

a.s.r.

SFCR ASR Aanvullende
Ziektekostenverzekeringen N.V.

2025

25

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Ziektekostenverzekeringen N.V.

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Introduction

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

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

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The 2025 SFCR provides a.s.r. health supplementary stakeholders insight in:

A Business and performance

The Solvency II ratio stood at 256% as at 31 December 2025 (31 December 2024: 204%), based on the standard formula as a result of € 34,532 thousand Eligible Own Funds (EOF) and € 13,472 thousand Solvency Capital Requirement (SCR).

The premium volume increased to € 127,301 thousand (2024: € 106,685 thousand). Gross new business was € 29,325 thousand (2024: € 7,721 thousand). Result before tax 2025 came to € 7,761 thousand (2024: € 13,338 thousand). Insurance service operating expenses stood at € 12,144 thousand (2024: € 11,061 thousand).

To ensure a future-proof capital position, a.s.r. health supplementary has entered into a reinsurance agreement with ASR Schadeverzekering N.V. (a.s.r. non-life) in 2025. This proportional quota-share contract, renewed for 2026, is fully aligned with Solvency II regulations and the social character of the Dutch health insurance market.

Full details on the a.s.r. health supplementary's business and performance are described in chapter A Business and performance.

B System of governance

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

General

a.s.r. is a public limited company which is listed on Euronext Amsterdam and governed by Dutch corporate law. a.s.r. health supplementary is one of its solo entities and is a limited liability company. a.s.r. health supplementary has its own two-tier board governance structure consisting of an Executive Board (EB) and a Supervisory Board (SB). The EB is responsible for the company's management, meaning that it is responsible for aspects such as achieving corporate objectives, the strategy and the associated risk profile, and the ensuing financial performance of the company and its subsidiaries. The SB is responsible for overseeing, checking (also proactively) and advising the EB.

Risk management

It is of great importance to a.s.r. that risks within all business lines are timely and adequately controlled. In order to do so, a.s.r. implemented a Risk Management framework based on internationally recognised and accepted standards (such as COSO ERM and ISO 31000 risk management principles

and guidelines). Using this framework, material risks that a.s.r. is, or can be, exposed to, are identified, measured, managed, monitored and evaluated. The framework is applicable to a.s.r. group and the underlying business entities.

Control environment

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

Full details on the a.s.r. health supplementary's system of governance are described in chapter B System of governance.

C Risk profile

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

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

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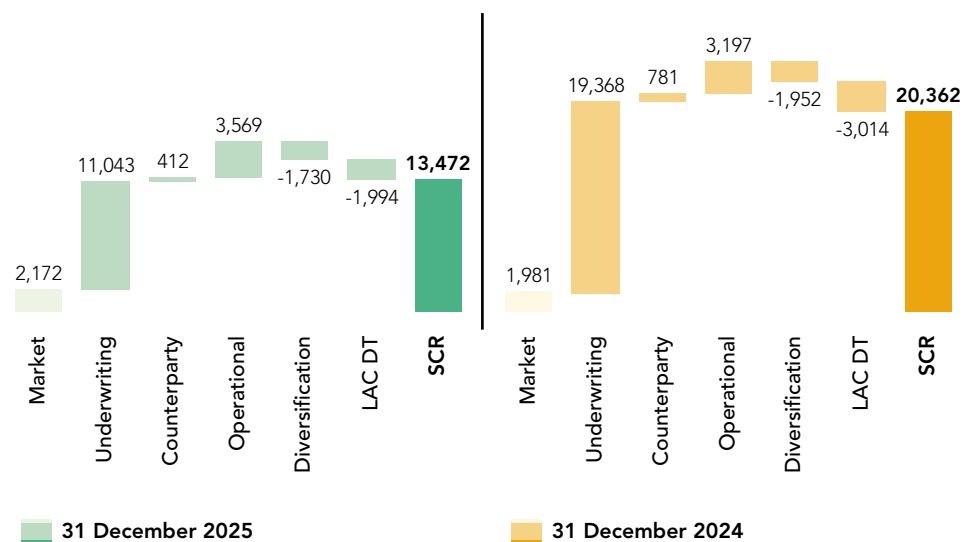
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The SCR is build up as follows:

Full details on the a.s.r. health supplementary's risk profile are described in chapter C Risk profile.

D Valuation for Solvency purposes

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

The reconciliation of IFRS equity and Excess Assets over Liabilities (Solvency II basis) can be summarised for a.s.r. health supplementary as follows:

- Net revaluation of insurance liabilities due to differences between IFRS 17 and SII, such as the applied yield curve. This is after tax-impact of 25.8%;
- Other revaluations for example deferred taxes.

Reconciliation IFRS equity to SII EOF

	31 December 2025	31 December 2024
IFRS equity	29,650	32,798
Net revaluation insurance liabilities	7,467	12,467
Other revaluations	-2,585	-3,803
Excess of assets over liabilities	34,532	41,462
Subordinated liabilities in OF	0	0
Other EOF items	0	0
Eligible own funds to meet SCR	34,532	41,462

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

E Capital management

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

a.s.r. health supplementary follows the default method for the determination of the group solvency and maintains an internal minimum and management target for the Solvency II ratio. The internal minimum Solvency II ratio for a.s.r. health supplementary as formulated in the risk appetite statement is 110%. The management threshold level for the Solvency II ratio is above 140%. a.s.r. only distributes cash dividends if the interest of the policyholders has been ensured (i.e. a Solvency II ratio above 125%). The Solvency II ratio was 256% at 31 December 2025.

The EOF are build up as follows:

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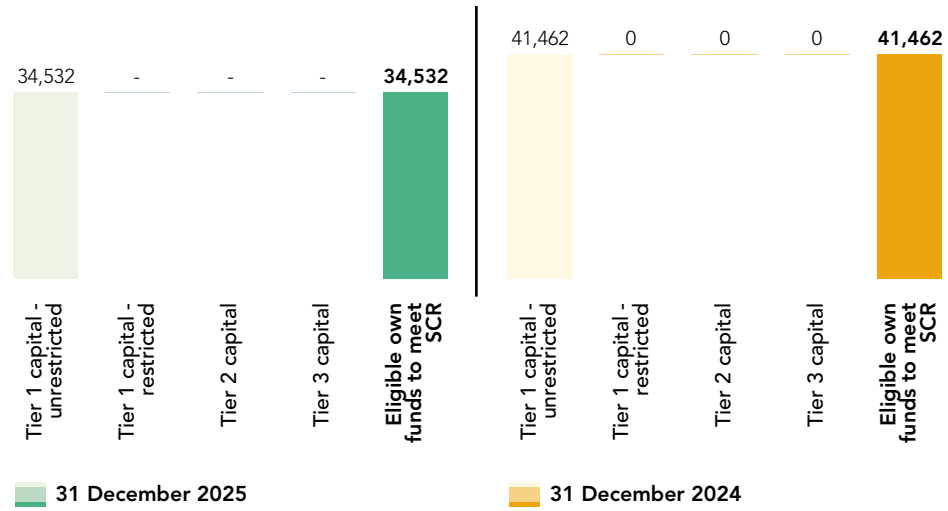
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Eligible own funds



a.s.r. health supplementary has formulated its dividend policy in line with its current strategy. a.s.r. health supplementary intends to pay an annual dividend that creates sustainable long-term value for its shareholders. a.s.r. health supplementary aims to operate at a solvency ratio, calculated according to the standard formula, above the management threshold level of 140%.

Full details on the capital management of a.s.r. health supplementary can be found in chapter E Capital Management.

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A Business and performance

A.1 Business

A.1.1 Profile

Object of the company

ASR Aanvullende Ziektekostenverzekeringen N.V. (a.s.r. health supplementary) provides supplementary insurance to healthcare insurance under the Dutch Healthcare Insurance Act. a.s.r. health supplementary aims to promote the ambitions and build on the transition to a healthcare business that works for a generation of customers who opt for a healthy and sustainable lifestyle by focusing on client satisfaction and profitable growth of the customer base. In addition a.s.r. health supplementary aims to maintain future-proof healthcare. a.s.r. health supplementary offers well priced quality products, attractive information and services focused on improvement of health and general well-being, excellent client service and well-known brands with a drive for sustainability.

