of receivables exposure. The total counterparty risk has decreased by € 903 thousand.

C.3.1 Mortgages

a.s.r. health basic has no mortgages on the balance sheet.

C.3.2 Savings-linked mortgage loans

a.s.r. health basic has no saving loans on the balance sheet.

C.3.3 Derivatives

a.s.r. health basic has no material derivatives on the balance sheet.

C.3.4 Reinsurance

a.s.r. health basic has no reinsurance contracts on the balance sheet.

C.3.5 Receivables

The receivables amounted € 185,630 thousand in 2021 (2020: € 132,762 thousand).

Composition receivables

	31 December 2021	31 December 2020
Policyholders	18,273	6,210
Intermediaries	-	11
Health insurance fund	147,509	104,718
Other	19,848	21,823
Total	**185,630**	**132,762**

C.3.6 Cash and cash equivalents

The current accounts amounted € 1,254 thousand in 2021 (2020: € 11,916 thousand).

Composition cash accounts by rating

Current accounts	31 December 2021	31 December 2020
AAA	-	-
AA	-	-
A	1,254	11,902
Lower than A	-	13
Total	**1,254**	**11,916**

C.4 **Liquidity risk**

Liquidity risk is the risk that a.s.r. health basic is not able to meet its financial obligations to policyholders and other creditors when they become due and payable, at a reasonable cost and in a timely manner. Liquidity risk is not quantified in the Solvency Capital Requirement of a.s.r. health basic and is therefore separately discussed here.

a.s.r. health basic recognises different levels of liquidity management. First, short-term liquidity management which covers the day-to-day cash requirements and aims to meet short term liquidity risk targets. Second level covers the long-term liquidity management. This, among others, considers the strategic matching of liquidity and funding needs in different business conditions in which market liquidity risk could materialise. Finally stress liquidity management refers to the ability to respond to a potential crisis situation as a result of a market event and/or an a.s.r.-specific event. For example liquidity outflows could occur as result of lapses in the insurance portfolio, catastrophe risk or high cash variation margin payments related to the ISDA/CSA agreements of derivatives. a.s.r. health basic monitors its liquidity risk via different risk reporting and monitoring processes including cash management reports, cash flow forecasts and liquidity dashboards in which liquidity outflows are calculated for different stress scenarios.

a.s.r. health basic's liquidity management principle consists of three components. First, a well-diversified funding base in order to provide liquidity for cash management purposes. A portion of assets must be held in cash and invested in unencumbered marketable securities so it can be used for collateralised borrowing or asset sales. In order to cover liquidity needs in stress events a.s.r. health basic has committed repo-facilities in place to ensure liquidity under all market circumstances. Second, the strategic asset allocation should reflect the expected and contingent liquidity needs of liabilities. Finally, an adequate and up-to-date liquidity policy and contingency plan are in place to enable management to act effectively and efficiently in times of crisis.

In managing the liquidity risk from financial liabilities, a.s.r. health basic holds liquid assets comprising cash and cash equivalents and investment grade securities for which there is an active and liquid market. These assets can be readily sold to meet liquidity requirements. As at 31 December 2021, a.s.r. health basic had cash (€ 1,254 thousand), liquid government bonds (€ 259,005 thousand) and other bonds and shares. Furthermore a.s.r. has access to multiple committed cash facilities in order to meet its liquidity needs in times of stress.

The following table shows the contractual cash flows of liabilities (excluding insurance contracts on behalf of policyholders) broken down in four categories. For liabilities arising from insurance contracts, expected lapses and mortality risk are taken into account. Profit-sharing cash flow of insurance contracts is not taken into account, nor are equities, property and swaptions. Due to an increased portfolio and new settlement methods with GGD (geestelijke gezondsheidszorg), insurance cashflows <1 year increased compared to 2020.

Contractual cash flows

	Payable on demand	< 1 years	1-5 years	5-10 years	> 10 years	Undiscounted cash flows	Carrying value
31 December 2021							
Insurance liabilities	-	138,274	113,063	-	-	251,337	330,780
Derivatives liabilities	-	157	-	-	-	157	152
Financial liabilities	-	35,386	11	26,000	19,000	80,397	80,397
Future interest payments	-	2,237	11,185	9,379	19,465	42,266	-
Total	**-**	**176,053**	**124,259**	**35,379**	**38,465**	**374,157**	**411,329**

	Payable on demand	< 1 years	1-5 years	5-10 years	> 10 years	Undiscounted cash flows	Carrying value
31 December 2020							
Insurance liabilities	-	1,078	171,600	38	-	172,715	245,761
Derivatives liabilities	-	-	-	-	-	-	-
Financial liabilities	110	18,412	-	17,000	19,000	54,522	54,522
Future interest payments	-	1,859	7,436	9,295	21,755	40,345	-
Total	**110**	**21,349**	**179,036**	**26,333**	**40,755**	**267,582**	**300,283**

When the amount payable is not fixed the amount reported is determined by reference to the conditions existing at the reporting date.

Financial liabilities payable on demand include the liability recognised for cash collateral received under ISDAs, concluded with counterparties. The related cash collateral received is recognised as cash and cash equivalents, and not part of the liquidity risk exposure table.

EPIFP

The expected profit included in future premiums (EPIFP) means the expected present value of future cash flows which result from the inclusion in technical provisions of premiums relating to existing insurance and reinsurance contracts that are expected to be received in the future, but that may not be received for any reason, other than because the insured event has occurred, regardless of the legal or contractual rights of the policyholder to discontinue the policy.

EPIFP

	31 December 2021	31 December 2020
EPIFP	19,914	33,312

The EPIFP per 31 December 2021 for a.s.r. health basic increased to € 19,914 thousand (2020: € 33,312 thousand) mainly due to the decrease of insurance contracts in 2022.

C.5 **Operational risk**

Operational risk is the risk of losses resulting from inadequate or failing internal processes, persons and systems, or from external events (including legal risk). The main areas where operational risks are incurred are operations, IT, outsourcing, integrity and legal issues.

Operational risk - required capital

	31 December 2021	31 December 2020
SCR operational risk - required capital	35,849	25,156

The SCR for operational risk amounts to € 35,849 thousand at the end of 2021 and is determined with the standard formula under Solvency II. The operational risk is based on the basic solvency capital requirement, the volumes of premiums and technical provisions, and the amount of expenses.

