Risk Based Capital and Solvency Directive, 2026 (2083)

Date of Approval

2083/04/19

Preamble**:** Whereas, it is expedient to ensure that insurers maintain a capital adequacy level commensurate with their risk profiles in order to make sure that they have enough financial resources to withstand financial difficulties, in such a manner that they have in place a sound system of governance, in particular a robust risk management system and prudent written underwriting, investment and asset-liability management policies,

Whereas, the Nepal Insurance Authority issued the Risk Based Capital and Solvency Directive, 2022 (2078) setting out the legal framework to move the Nepali insurance market towards an RBC framework compliant with international insurance supervisory practices and having in mind the current situation of that market and its capabilities to move forward,

Whereas, the experience gained during the two first years of application of the new Risk Based Capital framework confirmed the appropriateness of its approach and shown a material progress of the Nepali insurance market in the understanding and insertion in its governance of the high-level basements of the Nepali RBC framework,

Whereas, that progress made possible to replace some simplifications of the initial Nepali RBC framework, increasing its alignment with the best international practices, and for that purpose partial amendments where put in place, previous consultation with the industry, with the Risk Based Capital and Solvency Directive, 2024 (2081) and 2025 (2082),

Whereas, it is possible and desirable to continue the introduction of new improvements and clarifications for a more accurate and homogenous measurement of risks, to foster better risk management and for a meaningful contribution of the ORSA process to a good governance of insurers and reinsurers,

Whereas, since the amendments to be introduced are essential and for a more secure legal reference, it is considered better to approve a consolidated Directive rather than a list of amendments. In this way, insurers and reinsurers have a single text of reference,

In exercise of the powers conferred by Section 166 of the Insurance Act, 2022, Nepal Insurance Authority has issued the following directive.

Chapter-1

Preliminary

1. Short Title and Commencement: (1) This Directive shall be called the "Risk Based Capital and Solvency Directive, 2026".

(2) The Directive shall come into force from the date of approval by Nepal Insurance Authority.

Chapter-2

Definition

2. Definition: Unless the subject or the context otherwise requires, in this directive, -

(a) "Act" means the Insurance Act, 2022 (2079 BS).

(b) "Authority" means Nepal Insurance Authority.

(c) "Available capital resources'' means the excess of assets over liabilities, plus the additions minus the deductions set out in Annexure IV and after the application of the limits set out in Annexure.

(d) "Climate-change related risks or climate risks" means the risks posed by the exposure of an insurer to transition, physical and/or liability risks caused by or related to climate change. The transition, physical and/or liability risks may be defined as:-

(1) Transition risks means risks that arise from the transition to a low-carbon and climate-resilient economy,

(2) Physical risks mean risks that arise from the physical effects of climate change, and

(3) Liability risk means the risk of claims arising under liability policies, as well as direct actions against insurers, for failing to manage climate risk.

(e) "Counterparty default risk" means the risk of adverse changes in the value of capital resources due to unexpected changes in the actual default as well as in the deterioration of obligor's credit worthiness short of default.

(f) "Future discretionary benefits (FDB)" means all non-guaranteed benefits, any future expected payments to policyholders or beneficiaries derived from their participation which meets all of the following criteria: -

(1) Its source is either realized or unrealized returns of an identified basket of assets,

(2) It is based either according to the terms of the insurance contract or based on a commercial or other statement of the insurer,

(3) It is paid either at the end of the insurance contract or whenever the policyholder exercises any of the options of the contract,

(4) It is uncertain in either the timing of the payment or its amount or both.

Index-linked and unit-linked benefits shall not be considered as future discretionary benefits or bonuses (FDB).

(g) "Future management action" means any action that the administrative, management or supervisory body of an insurer or reinsurer may expect to carry out under specific future circumstances;

(h) "Guaranteed benefits" means any benefits to which policyholders are already individually and unconditionally entitled as at the valuation date, including extra benefits from realized profits, irrespective of how the benefits are described.

(i) "Insurer" means a corporate body registered and licensed under the Act and also includes the terms Micro life, Micro non-life, and Re-insurer.

(j) "Insurance risk" means the risk of adverse change in the value of capital resources due to unexpected changes in the assumptions of pricing or reserving for insurance liabilities such as severity, frequency, trend, volatility or level of occurrence rates.

(k) "Look-through" means the approach used to properly assess the risks of the assets underlying the investment vehicle, the risk inherent in collective investment funds and other indirect exposures, so that their economic substance is taken into account.

(l) "Market risk" means the risk of adverse change in the value of capital resources due to unexpected changes in the level or volatility of market prices of assets and liabilities. It consists of interest rate risk (includes asset-liability mismatching risk and liquidity risk), equity risk, exchange rate (currency) risk and property risk. Market risk shall also include the liquidity risk from asset liability mismatching, which is the risk that an insurer is unable to realize its investments and other assets in a timely manner in order to meet its financial obligations, including collateral needs, as they fall due.

(m) "Minimum capital requirement (MCR) level" means the capital level that serves as the ultimate safety net for the protection of policyholders. The MCR acts as the level of solvency at which, if breached, the supervisor would invoke its strongest actions, in the absence of appropriate corrective action by the insurer.

(n) "Margin over the best estimate (MOBE)" means the amount calculated to reflect the estimated measure of uncertainty inherent in the cashflows associated with fulfilling an insurer's insurance obligations, over the full period of those obligations and to the extent which this uncertainty is borne by the insurer and not the policyholder.

(o) "Non-participating business (without profit)"means those insurance contracts that do not form part of participating business (with profit).

(p) "Operational risk" means the risk arising from inadequate or failed internal processes or systems, behavior of personnel, or from external events. Operational risk includes legal risk and the portion of custody risk that impacts insurers but excludes strategic and reputational risk.

(q) "Participating business (with profit)" means an insurance contract providing the policyholders or beneficiaries with future payments based on the realized or on the unrealized returns of an identified basket of assets, either those payments correspond to a guaranteed benefit or to a future discretionary benefit or bonus (FDB).

(r) "Proportionality" means that while retaining the objectives set out in Annexure I of this Directive, smaller or less complex insurers may be allowed to apply simplified solvency requirements. Capital requirements shall be appropriate to the nature, scale and complexity of the risks that insurers face and should be fair to all market players. Insurance Authority may issue provisions regarding the application of the principle of proportionality.

(s) “Quantitative Regulatory Reporting Templates (QRRT)” means the templates issued by the Authority for Risk Based Capital reporting purposes and the Risk Based Capital Valuation Note related to those templates.

(t) "Reinsurance assets" means the reinsurance deposit balance apart from the reinsurance claim recoverable, including deferred reinsurance expense (unearned premiums recoverable) and adjustment expenses recoverable from reinsurers.

(u) "Risk based capital (RBC)" means the regulatory required capital (target level) which measures the minimum level of capital of insurers based on their risk profiles and serves as an early warning signal for Authority.

(v) “Spread risk” means the risk of adverse changes in the value of assets, liabilities and financial instruments to changes of any source in the level or in the volatility of credit spreads over the risk-free interest rate term structure.

(w) "Technical (or policy) provisions for life business" means the liability amounts which consist of non-participating business (without profit) and guaranteed participating business (with profit) and non-guaranteed business (future discretionary benefits). This is the sum of best estimate reserves and margin over best estimate reserves.

(x) "Technical (or policy) provisions for non-life business" means the liability amounts which consists of best estimate reserves and margin over best estimate reserves for the homogenous risk groups.

Chapter-3

General Provisions

3. Scope: (1) This Directive shall refer to the assessment of the solvency position of the insurer.

(2) The Authority shall set out the principles and methodologies on the application of the Directive, and provide guidance on the application of the proportionality principle and the specification of simplified methods.

Chapter-4

Valuation, Risk Based Capital, Available Capital and Risk Management

4. Valuation of Assets and Liabilities for Solvency Purposes: (1) Assets of insurers shall be valued at market value, which shall be assessed in accordance with the provisions on fair value of the Insurance Act, 2022 (2079), Nepal Financial Reporting Standards, Actuarial Principles and Financial Statements Directives.

(2) Liabilities shall be valued at the amount for which they could be transferred or settled between knowledgeable willing parties and independent of each other, including an adequate allowance of the uncertainties related to all relevant future cash-flows considered in the valuation.

(3) Valuation of assets and liabilities shall be undertaken on a consistent basis, in a reliable, decision useful and transparent manner.

(4) The Authority shall set out the principles, actuarial techniques and methodologies of the market consistent valuation and the methodology for the relevant interest rate curves in estimating policy provisions as per Annexure II.

5. Risk Based Capital: (1) The insurer shall have adequate and unencumbered capital resources and maintain a regulatory capital level that reflects its own risk profile considering the nature, scale and complexity of the risks, on a going concern basis.

(2) A total balance sheet approach shall be applied in the assessment of relevant material risks on the insurer's overall financial position as appropriately and adequately recognized in an open and transparent process.

(3) The RBC approach as set out in Annexure III consists of capital charges for counterparty default, market, life insurance, non-life insurance, catastrophic and operational risks and the Authority shall set out the principles and methodology for the calculation of required capital.

(4) Catastrophic risks shall include, among others, exposures from earthquake, flood, landslides, storm and hail that may be addressed and measured on the basis of catastrophic modeling, as a separate component under the RBC.

6. Available Capital Resources: (1) Technical provisions and risk-based capital shall be covered by adequate and appropriate assets as set out in Annexures III and IV, having regard to the nature and quality of those assets and the Authority may consider applying restrictions or adjustments as prudential filters in order to improve the quality of capital resources.

(2) The RBC approach shall identify at least two tiers of capital, based on the eligibility criteria to appropriately reflect the quality of capital resources and the ability of those resources to absorb losses, as tier 1 and tier 2.

(3) The Authority may identify sub-tiers within each tier and set out specific limits for those sub-tiers.

7. Solvency Control Levels and Ladder of Intervention: (1) The Directive includes solvency control levels as per Annexure VI which trigger different degrees of intervention by the Authority with an appropriate degree of urgency and requires coherence between the solvency control levels and the associated corrective actions at the disposal of the Authority.

(2) While taking corrective actions, Authority has the minimum power to impose the following:-

(a) Restriction on business activities and financials:

1. Prohibiting the insurer from issuing new policies,
2. Withholding approval for new business activities or acquisitions,
3. Restricting activities of a subsidiary where, in its opinion, such activities jeopardize the financial situation of the insurer,
4. Requiring measures that reduce or mitigate risks, redesigning investment and reinsurance strategy,
5. Requiring an increase in capital,
6. Restricting or suspending cash dividends or other payments to shareholders,
7. Restricting purchases of the insurer's own shares.

(b) Restructuring:

1. Arranging for the transfer of obligations under the policies from a failing insurer to another insurer,
2. Restructuring of board members or senior management,
3. Barring individuals acting in responsible capacities from such roles in the future,
4. Reducing or mitigating risks, redesigning investment and reinsurance strategy.

(3) Consistently with its Own Risk Solvency Assessment, the insurer shall set an Internal Target Capital Level that reflects its own risk profile and risk management practices.

8. Risk Management: (1) Insurers shall have in place an effective risk-management system as set out in Annexure V, comprising strategies, processes and reporting procedures necessary to identify, measure, monitor, manage and report, on a continuous basis the risks, at an individual and at an aggregated level, to which they are or could be exposed, and their interdependencies.