Core activities

The core activity of a.s.r. health supplementary is the provision of supplementary insurance to basic health insurance under the Dutch Healthcare Insurance Act. Basic health insurance is provided by ASR Basis Ziektekostenverzekeringen N.V. (a.s.r. health basic) and long-term care insurance through ASR Wlz-uitvoerder B.V. ASR Wlz-uitvoerder (a.s.r. long-term care) executes the Dutch Long term Health act (Wlz). a.s.r. health basic, a.s.r. health supplementary and a.s.r. long-term care form a personnel and administrative union (hereafter referred to as a.s.r. health). At year-end 2025, the number of insured persons of a.s.r. health supplementary amounted to 561,557 (2024: 584,207). Although a.s.r. health basic's portfolio grew in 2025, the number of policyholders with a supplementary insurance decreased. This is because in 2025 only paid supplementary insurance policies were issued, whereas in 2024 free supplementary insurance policies were still being provided.

In 2025, the healthcare market was served under two labels. a.s.r. offered health insurance under the brands 'a.s.r.' and 'a.s.r. Ik kies zelf'.

The a.s.r. label mainly focuses on entrepreneurs (SMEs), employees and self-employed workers. Distribution mainly occurs through the intermediary channel. The second label, a.s.r. Ik Kies Zelf, focuses exclusively on distribution through the direct online channel on price-conscious customers who wish to have adequate cover for additional risks.

Legal structure of the company

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

a.s.r. health supplementary is a public limited company under Dutch law having its office located at Archimedeslaan 10, 3584 BA in Utrecht, the Netherlands.

Internal organisational structure and staffing

Internal organisational structure

In 2025, the organisation of a.s.r. health supplementary consisted of the following three divisions: (1) Operations and Information Management, (2) Health and Customer and (3) Finance, Risk and Control. The Operations department encompasses three value chains:

- 'I want to pay': this value chain focuses on payment-related processes;
- 'I want to apply': here, the emphasis is on application and modification procedures;
- 'I use care': this value chain pertains to utilising healthcare services.

Information Management includes the Data team and Information Management. Health and Customer can be subdivided into the Medical Advice Group, Procurement MSZ (specialist medical care), Procurement Primary Health, Procurement Policy and the Customer & Proposition team. The segment Finance, Risk and Control includes Health Control, Management support, Strategy, Business Actuarial and team Finance.

Headcount

All employees are employed by a.s.r. The a.s.r. employees that work for a.s.r. health supplementary, work for a.s.r. health basic as well as a.s.r. health supplementary and a.s.r. long-term care. At year-end 2025, a.s.r. health employed 220 (2024: 222) internal FTEs. In addition, a flexible layer was used, mostly during November/December, when the bulk of new business was acquired. Specific teams were supported by temporary external employees.

The Executive Board (EB) consists of T.P.H. Oremus, J.M. Hendriks and A.M. de Vos, who joined as member of the EB per 1 October 2025. The composition of the Supervisory Board (SB) of a.s.r. health supplementary is as follows: I.M.A. de Swart, G. Eikelenboom, S. Barendregt and J.P.M. Baeten. The composition of the SB remained unchanged.

Remuneration policy

The remuneration policy of a.s.r. is applicable for a.s.r. health supplementary. The Supervisory Board of a.s.r. continuously reviews and evaluates the remuneration policy of a.s.r. In accordance with the requirements imposed by law and the Dutch Corporate Governance Code for the implementation of the remuneration policy, the remuneration policy is submitted to the General Meeting (at least) once every four years. The current remuneration policy was adopted at a.s.r.'s AGM of 2024.

The remuneration of all employees working for a.s.r. health supplementary is in accordance with the principles of a.s.r.'s remuneration policy, as well as to the law on standardization of top incomes. Under this law (Wet Normering Topinkomens), the wages of the public and semi-public government

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institutions are maximised. Further information can be found in section 2.6.5 of the annual report of a.s.r. health supplementary.

Strategy and achievements

In 2025, a.s.r. health supplementary continued the strategic direction of 2024. a.s.r. health supplementary remains committed to promoting future proof healthcare by offering cover that is efficient, affordable and accessible, now and in the future. A key principle in providing future-proof healthcare is the proper fulfilment of the duty of care, the core task of a health insurer. In addition, a.s.r. health supplementary aims to maintain a stable customer base under its current strategic direction. In 2025, this strategy was successfully executed and even slightly exceeded expectations, resulting in modest growth of the customer base.

In 2025 a.s.r. health supplementary concluded a reinsurance agreement with ASR Schadeverzekering N.V. (a.s.r. non-life) to optimise its capital structure. This arrangement enables the organisation to meet increasing solvency requirements resulting from annual healthcare inflation and the growing number of insured persons. The improved capitalisation resulting from this agreement allows a.s.r. health supplementary to consistently offer competitive premiums in the market, benefiting policyholders and maintaining its competitive position.

Sustainability is a key strategic priority for a.s.r. health basic. In 2025, a.s.r. health supplementary updated its sustainability strategy, and defined the focus areas for 2026 and beyond. a.s.r. health supplementary is committed to reducing the environmental impact of the healthcare sector and supporting healthcare professionals in remaining vital and sustainably employable. a.s.r. health supplementary aims to accelerate innovation in sustainable healthcare by starting small and scaling up to achieve large-scale impact.

a.s.r. health supplementary has developed various initiatives to promote future-proof health care, partly by encouraging policyholders to maintain a healthy lifestyle. The Vitality app motivates policyholders to achieve health-related goals. Once these goals are reached, policyholders can choose from a range of rewards, such as discounts offered by a.s.r. health supplementary's partners. In 2024, the Take care of yourself app (*Zorg voor jezelf app*) was developed and launched on 1 January 2025. Through this app, a.s.r. health supplementary provides access to an online doctor, a dietician, a mental coach, online physiotherapy and healthcare programmes that can contribute to a healthy lifestyle, appropriate for each individual. By combining the strengths of both platforms, a.s.r. health supplementary increasingly connects the Vitality ecosystem with the services offered through the *Zorg voor jezelf* app. Together, these services form a reinforcing proposition that supports customers in improving their well-being and maintaining their health sustainably.

A new initiative in the area of vitality and the prevention of healthcare costs is that a.s.r. health customers with supplementary insurance can receive a discount on their membership of the Royal Dutch Walking Association (*Koninklijke Wandelbond Nederland - KWbN*), thanks to the new partnership with the association.

Customer focus remains a cornerstone of a.s.r. health supplementary's strategy and is subject to continuous improvement. In recent years, a.s.r. health supplementary has invested substantially in

AI and automation to further enhance operational efficiency and improve the overall customer experience. Examples are:

- An initiative to extract relevant information from foreign expense claims and pre-fill data. As a result, the average processing time per claim has been reduced from eight minutes to four minutes, significantly increasing productivity.
- An AI tool that analyses large amounts of unstructured data, such as transcripts, chats, and customer feedback. It identifies trends, clusters topics, and generates actionable insights to improve services and products. This tool is designed for broad applicability across all business lines of a.s.r., enabling organisation-wide improvements in customer service and operational.
- A generative AI solution that creates, updates and structures knowledge base articles from multiple sources. These articles are optimised for integration with chatbots, enabling faster and more accurate responses to customer queries.
- Additional innovations include the AI web application Lingo, which supports employees in creating content aligned with a.s.r.'s corporate style, including tone and formatting. Furthermore, the quality measurement tool Coach and an in-app chat function were implemented.

The NPS-c measures customers satisfaction during contact moments. With an NPS-c of 52 in 2025 (2024: 42), customer satisfaction improved. The improvement was a result of the change management with continuous focus on improving customer value, including digitalisation initiatives and the use of AI to enlarge customer convenience and satisfaction. Since 2025, a.s.r. health supplementary also measures customer satisfaction on digital contact moments, f.e. website or online portal, which leads to an NPS-d score of 15. The weighted average of the NPS-c and NPS-d score is expressed in the overall interaction score of 34 (NPS-i).

Market and distribution developments

Market

Two types of products are available on the Dutch health insurance market: basic cover and supplementary health insurance. In this highly regulated healthcare market, all Dutch citizens are required to obtain basic health insurance under an annual contract. The government determines the content of the basic cover, although insurers may introduce certain variations to differentiate their offerings. These variations may relate to claims processing and the number of contracted medical providers whose treatments are eligible for reimbursement.

Insurers are obliged to accept all individuals who are legally required to obtain basic health insurance as policyholder. A state-managed risk equalisation system protects insurers whose customer base typically shows behaviour that adversely affects health outcomes, resulting in higher costs. This system balances risks across the industry. Compensation paid to insurers is based on the anticipated costs, which are determined by the characteristics of their customer base. This risk equalisation system is subject to ongoing adjustments.

In 2025, a.s.r. health supplementary was the sixth largest provider in the Dutch health insurance market, measured by the number of customers, with a market share of 3.9%¹ (2024: 3.5%). The four largest insurers held a combined market share of 85% (2024: 85%).