Operational risk increased with € 10,694 thousand from 2020 to 2021 due to the increased portfolio.

C.6 **Other material risks**

As part of the regular ORSA process, the overall risk profile and associated solvency capital needs are assessed against a.s.r.'s actual solvency capital position. The most important risks to which a.s.r. is exposed, including risks that are not incorporated into the standard formula, are identified through a combined top-down (strategic risk assessment) and bottom-up (control risk self-assessments) approach. After assessment of the effectiveness of the mitigating measures, the risks with the highest 'Level of Concern' (LoC) are translated to the a.s.r. risk priorities and relevant risk scenarios for the ORSA. The following risks, outside the scope of the standard formula, are recognised by a.s.r. as being potentially material:

- Inflation risk;
- Reputation risk;
- Liquidity risk;
- Contagion risk;
- Legal environment risk;
- Model risk;
- Risks arising from non-insurance activities (non-OTSOs);
- Strategic risk;
- Climate risk and sustainability risk;
- Emerging risk;
- Environmental, Social & Governance (ESG) risk.

As part of the appropriateness assessment of the standard formula mitigating measures regarding these risks are identified and evaluated.

C.7 **Any other information**

C.7.1 Description of off-balance sheet positions

Not applicable for a.s.r. health basic.

C.7.2 Reinsurance policy and risk budgeting

C.7.2.1 **Reinsurance policy**

a.s.r. health basic does not reinsure any specific underwriting risk at this moment.

C.7.2.2 **Risk budgeting**

The FRC assesses the solvency position and the financial risk profile on a monthly basis. Action is taken where appropriate to ensure the predefined levels in the risk appetite statement will not be violated.

C.7.3 Monitoring of new and existing products

Group Risk Management, Compliance, and Legal Affairs participate in the Product Approval and Review Process Board. All these departments evaluate whether risks in newly developed products are sufficiently addressed. New products need to be developed in a way that they are cost efficient, reliable, useful and secure for the client. New products must also be strategically aligned with a.s.r.'s mission to be a solid and trustworthy insurer. In addition, the risks of existing or modified products are evaluated, as requested by the PARP, as a result of product reviews.

C.7.4 Prudent Person Principle

a.s.r. complies with the prudent person principles as set out in Directive 2009/138/EC/article 132: Prudent person principle. The prudent person principle ensures that assets are managed on behalf of its subsidiaries, policyholders or other stakeholders in a prudent manner, and covers aspects that relate to market, credit, liquidity and operational risk. a.s.r. has mandated ASR Vermogensbeheer N.V. as their asset manager.

a.s.r. ensures that assets of policyholders or other stakeholders are managed in a prudent manner. a.s.r. complies with the Prudent Person Principle by investing only in assets and instruments which a.s.r. can adequately assess, measure, monitor, control, maintain and report the risks. All assets will be assessed against solvency criteria according to article 45 (1a).

Derivatives are only used when these contribute to a lower risk or when it can be used to manage/hedge the portfolio more efficient. Mortgages, real estate and illiquid assets, which are not traded on regulated financial markets, are limited to a prudent level.

Governance of Investments

Within the Three Lines-of-Defence model, investments are managed in the first line by ASR Vermogensbeheer NV, reporting to the CFO of a.s.r.

ASR Vermogensbeheer NV manages its investments within the boundaries of a.s.r.'s Risk Appetite Framework, Strategic Asset Allocation and its Market-Risk Budget. The Market-Risk Budget is calculated on a monthly basis by Group Balance Sheet Management (GBSM), taking into account the Risk Appetite Framework. GRM, acting as the second line of defence, is responsible for the review. Internal Audit acts as the third-line of defence.

a.s.r. has established a structure of risk committees with the objective to monitor the risk profile for a.s.r. group, its legal entities and its business lines in order to ensure that it remains within the risk appetite and the underlying risk tolerances and risk limits. When triggers are hit or likely to be hit, risk committees make decisions regarding measures to be taken, being risk-mitigating measures or measures regarding governance, such as the frequency of their meetings.

All investment related activities are performed according to mandates as set by a.s.r., clients or policyholders. Mandates for investments for own account, clients and for account of policyholders are set out in internal guidelines, in order to ensure that prudent person principles are satisfied. This should always be in line with internal policies and internal constraints (such as a.s.r.'s ESG policy) and external constraints (such as regulatory limits).

D Valuation for Solvency purposes

This chapter contains information regarding the valuation of the balance sheet items. For each material asset class, the bases, methods and main assumptions used for valuation for solvency purposes are described. Separately for each material class of assets a quantitative and qualitative explanation of any material difference between the valuation for solvency purposes and valuation in the financial statements. When accounting principles are equal or when line items are not material, some line items are clustered together.

Valuation of assets is based on fair value measurement as described below. Each material asset class is described in paragraph D.1. Valuation of technical provisions is calculated as the sum of the best estimate and the risk margin.

This is described in paragraph D.2. Other liabilities are described in paragraph D.3.

Information for each material line item is based on the balance sheet below. For each line item is described:
- Methods and assumptions for valuation
- Difference between solvency valuation and valuation in the financial statements

The numbering of the line items refers to the comments below.

Based on the differences in this template a reconciliation is made between IFRS equity and Solvency equity for 2021.

Reconciliation IFRS balance sheet and Solvency II balance sheet

Balance sheet	31 December 2021 IFRS	Revaluation	31 December 2021 Solvency II
1. Deferred acquisition costs	-	-	-
2. Intangible assets	-	-	-
3. Deferred tax assets	-	-	-
4. Property, plant, and equipment held for own use	-	-	-
5. Investments - Property (other than for own use)	-	-	-
6. Investments - Equity	2,944	-	2,944
7. Investments - Bonds	363,948	-	363,948
8. Investments - Derivatives	-	-	-
9. Unit-linked investments	-	-	-
10. Loans and mortgages	-	-	-
11. Reinsurance	-	-	-
12. Cash and cash equivalents	1,254	-	1,254
13. Any other assets, not elsewhere shown	192,014	-29,421	162,592
Total assets	**560,160**	**-29,421**	**530,739**
14. Technical provisions (best estimates)	330,784	-78,439	252,344
15. Technical provisions (risk margin)	-	11,608	11,608
16. Unit-linked best estimate	-	-	-
17. Unit-linked risk margin	-	-	-
18. Pension benefit obligations	-	-	-
19. Deferred tax liabilities	304	9,629	9,933
20. Subordinated liabilities	45,000	87	45,087
21. Other liabilities	50,705	-	50,705
Total liabilities	**426,792**	**-57,115**	**369,677**
Excess of assets over liabilities	**133,368**	**27,693**	**161,061**

This chapter contains also the reconciliation between the excess of assets over liabilities to EOF.