(2) Insurers shall have in place a risk-management function which shall be structured in such a way as to facilitate the implementation of the risk-management system.

(3) The risk-management system and its written policy shall cover at least the following areas applying:

(a) underwriting and reserving,
(b) asset–liability management,
(c) investment, in particular derivatives and similar commitments,
(d) liquidity and concentration risk management,
(e) operational risk management,
(f) reinsurance and other risk-mitigation techniques.

(4) With respect to investments, the insurer's risk-management system shall cover all related and material risks associated with investment activities that may affect the liabilities and capital positions, including market (equity risk, interest rate risk, and currency risk, spread risk and concentration risk), counterparty default and liquidity risks.

(5) With respect to asset-liability management, the insurer shall have a risk management policy that includes an explicit asset-liability management (ALM) policy that clearly specifies the nature, role and extent of ALM activities and their relationship with product development, pricing functions and investment management.

(6) The risk-management system shall include the environmental and social sustainability risks and factors.

(7) In this respect the insurer shall have an adequate process for identifying and assessing climate-change related risks, that are integrated into the system of governance and risk management, its own risk solvency assessment and its decision-making process of the insurer.

(8) The insurer shall consider both physical, transition and liability risks derived from climate change related risks.

(9) As part of its risk-management system, the insurer shall perform its own risk solvency assessment, on a continuous basis and at all levels and activities of the insurer taking into account the specific risk profile, as an integral part of its business strategy; the own risk solvency assessment shall give regard to:

(a) the compliance on a continuous basis with the regulations on technical provisions and capital requirements,
(b) an assessment of whether the legally binding capital requirements are appropriate considering the risks the insurer is exposed to,

(c) the overall solvency needs of the insurer, taking into account the specific risk profile, approved risk tolerance limits and the business strategy of the insurer.

(10) The insurer shall perform this assessment of risks and its capital needs from the widest possible perspective, in particular taking into account both quantitative and qualitative risks, both current and emerging risks, both short and medium-long term risks and also considering risks captured in the calculation of the capital requirement or those only partially captured or not captured at all.

(11) Insurers shall at a minimum manage their risks based on the Risk Management Guidelines and any additional guidelines that the Authority will issue as and when required.

(12) Further details on Risk Management shall be as per Annexure V.

Chapter-5

Bonus Declaration and Allocation of Surplus

9. Provision for Bonus Declaration:

(1) The life insurer shall use the technical reserve derived from the best estimate liability and margin over best estimates, without transitional provisions (Paragraph 8 of Annexure II), for the declaration of bonuses.

The Authority shall accept the policyholder's bonus calculation based on the surplus calculated using transitional provisions if recommended by the insurer's appointed actuary. However, the insurer's appointed actuary must ensure that the declared bonus using transitional benefits is sustainable.

(2) The bonus rate to be provided to the policyholder as per the actuarial valuation report approved by the Authority shall be effective from the first day of the reporting year.

(3) The insurer shall apply the most recent bonus rate approved by the Authority as an interim bonus until a new bonus rate is approved.

10. Allocation of surplus:

(1) The calculation of the life insurance technical provisions shall be consistent with the regulations governing the allocation of savings or surplus, including, but not only, the regulations set out in the Insurance Act 2079.

(2) In every financial year, 100% of surplus arising in the Non-Participating Policies account which is determined at the valuation date by the Insurer's appointed actuary and approved by the Nepal Insurance Authority, may be transferred to the shareholders' fund.

(3) The surplus arising in a key product line shall be used to declare bonuses for that product line only. Unallocated surplus of a key product line shall be used for the purpose of bonus declaration under the respective key product line only. Also, if the Appointed Actuary makes use of the unallocated surplus brought forward for declaration of bonus at the valuation date, proper justification shall be provided.

(4) In case of insufficient surplus for a bonus declaration or negative surplus, funds can be transferred from the shareholders' funds. The amount so transferred from the shareholders fund to the policyholders' fund shall not be returned to the shareholders' fund.

(5) In every fiscal year, the Appointed Actuary shall furnish bonus earning capacity for each key product line for which bonus is declared in a separate statement. Bonus declaration must be consistent with the bonus earning capacity, taking into account policyholder reasonable expectation (PRE) and treating customers fairly (TCF). In this regard, the Board of the insurer shall formulate a bonus philosophy in consultation with the Appointed Actuary and furnish to the Authority for its records. The Board of the insurer shall adopt the principle of equity among various categories of policyholders.

Chapter-6

Miscellaneous

11. Technical Committee: (1) A Technical Committee, comprising the following members, shall be constituted and vested with the responsibility for the implementation of RBC requirements, and directly assist the Authority's Board decisions regarding the RBC requirements. The Committee shall have the authority to make decisions and provide recommendations to the Board regarding amendments to the relevant provisions, as well as to advise on supervisory actions based on the ladder of intervention.

Coordinator	Executive Director, NIA
Member	Director, responsible for RBC
Member	Director, responsible for Policy
Member	An Independent Expert
Member Secretary	Deputy Director responsible for RBC

The Authority's Board shall not make any material decisions regarding the RBC requirements without having previously received in writing the opinion of the Technical Committee, which shall be presented to the Board by the Coordinator of the Technical Committee.

(2) Terms of Reference (TOR) for the Technical Committee shall be as follows:

(a) Conduct workshops and training sessions regarding RBC framework,

(b) Collaborate with the international agencies for technical assistance and for updating QRRT and Technical Specification.

(c) Collaborate with other relevant departments of the Authority to ensure effective implementation of RBC.

(d) Provide guidance and respond to queries raised by insurers during the transition period.

(e) Continuously review and advise on the RBC framework's improvements based on supervisory findings, feedback and comments from insurers during transition period.

(f) Advise the Authority's Board to issue supplementary directive as needed to address challenges, provide clarity, and ensure a smooth and effective implementation of the RBC framework in alignment with international standards.

(g) Advise the Authority's Board on the human, training, technological, budgetary and any other resources needed for the successful implementation of the RBC framework, including the support to insurers and reinsurers in accordance with an appropriate supervisory dialogue.

12. Right to Interpret: The Authority reserves the right to interpret any matters, provisions or words used in this Directive in case of any ambiguity in implementation.

13. Right to alter the annexures: The Chairman of the Authority may, as required, make any alteration in and addition to the annexures.

14. Legislation: The Authority may issue guidelines, directions, and other documents in order to ensure better implementation of this Directive and fulfilling the specified objectives.

15. Precedence: In case the provision of this Directive is in contradiction with the provisions of other Directives, provisions stipulated under this Directive shall take precedence.

16. Enforcement (Effective Date): (1) The Directive shall be fully applicable to the insurers from its publication, without prejudice of the transitional provisions allowed in Annexure VII. Life Valuation Directives 2077 and Non-Life Valuation Directive 2076 shall not apply to the assessment of the solvency condition of the insurers.

(2) From the effective date of this Directive, references in the ORSA Directive 2023 (2079) to the RBC Directive 2022 (2078) shall be construed as references to the corresponding provisions of the Risk-Based Capital and Solvency Directive 2026 (2083).

17. Repeal and saving clause: (1) Risk Based Capital and Solvency Directive, 2025 has hereby been repealed.

(2) The acts and actions performed under the Risk Based Capital and Solvency Directive, 2025 shall be deemed to have been performed under this directive.

ANNEXURE-I
GENERAL PROVISIONS

Objectives

(1) The Directive aims to ensure that insurers maintain a capital adequacy level commensurate with their risk profiles to guarantee that they have enough financial resources to withstand financial difficulties, in such a manner that they have in place a sound system of governance, in particular a robust risk-management system and prudent underwriting, investment and asset-liability management policies.

(2) This Directive enables the Authority to review and evaluate whether insurers comply with the rules and requires these insurers to report to the Authority.

(3) The Authority shall set out developing provisions of this Directive where relevant and shall set out the scope of information regarding the solvency condition of the insurer that should be publicly disclosed.

Scope

(4) This Directive is applicable to all licensed insurers and branches of foreign insurers under the supervision of the Authority in accordance with the Insurance Act of Nepal. Unless otherwise stated, the term "insurer" includes reinsurers.

(5) The provisions of this Directive shall take absolute precedence over any other directives with regard to the supervision of the solvency condition of insurers and the industry.

(6) This Directive sets out detailed requirements for applying the solvency framework and covers:

1. Valuation of assets and liabilities
2. Target capital level (Risk Based Capital) and how to set the level of capital for different risk categories
3. Eligibility criteria to define the available capital resources to cover capital requirements
4. Investment and risk management, asset liability management, admissible assets
5. Solvency control levels

ANNEXURE II
VALUATION
(Related to Direction 4)

Valuation of assets

(7) For solvency purposes, the assets of insurers shall be valued in accordance with point (4) of this Directive.

The Authority is empowered to provide guidelines for the valuation of assets and liabilities as part of the Technical Specifications of the Quantitative Regulatory Reporting Templates (QRRT).

Valuation of liabilities, technical provisions for life business

(8) The value of technical (or policy) provisions shall be equal to the sum of a best estimate (Gross Premium Method, prospective valuation method) and a MOBE to reflect the value of the inherent uncertainty in the cash flows related to insurance obligations. Insurers shall use actuarial and statistical techniques for the calculation of the best estimate which appropriately reflects the risks that affect the cashflows applied on a policy-by-policy basis. The best estimate shall not have a zero floor either at policy level or at portfolio level, regardless of the provisions set out in Annexure IV on the available capital resources corresponding to the future profits embedded in the valuation of technical provisions (or reserves).

(9) Cash-flow projections shall reflect expected realistic future demographic, legal, medical, social or economic developments and based on up-to-date and credible information and realistic assumptions. The assumptions on mortality, morbidity, lapse rates, expenses, future inflation and future management actions shall be based on the insurer's experience study, where available.

(10) The calculation of the policy provisions shall take into account the time value of money applying the following procedure:

1. The life insurer shall classify its life insurance contracts into three buckets, according to the asset-liability management policy applied. The Authority shall set out binding criteria for that classification. The Authority may refer those criteria, either in full or partially, to generally accepted international standards.
2. Separately for each of the three buckets of insurance contracts, the life insurer shall calculate the estimated future cash inflows and future cash outflows, and hence the estimated future net cash-flows. The cash-flow projections shall be based at least on annual projections.
3. Net cash-flows for each maturity projected shall be discounted with the discounting interest rate corresponding to such maturity, according to the interest rate curve relevant for each of the three buckets set out in step 1.
    a) The relevant interest rate curves shall be calculated as the risk-free interest rates curve plus a spread specific for each of the three buckets of insurance contracts. The spread shall reflect the yield that may be earned on risk-free basis above the

risk-free interest rates curve, according to the asset-liability management applied to each bucket. The spread may be negative where this is the outcome of current market information.

b) Both the risk-free interest rates curves and the spreads mentioned in the previous point (a), shall be obtained from the market information as of the date of reference of the valuation of the technical provisions. Where necessary, the risk-free interest rate curve and the relevant interest rates curves shall be extrapolated in such a manner that forward rates converge to a long-term forward rate.