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In 2025, 7.0%¹ of policyholders switched to a different health insurer, a slight decrease compared to 2024 (7.4%). With an average 6.8% of policyholders who switch to a different health insurer over the last ten years, the percentage of policyholders switched in 2025 is slightly higher than the average number.

Unlike basic health insurance, supplementary health cover is not compulsory. The number of insured people who choose supplementary insurance continues to decline. In 2025, 80.6% of policyholders on the Dutch market opted for supplementary health insurance (2024: 81.5%). Within a.s.r., the number of policyholders opting for supplementary health cover remained stable 97.9% in 2025 (2024: 96.2%).

Products

The health insurance offerings of a.s.r. health supplementary is related to supplementary health insurance that covers specific risks not included under basic health insurance, such dental care, physiotherapy, orthodontic treatment and medical support abroad.

Internal control of processes and procedures

For a.s.r. health supplementary an adequate risk management system is essential for internal control of processes and procedures, the implementation of the strategy and continuous operational improvement. In order to do so, a Risk Management (RM) framework is implemented, based on internationally recognised and accepted standards. Using this framework, material risks that a.s.r. health supplementary is, or can be, exposed to, are identified, measured, managed, monitored, reported and evaluated, in line with risk appetite statements. The statements highlight the risk preferences and limits of the organisation and are viewed as key elements for the realisation of the strategy.

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

Performing annually the Strategic Risk Analysis (SRA), the Own Risk and Solvency Assessments, (ORSA), assessment of sustainability, business processes, financial reporting, outsourcing and information technology, monitoring operational incidents and project risk assessments are also important parts of risk management. Products and services and accompanying customer information undergo an internal 'Product Approval and Review Process (PARP)'.

In 2025, the Risk Control Matrix (RCM) for a.s.r. health supplementary has been improved as outcome of the NFR-optimisation-programm. Frequent monitoring takes place by IT security of a.s.r. D&IT in order to optimise the risk management process and to anticipate on developments and cybersecurity threats.

Controls are implemented on formal, material, medical necessity and fraud aspects in order to reduce the need for retrospective corrections. The Healthcare Control department reports to the CFRO of a.s.r. health supplementary.

Quality control

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

a.s.r. health supplementary attaches great importance to feedback from its customers. That is why, also in 2025, continuous feedback was asked by means of the Net Promotor Score (NPS) on both customer contact (contact measurement) and the handling of complaints (process measurement). In 2025, a.s.r. health supplementary measured NPS on (live) Chat en Telephony.

This provided a.s.r. health supplementary with an even better insight into what customers think of its information provision, services, First Time Right service approach and the quality of its customer contact in general. The feedback was used to improve processes and train employees. a.s.r. health supplementary also uses the Customer Effort Score (CES) to get an insight into how much effort it takes customers for example to submit an invoice. The results have given a.s.r. health supplementary input for improvements.

In 2025 the NPS-c score was considerably higher than in 2024. (2024: +42; 2025: +52). In 2025, a.s.r. health supplementary invested heavily in handling customer contact, by actively working on improving the self-service options and actively encouraging their use. a.s.r. health supplementary was able to better assist the customers who contacted a.s.r., which led to higher customer satisfaction.

Since the policy terms change every year, a.s.r. health supplementary sent customers a personal overview in January to remind them of the most important changes, so they could adjust their insurance if desired.

For a.s.r. complaints are an important aspect of its service. Complaints represent the voice of the customers and are one of the measurements of an overall performance. Through a complaint, an unsatisfied customer gives a.s.r. an opportunity to restore the relation by good complaint handling.

In 2025, there was an increase in inflow of complaints. a.s.r. health received 2,149 complaints (2024: 1,870). The increase was relative with the increase of insured in 2025. In the first halfyear a.s.r. health received more complaints (1,194) than in the second halfyear (955). The inflow of complaints shows a

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stable monthly decrease up until October, with inflow rising again in November with the upcoming health season.

a.s.r. health strives to answer at least 90% of complaints within 10 workdays. In 2025, 97% of complaints were answered within 10 workdays, with an average of 12 workdays. This performance has improved compared to 2024, when 92% was answered within 10 workdays with an average of 14 workdays.

In 2025, a.s.r. health continued focusing on offering more learnings from complaints. In 2025, a.s.r. health made new agreements within the organisation on how to give feedback to customer service agents. To make sure feedback is used to learn as a team, all feedback is given in writing, notifying the coordinator and performance advisor of the feedback, so personal feedback can be used as a team learning. In 2025 a.s.r. health also strived to improve the customer satisfaction score for complaints. In 2025, a.s.r. health scored an average of +27 on NPS, an improvement of +9 compared to last year (+18).

Finance

Overall capital management is administered at group level. a.s.r. currently plans to consider investing capital above the Solvency II ratio (calculated based on the standard formula) of 140% (management threshold level) with the objective of creating value for its shareholders. If and when a.s.r. operates at a level considerably above the management threshold level and it believes that it cannot invest this capital in value-creating opportunities for a prolonged period of time, it may decide to return (part of this) capital to shareholders. If a.s.r. chooses to return capital, it plans to do so in a form that is efficient for shareholders at that time. a.s.r. actively manages its in-force business, which is expected to result in free capital generation over time. Additionally, business improvement and balance sheet restructuring should improve the capital generation capacity while advancing the risk profile of the company. a.s.r. health supplementary is capitalised separately. Excess capital over management's targets and not allocated to profitable growth of new business or other strategic goals, can be used for example to repay earlier capital investments to the extent local regulations allow and within the internal risk appetite statement.

A.1.2 General information

The SFCR has been prepared by and is the sole responsibility of the Company's management. Selected Own Funds and SCR information are also reported in a.s.r. financial statements. KPMG has examined the 2025 financial statements and issued an unqualified audit report thereon. The SFCR is not in scope of the KPMG audit.

Name and contact details of the supervisory authority

Name:	De Nederlandsche Bank
Visiting address:	Frederiksplein 61, 1017 XL Amsterdam
Phone number (general):	+31 800 020 1068
Phone number (business purposes):	+31 20 524 9111
Email:	info@dnb.nl

Name and contact details of the external auditor

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

A.2 Key figures

- The IFRS net result amounted to € 5.8 million (2024: € 9.9 million);
- Premium volume increased to € 127.3 million (2024: € 106.7 million);
- Total insurance service operating expenses increased to € 12.1 million (2024: € 11.1 million);
- Combined ratio (net of reinsurance) deteriorated to 89.4% (2024: 86.8%).

Key figures

(in € thousands, unless stated otherwise)	31 December 2025	31 December 2024
Premium volume	127,301	106,685
Insurance service operating expenses	12,144	11,061
Result before tax	7,761	13,338
Income tax gain / (expense)	-2,002	-3,441
Net result	5,759	9,897
New business	29,325	7,721
Combined ratio	89.4%	86.8%
- Claims ratio	73.4%	76.4%
- Commission ratio	4.8%	3.1%
- Expense ratio	11.1%	7.3%

Premium volume¹

The premium volume increased to € 127.3 million (2024: € 106.7 million). The increase is the result of the increase of the number of paid supplementary policies.

¹ Premium volume is equal to the premiums invoiced.

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Insurance service operating expenses

The insurance service operating expenses amounted to € 12.1 million (2024: € 11.1 million). a.s.r. health contracted more parties on a commission base in stead of acquisition costs base. In 2024 this resulted in a, one time, lower insurance service operating expenses. In addition the insurance operating expenses increased due to investment in AI.

Profit/(loss) for the year

The net result in 2025 amounted to € 5.8 million, an decrease of € 4.1 million compared to 2024. The net result of 2025 includes the effects of the reinsurance agreement with a.s.r. non-life.

Gross new business (Solvency II)

Gross new business in 2025 amounted to € 29.3 million (2024: € 7.7 million). The combined portfolio of basic health insurance and supplementary health insurance were priced competitive.

Combined ratio

The combined ratio in 2025 (89.4%) was higher than in 2024 (86.8%). The costs of the initiatives in 2025 to promote future-proof health care did not lead to higher premiums.

The commission and expense ratio in 2025 is calculated by dividing the operating expenses with the premium volume reduced with the reinsured premiums. This leads to a higher expense- and commission ratio compared to previous year where there was no reinsurance with a.s.r. non-life.

A.3 Investment performance

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

A.3.1 Financial assets and derivatives

See accounting policy C of the annual report of a.s.r. health supplementary.