Reconciliation excess of assets over liabilities to Eligible Own Funds

	Gross of tax	31 December 2021
IFRS equity		**133,368**
Revaluation assets		
i. Intangible assets	-	
ii. Loans and mortgages	-	
iii. Reinsurance	-	
iv. Cash and cash equivalents	-	
v. Any other assets, not elsewhere shown	-29,421	
Subtotal		**-29,421**
Revaluation liabilities		
i. Technical provisions (best estimates)	78,439	
ii. Technical provisions (risk margin)	-11,608	
iii. Unit-linked best estimate	-	
iv. Unit-linked risk margin	-	
v. Subordinated liabilities	-87	
vi. Other liabilities	-	
Subtotal		**66,744**
Total gross revaluations		37,323
Tax percentage		25.8%
Total net revaluations		**27,693**
Other Revaluations		
i. Goodwill	-	
ii. Participations	-	
Subtotal		**-**
Solvency II equity		**161,061**
Own fund items		
i. Subordinated liabilities		45,087
ii. Foreseeable dividends		-
Eligible Own Funds Solvency II		**206,148**

D.1 **Assets**

Valuation of most financial assets is based on fair value. In the paragraph below, this valuation methodology is described. For different line items will be referred to this method. In this paragraph line items 1 – 13 from the simplified balance sheet above are described.

D.1.1 Fair value measurement

In accordance with the Delegated Regulation, Solvency II figures are based on fair value. In line with the valuation methodology described in article 75 and further of the Delegated Regulation and articles 9 and 10, the following three hierarchical levels are used to determine the fair value of financial instruments and non-financial instruments when accounting for assets and liabilities at fair value: Level 1: Fair value based on quoted prices in an active market. Level 1 includes assets and liabilities whose value is determined by quoted (unadjusted) prices in the primary active market for identical assets or liabilities.

A financial instrument is quoted in an active market if:

- Quoted prices are readily and regularly available (from an exchange, dealer, broker, sector organisation, third party pricing service, or a regulatory body); and
- These prices represent actual and regularly occurring transactions on an arm's length basis.

Financial instruments in this category primarily consist of bonds and equities listed in active markets. Cash and cash equivalents are also included as level 1.

Level 2: Fair value based on observable market data
Determining fair value on the basis of Level 2 involves the use of valuation techniques that use inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (that is, as prices) or indirectly (that is derived from prices of identical or similar assets and liabilities). These observable inputs are obtained from a broker or third party pricing service and include:

- Quoted prices in active markets for similar (not identical) assets or liabilities;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Input variables other than quoted prices observable for the asset or liability. These include interest rates and yield curves observable at commonly quoted intervals, volatility, loss ratio, credit risks and default percentages.

This category primarily includes:

I. Financial instruments: unlisted fixed-interest preference shares and interest rate contracts;
II. Financial instruments: loans and receivables (excluding mortgage loans)[1];
III. Other financial assets and liabilities.

Level 3: Fair value not based on observable market data
The fair value of the level 3 assets and liabilities are determined in whole or in part using a valuation technique based on assumptions that are not supported by prices from observable current market transactions in the same instrument and for which any significant inputs are not based on available observable market data. The financial assets and liabilities in this category are assessed individually.

Valuation techniques are used to the extent that observable inputs are not available. The basic principle of fair value measurement is still to determine a fair, arm's length price. Unobservable inputs therefore reflect management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). These inputs are generally based on the available observable data (adjusted for factors that contribute towards the value of the asset) and own source information.

This category primarily includes:

I. Financial instruments: private equity investments (or private equity partners) and real estate equity funds third parties;
II. Financial instruments: loans and receivables – mortgage loans, and mortgage equity funds;
III. Investment property, real estate equity funds associates and buildings for own use;
IV. Financial instruments: asset-backed securities.

D.1.2 Assets per asset category

The balance sheet reports specify different asset categories. In this section, we describe the valuation of each material asset category. The figures correspond to the extended balance sheet which has been reported as QRT S 2.01.

1. Deferred acquisition costs

Not applicable for a.s.r. health basic.

2. Intangible assets

The intangible assets related to goodwill and other intangible assets are not recognized in the Solvency II framework and are set to nil.

3. Deferred tax assets

The basis for the DTA / DTL position in the IFRS balance sheet is temporary differences between fiscal and commercial valuation. This DTA / DTL position is the base for this line item on the Solvency II balance sheet, adjusted for Solvency II revaluations, such as revaluation of technical provisions.The deferred tax effects involve a correction related to the fact that (most of) the revaluations as described in this chapter are gross of tax. The tax effect is calculated at 25.8%.

In accordance with the Delegated Regulation and the recommendations of DNB, netting is only allowed with same tax authority and with same timing. The balance sheet of a.s.r. health basic contains a DTL.

4. Property plant, and equipment held for own use

Not applicable for a.s.r. health basic.

5. Investments - Property (other than for own use)

Not applicable for a.s.r. health basic.

6. Investments – Equity

Valuation of listed equities is based on the level 1 method of the fair value hierarchy. Unlisted fixed-interest preference shares are valued based on the level 2 method of the fair value hierarchy. The valuation techniques for financial

1 Not measured at fair value on the balance sheet and for which the fair value is disclosed.

instruments start from present value calculations; derivatives are valued based on forward-pricing and swap models. The observable market data contains yield curves based on company ratings and characteristics of unlisted fixed-interest preference shares. The main non-observable market input for private equity investments is the net asset value of the investment as published by the private equity company (or partner).

Valuation of private equity investments is based on the level 3 method of the fair value hierarchy. The main non-observable market input for private equity investments is the net asset value of the investment as published by the private equity company (or partner).

7. Investments – Bonds
The valuation of these assets is consistent with the IFRS fair value hierarchy as described in paragraph D.1.1.

