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Company Name				
Country				
City				
Street				
Post Office Box				
Telephone (with country & Area code)				
Fax (with country & Area code)				
E-Mail Address				
Internet Web Page Address	http://www.			
Office Hours				
Number of Branches				
Year Established				
Authorized Capital			US\$	
Issued Capital			US\$	
Paid Up Capital			US\$	
Shareholder's Equity			US\$	
Rating (if any)			1	
Shareholding / Ownership	State Owned	Privately Ow	ned	Sate & Private
Member of the Federation of Afro-Asian Insurers & Reinsurers (FAIR)		Member of the General Arab Insurance Federation (GAIF)		



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MAJOR SHAREHOLDERS				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

BOARD OF DIRECTORS			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



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MANAGEMENT			
General Manager			
Deputy General Manager			
Assistant General Manager			
Accounts Manager			
Reinsurance Manager			
Technical Manager			
Claims Manager			



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MAIN ACTIVITIES				
Insurance	Reinsurance	Insurance & Reinsurance		
LINES OF BUSINESS		Treaty Renewal Date		
Motor				
Fire & G.A				
Workers Compensation				
Engineering				
Marine Hull				
Marine Cargo				
Liability				
Oil & Energy				
Please provide Financial Statements for the past 3 years.				
Name		Date		