Investments		
	31 December 2025	31 December 2024
At FVTPL	22,957	24,866
At FVOCI	3,398	3,266
Total investments	26,354	28,132

Investments at FVTPL

Investments at FVTPL

	31 December 2025	31 December 2024
Government bonds	9,788	10,379
Corporate bonds	13,169	14,487
Total investments at FVTPL	22,957	24,866

Based on their contractual maturity, an amount of € 21,409 thousand (2024: € 21,774 thousand) of debt instruments is expected to be recovered after more than one year after the balance sheet date. For assets without a contractual maturity date, it is expected that they will be recovered after more than one year after the balance sheet date.

At year-end 2025 and 2024, debt instruments at FVTPL consisted entirely of investments mandatorily measured as such.

a.s.r. health supplementary has bonds that have been transferred, but do not qualify for derecognition amounting to € 9,528 thousand (2024: € 9,782 thousand). The majority of these investments are part of a securities lending programme whereby the investments are lent in exchange for a fee with collateral obtained as a security. The collateral furnished as security representing a fair value of € 10,472 thousand (2024: € 10,733 thousand) consists entirely of corporate and government bonds.

Investments at FVOCI

Investments at FVOCI

	31 December 2025	31 December 2024
Equities	3,398	3,266
Total investments at FVOCI	3,398	3,266

a.s.r. sold equity instruments held at FVOCI for an amount of € 1,629 thousand (2024: € 3,292 thousand) in the ordinary course of business. The sales resulted in a loss of € 144 thousand (2024: gain € 1,019 thousand).

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Direct investment income

Breakdown of investment income per category

	2025	2024
Interest income from investments at FVTPL	1,876	2,134
Total interest income	1,876	2,134
Dividends received	89	73
Other direct investment income	1	-
Total dividend and other investment income	90	73
Total direct investment income	1,966	2,207

Interest income mainly decreased due to decrease in government and corporate bonds. See section 2.4.1 Investments - of the annual report of a.s.r. health supplementary.

For equity instruments measured at FVOCI, dividends received during the year amount to € 89 thousand (2024: € 73 thousand), of which € 25 thousand (2024: € 17 thousand) relates to instruments derecognised during the year.

A.3.2 Consolidated statement of comprehensive income

Company statement of comprehensive income for the year ended 31 december

(in € thousands)	2025	2024
Net result	5,759	9,897
Equity instruments designated as FVOCI		
- Unrealised change in value of equity instruments designated as FVOCI	267	-859
- Realised gains/(losses) on equity instruments designated as FVOCI	-137	1,022
Income tax on items that will not be reclassified to profit or loss	-37	-46
Total items that will not be reclassified to profit or loss	92	117
Total other comprehensive income, after tax	92	117
Total comprehensive income	5,852	10,014

A.3.3 Information about investments in securities

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

A.4 Performance of other activities

No other activities are material.

A.5 Any other information

No other information is applicable.

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B System of governance

B.1 General information on the system of governance

B.1.1 Corporate governance

In this paragraph the corporate governance of a.s.r. health supplementary is explained.

B.1.1.1 Supervisory Board Committees

Audit and Risk Committee

The Supervisory Board (SB) did not institute an Audit and Risk Committee.

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

Remuneration Committee

The SB did not institute a Remuneration Committee.

Selection & Appointment Committee

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

B.1.1.2 Corporate Governance

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

B.1.1.3 Executive Board

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

Composition

The EB will consist of a minimum of two members, until September 2025, these were J.M. Hendriks and T.P.H. Oremus. As of 1 October A. de Vos has been appointed as a third member of the EB. The General Meeting of Shareholders appoints the EB members and may at any time suspend or dismiss any member of the EB. Only candidates found to meet the fit and proper test under the Dutch Financial Markets Supervision Act are eligible for appointment. At year-end, the EB consisted of two male members and one female member. In 2017, the SB adopted a formal diversity policy. a.s.r. uses the following definition for diversity: a balanced composition of the workforce, based on age, gender, cultural or social origin, competences, views and working styles. a.s.r. health supplementary does not

meet all the requirements of this policy. However, with the appointment of A. de Vos as an EB member, the current composition of the EB shows a more balanced profile.

Education and evaluation

The members of the EB followed individual development programs in 2024 as part of their continuing education and development. In addition, much attention was devoted to knowledge-development in the areas of leadership, data and Artificial Intelligence (AI) development, risk and compliance. The decision making process of the EB was self-evaluated in 2024 and discussed with the deputy directors. Goal of the evaluation and discussion was to find useful elements and ways to further enhance the effective decision-making and information gathering. In addition to the self-evaluation, the performance of the members of the EB was also assessed by the SB.

B.1.1.4 Supervisory Board

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

Composition

The SB of a.s.r. health supplementary consists of four members: I.M.A. de Swart (chairman), J.P.M. Baeten, S. Barendregt and G. Eikelenboom. The composition of the SB remained unchanged in 2025.

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

Education and evaluation Supervisory Board of the group

In 2025, several educational sessions were followed by the SB. The sessions were organised jointly with the SB of a.s.r. for the benefit of further education. The sessions focused on the topics sustainability, PIM and SSA.

The SB is responsible for assessing the quality of its own performance. It therefore performs an annual self-assessment and discussion of its own performance and that of its committees and members. A self-assessment with external supervision is carried out every three years. The self-assessment for 2025 was carried out with internal guidance. The assessment was based on written and oral input from the members of the SB and the EB. The following aspects were assessed:

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

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The outcome of the assessment was discussed in a formal meeting of the SB with the EB. The overall impression that emerged from the self-assessment was positive. The SB is considered a well functioning group in both content and governance structure. The relationship with the EB is open and positive, and the EB successfully keeps the SB well-informed.

B.1.1.5 Corporate Governance Codes and regulations

a.s.r. health supplementary is subject to the Dutch Health Insurers Code (2012). This code contains principles for governance. Specifically, it defines guidelines for the fulfilment of the public responsibility regarding the execution of the compulsory Dutch Health Insurance Act.

Professional oath

On 1 January 2013, the Dutch financial sector introduced a mandatory oath for EB and SB members of financial institutions licensed in the Netherlands. With regard to insurance companies, in addition to the EB and SB members, individuals holding a management position immediately below the EB who are responsible for staff who may have a significant influence on the risk profile of the insurance company, are also required to take the oath, as are certain other employees. This includes individuals who may (independently) significantly influence the risk profile of the undertaking as well as those who are or may be involved in the provision of financial services.

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

B.1.2 Related-party transactions

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

a.s.r. health supplementary regularly enters into transactions with related parties during the conduct of its business. These transactions mainly involve other assets, other liabilities and allocated operating and finance expenses, and are conducted on terms equivalent to those that prevail in at arm's length transactions.

- The remuneration of the EB and SB of a.s.r. health supplementary are described in section 2.6.5 of the annual report of a.s.r. health supplementary;
- The operating expenses, reported in section 2.5.8 of the annual report of a.s.r. health supplementary, are predominantly intercompany, consisting of allocated expenses from head office, support functions and expenses related to personnel;
- The reinsurance contract with a.s.r. non-life, see section 2.4.7.2 Reinsurance and 2.5.3 Net result from reinsurance contract - of the annual report of a.s.r. health supplementary.
- Transactions with a.s.r. concern the payment of taxes as a.s.r. heads the fiscal unity. See section 2.5.9 of the annual report of a.s.r. health supplementary.

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

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

	2025	2024
Balance sheet items with related parties as at 31 December		
Other assets	799	6,081
Reinsurance contract liabilities	990	-
Transactions in the income statement for the financial year		
Net result from reinsurance contracts	5,068	-
Other finance expenses	1,060	1,291
Investment operating expenses	44	37

No provisions for impairments have been recognised for the years 2025 and 2024.

In 2025 a.s.r. health supplementary entered into a 45% quota share reinsurance contract with ASR Schadeverzekering N.V. (a.s.r. non-life). The reinsurance contract qualifies as an intra-group transaction, on which the DNB guideliness on 'Good practice for intra-group transactions for insurers' is applicable. The reinsurance contract is based on an at arm's length principal, with reinsurance conditions that are in line with common market practice. For a.s.r. health supplementary, the reinsurance premium is in line with market rates, while for a.s.r. non-life the returns are in line with internal requirements and market practice. The duration of the contract is 1 year and ends per 31 December of the year, with an automatic extension for the following year, unless the contract is terminated by either parties. The contract has been extended for the 2026 financial year. Both parties are entitled to cancel the contract. The contract includes certain exclusions like policies not in compliance with law, additional risk and risk related to sanctioned persons.