8. Investments – Derivatives
The valuation of these assets is consistent with the fair value hierarchy as described in paragraph D.1.1. The valuation of listed derivatives is based on the level 1 method of the fair value hierarchy. The valuation of unlisted interest rate contracts is based on the level 2 method of the fair value hierarchy. The valuation techniques for financial instruments start from present value calculations; derivatives are valued based on forward-pricing and swap models. The observable market data contains yield curves based on company ratings and characteristics of unlisted fixed-interest preference shares.

9. Unit-linked investments
Not applicable for a.s.r. health basic.

10. Loans and mortgages
Not applicable for a.s.r. health basic.

11. Reinsurance recoverables
Not applicable for a.s.r. health basic.

12. Cash and cash equivalents
The valuation of cash and cash equivalents is based on the level 1 method of the fair value hierarchy. Cash and cash equivalents include cash in hand, deposits held at call with banks, cash collateral and other short-term highly liquid investments with original maturities of three months or less.

13. Any other assets, not elsewhere shown
The valuation of these assets is based on the IFRS fair value hierarchy as described in paragraph Section D.1.1. Any other assets, not elsewhere shown include insurance and intermediaries receivables, trade receivables and accrued assets.

D.2 **Technical provisions**

D.2.1 Introduction
In this section, the policies regarding methodology and assumptions for the technical provisions are described. These liabilities arise from insurance contracts issued by a.s.r. health basic.

D.2.2 Technical provisions methods

D.2.2.1 **Medical expense insurance**
What follows is a description of the policies, methods and principal assumptions that were decisive in determining the value of the technical provisions and the risk margin.

Composition of homogeneous risk group for a.s.r. health basic
A homogeneous risk group (HRG) encompasses a collection of policies with similar risk characteristics as stipulated by Solvency II, which are generally recorded separately. For a.s.r. health basic the coverage is determined by the national government. Therefore, all the coverages are the same for all labels and distribution channels.

Also, a basic health insurance is a mandatory insurance for all inhabitants in The Netherlands. For these two reasons one HRG is defined.

Contract boundary
The government decides on the basic health insurance package every year and this package is mandatory for all inhabitants of The Netherlands. The composition of this package may be different from year to year. In addition, the contract boundary of an insurance contract is just one calendar year which is laid down in law. Insured persons are free to accept or reject a new offer from their health insurer after one year. The composition of the portfolio changes mainly because of insured persons switching health insurers. Claims incurred during the period of cover continue to be insurance

liabilities for the covering health insurer. The insurance portfolio and hence the risk profile stays stable during one year, because of the breakdown by claim year.

Risk equalisation model

The Dutch Health Insurance is laid down in law (Zvw[1]) and is supplemented by a risk equalisation model which is performed by the National Health Care Institute (ZINL[2]) for the basis insurance contract.

The risk equalisation model compensates health insurers for differences in the composition of their insured population creating a level playing field. All health insurance companies receive an equalisation premium from ZINL on an annual basis, of which the amount depends on the insured population. The insurance companies receive the equalisation premiums for every underwriting year over a period of two years according to a pre-defined payment schedule. The equalisation premium is estimated beforehand by ZiNL and is corrected afterwards based on the realised insured population. The equalisation premium is determined definitively after 4.5 years. The estimated equalisation premium beforehand is called "ex ante" and the difference between ex ante and the corrected realised equalisation premium is called "ex post".

The equalisation premium should cover 50% of all health expenses nationally. The second 50% should be covered by a commercial premium per person above eighteen, calculated by each health insurer independently.

D.2.2.2 Bases and methods

Best estimate claim provision a.s.r. health basic

The inflation method is used for the first months of the new year because little is known about the use of health care and its declaration pattern of the new year. The inflation rate is based on the existing contracts from the previous year which are under negotiation for new year and market rates for healthcare consumption.

The outstanding claims provisions for basic health insurance are determined by the health care purchasing method. This method that has been applied for calculating the best estimate claims provisions for Specialist Medical Care (MSZ) and Mental Health Care (GGZ) is based on contractual tariff agreements per claim year with individual healthcare institution like hospitals and mental health care institutions. MSZ and GGZ determined more than 65% of the total best estimate provisions. In almost all the contractual agreements a maximum of claims amount has been formalized between a.s.r. health basic and the healthcare institution. The healthcare institution is allowed to invoice their claims until the maximum is reached. If the claims exceed the maximum, a.s.r. can retrieve the amount above the maximum. This amount is called revenue settlement [3]. By using this method, the individual risk (claims) per healthcare institution can be monitored and managed.

The outstanding claims provisions for all the other health care services[4] are determined using a Development Factor Model in combination with the Bornhuetter-Ferguson method for each claim year. The other health care services consist of General Practitioner, Pharmacy, Oral Care, Obstetrics, Paramedical Care, Medical Devices, District nursing and care, Patient Transport, Maternity Care, Foreign Health Care and Other Services. The expected cash flow for ex post may be a benefit of ZINL or a claim of ZINL and is part of the claim provision. Once a benefit or claim of ex post has determined it is accountable to a certain year and therefore attributed to the cash flow of the concerning year.

The best estimate claims provision is discounted at the interest rate term structure (zero coupon curve) prescribed by EIOPA. The prevailing yield curve is set internally at group level.

Impact COVID-19

In 2020 and 2021, the government compensates health insurers for the costs as a result of the COVID-19 pandemic in accordance with the catastrophe regulation (Article 33 of the Zvw). The extent to which health insurers are compensated by this scheme depends on the total costs incurred by the COVID-19 pandemic over the years 2020 and 2021. In addition, both the catastrophe claims and the catastrophe contribution for both years are redistributed between the health insurers on the basis of the solidarity agreement

The health insurers have agreed on the expected COVID-19 claims and contributions, as well as the related redistribution based on the Solidarity Agreement, based on national estimates prepared by Gupta Strategists. This estimate has been validated by the health insurers and ZINL on the basis of its own data and insights into the development of fixed and variable additional costs, patient-related costs and macro data (days).

As of 2020, catastrophe regulation and solidarity agreement are included in the figures based on the most recent estimates.

1 Zvw: Zorgverzekeringswet
2 ZINL: Zorginstituut Nederland
3 In Dutch: Opbrengstverrekening
4 Other health care services is in Dutch Rest Zorg

Cash flows a.s.r. health basic

The cash flow pattern of the claim provisions is based on the history of paid claims including expert judgements for the most recent information in a development factor model at the level of health aggregated per year and quarter.

