

Version 2.1

Please login to MASNET Website to check for the latest release.

Direct General Insurer Annual Return

(Form 7(b), Additional Information)

Reporting Cycle : (MM/YYYY)

Company Code :

Company Name:

Reset all figures in this return to zero

Import from xfdf file

Export to xfdf file for submission to MAS

(Please make sure you entered all forms required for your company before export)

NAME OF DIRECT INSURER _____

NOTES TO FORM 7(b)

FROM _____ TO _____

Co Code

Year

Month

Note 1 Items in this Form may be allocated according to a reasonable basis used by the licensed insurer. The bases used shall be stated as a Note to this Form.

NAME OF DIRECT INSURER _____

**FORM 7(b)
ADDITIONAL INFORMATION**

Co Code

Year

Month