Following the implementation of the reinsurance contract with a.s.r. non-life, in 2025 a.s.r. health supplementary repaid the in 2023 received share premium of € 9 million to its' shareholder.

The members of the EB and the SB of a.s.r. health supplementary have mortgage loans amounting to € 770 thousand (2024: € 620 thousand) respectively € 1,855 thousand (2024: € 1,580 thousand) with a.s.r. that have been issued subject to normal employee conditions. The employee conditions include limits and thresholds to the amounts that qualify for a personnel interest-rate discount. For mortgage loans arm's length conditions apply. The average interest rate on the mortgage loans of the EB is 2.6% (2024: 2.6%) and for SB 2.3% (2024: 2.1%). In 2025, the mortgage loans of the EB were settled for an amount of € 11 thousand (2024: € 8 thousand) and for the SB for an amount of € 59 thousand (2024: € 54 thousand).

During 2025 and 2024, a.s.r. health supplementary paid no dividends.

B.1.3 Remuneration of Supervisory Board and Executive Board

The remuneration policy of the EB and SB members is determined in accordance with the current Articles of Association of a.s.r.

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The EB and SB of a.s.r. health basic are also the EB and SB of a.s.r. health supplementary. The total costs of the EB and SB are allocated for 75.58% (2024: 76.18%) to a.s.r. health basic and 24.42% (2024: 23.82%) to a.s.r. health supplementary.

B.1.3.1 Remuneration of Supervisory Board members

Annual remuneration for members of the Supervisory Board

in € thousands		2025	2024
Supervisory Board member	Function		
I.M.A. de Swart ¹	Chairman of the SB	-	-
J.P.M. Baeten ²	Member of the SB	-	-
S. Barendregt ³	Member of the SB	1	1
G. Eikelenboom ⁴	Member of the SB	1	1
Total		3	3

The annual remuneration for the members of the SB is accounted for in the remuneration paragraph of the annual report of a.s.r. In 2025, only the amount of compensation paid for the services provided by the SB members S. Barendregt, and G. Eikelenboom were charged to a.s.r. health supplementary and is subsequently accounted for in the result of a.s.r. health supplementary. Members of the SB who are also members of the EB of a.s.r. receive no compensation for their services.

B.1.3.2 Remuneration of current and former Executive Board members

The remuneration of members of the EB is in accordance with the 2025 remuneration policy.

Annual remuneration for members of the a.s.r. Executive Board

Executive Board member	Function	Fixed employee benefits	Pension benefits	Total
2025				
T. Oremus ⁵	Member of the EB	45	7	52
J.M. Hendriks RA ⁶	Member of the EB	59	12	71
A.M. de Vos ⁷	Member of the EB	14	2	16
Total		118	21	139
2024				
T. Oremus ⁵	Member of the EB	68	14	81
J.M. Hendriks RA ⁶	Member of the EB	53	14	67
Total		120	28	148

In 2025, several changes in the EB occurred. T. Oremus was in function from 1 January 2025 until 31 March 2025 on a 0.24 FTE basis and from 1 April until 31 December 2025 on a 0.12 FTE basis. J.M. Hendriks was in function from 1 January 2025 until 31 December 2025, on a 0.24 FTE basis. A.M. de Vos joined the EB per 1 October 2025 and was in function from 1 October 2025 until 31 December 2025 on a 0.24 FTE basis. The allocation is based on an estimate of the actual allocated time spent. The EB members are employed by a.s.r. The remuneration recognised amounts to the costs charged from a.s.r. to a.s.r. health supplementary for the fulfilment of the function of EB member at a.s.r. health supplementary. The costs charged consist of wage costs including employer's early retirement and life cycle (VPL) costs and any lease car costs.

B.2 Fit and Proper requirements

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

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

¹ I.M.A. de Swart was appointed member of the Supervisory Board prior to 1 January 2024, is still a member of the Supervisory Board and as per 19 May 2021 chairman.

² J.P.M. Baeten was appointed member of the Supervisory Board prior to 1 January 2024 and is still a member of the Supervisory Board.

³ S. Barendregt was appointed member of the Supervisory Board prior to 1 January 2024 and is still a member of the Supervisory Board.

⁴ G. Eikelenboom was appointed member of the Supervisory Board prior to 1 January 2024 and is still a member of the Supervisory Board.

⁵ Member of the EB since 1 April 2022.

⁶ Member of the EB since 1 April 2015.

⁷ Member of the EB since 1 October 2025.

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The fit and proper requirements that are imposed on persons who effectively run the undertaking and other key functions are included in the job profile, which is used as a basis for recruitment. a.s.r. has a program for the continuing education of persons who effectively run the undertaking and other key functions.

B.3 Risk management system

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

B.3.1 Risk Management Framework

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



Risk Management framework

The RM framework consists of risk strategy (including risk appetite), risk governance, systems and data, risk policies and procedures, risk culture, and RM process. The RM framework contributes to achieving the strategic, tactical and operational objectives as set out by a.s.r. The overall effectiveness of the RM framework is evaluated as part of the regular internal review of the system of governance.

Risk strategy (incl. risk appetite)

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

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

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

Risk governance

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

Systems and data

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

Risk policies and procedures

Risk policies and procedures are part of the a.s.r. policy house. Policy documents are submitted for approval to the relevant (risk) committee in accordance with the applicable governance. Policies are evaluated annually, tested against internal and external market developments, and changes in laws and regulations, and updated as necessary in accordance with the governance defined in the policy.

Each risk policy must include at least:

- The scope within a.s.r. to which the policy applies.
- A demonstrable and consistent link with relevant laws and regulations and/or strategy.
- Key requirements to achieve the policy's objectives.
- The risk categories to which the policy line applies
- Description of the method for controlling the risk.
- Specific risk tolerances and limits within the relevant risk categories in accordance with the risk appetite statements.
- The frequency and content of regular stress tests and the circumstances that would justify ad-hoc stress tests.
- The processes and reporting procedures applied.
- Exceptions and Escalations.

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

Risk culture

An effective risk culture is one that enables and rewards individuals and groups for taking risks in an informed manner. It is a term describing the values, beliefs, knowledge, attitudes and understanding about risk. All the elements of the RM framework combined make an effective risk culture.

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

Risk management process

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

B.3.1.1 Risk management strategy and risk appetite

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

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

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

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

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

The objectives and limits are set annually by the EB of a.s.r. health supplementary based on the principles for capital management as laid down in the capital policy. Under certain circumstances,

and with the approval of the SB of a.s.r. health supplementary, substantiated deviations from these principles may be made.

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

B.3.1.2 Risk governance

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

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

Risk ownership

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

Three lines model

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

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Three lines model

First line

- Executive Board / Management Board
- Management teams of the business lines and their employees
- Finance & risk decentral

Ownership and implementation

- Responsible for the identification and the risks in the daily business
- Has the day-to-day responsibility for operations (sales, pricing, underwriting, claims handling, etc.) and is responsible for implementing risk frameworks and policies.

Second line

- Group Risk Management department
 - Risk management function
 - Actuarial function
- Compliance
 - Compliance function

Challenging and monitoring implementation by 1st line

- Challenges the 1st line and supports the 1st line to achieve their business objectives in accordance with the risk appetite
- Has sufficient countervailing power to prevent risk concentrations and other forms of excessive risk taking
- Responsible for developing risk policies and monitoring the compliance with these policies

Third line

- Audit department
 - Internal audit function

Independent assessment of 1st and 2nd lines

- Responsible for providing dedicated assurance services and oversees and assesses the functioning and the effectiveness of the first two lines of defence

- Methodology

Operational Risk Management

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

Financial Risk Management

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

Model Validation

The Model Validation (MV) department is responsible for performing validation activities or having them carried out in accordance with the drawn up annual model validation plan. MV is responsible for supervising compliance with the model validation policy, discussing and challenging the (draft) validation reports and advising the Model Validation Committee. MV is a separate sub-department within GRM. MV is part of the RMF. The Model Validation Department independently reviews models used for risk, capital, pricing, and valuation purposes. It ensures that models are reliable, well-governed, and compliant with internal standards and regulatory requirements. The team regularly tests and reports on model performance to support sound decision-making.

Methodology

Methodology is responsible for establishing methodologies for the PIM of the life entities of a.s.r. and therefore not applicable for a.s.r. health.