Best estimate of premium provision a.s.r. health basic

The best estimate for the premium provision is determined using estimated future cash flows from portfolio growth, premium income (commercial and equalisation premium), claims payments and claims handling costs as included in the premium determination and sales results for the new insurance year. This relates to the next 12-month insurance period (one-year contract boundary) and serve as the benchmark for the scale of the premium provision on the reference date.

The cash flow pattern of the future claim provision is based on paid claims in a development factor model. The assumptions are:

E. Claims received in past months are predictive for the future payment pattern of claims.
F. The payment patterns are constant / equal divided for the coming months to year end.
G. The payment pattern for the future claims is equal to the payment pattern of the current (already) paid claims. The same yield curve, which a.s.r. sets internally at group level and subsequently supplied to the supervised entity, is used as for the outstanding claims provisions.

Claims handling costs a.s.r. health basic

The cash flows for claims handling costs are proportional to the cash flows of the paid claims for the claim provisions. The percentage of claim handling costs is equal to the ratio 'released claims handling costs at the end of year T-1 divided by paid claims including own risk at the end of year T-1 independent of claim years. This fixed percentage is applied to the outstanding claims provision for the current year in the reporting period (t) and for earlier years (t-1, t-2, …, t-n), and to the outstanding claims provision for future years in earlier years. The result is a provision for claims handling costs. The provision for claims handling costs is included in the best estimate for the outstanding claims and premium provisions. The remaining (other) costs are paid uniformly in a year.

Risk margin methodology

The insurance risks have been determined in accordance with the standard formula described in the Delegated Regulation. a.s.r. group applies the Cost of Capital method that is applicable to a.s.r. health basic and a.s.r health supplementary as well with a Cost of Capital rate of 6%.

Solvency II describes 4 methods to calculate the risk margin. a.s.r. group has chosen to use the alternative method 1. This method calculates the required future capitals by an approach per risk (sub) module. An approach can of course also be the full calculation of the risk module. The required capital uses the SCR for non-hedgeable risks type 2.

Impact volatility adjustment

a.s.r. health basic applies the volatility adjustment for discounting cash flows to determine the best estimate and in determining the Required Capitals for the SCR. In the next table the impact is shown of this volatility adjustment on the financial position and own funds of a.s.r. health basic

Impact of applying VA = 0 bps

	VA = 3 bps	VA = 7 bps	VA = 0 bps		Impact	
	31 December 2021	31 December 2020	31 December 2021	31 December 2020	31 December 2021	31 December 2020
TP	263,952	185,549	264,025	186,249	73	700
SCR	149,337	135,478	149,342	135,551	5	73
MCR	63,855	46,132	63,859	46,165	3	33
Basic own funds (total)	206,148	189,577	206,094	189,052	-54	-525
Eligible own funds	206,148	189,577	206,094	189,052	-54	-525

Table: impact of applying VA = 0 bps

D.2.3 Level of uncertainty

a.s.r. distinguishes between two sources of uncertainty with regard to the level of the technical provisions. These sources are model risk and process risk. The uncertainty associated with these risks has been mitigated as described below.

Process risk

The process risk is mitigated using the Risk Control Matrix (RCM), which creates a reasonable degree of assurance as to the reliability of financial reports. Key controls have been identified and to a larger extend implemented for the calculation process. In addition, the effectiveness of the RCM framework is verified by an independent party and supplementary checks are performed where needed. As part of RCM or the additional checks, the four-eye principle has demonstrably been applied to the calculation of the technical provision.

Model risk
The second risk that a.s.r. has identified in relation to the technical provisions is model risk. Regular procedures have provided adequate certainty with regard to this risk. To illustrate, the reporting manager in charge signs off documents to demonstrate that the reported figures do not contain any material mistakes or that no key facts have been omitted. In addition, FRM, in its role as the second line of defence, performs an independent internal review of the technical provisions as described in the previous phase.

D.2.4 Reinsurance and special purpose vehicles (SPVs)
Not applicable to a.s.r. health basic.

D.2.5 Technical provisions
In the table below a reconciliation is made between the Solvency II and the IFRS valuation of provisions. Solvency figures are part of the balance sheet S.02.01. The next paragraph describes a brief explanation of these differences.

Technical provisions: IFRS versus Solvency II

31 December 2021	IFRS	Revaluation	Solvency II
Similar to non-life			
Best estimate	-		252,344
Risk margin	-		11,608
Technical provision	**330,784**	**-66,831**	**263,952**

D.2.6 Reconciliation between IFRS and Solvency II
Under Solvency II, the technical provisions are calculated using a different method compared to IFRS. In this section the reconciliation between IFRS and Solvency II is described.

Similar to Non-life
The revaluation for Similar to Non-life (medical expense) is caused by:
- Ex post: € -29,569 thousand;
- The IFRS LAT margin: € -37,144 thousand.

The IFRS technical provisions contains a prudence margin of 10%.

D.3 **Other liabilities**

D.3.1 Valuation of other liabilities
In line with the valuation of assets, the accounting principles for other liabilities used in the Pillar III reports are generally also based on the IFRS as adopted by the EU. Any differences between the valuation methods for IFRS and Solvency II purposes are addressed in detail per liability category. In this paragraph line items 18-21 from the simplified balance-sheet above are described

18. Pension benefit obligations
Not applicable for a.s.r. health basic.

As per 31 December 2020 the contribution to the DB pension scheme ended. On group level a.s.r. has a defined contribution plan for own staff in place as of 1 January 2021. Current costs for the OTSO's are included in operating expenses.

19. Deferred tax liabilities
See 3. Deferred tax assets.

20. Subordinated liabilities
In IFRS the perpetual hybrid loans are classified as equity as there is no requirement to settle the obligation in cash or another financial asset or to exchange financial assets or financial liabilities under conditions that are potentially unfavourable for a.s.r. health basic. In the second quarter of 2021, a tier 2 loan of € 9 million was provided bij a.s.r. holding.

According to IFRS, the perpetual hybrid loans are measured at amortized cost. For the purpose of Solvency II, they are both measured at fair value.

Directed by the regulator in Solvency reporting the perpetual hybrid loans are classified as subordinated liabilities.

21. Other liabilities

Other Liabilities contains different small line items:

Insurance and Intermediaries payables
The valuation of these liabilities follows the Solvency II fair value hierarchy as described in paragraph D.1.1 This category is subject to the same valuation as the asset category Cash and Cash equivalents.