4. The Authority shall publish the methodology to calculate the risk-free interest rates curve and the three relevant interest rate curves for each bucket. The Authority may refer, either in full or partially, to generally accepted international methodologies.
   For simplicity, the Nepal Insurance Authority (NIA) has opted to use only a "General Bucket" for all portfolios, for the time being until the NIA issues new guidance.
5. The Authority is authorized to base the methodology on the curves of other currencies provided all of the following conditions are met:
   a. there are not sufficient data regarding the Nepalese risk-free interest rate curve that may be observable in deep, liquid and transparent markets,
   b. it is reasonable to expect a sufficiently similar behavior among the foreign currency used as reference and the local currency of Nepal, and
   c. the methodology applies appropriate adjustments to the risk-free interest rate curve or to the spreads of the foreign currency to take into account relevant financial differences, such as differences in medium-long term inflation or specific financial events.
6. The Authority is empowered to partially implement the three buckets set out in this number, including the power to set the initial application of a single bucket. In exercising this power, the Authority shall consider the market development and the best interest of policy holders.
7. The Risk-Free Interest Rate Term Structure and the spreads for the valuation of fixed-income assets and liabilities for every fiscal year shall be published in the Authority's official website within 30 days from the end of that fiscal year. These are the rates to be used for the assessment of the solvency position of the insurer according to an RBC framework. The Authority is empowered to issue either guidelines or technical specifications to the supervisory reporting templates, setting the requirements that insurers must meet to use their own estimation of the credit spreads. These requirements shall include at least the insurer having fully implemented the Own Risk Solvency Directive, the use of generally accepted financial methodologies, and that the information used to derive the credit spreads is complete, accurate and appropriate for the purpose.

(11) Insurers shall calculate an appropriate MOBE as defined in chapter 2 of this directive, as part of the valuation of policy provisions applying the following:

1. An appropriate allowance for a margin from expected experience is required in the valuation of non-participating life policies, the guaranteed benefits liabilities of participating life policies, and non-unit liabilities of investment -linked policies.
2. The calculation of the MOBE shall assume that the valuation of uncertainty is not lower than the amount derived from a 85 percent of confidence level.
3. All stress-based calculations include only best estimates for determining the pre-stress and post-stress Net Asset Value (NAV) in the calculation of the RBC. The value of the MOBE shall remain unchanged in the non-stressed and the stressed scenarios. MOBE is neither deducted from the capital requirement, nor added to qualifying capital resources.
4. Insurers may calculate on a voluntary basis the MOBE of life insurance business with the cost of capital method (MOBE with CoC method) where complying with all of the following requirements:
    a) the MOBE with CoC method is used in the risk management of the insurer and the ORSA process for all lines of life insurance business.
    b) the insurer has fully implemented a robust ORSA process, the relevant regulations on risk management and key functions, and there is appropriate planning of the internal audit function to review MOBE calculation.
    c) MOBE with CoC method does not deliver an amount lower than MOBE with confidence level, and
    d) MOBE with CoC is calculated under the assumption that the financing cost of capital is at least 175% the Nepali risk-free interest rates, and
    e) future risk-based capital requirements corresponding to existing business expected to remain in the future years, are fully considered without any reduction. As a simplification, insurers are allowed to estimate the future risk-based capital requirements as a portion of the risk-based capital requirement at the end of the last financial year completed, considering the decrease in existing business. The decrease in existing business shall be estimated with the decrease in best estimates of life insurance contracts.
    f) other components of the methodology and calculation are applied according to internationally accepted actuarial criteria.

(12) Best estimates shall be calculated gross, without deduction of amounts recoverable from reinsurance contracts, and form part of the liabilities of the solvency balance sheet. Technical provisions corresponding ceded reinsurance form part of the assets of the solvency balance sheet. Notwithstanding the insurer shall maintain appropriate procedures to assess the outcome of its insurance business on net of reinsurance basis.

(13) Life insurers shall value the policy provisions by segmenting into the following two separate accounts:
    (i) Participating Policies Account (with-profit)
    (ii) Non-Participating Policies Account (without-profit)

(14) The valuation method shall take into account all prospective cash-flows arising from future premiums and expenses related to existing insurance contracts. The gross premium method of valuation shall discount the following future policy cash-flows if any, at risk free interest rates as prescribed by this Directive:

(a) premiums payable
(b) benefits payable under the contract
(c) bonuses that have already been vested as at the immediately preceding the valuation date
(d) New bonuses for the inter-valuation period as a result of the valuation at the valuation date
(e) commission and remuneration payable, if any, in respect of a policy to the insurance intermediaries (this shall be based on the current practice of the insurer)
(f) future discretionary benefits, which will include future bonus if any
(g) management expenses

(15) The future premiums and associated claims and expenses linked to those recognized contracts are taken into account up to each contract boundary. The best estimate shall not include the premium, expenses and claims for contracts out of the contract boundaries. The definition of contract boundaries is in accordance with the national GAAP and NFRS 17.

(16) The definition of the contract boundary shall be applied in particular to decide whether options to renew the contract, to extend the insurance coverage to another person, to extend the insurance period, to increase the insurance cover or to establish additional insurance cover gives rise to a new contract or belongs to the existing contract. The insurance contracts are subject to the following boundary constraints, if they exist;

1. contractual termination as extended by any unilateral option available to the policyholder, or
2. the insurer having a unilateral right to cancel or freely re-underwrite the policy, or
3. both the insurer and policyholder being jointly involved in making a bilateral decision regarding continuation of the policy.

(17) Life insurers shall calculate and report the best estimate of participating insurance contracts (with-profit insurance contracts) splitting its amount into two components:

1. the best estimate corresponding guaranteed and allocated benefits, in accordance with the provisions set out in this Annexure, and
2. the best estimate corresponding to future discretionary benefits (FDB) as defined in Chapter 2 of this Directive. This part of the best estimate cannot be negative.

(17a) The amount, timing and probability of future cash flows considered in the valuation of the best estimate of technical provisions, may take into account future management actions of the insurer provided they are realistic and meet all of the following conditions:

i. the assumptions on future management actions are determined in an objective manner;
ii. assumed future management actions are consistent with the insurer's current business practice and business strategy, including the use of risk-mitigation techniques. Where there is sufficient evidence that the insurer will change its practices or strategy, the assumed future management actions are consistent with the changed practices or strategy;
iii. assumed future management actions are consistent with each other;
iv. assumed future management actions are not contrary to any obligations towards policy holders and beneficiaries or to legal requirements applicable to the insurer;
v. assumed future management actions take account of any public indications by the insurer as to the actions that it would expect to take or not.
vi. assumptions about future management actions shall take account of the time needed to implement the management actions and any expenses caused by them.
vii. the insurer has fully implemented ORSA process, the relevant regulations on risk management and key functions, and there is appropriate planning of the internal audit function to review MOBE calculation.

Assumptions about future management actions shall include all of the following:

i. a comparison of assumed future management actions with management actions taken previously by the insurer;
ii. a comparison of future management actions taken into account in the current and in the past calculations of the best estimate;
iii. an assessment of the impact of changes in the assumptions on future management actions on the value of the technical provisions.
iv. Insurers shall be able to explain any relevant deviations in relation to points (i) and (ii) upon request of the Authority and, where changes in an assumption on future management actions have a significant impact on the technical provisions, the reasons for that sensitivity and how the sensitivity is taken into account in ORSA and the decision-making process of the insurer.

The Board of the insurer shall approve comprehensive future management actions written plan, which provides for all of the following:

i. the identification of future management actions that are relevant to the valuation of the technical provisions;
ii. the identification of the specific circumstances in which the insurer would reasonably expect to carry out each respective future management action referred to in point (a);
iii. the identification of the specific circumstances in which the insurer may not be able to carry out each respective future management action referred to in point (a), and a

description of how those circumstances are considered in the calculation of technical provisions;

iv. the order in which future management actions referred to in point (a) would be carried out and the governance requirements applicable to those future management actions;

v. a description of any on-going work required to ensure that the insurer is in a position to carry out each respective future management action referred to in point (a);

vi. a description of how the future management actions referred to in point (a) have been reflected in the calculation of the best estimate;

vii. a description of the applicable internal reporting procedures that cover the future management actions referred to in point (a) included in the calculation of the best estimate. The reporting procedures shall include at least an annual report to the Board of insurer.

(17b) When carrying out the projections for the valuation of the provision for future discretionary benefits:

i. the estimated returns of future premiums derived from existing business and of reinvestments of current assets, shall be consistent with the Nepali risk-free interest rates,

ii. insurers shall not consider any cash flow derived from future insurance contracts,

iii. the assumptions applied to value the provision for future discretionary benefits shall be derived in an objective, realistic and verifiable manner and according to internationally accepted actuarial principles.

iv. the insurer shall consider that unrealized gains not already transferred to policy holders' funds, will be transferred in future into policyholders' funds consistently with Direction 10 of this Directive, unless sufficient justification that unrealized gains at the end of the reported financial year will not generate either current or future surplus. The Authority is empowered to set out the conditions under which that justification is sufficient and the circumstances where it can be applied.

v. unrealized losses may be considered in the projections to calculate the provision for future discretionary benefits only where there is full certainty that the unrealized losses will decrease in the future the surplus to assign to policy holders. For this purpose, the insurer shall consider the relevant regulations, the terms of the insurance contract explicitly referring to the treatment of unrealized gains when setting the policy holders' rights, and the expectations of policy holders.

vi. following the rules set out in this regulation, the insurer shall include in the provision for future discretionary benefits the unallocated surplus, any expected transfer to policy holders from shareholders' funds, and reserves held regarding future discretionary benefits, including the future bonus reserves, if any amount remains. When considering these inclusions, the insurer shall prevent double counting.

vii. Projection of future expenses of the insurer shall consider its decline as actual insurance business runs off according to best estimates, unless there is evidence that the expenses expected in the future and not considered in the projection cannot be charged to future insurance contracts, either due to legal restrictions or practical or competition issues. For this purpose, future insurance contracts shall be considered according to objective, rational and prudent criteria consistent with a prudent estimate of future insurance contracts as approved by the Board of the insurer.

viii. Future management actions of the insurer can be considered in the projections to calculate the provision for future discretionary benefits only where they meet the requirements set out in paragraph (17a) of Annexure II of this Directive.

(18) Where the life insurer cannot calculate the best estimate corresponding FDB by applying stochastic calculations based on generally accepted actuarial techniques, the best estimate of the FDB shall be calculated according to the following rules:

1. For calculation of best estimate, the life insurer shall map into key features, those characteristics, assets, terms (future points in time) and contractual options to which the amount of the best estimate of the with-profit insurance contract is likely to show more sensitivity,
2. the life insurer shall define the relevant scenarios stressing each or several of the key features in an unfavorable direction and to a likely and prudent extent,
3. the life insurer shall calculate the best estimate in each of the unfavorable scenarios. The calculations shall include in the future cash-flows a prudent allowance of the participation of policyholders and beneficiaries in the projected realized and unrealized gains, considering both the terms of the insurance contracts and the expectations derived from the commercial or other statements of the insurer. The maximum best estimate in all the scenarios considered shall be selected.
4. the best estimate corresponding FDB shall be the difference between the best estimate calculated according to the sub-point (3) above and the best estimate corresponding guaranteed benefits, in such manner that the best estimate for FDB shall reflect the current valuation of all payments to policyholders and beneficiaries in addition to the guaranteed benefits.

(19) Life insurers shall assess every year the appropriateness of the mapping into key features. Furthermore, life insurers shall test every three years the sufficiency of the best estimate of FDB and the appropriateness of the mapping into key features. The test shall be carried out using a methodology based on stochastic scenarios according to generally accepted actuarial techniques.

(20) The Authority may set out legally binding deterministic scenarios to use in the valuation of the best estimate corresponding FDB, setting proportional criteria for its application.