Compliance

The responsibilities of Compliance include the development of compliance policies and procedures, the annual review and update of the compliance risk strategy (risk appetite) and the monitoring of the non-financial risk profile concerning compliance risks. An important task of Compliance is to be the countervailing power to the EB and other management in managing compliance risks for a.s.r. and its

Positioning of key functions

Within the risk governance, the key functions (compliance, risk, actuarial and audit) are organised in accordance with Solvency II regulation. They play an important role as countervailing power of management in the decision-making process. The four key functions are independently positioned within a.s.r. In all the risk committees one or more key functions participate. The second line reports to the CRO, which is a member of the management board. All key functions have direct communication lines with the EB and can escalate to the chairman of the Audit & Risk Committee of the SB. Furthermore, the key functions have regular meetings with the supervisors of the Dutch Central Bank (DNB) and / or The Dutch Authority for the Financial Markets (AFM).

Group Risk Management

Group Risk Management (GRM) is responsible for the execution of the RM function (RMF) and the actuarial function (AF). The department is led by the RMF holder. GRM consists of the following four sub-departments:

- Operational Risk Management;
- Financial Risk Management;
- Model Validation;

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subsidiaries. The mission of the compliance function is to enhance and ensure a controlled and sound business operation.

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

Audit

Audit a.s.r., the third line, strengthens a.s.r.'s ability to create, protect, and preserve value by providing the EB with independent, risk-based, and objective assurance, advice, insights, and outlooks. Audit helps a.s.r. to successfully achieve its objectives, enhance governance, risk management, and control processes, and improve decision-making and oversight at a.s.r. Furthermore, Audit strengthens a.s.r.'s reputation and credibility with its stakeholders and increases a.s.r.'s ability to serve the public interest.

Audit performs various types of activities:

- Through a systematic and structured approach, audits are conducted to provide an objective and independent opinion on the effectiveness of governance, risk management, and control processes.
- Conducting specific investigations at the request of the Executive Board or the Audit & Risk Committee (ARC) and/or the Supervisory Board (RvC).
- Providing solicited and unsolicited advice.

Risk committee structure

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

Audit and Risk Committee

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

Executive Board

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

Business Risk Committees

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

B.3.1.3 Systems and data

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

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

- completeness (including documentation of accuracy of results)
- adequacy
- reliability
- timeliness

Adherence to this policy is ensured by the three lines model. With a Central Data Office, additional measures are taken to increase maturity in data management practices.

The data risk governance and committee structure in place ensures that ownership and decision making regarding assumptions and the plausibility of the results is effectively organised.

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

a.s.r.'s information security policy is based on relevant laws and market standards, like ISO 2700x, COBIT 2019, NIST Cybersecurity framework, SOC2 principles, PCI DSS, COSO, BS 25999, ISO 31000 and ITIL. These standards describes best practices for the implementation of information security. For the Digital Operational Resilience Act (hereafter: DORA), important changes in 2025 per DORA pillar are:

- ICT Risk Management: a strengthened, centralised, and top-down approach has been adopted through an IT Risk Framework for ICT governance and risk management. Best practice controls are now mandatory and implemented via comply-or-explain principles.

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- Incident Management: IT incident monitoring has been intensified with a new process to promptly notify and report major DORA incidents to regulators. There is now more focus on business continuity rather than solely IT continuity.
- Digital Resilience: focus on the critical and important business functions, with controls formalised or adjusted as necessary to comply with DORA.
- Management of Third-Party Risk: concentration risks and critical suppliers have been identified. Reporting has been improved, and a processing register along with mandatory reporting templates have been implemented. Where necessary, contracts with third-party suppliers have been revised.
- ICT Information Sharing: information exchange between a.s.r., other financial institutions, and regulators has been improved, with active contributions to collaborations.

As of 2025, a.s.r. substantially complies with the DORA regulations, which have been integrated into a.s.r.'s information security policy. The requirements for design and implementation have been met, and our current focus is on demonstrating the operational effectiveness.

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

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

B.3.1.4 Risk policies and procedures

a.s.r. has established guidelines, including policies that cover all main risk categories (market, counterparty default, liquidity, underwriting, strategic and operational). These policies address the accountabilities and responsibilities regarding management of the different risk types. Furthermore, the methodology for risk measurement is included in the policies. The content of the policies is aligned to create a consistent and complete set. GRM maintains the risk policies, Compliance maintains the compliance policies and both GRM and Compliance monitor the proper implementation in the business. New risk policies or updates of existing risk policies are approved by the risk committees as mentioned previously. a.s.r. has established an overall policyhouse (formally managed by the Compliance Function), including an integrated policy calendar which includes all risk related documents. This guarantees that policies are drawn up and reassessed in a timely manner where ownership and responsibilities are clear.

a.s.r. employees gain risk management knowledge and skills through the implementation of risk management policies, procedures and practices and the execution and testing of controls within business processes for sound and controlled business operations. Training courses that cover the

main risk-related topics, presentations, workshops, gamification and the use of governance, risk & compliance tooling also contribute to this. In addition, risk management employees keep their knowledge and skills up to date through training courses - including in the context of permanent education - that cover specific risk-related topics.

B.3.1.5 Risk culture

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

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

It is very important that this risk awareness trickles down to all parts of the organisation, and therefore management actively encourages personnel to be aware of risks during their tasks and projects, in order to avoid risks or mitigate them when required. The execution of risk analyses is embedded in daily business in, for example, projects, product design and outsourcing.

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

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

B.3.1.6 Risk management process

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

Identifying

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

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Measuring

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

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

Managing

Typically, there are four strategies to managing risk:

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

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

Monitoring and reporting

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

Evaluating

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

B.3.2 Risk categories

a.s.r. health is exposed to a variety of risks. There are six main risk categories that a.s.r. recognises, as described below. In addition, a.s.r. health recognises sustainability risks arising from environmental, social or governance (ESG) events or conditions. The sustainability risks can be financial and non-financial and can be both strategic and operational. This means that all six main risk categories that a.s.r. health recognises can be affected by sustainability risks. In chapter 6 and in the paragraph climate change of the a.s.r. annual report, a.s.r. briefly describes how a.s.r. identifies, measures and manages climate risks and opportunities for its business.

Underwriting risk

Underwriting risk is the risk that premium and/or investment income or outstanding reserves will not be sufficient to cover current or future payment obligations, due to the application of inaccurate technical

or other assumptions and principles when developing and pricing products. a.s.r. health recognises the health insurance risk.

Market risk

The risk of changes in values caused by market prices or volatility of market prices differing from their expected values. The following types of market risk are distinguished:

- Mismatchrisk
- Equity risk
- Property risk
- Spread risk
- Currency risk
- Concentration risk/market concentration risk

Counterparty default risk

Counterparty default risk is the risk of losses due to the unexpected failure to pay or credit rating downgrade of counterparties and debtors. Counterparty default risk exists in respect of the following counterparties:

- Reinsurers
- Consumers
- Intermediaries
- Counterparties that offer cash facilities
- Counterparties with which derivatives contracts have been concluded
- Healthcare providers

Liquidity risk

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

Operational risk

Operational risk is the risk of losses caused by weak or failing internal procedures, weaknesses in the action taken by personnel, weaknesses in systems or because of external events. The following subcategories of operational risk are used:

- Compliance
- Business process
- Financial reporting
- Outsourcing
- Information technology
- Project risks

Strategic risk

Strategic risk is the risk of a.s.r. or its business lines failing to achieve the objectives due to incorrect decision-making, incorrect implementation and/or an inadequate response to changes in the environment. Such changes may arise in the following areas:

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- Climate
- Demographics
- Competitive conditions
- Technology
- Macroeconomic conditions
- Laws and regulations and ethical standards
- Stakeholders
- Group structure (for product lines only)

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

B.4 Internal control system

B.4.1 Strategic and operational risk management

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

B.4.1.1 Strategic Risk Management

Strategic risk management aims to identify and manage the most important risks that (may) impact a.s.r.'s strategic objectives. The process of strategic risk analysis (SRA) is designed to identify, measure, manage, monitor, report and evaluate those risks that are of strategic importance to a.s.r.:

Identifying

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

Measuring

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

Managing

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

Monitoring and reporting

The output of the SRA process is translated into day-to-day risk management and monitoring and reporting, both at group and product line level. At group level, the risk priorities are discussed in

the a.s.r. Risk Committee and the Audit & Risk Committee. At the level of the product lines, risks are discussed in the BRC's.

Evaluating

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

Climate change

One of the areas within Strategic Risk Management concerns climate change. For a.s.r., climate change is a direct and indirect risk, both to its assets and liabilities. In section 5.4.3 Identified risks of the Annual report of a.s.r. and 6.2.1 Climate change of the Annual report of a.s.r., the relevant climate related risks for a.s.r. are discussed including how these risks are managed. Climate change related risks have no direct impact on the valuation in the current accounting and disclosures of a.s.r.'s assets and liabilities.