Trade payables (non-insurance)
The valuation of these liabilities follows the Solvency II fair value hierarchy as described in paragraph D.1.1 This category is subject to the same valuation as the asset category receivables.

Any other liabilities not disclosed elsewhere
The valuation of these liabilities follows the Solvency II fair value hierarchy as described in paragraph D.1.1. This item consists primarily of tax payables.

Contingent liabilities
Contingent liabilities are defined as:
- a possible obligation depending on whether some uncertain future event occurs, or
- a present obligation but payment is not probable or the amount cannot be measured reliably.

Contingent liabilities are recognised on the IFRS balance sheet if there is a probability of >50% that the contingent liability leads to an "outflow of resources". These liabilities are also recognised on the Solvency II balance sheet.

Solvency II prescribes that all contingent liabilities be recognized on the Solvency II balance sheet. This covers cases where the amount cannot be measured reliably or when the probability is <50%. For these cases, a regular process is in place to determine whether contingent liabilities should be recognised on the Solvency II balance sheet.

The a.s.r. health basic Solvency II capital ratio does not include contingent liabilities.

D.3.2 Reconciliation from Solvency II equity to EOF

The differences described in the above sections are the basis for the reconciliation of IFRS equity to equity Solvency II. To reconciliate from Solvency II Equity to EOF, the following movements are taken into consideration:

Subordinated liabilities
In accordance with the Delegated Regulation the subordinated liabilities are part of the EOF. Further information of this liabilities is described in section E.

Foreseeable dividends and distributions
Not applicable for a.s.r. health basic.

Deductions for participations in financial and credit institutions
Not applicable for a.s.r. health basic.

Tier 3 Limitation
In accordance with the Delegated Regulation EOF is divided in tiering components. There are boundary conditions related to the size of these components. Excess of this limits results in capping of EOF. For a.s.r. health basic capping does not apply per year-end 2021.

D.4 **Alternative methods for valuation**

a.s.r. health basic does not apply alternative methods for valuation.

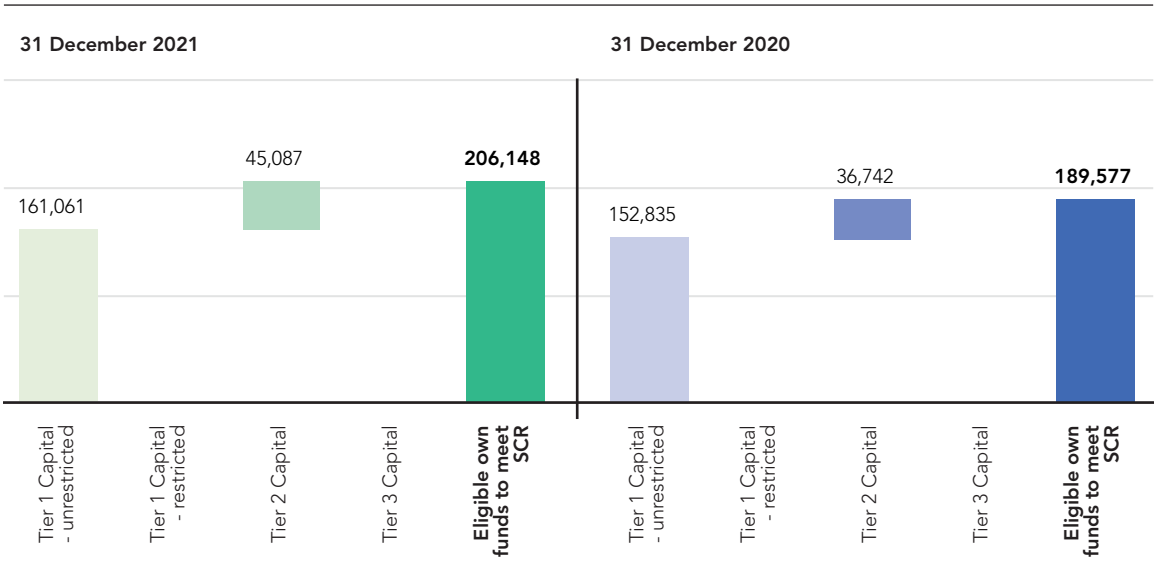
D.5 **Any other information**

Not applicable for a.s.r. health basic.