(20a) QRRT and the RBC Valuation Note shall be certified by an appointed actuary of insurer.

(20b) The definitions, qualifications, functions, rights and duties and other provisions relating to appointed actuary shall be governed in accordance with the Guideline Related to Actuary Appointment for Insurers 2024.

Valuation of technical provisions for non-life business

(21) Insurers shall segment their insurance liabilities into homogenous risk groups, when calculating insurance liabilities and setting the best estimate assumptions.

(22) Non-life insurers and reinsurers shall value their technical (or policy) provisions using a best estimate approach with an additional margin over the best estimate (MOBE). The best estimate value shall reflect the statistical estimate of the underlying distribution of the insurance liabilities concerned. The best estimate reserves will be the sum of unearned premium reserve (UPR), unexpired risk reserve (URR), outstanding claims reserve (OCR) which will also include incurred but not reported (IBNR) and incurred but not enough reserved (IBNER), and earthquake reserve.

(23) Insurers shall be required to establish appropriate levels of MOBE on the line of business to reflect the value of the inherent uncertainty in the cashflows related to insurance obligations.

1. The calculation of the MOBE shall assume that the valuation of uncertainty is not lower than the amount derived from a 75 percent of confidence level.
2. The value of the MOBE shall remain unchanged in the non-stressed and the stressed scenarios. MOBE is neither deducted from the capital requirement, nor added to qualifying capital resources.
3. The MOBE for non-life insurance may be calculated as ten percent of net best estimates for the 'Engineering' and 'Cattle & Crops' line of business. For rest of the lines of business, the MOBE may be calculated as five percent of the net best estimates. The Authority is empowered to amend this provision according to market developments and to issue the technical specifications regarding the calculation of MOBE.

(24) The cash-flow projections shall comprise all future claim payments and claims administration expenses arising from these events, cash-flows arising from the ongoing administration of the in-force policies and expected future premiums stemming from existing policies.

(25) The valuation shall take into account the time value of money where risks in the remaining period would give rise to claims settlements into the future.

1. Non-life policy provisions shall be calculated applying the same relevant risk-free interest rates curve set out to discount life insurance contracts corresponding to the bucket where no specific asset-liability cash-flow matching technique is applied.

(26) Unearned Premium Reserves (UPR)

1. Unearned premium reserves are the difference between written premiums for all contracts on the balance sheet at the valuation date and earned premiums.

2. UPR shall be calculated on the basis of 1/365th approach and shall be certified by the CEO of the Insurer.
3. In case of marine insurance, without a specified ending period and for one-year policies, if the starting or ending dates of voyages are not known, UPR shall be calculated as the maximum of

   50% of written premiums of last three months, and

   25% of written premiums corresponding to both the voyages with a duration longer than three months during the reported financial year, and the written premiums corresponding voyages whose starting or ending dates have been reported with a delay longer than three months during the reported financial year.
4. For inward reinsurance and retrocession business, UPR shall be calculated on the basis of $1/8^{th}$ method.
5. The terms of the reinsurance agreements in force shall be taken into account in the calculation of the reinsurer share amount. In calculating the net premium, the portion of the amounts paid for non-proportional reinsurance agreements corresponding to the relevant period is considered as the premium transferred to reinsurer.

(27) Unexpired Risk Reserve (URR)

1. The URR, which is the provision for unexpired risks also termed as premium deficiency reserve, measures the amount needed to cover the expected future claims and expenses that may arise from the unexpired portion of the policy.
2. The URR shall be calculated separately for each line of business according to the following methodology:
   a) For each line of business separately and only for the policies that are in force at the date of reference of the calculation, the non-life insurer shall calculate the combined ratio corresponding the period of time of the policy that has already run. The combined ratio is the relationship among on the one hand the claims and related expenses attributable to a line of business and on the other hand the gross written premiums of that line of business. Insurers shall have in place objective, reasonable and verifiable criteria for the allocation of expenses to lines of business. Those criteria shall be maintained in time unless justified reasons for their amendment.
   b) The combined ratio calculated according to point (a) shall be increased in a prudent amount, where there are events, internal or external to the insurer, that will likely increase the claims or related expenses to be incurred during the period of unexpired risk, and those events have not had a material impact on the claims and related expenses corresponding the period of time already run.
   c) The URR shall be equal to the UPR multiplied by the excess of the combined ratio above the percentage of the corresponding premium set out in the actuarial basis of the pricing of the insurance contracts.

d) In absence of actuarial basis, the URR shall be equal to the UPR multiplied by the excess of the combined ratio above 100%.

(28) Outstanding claims reserves (OCR)

1. Best estimate reserves for claims outstanding shall include future payments in relation to all claims having occurred before or at the valuation date – whether the claims arising from these events have been reported or claims incurred but not reported (IBNR), claims incurred but not enough reserved (IBNER).
2. The cash-flow projections shall comprise all future claim payments as well as claims administration expenses, loss adjustment fees, legal fees arising from these events when settling these claims.
3. Insurers shall make adequate reserve in the accounts for a claim, which it has not fully settled, on the basis of the particulars of the claim. Where the particulars of a claim intimation are insufficient at the time of entering a claim in the register of claims to enable the insurer to estimate its liability in respect of that claim, it shall make, in respect of that claim, a reserve which is not less than the average amount paid during the preceding financial year for a claim of that class or description.
4. Insurers shall make adequate reserve for legal fees which may be incurred to defend its repudiation of a claim where the claim is, without any doubt, outside the scope of its policy, and the reserve may be written back only if there are no developments with regard to the claim for at least 12 months following the repudiation.
5. In estimating of IBN(E)R reserves actuarial methods can be used such as;
    a) Methodologies based on the projection of run-off triangles, usually constructed on an aggregate basis, Chain Ladder (CL) Method,
    b) Methodologies based on the estimation of the expected loss ratio or other relevant ratios, Bornhuetter Ferguson (BF) Method,
    c) Frequency/severity models, where the number of claims and the severity of each claim is assessed separately.
6. Best estimate of incurred but not (enough) reported claims (IBN(E)R) shall reflect up-to-date and credible information and realistic assumptions based on the insurer's experience study, where available, related to expenses, claims escalation, discounting, development factors and ultimate loss ratios selected, and reinsurance and non-reinsurance recoveries.
7. IBN(E)R for each year of occurrence and the figures shall be aggregated to arrive at the ultimate reserve amount and shall be calculated on both net of reinsurance and gross of reinsurance basis. The solvency balance sheet shall reflect separately the gross IBN(E)R in its liability side and the IBN(E)R recovered from reinsurance in the asset side.
8. Appointed Actuary shall take into account the following circumstances when calculating the best estimate, among other:

a) in selecting the data to use, correcting its errors and deciding the treatment of outliers or extreme events
b) in adjusting the data to reflect current or future conditions, and adjusting external data to reflect the insurer's features or the characteristics of the relevant portfolio
c) in selecting the time period of the data
d) in selecting realistic assumptions
e) in selecting the valuation technique or choosing the most appropriate alternatives existing in each methodology

(29) Earthquake reserve (or Equalization reserve)

1. Earthquake reserve is the accumulation of earthquake premiums and shall be calculated as 15% of net accumulation of earthquake premiums (Earthquake Premium Reserve (EPR)).
2. Any earthquake premium contributed to the EPR must remain in the reserves, up to the 150% of the highest gross premium amounts of the last 5 years.
3. In the case where the earthquake coverage premium is implicitly included in an overall policy premium, the insurer shall be able to allocate earthquake premiums specifically attributed to earthquake coverage.
4. The Authority shall reassess the annual net accumulation and the targeted total reserve set out in points (1) and (2), considering the frequency of earthquakes and their losses net of reinsurance for the Nepalese insurers and any other relevant criteria.

ANNEXURE III
RISK BASED CAPITAL
(Related to Direction 5)

Section 1. Overall Risk based capital requirement

(30) Insurers shall have adequate disposable and unencumbered capital resources and keep the regulatory capital level that reflects their own risk profile considering the nature, scale and complexity of their risks.

(31) Risks are measured using two approaches to calculate the RBC: a stress approach and a factor-based approach. The stress approach measures the insurer's current balance sheet pre-stress and the insurer's balance sheet post-stress. The factor-based approach is determined by applying factors to specific exposure measures. Where the calculation of the capital charge is based on stressed scenarios all of the following assumptions shall be made in that calculation:

a) the scenario does not change the amount of the margin over the best estimate (MOBE) included in the technical provisions;
b) the scenario does not change the value of deferred tax assets and liabilities;
c) the scenario does not change the value of future discretionary benefits included in technical provisions;
d) no management actions are taken by the insurer during the scenario;
e) the scenario calculations shall take account of the impact of the scenario on the value of any relevant risk mitigation instruments allowed to reduce the RBC requirement. In the case of non-qualifying reinsurance, receivable assets shall be valued at nil while liabilities shall be reassessed only where their amount increases because of the scenario.

Where the scenario would result in an increase in the net asset value of insurers, the calculation of the module or sub-module shall be based on the assumption that the scenario has no impact on the net asset value.

(32) The RBC requirement consists of capital charges for counterparty default, market, life insurance, non-life insurance and operational risks aggregated while recognizing diversification benefits, and a prudent allowance for the loss absorbing capacity of deferred taxes, in the following manner:

$$Total\ RBC = \sqrt{V * CorrelMatrix * V'} + RBC_{OPR} - LAC\_DT$$

Where,

V is the vector row $[RBC_{Counterpart}; RBC_{Market}; RBC_{Life}; RBC_{Non\text{-}life}]$,

CorrelMatrix is the correlation matrix set out in this section

V' is the vector column transposed of V

RBC_{OPR} is the capital charge for operational risk

$RBC_{Counterpart}$ is the capital charge for counterparty default risk

RBC_{Market} is the capital charge for market risk

RBC_{Life} is the capital charge for life insurance risk

$RBC_{Non\text{-}life}$ is the capital charge for non-life underwriting risk

LAC_DT is the allowed loss absorbing capacity of deferred taxes

The calculation of the capital charges for risk modules and submodules shall not generate any capital requirement regarding the non-qualifying reinsurance. For this purpose, magnitudes regarding non-qualifying reinsurance shall be adjusted where necessary.

(33) Insurers shall benefit from diversification benefits when aggregating all risk categories mentioned in this section other than operational risk, according to the following correlation coefficients:

	Market	**Counterpart**	**Life**	**Non-life**
Market	1	0.25	0.25	0.25
Counterpart	0.25	1	0.25	0.5
Life	0.25	0.25	1	0
Non-life	0.25	0.5	0	1

(34) The insurer shall compute the RBC for all policyholders' funds and the shareholders' fund (for the entire fund) at an entity level. In the case of an investment-linked fund, the insurer shall compute the RBC for the non-unit portion of the fund.

(35) Assets, liabilities and financial instruments shall be considered in the calculation of the Risk Based Capital requirement according to the nature of the risks to which such items

are exposed, regardless of the denomination or contractual form of the item (principle of substance over form).

(36) The Risk Based Capital Requirement shall be calculated on the basis of the underlying assets of collective investment undertakings and other investments packaged as funds (look-through approach). The look-through approach shall also apply to any other indirect exposure, such as indirect exposures to market risk other than collective investment undertakings and investments packaged as funds, indirect exposures to underwriting risk and indirect exposures to counterparty risk.

