**Everest Reinsurance (Bermuda), Ltd.**
Seon Place, 4th Floor
141 Front Street
P.O. Box HM 845
Hamilton HM DX, Bermuda.
Tel: 441.295.0006 Fax: 441.295.4828

EVEREST.

**DECLARATION OF COMPLIANCE**
**(Prepared in accordance with Section 15A of the Insurance Act 1978)**
**For the Year-Ending – December 31, 2018**

We, the undersigned Directors of EVEREST REINSURANCE (BERMUDA), LTD. ("the Company") declare that to the best of our knowledge and belief that the Company has:

(a) complied with all requirements of the minimum criteria applicable to it;
(b) complied with the minimum margin of solvency as at December 31, 2018;
(c) complied with applicable enhanced capital requirements as at December 31, 2018;
(d) complied with all conditions and regulatory approvals imposed on the Company's certificate of registration; and
(e) complied with the minimum liquidity ratio for general business as at its financial year end.

**DIRECTORS:**

Director: Sanjoy Mukherjee — Date: 4/29/'19

Director: Craig Howie — Date: Apr. 29, '19