B.4.1.2 Operational Risk Management

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

Identifying

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

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

Measuring

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

Managing

For each risk, identified controls are implemented into the processes to keep the level of risk within the agreed risk appetite (level of concern 1 or 2). In general, risks can be accepted, mitigated, avoided or transferred. A large range of options is available to mitigate operational risks, depending on the type. An estimation is made of the net risk, after implementing the control(s). A more effective and efficient approach to managing risks is required driven by the increased complexity of processes, data

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processing and the need for a timely and accurate view on the risk profile. a.s.r. is therefore in the process of shifting towards a more automated approach to manage risks, for example automated controls, data analysis and the use of AI for reporting purposes.

Monitoring and reporting

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

Evaluating

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

Operational incidents

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

ICT

Through IT risk management, a.s.r. devotes attention to the confidentiality, integrity and availability of ICT, including End User Computations. The logical access control for key systems used in the financial reporting process remains a high priority in order to enhance the integrity of applications and data. The logical access control procedures also prevents fraud by improving segregation of duties and by offsetting current and desired access levels within the systems and applications. Proper understanding of information, security and cyber risks is essential and the reason for which continuous actions are carried out to create awareness among employees. All of a.s.r.'s security measures are tested periodically. To increase cyberresilience, a.s.r. is participating in de DNB Threat Intel Based Ethical Red Teaming exercise.

Business Continuity Management

Operations and the execution of critical processes can be disrupted significantly by unforeseen circumstances or calamities. Preparation and practice enable a.s.r. to resume its most important business activities with limited interruptions and to react quickly and effectively during such situations.

Critical processes and the people, assets and technology needed to run them are identified during the Business Impact Analysis. The factors and calamities that can threaten the availability these processes are identified in the Threat Analysis. If the impact of certain events can be unacceptably large, mitigating actions are taken. In response to the large dependence of a.s.r. of automated systems, cyber threats are always addressed during these analyses.

a.s.r. defines a crisis as: one or more business lines are (in danger of being) disrupted due to a calamity or potentially suffering reputational damage beyond the acceptable. In order to manage the crisis, and to be able to react timely, efficiently and effectively, a.s.r. has set up a crisis organisation.

There is a central crisis team led by a member of the board. Additionally each business line has its own team to deal with smaller crises. The measures to ensure continuity of critical processes are tested regularly and all crisis teams are trained annually to be able to act effectively during such situations. The plans to deal with the various scenarios, including cyber threats, are also practiced periodically.

Recovery and Resolution

a.s.r. has to comply with Dutch legislation that addresses the recovery and settlement of insurance companies ('Wet herstel en afwikkeling van verzekeraars' in Dutch). The objective of this legislation is that insurance companies are well-prepared to recover from financial difficulties they may face and that insurance companies can be resolved by the resolution authority (in the case of a.s.r. this is DNB) in an orderly manner, when they are not able to recover and have failed or are likely to fail. To ensure the orderly resolution of critical functions that an insurance company may perform, DNB prepares an ex ante resolution plan in which it identifies, ex ante, such functions and plans the resolution strategy for such functions. In exceptional cases, DNB may identify material impediments that need to be resolved by the insurance company in order to ensure the resolvability of these functions. The Wet herstel en afwikkeling verzekeraars, which currently is not based on European legislation, will be amended for the implementation of the European Insurance Recovery and Resolution Directive (IRRD). These changes will take effect as per 30 January 2027.

As part of the legislation a.s.r. is obliged to draw up a Preparatory Crisis Plan ('Vorbereidend Crisisplan' in Dutch) every three years that has been approved by DNB. In 2024, a.s.r.'s Preparatory Crisis Plan was updated and helps to be prepared and supports the organisation in various scenarios of extreme financial stress. The Preparatory Crisis Plan describes and quantifies the measures that can be applied to handle a crisis situation and to resume business. These measures are tested in the scenario analysis, in which the effects of each recovery measure on a.s.r.'s financial position (solvency and liquidity) are quantified. The required preparations for implementing the measures, their implementation time and effectiveness, potential obstacles, impact on clients and operational effects are also assessed. The main purpose of the Preparatory Crisis Plan is to increase the chances of early intervention in the event of a financial crisis situation and to further guarantee that the interest of clients and other stakeholders are protected.

Reasonable assurance and model validation

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

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

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B.4.2 Compliance function

The Compliance department is centralised within a.s.r., headed by the compliance key function holder. The compliance key function holder reports hierarchically to the CRO, a member of the MB, and in its capacity as compliance function holder of the supervised entities in the group, to the CRO, in its capacity as board member of the supervised entity. The CRO ensures that the Compliance annual plan proposed by the compliance key function holder is adopted by the MB.

The compliance key function holder also has an escalation line to the (chair of the) EB, to the (chair of the) A&RC and/or the (chair of the) SB to safeguard the independent position of the compliance function and to allow it to operate autonomously.

To enhance and ensure sound and controlled business operations, Compliance is responsible for:

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

Monitoring and reporting

The compliance key function holder reports quarterly on compliance matters and on the progress made regarding recommended business measures and actions at a.s.r. Group level and supervised entity (Onder toezicht staande ondernemingen -OTSO) level. The subsidiaries D&S, Robidus and HumanTotalCare have their own compliance officers who report to the Compliance department. The quarterly report at group and OTSO levels is presented to and discussed with members of the MB, the RC, the NFRC and the A&RC. The report is shared and discussed with the Dutch Central Bank (De Nederlandsche Bank - DNB), the Dutch Authority for the Financial Markets (Autoriteit Financiële Markten -AFM), and the internal and external auditors.

Compliance is involved in safeguarding controlled and ethical business operations, with customer interests at the forefront. a.s.r. keeps track of changes in laws and regulations, assesses their impact and takes appropriate measures.

Developments in 2025

Based on internal and external developments, Compliance has identified five priorities in its annual plan: customer value, social importance, awareness, governance, and data. In doing so, a.s.r. oversees business operations and reputational risks in accordance with internal rules and the Code of Conduct. By implementing these priorities, Compliance is committed to contributing to long-term value creation for all stakeholders.

In 2025, a.s.r. focused on several key areas:

- The further development and safeguarding of the PARP, in collaboration with the PARP Board and the relevant business units;

- Customer Due Diligence (CDD), including anti-money laundering and anti-terrorist financing, and working on an improvement plan for CDD-related risks by supervision of the Money Laundering and Reporting Officer (MLRO);
- Privacy laws and regulations, including the General Data Protection Regulation (GDPR). a.s.r. considers it important for personal data to be handled with care;
- EU sustainability regulations, such as the SFDR, the EU Taxonomy Regulation and the CSRD;
- Promoting awareness of a.s.r.'s Code of Conduct and the various policy documents regarding integrity.

B.5 Internal audit function

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

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

The persons carrying out the internal audit function do not assume any responsibility for any other (key) function. The Audit Department has periodic consultations with the supervisors (DNB and AFM) to discuss the risk assessment, findings and audit plan. The department also takes the initiative to organise a 'tripartite consultation' with DNB and the independent external auditor at least once a year.

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

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

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

B.6 Actuarial function

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

The main tasks and responsibilities of the AF are to:

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

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

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

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

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

Independence of the AF is secured through several measures:

- The AF holders are appointed and dismissed by the Board. Both the appointment and the dismissal of the holders is, together with an advice from the A&RC, submitted to the SB for approval;
- The AF holders have unrestricted access to all relevant information necessary for the exercise of their function;

- The AF holders have a direct reporting line to the a.s.r. Risk Committee or EB and the A&RC of a.s.r. The AF is free to report to one of the management or risk committees when considered necessary;
- The AF is free to report all relevant issues;
- In case of a conflict of interest with the CRO, the function holders may escalate directly to the CEO and to the Chairperson of the A&RC;
- If the AF is asked to perform tasks that are outside the formal scope described in a charter, the function holder(s) assess if there is a conflict of interest. If so, the AF will not execute the task unless there are sufficient additional measures to mitigate conflicts of interest;
- The Internal Audit Department evaluates periodically the governance of a.s.r. including the (independent) operation of the AF;
- Target setting and assessment of the function holders is done by the CRO taking into account the opinion of the EB and the A&RC.

B.7 Outsourcing

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

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

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

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

In light of recent developments, it's worth noting that a.s.r. is updating the outsourcing policy and practices with regards to the impact of DORA and the Corporate Sustainability Reporting Directive (CSRD). DORA introduces specific and prescriptive requirements that have impact on how financial

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organisations manage ICT and cyber risks. As for the CSRD, it is EU legislation that requires to publish regular reports on environmental and social impact activities.