Section2. Capital charges for the counterparty default risk

(37) The counterparty default risk captures the default risk related to:

- reinsurance assets, including ceded and retroceded technical provisions,
- bank balances, identified as demand deposits or similar assets whose counterparty is a regulated bank in Nepal and that have an original maturity of less than six months,
- receivables from insurers, coinsurance pools, intermediaries or other third parties not corresponding to investments or technical provisions,
- other assets excluding those exposed to spread, equity or property risks.

(38) The Capital charge for counterparty default risk is calculated by multiplying each asset type, classified by its rating, with a specific risk factor.

Total counterparty default risk charge ($RBC_{Counterpart}$)

$= \sum(Bank\ Balances_i \times\ Rf_i) + \sum(Other\ Assets_i \times\ Rf_i) + \sum(Reinsurance\ Exposure_i \times\ Rf_i)$,where

- 'i' refers to the different exposures to counterparties in the respective assets and Rf*i* refers risk factor for different types of assets on their ratings.
- Reinsurance exposure involves both reinsurance assets and recoverable from reinsurers.

(39) Insurers shall use the latest rating of the asset or of sufficiently similar assets of the same counterpart accorded by either a recognized rating agency in Nepal or by an internationally recognized rating agency. The following five clusters and ratings shall be applied to assess and manage the counterparty default risk and market risk.

Asset Class	Rating
1	AAA or equivalent
2	AA or equivalent
3	A or equivalent
4	BBB or equivalent
5	Under BBB or equivalent, or unrated

(40) The following capital charge factors apply to calculate the capital requirement for the counterparty default risk.

Asset Class	Bank balances (%)	Reinsurance assets (%)	Other assets non-reinsurance (%)
Class "1"	0.70	1.20	1.60
Class "2"	0.70	1.20	2.50
Class "3"	1.30	1.80	4.00
Class "4"	3.10	4.10	8.00
Class "5" or unrated	7.10	9.00	12.0

(40a) The Authority is empowered to set out add-ons to the capital charges for reinsurance exposures, where considering the features of the reinsurance protection, the risk factors set out above are not sufficient to capture the risks to which the insurer or reinsurer is exposed.

(41) A risk factor of 1% of the amounts for off balance exposures (including derivatives) shown in the notes of balance sheet shall be applied.

Section 3. Capital charges for the market risk.

Subsection 3.0. General provisions on the capital requirement for market risk.

(42) The capital requirement for market risk consists of capital charges of interest rates risk, spread risk, equity risk, property risk, currency risk and concentration risk aggregated while recognizing diversification benefits in the following manner:

$$RBCMarket = \sqrt{V\_Market * CorrelMatrixMarket * V\_Market'}$$

Where,

V_Market is the vector row [$RBC_{Interest\_rates}$; RBC_{Spread}; RBC_{Equity}; $RBC_{Property}$; $RBC_{Currency}$; $RBC_{Concentration}$],

CorrelMatrixMarket is the correlation matrix set out in this section

V' is the vector column transposed of V

$RBC_{Interest\_rates}$ is the capital charge of interest rates risk

$RBC_{Spreads}$ is the capital charge of spread risk

RBC_{Equity} is the capital charge of equity risk

$RBC_{Property}$ is the capital charge of property risk

$RBC_{Currency}$ is the capital charge of currency risk

$RBC_{Concentration}$ is the capital charge of concentration risk

(42a) The Authority is empowered to issue legally binding specifications setting out the capital requirement for new assets whose risks are not captured in the previous formula, including the manner the capital requirement of the new assets is considered in the total capital requirement of market risk.

(43) The correlation matrix to aggregate the capital charges of the different submodules considered within the market risk module shall be the following one:

	Interest rates	**Spread**	**Equity**	**Property**	**Currency**	**Concentration**
Interest rates	100%	25%	50%	50%	25%	0%
Spread	25%	100%	75%	50%	25%	0%
Equity	50%	75%	100%	50%	25%	0%
Property	50%	50%	50%	100%	25%	0%
Currency	25%	25%	25%	25%	100%	0%
Concentration	0%	0%	0%	0%	0%	100%

(43a) Where an asset has mixed characteristics, its capital requirement shall be calculated considering the predominant component in the economic substance of the asset. According to this criterion, the market risk of preference shares shall be captured in the equity risk submodule. Notwithstanding, in the case of collective investment undertakings a look through shall be applied to split the solvency valuation of the asset into the risk submodules considered in the market risk module.

Subsection 3.1. Capital requirement for interest rate risk.

(44) Interest rate risk charge is the difference between the change in the value of interest rate sensitive assets and liabilities and involves both the impact of changing interest rates on assets and liabilities and mismatching of assets and liabilities. Risk charge for interest rate risks shall be applicable to all assets, liabilities and financial instruments whose solvency valuation is sensitive to changes in the risk-free interest rates term structure.

(44a) For life insurance funds and non-life insurance funds with discounted liabilities, the amount of interest rate risk charge is the highest unfavourable deviation of the net asset value at entity level (NAV) under the downward shock or upward shocks on the assets and liabilities, calculated with following steps:

a) calculate the value of the guaranteed liabilities and the market value of interest rate related exposures (assets) under the base scenario (referred to as L* and L, respectively). L* is the value of the guaranteed insurance liabilities derived based on the valuation basis which includes a MOBE and discounted with the relevant risk-free interest rate curves set out in points (10.3 to 10.5) in Annexure II.

b) calculate the value of the guaranteed liabilities and the value of interest rate related exposures (assets) under the increasing interest rate scenario, referred to as L1* and L1, respectively.

c) calculate the value of the guaranteed liabilities and the value of interest rate related exposures (assets) under the decreasing interest rate scenario, referred to as L2* and L2, respectively

Scenarios	Value of interest rate exposures (1)	Liability value (2)	Deviation (1) - (2)
Base	L	L*	D
Increasing interest rate	L1	L1*	D1
Decreasing interest rate	L2	L2*	D2

The base yield curve shall be multiplied by (1 + stress_up), and (1 – stress_down), for the increasing and decreasing scenarios respectively.

Residual terms to maturity	Stress up (%)	Stress down (%)
≤ 4 years	55	55
$4 < X \leq 7$ years	30	30
> 7 years	15	15

(44b) Interest rate risk charges for non-life insurance without discounting of liabilities is computed by determining residual term to maturity for related securities.

a) The net value of all positions in interest rate related exposures are determined for each maturity.

b) The overall interest rate risk capital charge is the absolute amount of the sum of the individual net capital charge positions. Following risk charges by the residual term to maturity shall be applied.

Residual term to maturity (X)	Risk factors (%)
X ≤ 1 month	0.0
1 < X ≤ 3 months	0.2
3 < X ≤ 6 months	0.5
6 < X ≤ 12 months	1.0
1 < X ≤ 2 years	1.4
2 < X ≤ 3 years	2.0
3 < X ≤ 4 years	2.7

4 < X ≤5 years	3.2
5 < X ≤7 years	4.0
7 < X ≤10 years	4.8
More than 10 years	6.2

Subsection 3.2. Capital requirement for spread risk.

(45) The capital requirement for spread risk captures the sensitivity of the values of assets, liabilities and financial instruments to changes of any source in the level or in the volatility of credit spreads over the risk-free interest rate term structure.

(45a) Nepal Government or NRB Bonds, Bonds issued by Nepal Government Entities, Bonds that are fully, unconditionally and irrevocably guaranteed by the Nepal Government or NRB, bank balances and cash shall have spread risk factor of 0%.

(45b) The capital requirement for spread risk shall be the result of applying the following factors to the solvency valuation of each asset, liabilities or financial instrument sensitive to changes in spreads:

	Credit class				
Rounded duration	**1**	**2**	**3**	**4**	**5 or unrated**
0	0,20%	0,25%	0,50%	0,95%	2,15%
1	0,75%	0,95%	1,40%	2,55%	4,95%
2	1,20%	1,60%	2,30%	3,85%	6,85%
3	1,75%	2,30%	3,15%	5,10%	8,55%
4	2,20%	2,95%	4,05%	6,25%	10,05%
5	2,70%	3,60%	4,85%	7,45%	11,50%
6	3,10%	4,20%	5,70%	8,50%	12,80%
7	3,60%	4,85%	6,55%	9,55%	14,10%
8	4,00%	5,45%	7,35%	10,55%	15,30%
9	4,45%	6,05%	8,15%	11,60%	16,55%
10	4,85%	6,65%	8,90%	12,60%	17,75%
11 onwards	Factor 10 years + x% * (maturity rounded to nearest integer – 10)				
addition 'x' →	0,20%	0,30%	0,40%	0,50%	0,60%

Subsection 3.3. Capital requirement for equity risk.

(46) Equity risk is calculated by applying the factors of this section to the solvency valuation of equities (stocks, ordinary shares) and other assets, liabilities or financial instruments that behave as equities, such as debt securities or preference shares that can be converted into ordinary shares of the issuer when due to market and conversion conditions those convertible assets behave like shares. Assets backed securities may be fully offset and only the absolute net position subject to the equity risk charge

(46a) The following risk factors shall apply to calculate the capital requirement for equity risk:

Asset Classes (Admissible Assets defined by Investment Directive)	**Risk factors %**
Ordinary Shares of public limited companies which have been listed in the stock exchange licensed by SEBON	20.0
Ordinary Shares which are listed on recognised stock exchanges other than those licensed by SEBON	30.0
Unlisted Shares (Equities) and venture capital	35.0

Subsection 3.4. Capital requirement for property risk.

(47) Property risks shall be calculated from exposures to properties for both investment purpose and non-investment purpose. The following risk factors shall be applied to measure property risk:

Property investments	**Risk factors %**
Properties with non-investment purpose	8.0
Properties with investment purpose	20.0

Where the same property is used for both purposes, the insurer shall split its market value according to objective, reasonable and verifiable criteria, appropriate to capture the portion of the property used for each purpose. Those criteria shall be maintained, unless adequate reasons for its change, which should be approved by the board of the insurer.

Subsection 3.5. Capital requirement for currency risk.

(48) Currency risk is calculated by multiplying the net balance sheet position (the sum of net short positions or the sum of the net long positions, whichever is higher) by an 8% risk factor. The net balance sheet positions for exposures to each of the different currencies are converted into Nepalese Rupee at the spot exchange rates.

Subsection 3.6. Capital requirement for concentration risk.

(49) Concentration risk shall be applied for single investment exposures, excluding those allocated to the unit portion of unit or index-linked insurance contracts. In the case of investments covering the unit portion of unit and index-linked insurance contracts the insurer shall prevent exposing the policyholders' rights to material concentration risk in regard of a single counterpart.

Single investment exposures subject to concentration risk and belonging to assets class 3 or better (equivalent to A or better). The amount of the investment exposure that exceeds 5 percent of the total solvency balance sheet assets (excluding those covering unit and index-linked contracts) shall incur an increase of 75% of its original capital requirement.

For single investment exposures with a lower credit quality (i.e. lower than asset class 3 or lower than A rating), the threshold to apply the additional capital requirement is 3 percent of the total solvency balance sheet assets (excluding those covering unit and index-linked contracts).

In the case of properties not for own use, the threshold to trigger the additional capital requirement shall be 10 percent of the total solvency balance sheet assets (excluding those covering unit and index-linked contracts).

Nepal Government or NRB Bonds, Bonds issued by Nepal Government Entities, Bonds that are fully, unconditionally and irrevocably guaranteed by the Nepal Government or NRB, affiliated investments and those real estates, or the part of them, where the insurer develops its activities shall have concentration risk factor of 0%.