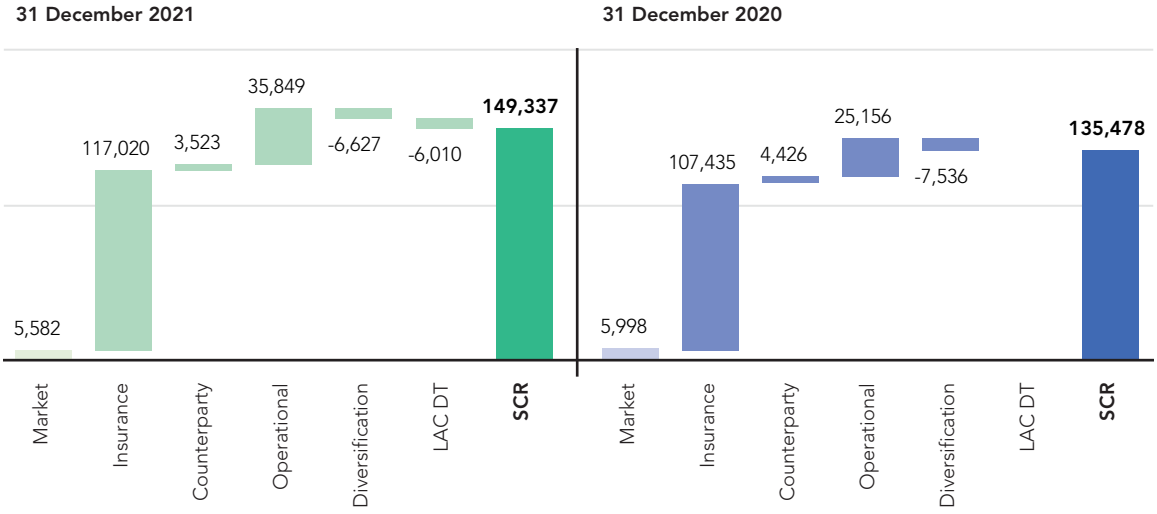
E Capital management

Key figures

Eligible own funds



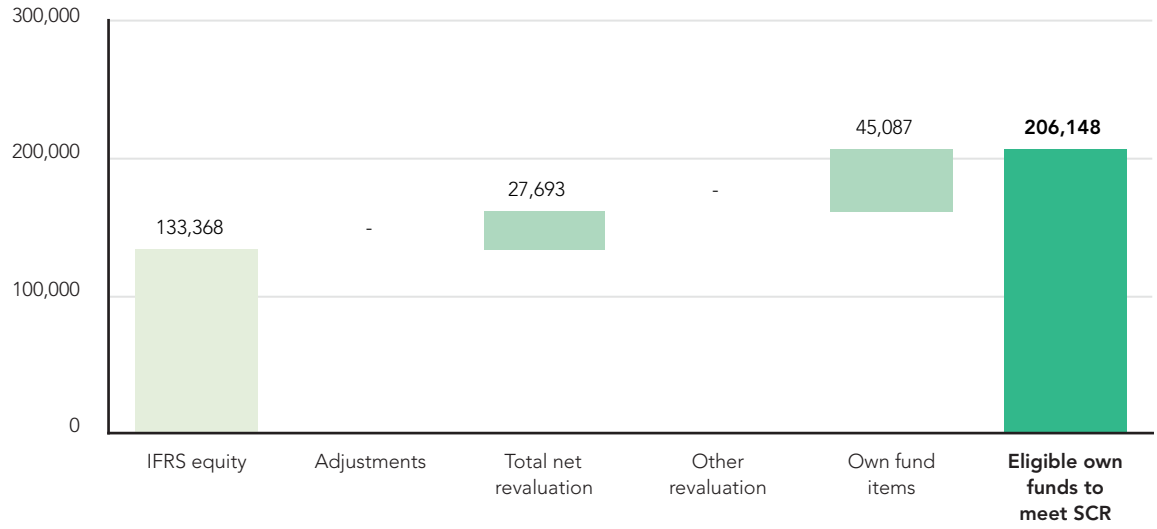
SCR



The solvency ratio stood at 138% as at 31 December 2021 based on the standard formula as a result of € 206,148 thousand EOF and € 149,337 thousand SCR.

As a result of the portfolio growing in 2021, the SCR (insurance risk) increased. For this reason an extra tier 2 loan of € 9 million was issued in 2021.

Reconciliation total equity IFRS vs EOF Solvency II



The replacement of the IFRS provision for the best estimate and risk margin, increases EOF by € 27,693 thousand. This is after tax-impact of 25.8%. The own funds items amounted to € 45,087 thousands in 2021 and includes the above mentioned extra tier 2 loan.

An extensive explanation of the reconciliation from IFRS equity to Solvency II eligible own funds was presented in section D.3.2

E.1 **Own funds**

E.1.1 Capital management objectives

Management

Overall capital management is administered at group level. a.s.r. currently plans to consider investing capital above the Solvency II ratio (calculated based on the standard formula) of 160% (management threshold level) with the objective of creating value for its shareholders. If and when a.s.r. operates at a level considerably above the management threshold level and it believes that it cannot invest this capital in value-creating opportunities for a prolonged period of time, it may decide to return (part of this) capital to shareholders. If a.s.r. chooses to return capital, it plans to do so in a form that is efficient for shareholders at that time.

a.s.r. health basic does not have a management target. a.s.r. actively manages its in-force business, which is expected to result in free capital generation over time. Additionally, business improvement and balance sheet restructuring should improve the capital generation capacity while advancing the risk profile of the company. The legal entities are individually capitalised and excess capital over management's targets for the legal entities is intended to be upstreamed to the holding company as far as is needed for amongst others covering external dividend, coupon payments on hybrids/senior financing instruments and holding costs and in so far the local regulations and the internal risk appetite statement allow.

Objectives

The group is committed to maintain a strong capital position in order to be a robust and sustainable insurer for its policyholders and other stakeholders. The objective is to maintain a solvency ratio well above the minimum levels as defined in the risk appetite statements and above the relevant management threshold levels. Sensitivities are periodically performed for principal risks and annual stress tests are performed to test a.s.r.'s robustness to withstand moderate to severe scenarios. An additional objective is to achieve a combination of a capital position and a risk profile that is at least in line with a "single A" rating by Standard & Poor's.

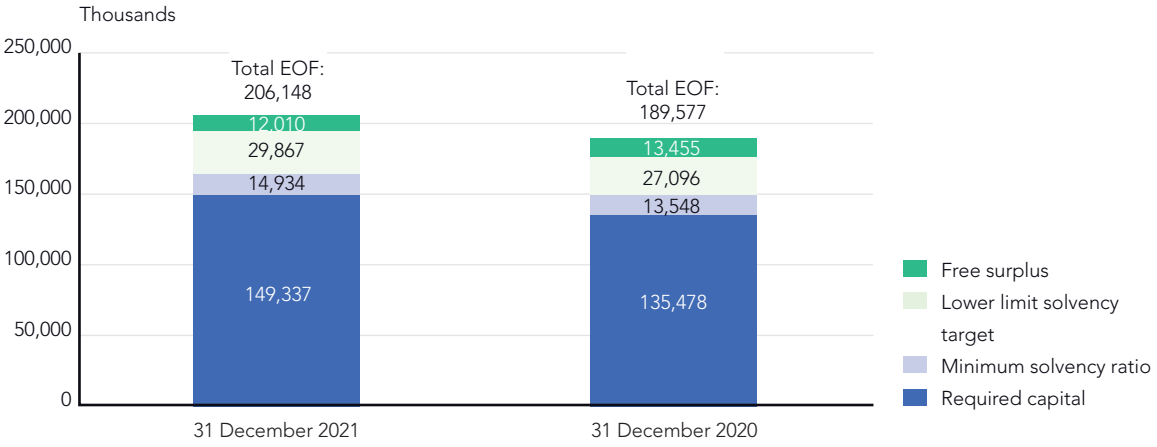
The SCR is reported on a quarterly basis and proxies are made on both a monthly and weekly basis. The internal minimum solvency ratio for a.s.r. as formulated in the risk appetite statement is 110%. The lower limit solvency target is 130%. For a.s.r. health basic a management threshold is not applicable as a.s.r. health basic thinks it is inappropriate to distribute dividend from the compulsory health insurance. The solvency ratio stood at 138% at 31 December 2021, which was above the internal requirement of 110%.