The Authority is empowered to set out rules for the calculation of single exposures in the case of several counterparts belonging or associated to the same group, the allocation of the excess above the thresholds set out above, to each individual exposure, or any other element considered in the calculation of the concentration risk charge.

Section 4. Capital charges for the life insurance business

(50) Life insurance capital risk charge is the change in the net asset value (NAV) after applying the stresses prescribed in this section. The life insurance capital requirement shall include the mortality risk, disability/morbidity risk, longevity risk, lapse risk, expense risk. The insurer shall also calculate a capital charge for the catastrophe risks stemming from extreme or irregular events whose effects are not sufficiently captured in the other life insurance risks.

(50a) The capital requirement for each component is calculated as the difference between:

1. The stressed NAV after applying the prescribed stress, calculated as the value of assets less insurance liabilities with MOBE, net of reinsurance,

2. The pre-stress NAV, the value of assets less insurance liabilities with MOBE, before applying the prescribed stress, net of reinsurance.

(50b) The life Insurance risk charge shall be calculated by aggregating, using the life risks correlation matrix. The correlation matrix used for aggregating the life risk charges is the following:

	Mortality	**Longevity**	**Morbidity Disability**	**Lapse**	**Expenses**	**Cat**
Mortality	1,00	-0,25	0,25	0,00	0,25	0,25
Longevity	-0,25	1,00	0,00	0,25	0,25	0,00
Morbidity Disability	0,25	0,00	1,00	0,00	0,50	0,25
Lapse	0,00	0,25	0,00	1,00	0,50	0,25
Expenses	0,25	0,25	0,50	0,50	1,00	0,25
Cat	0,25	0,00	0,25	0,25	0,25	1,00

(50c) Life insurers shall apply the following stress factors:

Life stressed scenarios	Stressed Shocks
Mortality ***Permanent relative increase in mortality rates***	An instantaneous permanent relative increase of 20% in mortality rates at all ages. It is only for policies where an increase in mortality rates leads to a decrease of the net asset value (e.g. it leads to an increase in the policy reserves without any other item offsetting such an increase).
Morbidity/Disability ***Permanent relative increase in morbidity and disability rates***	An instantaneous permanent relative increase of 22.5% in morbidity and disability rates at all ages. It is only for policies where an increase in morbidity or disability rates leads to a decrease of the net asset value (e.g. it leads to an increase in the policy reserves without any other item offsetting such an increase).
Longevity ***Permanent relative decrease in mortality rates***	Calculated as the maximum impact of An instantaneous permanent relative decrease of 28% in mortality rates at all ages, An instantaneous permanent relative decrease of 50% in the mortality rates of Nepali mortality tables 2009, at all ages. This component will not apply once the Nepali mortality tables are updated. It is only for policies where a decrease in mortality rates leads to a decrease of the net asset value (e.g. it leads to an increase in the policy reserves without any other item offsetting such an increase).
Lapse rates ***shock up/down and mass lapse scenario***	Calculated as the maximum change in the net asset value using the following scenarios: An upward stress consisting of an instantaneous increase of 50% in the assumed option take-up rates, subject to a maximum of 100%, in all future years for all insurance policies adversely affected

	by such increase. A downward stress consisting of an instantaneous decrease of 50% in the assumed option take-up rates, in all future years for all insurance policies adversely affected by such decrease. A mass lapse scenario consisting of an immediate surrender of 30% of retail policies and an immediate surrender of 50% of non-retail policies. This mass lapse component is subject to a floor of zero. For the purpose of the mass lapse scenario the surrender of a policy refers to the full cancelation of the policy, provided the terms of the insurance contract gives this right to policy holder, insured person or beneficiaries. For the purpose of the mass lapse scenario, non-retail business refers to both policies where the policyholder is not a natural person and discontinuance of the policy is not subject to approval by the beneficiaries of the insurance coverage, and policies where the policyholder is a natural person acting for the benefit of the beneficiaries of the policy, and there is no family relationship between that natural person and the beneficiaries.
Expenses ***Permanent relative increase of expenses***	An instantaneous permanent relative increase of 8% in NPR assumptions plus an absolute increase of 3% per annum in expense inflation.
Cat risk ***increase of mortality rates only first year***	An immediate (only first year) absolute increase 0.15% in mortality rates and 0.15% in the rates of morbidity. It is only for policies where an increase in mortality rates leads to an increase in the policy reserves.

Section 5. Capital charges for the non-life insurance business

(51) Non-life insurance risk charge is calculated by applying specific risk charges on an insurer's premium and claims liabilities. Exposure amounts are the net outstanding claims and net earned premiums as net of reinsurance.

Total non-life insurance risk charge = $\sum(Claims_i \times Rfc_i) + \sum(Premiums_i \times Rfp_i) + Cat\ risk$

where 'i' refers to the different classes.

Rfc_i and Rfp_i refer to the claim and premium factors.

(52) The risk charges applicable to different lines of business vary according to volatility of the underlying businesses. Non-life business lines and associated risk factors are as follows. Same risk factors shall be applied to tariff driven business.

	Non-life line of business (LoB)	**Outstanding Claims (Net of reinsurance) Risk Factor Rfc_i (%)**	**Earned Premiums (Net of reinsurance) Risk Factor Rfp_i (%)**
1	Personal Property	15	20
2	Commercial Property	20	25
3	Motor Own Damage	10	15
4	Motor Third Party Liability	10	15
5	Marine	25	30
6	Engineering	20	25
7	Aviation	20	25
8	Cattle Insurance	10	15
9	Crop Insurance	10	15

10	Micro-insurance	10	15
11	Miscellaneous (Personal Accident, Health, Public liability and others)	25	30
12	Life Insurance (for reinsurer only)	10	15

(53) Risk charge for catastrophic risks shall be calculated by multiplying the aggregate amount of Earthquake Premium Reserve (EPR) and Earthquake Risk Exposure (ERE) by a 1.25 risk factor.

$$\text{Earthquake risk charge} = (EPR_{\text{premium}} + ERE_{\text{net retention}}) \times 1.25$$

1. Earthquake Premium Reserve (EPR) is the accumulation of earthquake premiums, net of reinsurance

2. Earthquake Risk Exposure (ERE) is the net retained exposure that the earthquake accumulations on PML basis over 250 years return periods

3. Probable Maximum Loss (PML) is the amount after deductibles but before catastrophic and other reinsurance protection

Section 6. Capital charges for the operational risks

(54) Capital risk charge for operational risks

1. Operational risk capital charge is the higher of;
   a) 0.5% of gross policy provisions; or
   b) 4% of gross premiums over the last 12 months, plus another 0.4% on the last annual growth of premiums above 20%.

$$\left[4\% \, of \; GP_1 + \; Max \; \left(0, 0.4\% \; * \; \left((GP_1 - GP_0) - \; 20\% \; * \; GP_0\right)\right)\right]$$

; where GP_1 identifies the gross premiums of the last 12 months and 'GP_0' identifies the gross premiums of the year before the last 12 months.

2. The total operational risk requirement will be subject to an overall cap of 10% and a floor of 5% of the RBC applies.

Section 7. Risk mitigation techniques allowed in the calculation of the Risk Based Capital.

(55) When calculating the Risk Based Capital requirement, insurers and reinsurers are allowed to lower the exposure to a risk where the insurer or reinsurer has a collateral or a guarantee meeting all of the following conditions:

a) the contractual arrangements and transfer of risks are legally effective and enforceable in Nepal and any other relevant jurisdiction. The risk mitigation technique does not meet this requirement when

either the contractual arrangement is subject to any condition which could undermine the effective transfer of risk, the fulfilment of which is outside the direct control of the insurer or reinsurer,

or there are any connected transactions which could undermine the effective transfer of risk.

b) The contractual arrangements governing the risk-mitigation technique shall ensure that the extent of the cover provided by the risk-mitigation technique and the transfer of risk is clearly defined and incontrovertible. This requirement is not met when the contractual arrangement fails any of the following conditions:

the protection is direct;

the contractual arrangement does not contain any clause, the fulfillment of which is outside the direct control of insurer or reinsurer, that:

(i) would allow the protection provider to cancel the protection unilaterally;

(ii) would increase the effective cost of protection as a result of a deterioration in the credit quality of the protected exposure;

(iii) could prevent the protection provider from being obliged to pay out in a timely manner in the event that the original obligor fails to make any payments due;

(iv) could allow the maturity of the protection to be reduced by the protection provider;

c) The insurer or reinsurer has taken all appropriate steps to ensure the effectiveness of the arrangement and to address the risks related to that arrangement

d) The insurer or reinsurer is able to monitor the effectiveness of the arrangement and the related risks on an ongoing basis;

e) The contractual arrangement shall not result in material basis risk or in the creation of other risks, unless this is reflected in the calculation of the Risk-based

Capital requirement. For this purpose, 'basis risk' means the risk resulting from the situation in which the exposure covered by the risk-mitigation technique does not correspond to the risk exposure of the insurance or reinsurance undertaking;

f) The insurer or reinsurer has, in the event of a default, insolvency or bankruptcy of a counterparty or other credit event set out in the transaction documentation for the arrangement, a direct claim on that counterparty;

g) There is no double counting of risk-mitigation effects in own funds and in the calculation of the Risk-based Capital Requirement. In particular, where the collaterals or guarantees are already considered in the credit class of the exposure, no further consideration of the mitigating technique is allowed in own funds and in the calculation of the Risk-based Capital Requirement.

h) The risks of the collateralized assets or of the guarantor are considered in the calculation of the Risk-based Capital requirement.

i) In case of guarantees, the recognized guarantors are 'A', 'B' and 'C' class banks and financial institutions licensed by NRB

(56) In case of collaterals, all of the following requirements shall be met to allow for the consideration of the collaterals in the calculation of the capital requirement:

a) Collateralized assets shall be regularly marked-to-market and there will be non-controvertible refilling clauses and shall be pledged for the life of the covered exposure.

b) the insurer or reinsurer transferring the risk shall have the right to liquidate or retain, in a timely manner, the collateral in the event of a default, insolvency or bankruptcy or other credit event of the counterpart;

c) all collateralized assets belong to credit class 3 or better and have sufficient liquidity, are frequently traded in deep, liquid and transparent markets and have a sufficiently stable market value;

d) there is no material positive correlation between the credit quality of the counterparty and the value of the collateral,

e) the collateral is not securities issued by the counterparty or a related undertaking of that counterparty.

f) Where a collateral arrangement involves collateral being held by a custodian or other third party, the insurance or reinsurance undertaking shall ensure that all of the following criteria are met:

(1) the relevant custodian or other third party segregates the assets held as collateral from its own assets;

(2) the segregated assets are held by a deposit-taking institution that has a credit quality which has been assigned to credit quality step 3 or better;

(3) the segregated assets are individually identifiable and can only be changed or substituted with the consent of the insurance or reinsurance undertaking or a person acting as a trustee in relation to the insurance or reinsurance undertaking's interest in such assets;

(4) the insurance or reinsurance undertaking has (or is a beneficiary under a trust where the trustee has) the right to liquidate or retain, in a timely manner, the segregated assets in the event of a default, insolvency or bankruptcy or other credit event relating to the custodian or other third party holding the collateral on behalf of the counterparty;

(5) the segregated assets shall not be used to pay, or to provide collateral in favour of, any person other than the insurer or reinsurer or as directed by this.

Section 7a. Loss absorbing capacity of deferred taxes.

(56a) Insurers are allowed to reduce their overall risk-based capital requirement with the loss absorbing capacity corresponding to the notional deferred tax asset that would arise if the insurer suffered an instantaneous loss equivalent to the overall risk-based capital requirement, where all the following conditions are met:

(a) There is no legal or practical feature that might impede the insurer to realize the notional deferred tax asset that would arise if the insurer would incur in an instantaneous loss equivalent to the overall risk-based capital requirement,

(b) For the purpose of this regulation, the notional deferred tax asset shall not include any amount whose realization depends on future profits of the insurer. Furthermore, the notional deferred tax asset shall satisfy the utilisation test applied for the financial statements according to the NFRS. For this purpose, tax loss carry backs are admissible where its application is fully certain.

(c) The notional deferred tax asset shall be estimated applying objective, rational and prudent criteria, preventing double counting of deferred tax liabilities to support any type of deferred tax asset, or to increase, either directly or indirectly, the Available Capital Resources.

(d) Furthermore, permanent tax differences are excluded from any type of tax asset.

(e) The loss absorbing capacity of deferred tax assets shall not represent more than the minimum of

1) the part of the notional deferred tax asset calculated according to this regulation that with full certainty might be offset with the deferred tax liabilities of the non-stressed solvency balance sheet not already used to support any type of tax asset,

2) 10 percent of the total risk-based capital requirement, as set out in Section 1 of Annexure III of this Directive, before the allowance for the loss absorbing capacity of deferred taxes,

3) 60 per cent of the average tax rate applicable to insurer's profits, applied to the total risk-based capital requirement before the allowance for the loss absorbing capacity of the notional deferred tax assets.

Where the insurer is not able to calculate reliably any of the caps, the loss absorbing capacity of the deferred taxes shall be nil.

f) The calculation of the capital requirement at the level of modules and sub modules shall not consider any loss absorbing capacity of deferred taxes.

Section 8. Regulatory reporting

(57) Insurers shall submit the regulatory capital calculations to Authority, based on the financial year end positions within 90 days after the end of each financial year using the "Quantitative Regulatory Reporting Templates (QRRT)" and the Risk-Based Capital Valuation Note related to those templates reporting forms (Risk Based Capital Reporting Forms) prescribed by Insurance Board the Authority. The financial year end regulatory capital positions shall be certified by the insurer's external auditor and chief executive officer (CEO).

(58) For the financial years ending on or before Ashad-End 2083, the deadline set out in the previous point shall be 120 days after the end of each financial year.

59 (a) The Authority may require an insurer with a weak capital adequacy position to calculate and report its regulatory capital on a more frequent basis.

59 (b) If any insurer fails to submit the "Quantitative Regulatory Reporting Templates (QRRT)" and the Risk-Based Capital Valuation Note related to those templates RBC actuarial valuation report within the prescribed time, necessary action shall be taken by the Authority.

59 (c) For micro insurers, whether life or non-life, submission of RBC valuation has been deferred until the fiscal year 2083/84 and relevant regulatory reporting templates and technical specifications will be provided.

ANNEXURE IV
AVAILABLE CAPITAL (Qualifying Capital Resources)
(Related to Direction 6)

Available Capital

(60) Available capital resources are classified into those two tiers based on consideration of a number of criteria, focused on four key principles:

1. Subordination is the extent to which the capital instrument is subordinated to the rights of policyholders in insolvency or winding-up
2. Availability is the extent to which the capital instrument is fully paid and available to absorb losses on going concern and winding up
3. Permanence is the availability of capital instrument over a sufficiently long period on going concern and winding up
4. Absence of encumbrances is the extent to which the capital instrument is free from mandatory servicing costs

(61) The RBC identifies two tiers of capital resources:

1. Tier 1 capital resources shall only comprise the capital resources set out in point (63) that absorb losses on a going-concern basis and in winding-up; and,
2. Tier 2 capital resources shall only comprise the capital resources set out in point (64) that absorb losses only in winding-up.

(62) Available capital resources of insurers shall be the aggregate of Tier 1 and Tier 2 capital less the deductions in point (66) and after applying the limits set out in points (67) and (68).

If the Available Capital resources of the insurer fall below the RBC, the Authority shall take appropriate supervisory actions as per Annexure VI of this Directive.

(63) Tier 1 capital resources of the insurer shall include the aggregate of any of the following:

1. Paid-up (paid-in) capital, issued and fully paid-up ordinary shares
2. Other paid in capital instruments such as preference shares (irredeemable and noncumulative preference shares)
3. Retained earnings, other than future profits embedded in the valuation of technical reserves
4. Paid-in (paid-up) subordinated debts
5. Earthquake reserves, Special Reserves and Catastrophic Reserve

(64) Capital instruments which qualify as Tier 2 capital shall include any of the following only to the extent that there is no type of legal, economic or practical restriction that impedes or may impede the insurer to apply the debt at any moment and without any condition to absorb losses in winding-up:

1. Cumulative irredeemable preference shares
2. Irredeemable subordinated debts
3. Other capital resources qualified as Tier 2, including unpaid preference shares, unpaid subordinated debt, letters of credit, guarantees and mutual member calls.

4. Future profits embedded in the valuation of technical provisions of insurance policies (reserves)

Subordinated term debts

(65) Subordinated term debt instruments, subject to the prior approval of the Authority on a case-to case basis, may include term debt and limited life redeemable preference shares which satisfy the following conditions:

1. unsecured, subordinated and fully paid-up.
2. have a minimum original term to maturity of five years.
3. early repayment or redemption shall not be made without prior written approval of the Authority.
4. the instruments shall be subjected to straight line amortization over the last five years of their life.
5. no restrictive covenants; and
6. the amount eligible for inclusion shall not exceed 30% of Tier 1 capital. In exceptional cases, this limit may be exceeded with the prior written consent of the Authority.

Deductions from capital

(66) For the purpose of calculating regulatory capital (RBC), the following deductions shall be made by an insurer from the aggregate of Tier 1 and Tier 2 capital.

1. goodwill and other intangible assets of the insurer, including computer software intangibles
2. deferred tax income or deferred tax expenses and deferred tax assets of the insurer
3. assets pledged to support credit facilities obtained by the insurer or other specific purposes
4. all credit facilities granted by the insurer and secured by its own shares
5. direct and indirect investments, reciprocal cross holdings, arranged either directly or indirectly between financial institutions, and
6. reinsurance assets arising from arrangements deemed to constitute non-qualifying reinsurance. Non-qualifying reinsurance refers to agreements:
    a) with entities providing reinsurance that are neither regulated nor subject to risk-based solvency supervision, including appropriate capital requirements; or
    b) that do not provide a sufficient transfer of risk
7. all inadmissible assets in addition to items listed above as per Investment Directive

Capital composition limits

(67) Capital composition limits are used within the RBC to appropriately reflect the quality of capital resources and the ability of those resources to absorb losses;

1. The proportion of Tier 1 items shall be at least 60% of the RBC
2. At least 80% of the MCR shall be met by Tier 1 items.

(68) Future profits embedded in the valuation of technical provisions (reserves) shall be considered as capital resources with a limit of 15% of the RBC.

ANNEXURE V
RISK MANAGEMENT
(Related to Direction 8)

5.1. OWN RISK SOLVENCY ASSESSMENT

Own risk solvency assessment

(69) Each insurer shall implement a process to perform, on continuous basis and at all levels and activities of the insurer, its own risk solvency assessment. The own risk solvency assessment shall give regard to:

1. the compliance on a continuous basis with the regulations on technical provisions and capital requirements,
2. an assessment of whether the legally binding capital requirements are appropriate considering the risks the insurers is exposed to,
3. the overall solvency needs of the insurer, taking into account the specific risk profile, approved risk tolerance limits and the business strategy of the insurer.

(70) The own risk solvency assessment shall identify and assess any type of risk the insurer faces in the short, medium and long term to which it is or could be exposed, including emerging risks.

(71) The own risk and solvency assessment process shall be an integral part of the business strategy and shall be taken into account on an ongoing basis in the strategic decisions of the insurer and the decision with a material impact on its activity of solvency condition.

(72) The insurer shall have at least documentation on the policy for the own risk solvency assessment and a record of each internal report on the own risk solvency assessment. The internal report prepared by risk management function shall be presented to both the board of the insurer and its senior management team. The rest of the organization of the insurer shall receive in an appropriate manner information on the performance of the issues considered in the own risk solvency assessment that are relevant for each area of activity. The policy for the own risk solvency assessment shall include at least a description of:

1. the processes and procedures in place to conduct the assessment,
2. the link between the risk profile, the approved risk tolerance limits and the overall solvency needs,
3. the methods and methodologies including information on:
    a) how and how often stress tests, sensitivity analyses, reverse stress tests or other relevant analyses are to be performed
    b) data quality standards
    c) the frequency of the assessment itself and the justification of its adequacy particularly taking into account the risk profile of the insurer and the volatility of its overall solvency needs relative to its capital position

d) the timing for the performance of the assessment and the circumstances which would trigger the need for an assessment outside of the regular time-scales.

(73) The insurer shall submit to the Authority a report with a comprehensive description of the main content and conclusions of the own risk solvency assessment. The report shall be submitted every year and also where the risk profile of the insurer has materially changed.

Governance on climate-change related risks

(74) The Board of the insurer shall approve specific written governance rules for the oversight of climate-change related risks, in order to ascertain that those risks are integrated in the system of governance of the insurer, in particular in its risk-management system, its own risk solvency assessment and its main decision-making processes. Those governance rules shall at least identify in a clear and concrete manner:

1. the risk-management committee under the Board of the insurer, responsible for the direct action or the oversight of climate-change related risks,
2. the processes and frequency of the internal reporting regarding climate-change related risks, including responsibilities for reporting and an independent validation of the information reported,
3. the process to consider climate-change related issues in the main decision-making processes, such as reviewing and guiding strategy, major plans of action, risk management policies, annual budgets, and business plans as well as setting the organization's performance objectives and monitoring implementation, performance and mergers and acquisitions, among others,
4. the way the Board monitors and oversees progress against goals and targets for addressing climate-change related issues. In particular, the Board shall ascertain that appropriate internal audit, in scope and frequency, are carried out regarding the identification of climate-change related risks, its management and reporting, and the findings of the internal audit are timely reported to the Board.

(75) The risk-management system of the insurer shall manage on continuous basis the climate change related risks the insurer is exposed to and shall regularly provide information on that regard. In particular, the risk-management system shall provide the following

1. An identification of the relevant short, medium, and long-term horizons, taking into consideration the assets and liabilities and the fact that climate-change related issues often manifest themselves over the medium and longer terms,
2. An inventory of the specific climate-change related issues for each time horizon (short, medium, and long term) that could have a material financial impact on the insurer, distinguishing whether those risks are transition or physical risks. The inventory shall take into account exposures according to economic sectors or geographical localization of risks, where those differentiations are material.

   The risk-management system shall consider the impact of climate-change related risks on the businesses and strategy of the insurer, in particular on the products the

insurer offers and services the insurer provides, its investment policy, the mitigating actions envisaged, the operational processes supporting the activities of the insurer and its policy regarding social inequalities and protection gaps.