In accordance with a.s.r.'s dividend policy, the liquidity of the underlying entities is not taken into account for the liquidity position of the group. However, the capital is recognised in the capital position of the group, since a.s.r. has the ability

to realise the capital of this OTSO, for example by selling the entity. Specifically regarding a.s.r. health basic in 2021, no dividend or capital withdrawals have taken place.

The table below shows how the eligible own funds of a.s.r. health basic relate to the different capital targets.

Market value own funds under SCR



E.1.2 Tiering own funds

The table below details the capital position of a.s.r. health basic as at the dates indicated. With respect to the capital position, Solvency II requires the insurers to categorise own funds into the following three tiers with differing qualifications as eligible available regulatory capital:

- Tier 1 capital consists of Ordinary Share Capital and Reconciliation reserve.
- Tier 2 capital consists of ancillary own funds and basic Tier 2. Ancillary own funds consist of items other than basic own funds which can be called up to absorb losses. Ancillary own fund items require the prior approval of the supervisory authority. a.s.r. health basic has no ancillary own fund items. Basic Tier 2 capital increased to € 45,087 thousand due to an extra Tier 2 loan of € 9,000 thousand in 2021.
- Tier 3 consists of Deferred tax assets. a.s.r. health basic has no Tier 3 own fund items. a.s.r. health basic has a deferred tax liability of € 9,933 thousand.

The rules impose limits on the amount of each tier that can be held to cover capital requirements with the aim of ensuring that the items will be available if needed to absorb any losses that might arise.

Eligible Own Funds to meet the SCR

	31 December 2021	31 December 2020
Tier 1 capital - unrestricted	161,061	152,835
Tier 1 capital - restricted	-	-
Tier 2 capital	45,087	36,742
Tier 3 capital	-	-
Eligible own funds to meet SCR	**206,148**	**189,577**

E.1.3 Own funds versus MCR

The MCR calculation is based on the standard formula.

Eligible Own Funds to meet the MCR

	31 December 2021	31 December 2020
Tier 1 capital - unrestricted	161,061	152,835
Tier 1 capital - restricted	-	-
Tier 2 capital	12,771	9,226
Tier 3 capital	-	-
Eligible own funds to meet MCR	**173,832**	**162,061**

The eligible own funds to meet the MCR are lower than for the SCR due to tiering restrictions (20% of the MCR).

According to Delegated Regulation article 248 to 251the MCR (€ 63,855 thousand) of a.s.r. health basic is calculated as a linear function of premiums, technical provisions and capital at risk.

E.1.4 List of hybrid loans

The EOF of a.s.r. health basic contains subordinated loans. Details of these loans are shown in the table below.

List of hybrid loans

Nr	Description	Nominal amount	Issue date	Tiering
1	ASR_6,5%_29-03-2049	10,000	29-03-2019	2
2	ASR_5,5%_19-12-2049	9,000	19-12-2019	2
3	ASR_4,2%_30-12-2030	17,000	30-11-2020	2
4	ASR_4,2%_30-06-2031	9,000	30-06-2021	2

E.2 **Solvency Capital Requirement**

Capital requirement

The required capital stood at € 149,337 thousand per 31 December 2021. The required capital (before diversification) consists for € 5,582 thousand out of market risk, the insurance risk amounted to € 117,020 thousand, operational risk was € 35,849 thousand and counterparty default risk amounted to € 3,523 thousand as per 31 December 2021.

a.s.r. health basic complied during 2021 with the applicable externally imposed capital requirement. The table below presents the solvency ratio as at the date indicated. The Solvency II ratios presented are not final until filed with the regulators.

Eligible Own Funds to meet the SCR

	31 December 2021	31 December 2020
Eligible Own Funds Solvency II	206,148	189,577
Required capital	149,337	135,478
Solvency II ratio	**138%**	**140%**

Under Solvency II it is permitted to reduce the required capital with the mitigating tax effects resulting from a 1-in-200-year loss ("Shock loss"). There is a mitigating tax effect to the extent that the Shock loss (BSCR + Operational risk) is deductible for tax purposes and can be compensated with taxable profits. This positive tax effect can only be taken into account when sufficiently substantiated ('more likely than not'). a.s.r. included a beneficial effect on its solvency ratio(s) due to the application of the LAC DT. The LAC DT benefit for a.s.r. health basic is € 6,010 thousand (2020: nil).

a.s.r. uses an advanced model for the LAC DT of both a.s.r. life and a.s.r. non-life and a 'basic' model for a.s.r. health basic and supplementary. In the advanced model future fiscal profits are used to underpin the LAC DT, while in the basic model no future profits are used. Both models are and will be updated in case constrained by additional guidance or legislation provided.

On 22 September 2021 the European Commission adopted a 'review package' of Solvency II legislation. It consists of various changes to the Solvency II framework, affecting most notably the liability discount curve, the risk margin and the volatility adjustment (VA). The next step is for the European Parliament and the Member States in the Council to

negotiate the final legislative texts on the basis of the Commission's proposals. It is expected that the changes will come into effect in 2024 at the earliest and that some measures will include a phase-in period. Quantitative impact of the EC proposal has been analysed and appears to be more favourable compared to the earlier EIOPA advice, but a conclusion is only possible after specifications have been finalised.

E.3 **Use of standard equity risk sub-module in calculation of Solvency Capital Requirement**

The transitional measure for equity risk applies for shares in portfolio at 01-01-2016. The SCR equity shock is 22% at 01-01-2016, and linear increasing to (i) 39% + symmetric adjustment for type I shares and (ii) 49% + symmetric adjustment for type II shares.

The equity risk for a.s.r. health basic is very limited and is the result of a forced conversion. Therefore, the transitional measure for equity risk has no impact on the level of equity risk.

E.4 **Differences between Standard Formula and internal models**

a.s.r. solvency is governed by a standard formula, rather than the self-developed internal model. The EB believes that this should enhance transparency and consistent interpretation.

E.5 **Non-compliance with the Minimum Capital Requirement and non-compliance with the Solvency Capital Requirement**

As a.s.r. health basic has not faced any form of non-compliance with the Minimum Capital Requirement or significant non-compliance with the Solvency Capital Requirement during the reporting period or at the reporting date, no further information is included here.

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