3. A description of the processes used to determine the impact on the insurer of each issue identified according to point (2). The risk-management system shall regularly carry out a scenario analysis based on a set of scenarios bespoke to the climate-change related risks the insurer is exposed to, both regarding assets and the risks covered by the insurance contracts in force.

5.2. INVESTMENTS, ASSET AND LIABILITY MANAGEMENT

Investments and risk management

(76) The Board of the insurer shall approve specific written governance rules for the oversight of investments and the accountability for the investments shall rest ultimately with the insurer's board of directors.

(77) The insurer's investment strategy shall cover, at least, the following elements:

a) the investment objectives of the insurer, both at company and fund-specific levels
b) the risk and liability profile of the insurer
c) the strategic asset allocation of the insurer i.e. its long-term asset mix for the main investment categories, and their respective limits
d) the extent to which the holding of certain types of assets by the insurer is restricted or disallowed e.g. illiquid or highly volatile assets; and
e) the insurer's overall policy on the usage of derivatives and structured products

(78) The insurer's risk management systems shall cover all related and material risks associated with investment activities that may affect the liabilities and capital positions, at least including market (equity risk, interest rate risk, currency risk, spread risk and concentration risk), counterparty default, and liquidity risks.

(79) RBC calculation shall capture the risk profile of investment portfolio of each individual insurer. For the solvency balance sheet, insurers shall ensure that their investments, are sufficiently transparent such that allowing look-through of the structure of the investments to the underlying assets. The Authority shall develop the reporting templates for the proper submission of the insurer's investments.

Asset liability management

(80) The insurer shall have a risk management policy which includes an explicit asset-liability management (ALM) policy which clearly specifies the nature, role and extent of ALM activities and their relationship with product development, pricing functions and investment management.

(81) Where the policyholders or the beneficiaries of the insurance contract have a participation in the performance of the corresponding assets or bear partially or in full the investment risk, such as with-profit insurance contracts and unit and index-linked insurance contracts, the ALM policy will be defined prioritizing the best interest of policyholders and beneficiaries and considering whether the ALM policy is appropriate to their needs and according to their financial background.

(82) The ALM policy shall identify the admissible structural mismatches between assets and liabilities regarding duration or any other relevant feature, shall clarify how those mismatches are considered in the liquidity plans of the insurer, and shall recognize the interdependence between all of the insurer's assets and liabilities and take into account the correlation of risk between different asset classes as well as the correlations between different products and business lines, recognizing that correlations may not be linear.

(83) The ALM framework shall also take into account any off balance sheet exposures that the insurer may have and the contingency that risks transferred may revert to the insurer.

ANNEXURE VI
SOLVENCY CONTROL LEVELS
(Related to Direction 7)

Solvency control levels

(84) Regulatory capital includes solvency control levels consisting of at least the RBC as supervisory target capital level and a MCR for the lower bound for the RBC.

1. The RBC cannot be less than the MCR level.
2. MCR provides the basis of a lower bound for the RBC and serves as the ultimate safety net for the protection of policyholder interests.
3. MCR is 1/3 of RBC level (it is not to fall below 25% nor exceed 45% of RBC).

(85) Supervisory Target Capital Level, shall be viewed as a benchmark which refer RBC Level, is a target level between a 130% solvency ratio which represent the available capital over the regulatory capital and at minimum 100%, below which supervisory actions of increasing intensity will be taken to restore the financial position of the insurer to at least the RBC level or reduce the level of risk undertaken.

(86) Insurers are required to operate at capital levels above the Internal Targets which should be set above the Supervisory Target Level. The insurer shall ensure that the Internal Target Capital Level includes additional capacity to absorb unexpected losses beyond those that are covered by this Directive. The board of directors is primarily responsible for setting the Internal Target Capital Level of the insurer and ensuring that the insurer has in place an appropriate capital management plan.

(87) In the case of the insurer's Solvency Ratio being below the Supervisory Target Capital Level, The Authority shall restrict the declarations and payments of cash dividend (except for payment of tax on bonus share). All declarations and payments of any dividend are subject to the prior written approval of the Authority.

Ladder of intervention and corrective actions

(88) The Authority has the power to take timely and corrective measures in case an insurer fails to comply with the sound business practices and regulatory requirements. These measures are applied commensurate with the severity of the insurer's problems as stipulated within the provisions of this Directive, according to the following solvency control levels, as an early warning mechanism.

Control Levels	Solvency Ratio	Supervisory Actions
Internal Target Level	**> 130%**	Ongoing monitoring Periodical onsite inspections
Supervisory Target Level (RBC Level)	**100% - 130%**	Remedial Plans or requiring business plans Onsite inspections Frequent reporting requirements Capital injection Restriction on payment of cash dividends

Regulatory Intervention Lev	**70% - 100%**	Business restrictions and/or restructuring measures Capital injection Restrictions on: Payment of cash dividends Writing business Lending or investments Acquisitions Restructuring on: Board members or senior management Reducing or mitigating risks, redesigning investment and reinsurance strategy
Mandatory Control Level (MCR Level)	**45% - 70%**	Removing or replacing of board members or senior management Stopping new business and run-off portfolio Revoking (withdrawal) the license Winding up

1. The Authority shall take corrective actions against the insurance operators and if necessary, impose sanctions based on clear and objective criteria that are publicly disclosed.
2. Insurers may be required to develop an acceptable plan for correction to the problems. These plans shall be reviewed and approved by the Authority.
3. When identified, The Authority shall communicate and bring to the attention of the board, senior management and key persons in control of the insurer any material concerns to make sure that corrective measures are taken care off for satisfactory resolution.

(89) The Authority shall take actions in order to apply enforcement where problems are encountered. in accordance with Chapter 4, number (7) of this Directive.

(90) The Authority shall check compliance by the insurer and assess their effectiveness, after corrective action has been taken or remedial measures, directions or sanctions have been imposed.

(91) The Authority may apply any of its power stated in Insurance Act, Regulations, other legislations and this Directive to address management and governance problems, including the power to require the insurer to replace or restrict the power of members of the Board of Directors, senior management, significant owners and external auditors, and suspending or revoking the license of an insurer.

(92) Where necessary and in extreme cases, the Authority may assign conservatorship over an insurer that is failing to meet the requirements of this Directive (or Insurance Act). In case where insurers fail to comply with duties and tasks stipulated under this Directive, regulations, circulars, policies, procedures, orders, recommendations, guidance and its plans, the Authority may take their control, or appoint other specified officials or receivers for the task, and make other arrangements for the benefit of the policyholders.

The provisions set out in this Annexure do not amend the supervisory measures and process set out in the Own Risk Solvency Assessment (ORSA) Directive 2023 (2079), which remains fully in force regarding the supervision of ORSA.

ANNEXURE VII
TRANSITIONAL PROVISIONS
(Related to Direction 1)

Transitional provision on policy reserves

(93) Previous authorization of the Authority, from 1 Shrawan 2080 until Ashad-End 2084, the policy reserves of life insurance obligations may be calculated as a weighted average of the two following rates:

1. The policy reserves calculated according to the rules set out in point (10) of Annexure II and its developing rules,
2. The policy reserves calculated applying a flat interest rate calculated as the minimum of 6% and the actual yield on life fund, as set out in the Valuation Directive 2077.

(94) The weight of the policy provisions of point 93 (1) shall linearly increase on annual basis from 0.7 in Ashad-End 2081 till 1.0 in Ashad-End 2084, while the weight of the policy provisions of point 93 (2) shall linearly decrease on annual basis from 0.3 in Ashad-End 2081 till nil in Ashad-End 2084.

(95) The transition process shall be carried out separately for each of the three buckets set out in point (10) of Annexure II, without allowance of netting among buckets or any other form of offsetting among different buckets.

(96) Life insurers are authorized to apply swifter transition weights. Once applied a higher transition speed, the insurer cannot reverse the acceleration of the transition process or keep in stand by that transition.

(97) The weights and deadlines referred in points (93) and (94) will be applicable for non-life claim reserves for non-life insurers, subject to previous authorization of the Authority.

Transitional provision on the Risk Based Capital

(98) The Authority will put in place transitional measures for four-years following the publication of the Risk-Based Capital and Solvency Directive 2022 (2078), to allow insurers to make the necessary changes to their internal systems and for the smooth transition to the RBC Approach set out in this Directive, and its developing rules.

(99) Implementation of this Directive will be in stages from 1 Shrawan 2080 and full implementation shall be applied as of Ashad-End 2084.

1. The insurers shall calculate its RBC and its Available Capital resources as of Ashad-End 2081. Where there is a breach of the RBC or where the solvency ratio (Available Capital resources to RBC) is below the target set out as per this Directive, the insurer shall have a transitional period of four years to remove the breach or to reach its target solvency ratio.
2. Insurers applying this transitional provision shall have a Board-approved financial plan identifying the capital resources to use in order to cover the RBC or achieve

its target solvency ratio. The financial plan shall be submitted to the Authority within the ten days following its approval by the board of the insurer.

3. The Authority shall require amendments to the financial plan when it is not realistic, or the additional funds are not provided every year of the transition period at least on pro-rata/linear bases.

(99a) 1. For financial year end 2082/2083, the shocks to calculate the capital requirement of the interest rate risk sub module within the market risk module shall be as per the table in paragraph (44a).

2. Without prejudice of the shocks referred to in number 1 above, insurers and reinsurers shall report to the Authority the notional interest rate risk capital requirement that would result in case of applying at the end of financial year 2082/2083 the shocks set out in the following table –

Residual term to maturity	Stress up (%)	Stress down (%)
1	58	58
2	52	52
3	47	47
4	44	44
5	41	41
6	39	39
7	37	37
8	35	35
9	34	34
10	33	33
11	32	32
12	31	31
13	30	30
14	29	29
15	28	28
16	27	27
17	27	27
18	26	26
19	25	25
20	25	25
21	24	24
22	24	24
23	23	23
24	23	23
25	22	22
26	22	22

27	21	21
28	21	21
29	20	20
30 and onwards	20	20

The Authority shall provide the rules to carry out the reporting mentioned in this number.

Proportionality

(100) The Authority shall implement the proportionality principle with regards to the capital requirement and solvency position of insurers. Insurers that have the same risk profile and scale are subject to the same level of intensity in implementing capital requirements.

(101) Guidance on the application of the proportionality principle and the specification of simplified methods shall be developed by the Authority.

Transitional provision for the governance requirements set out in Annexure V

(102) Within the six months following the publication of the Risk-Based Capital and Solvency Directive 2022(2078), insurers shall carry out a gap analysis identifying at least the organizational features, activities, processes, data storage, data analytics and reporting that need to change in order to meet the requirements on the governance of insurers set out in Annexure V. The report identifying the gap analysis shall be approved by the board of the insurer.

(103) The board of the insurer shall submit the report to the Authority within seven days from its approval. Within three months from the approval of the report, the Board of the insurer shall approve an action plan to resolve the issues identified in the gap analysis. The action plan shall describe the organizational structure that will perform the plan, the responsible staff appointed to the main roles in the organizational structure, the human resources devoted (including outsourcing), the financial resources, the data technology resources involved and the member or members of the board directly responsible for monitoring the execution for the action plan.

(104) The action plan shall fulfill the requirements on governance of the insurers set out in Annexure V no later than eighteen months from the approval of that plan.

(105) The Board of the insurer shall submit to the Authority the action plan within seven days from its approval. The insurer shall also submit to the Authority a progress report on the execution of the action plan every six months, and at any moment where a major deviation has happened or is foreseen.