B.8 Any other information

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

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C Risk profile

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

Risk governance

The risks identified are clustered into:

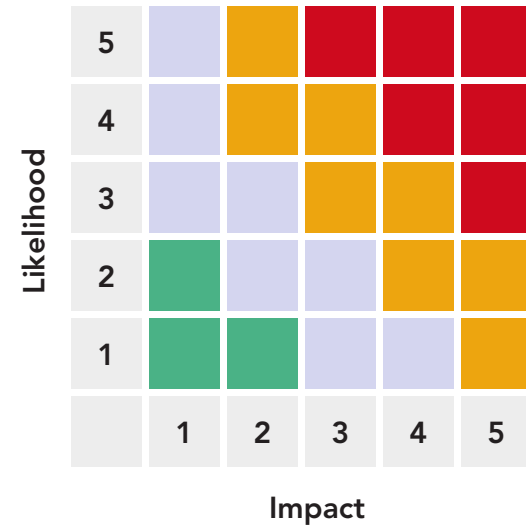
- Strategic risks;
- Emerging risks;
- Financial risks;
- Non-financial risks.

Management of strategic risks and emerging risks

a.s.r. health supplementary's risk priorities and emerging risks represent the most significant strategic risks for a.s.r. health supplementary. Risk priorities are existing risks with impact on the achievement of the strategic objectives. Emerging risks are new or existing risks with a potentially major impact on the achievement of the strategic objectives. Risk priorities and emerging risks are defined annually by the MB, based on strategic risk analyses. Risk priorities and emerging risks are embedded in the risk management governance. Risks and actions are assigned to executive-level owners, ensuring accountability within the business, with monitoring by both first-line and second-line risk functions. Group Risk Management (GRM) monitors developments in risks and actions of the risk priorities and emerging risks centrally. Relevant developments are reported to the a.s.r. RC and the A&RC on a half-yearly basis. For a.s.r. health supplementary's risk priorities and emerging risks, see section 1.6.3 of the annual report of a.s.r. health supplementary.

To assess the level of individual strategic risks and to determine which risks are included in a.s.r. health supplementary's risk priorities, a.s.r. health supplementary uses a risk scale based on probability and impact (see figure below). The degree of risk is expressed as the Level of Concern (LoC). For each strategic risk, the LoC is determined for the gross and net risk. Gross risk is the degree of risk when no (control) measures are in place. Net risk is the degree of risk with mitigating (control) measures in place. If the degree of a net risk is not within a.s.r. health supplementary's risk appetite, then additional actions are taken in order to bring the risk priority within the risk appetite.

Risk scale



Level of Concern (LoC)



Management of financial risks

a.s.r. health supplementary aims for an optimal trade-off between risk, return and capital. Steering on risk, return and capital takes place via decision-making through the entire product cycle, from the product approval and review process (PARP) to the payment of benefits and claims. At a more strategic level, decision-making takes place through balance sheet and performance management. A robust solvency position takes precedence over profit, premium income and direct investment income.

Financial Risk Appetite Statement (RAS) are in place to manage a.s.r. health supplementary's financial risk profile and includes risk tolerance levels and limits. The financial RAS are monitored by the Financial Risk Committee (FRC). The FRC evaluates FR positions against the RAS on a monthly basis. Where necessary, a.s.r. health supplementary applies additional mitigating measures. The Actuarial

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Function (AF) performs its regulatory tasks by assessing the adequacy of the Solvency II technical provisions, giving an opinion on reinsurance and underwriting, contributing to the Risk Management Framework and supporting the Risk Management Function (RMF). The AF report on these topics was discussed by the EB, FRC and A&RC. See section B.3 for further information.

Management of non-financial risks

Non-financial RAS are in place to manage a.s.r. health supplementary's non-financial risk profile within the limits.. For non-financial risk, a.s.r. health supplementary has prepared statements relating to strategy, processes, information and technology, projects, integrity, reporting and model risk. Employees should use these statements as a framework for risk management decisions.

Risk tolerance levels and limits are disclosed in the non-financial RAS and are monitored by the NFRC. The non-financial risk profile and internal control performance of each business line is discussed with senior management in the business risk committees each quarter. The NFRC monitors and discusses on a quarterly basis whether NFR are adequately managed. Where appropriate, a.s.r. health supplementary applies additional mitigating measures.

Risk appetite

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

To ensure alignment with a.s.r. health supplementary's overall strategy and risk strategy, the RAS and RAS limits were evaluated and updated by the MB and approved by the SB in 2025, as part of the annual risk management cycle.

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

Solvency II sensitivities

The sensitivities of the solvency ratio as at 31 December 2025, expressed as the impact on the a.s.r. health supplementary solvency ratio (in percentage points) are as presented in the table. The total impact is split between the impact on the solvency ratio related to movement in the available capital and the required capital. The Solvency II ratios presented are not final until filed with the regulators.

Solvency II sensitivities - market risks

Effect on:	Available capital		Required capital		Ratio	
	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024
Scenario (%-point)						
Interest rate +0.5% (2025 incl. UFR=3.30% / 2024 incl. UFR=3.30%)	-1	-	-	-	-1	-
Interest rate -0.5% (2025 incl. UFR=3.30% / 2024 incl. UFR=3.30%)	+1	-	-	-	+1	-
Interest steepening +10 bps	-	-	-	-	-	-
Volatility Adjustment -10 bps	-	-	-	-	-	-
Equity prices -20%	-4	-2	+6	+2	+2	-1
Equity prices +20%	+4	+2	-4	-2	-	+1
Spread widening +75bp en VA +18bp (2024: VA +19bp)	-1	-1	-	-	-1	-1

Solvency II sensitivities - explanation

Risk	Scenario
Interest rate risk (incl. UFR=3.30% / 3.30%)	Measured as the impact of a parallel 0.5% upward and downward movement of the interest rates. For the liabilities, the extrapolation to the UFR (UFR=3.30% for 2025 and UFR=3.30% for 2024) after the last liquid point of 20 years remained unchanged.
Interest steepening	Measured as the impact of a steepening of the curve of 10 bps between 20Y and 30Y.
Volatility Adjustment	Measured as the impact of a 10 bps decrease in the Volatility Adjustment.
Equity risk	Measured as the impact of a 20% downward movement in equity prices.
Equity risk	Measured as the impact of a 20% upward movement in equity prices.
Spread risk (including impact of spread movement on VA)	Measured as the impact of an increase of spread on loans and corporate bonds of 75 bps. At the same time, it is assumed that the Volatility Adjustment will increase by +18bp (2024: +19bp) based on reference portfolio.

As of 2025, for equity risk both an upward and downward movement is reported. The 31 December 2024 figures are restated accordingly.

Spread widening will lead to a VA increase. A 75bps of spread widening corresponded with 18bps of VA increase (2024: 19bps).

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The Solvency II sensitivities in 2025 are almost similar to 2024. Furthermore, the magnitude of the Solvency II sensitivities is small, as the insurances are short-cycle.

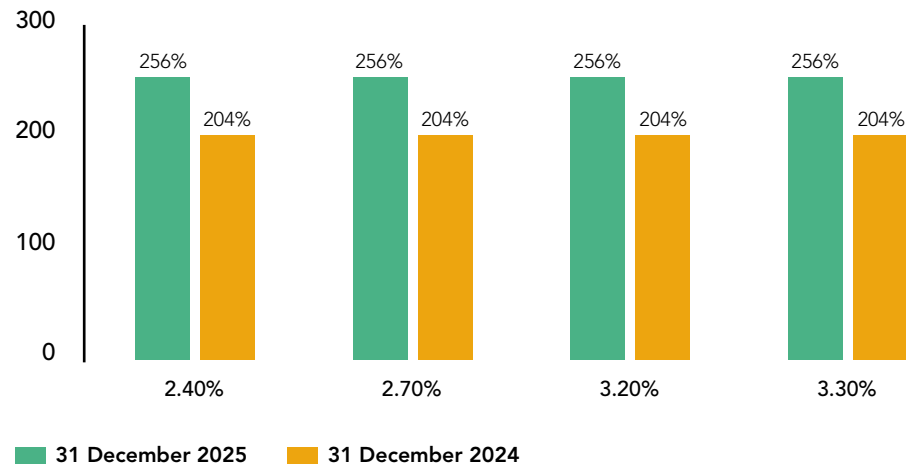
Expected development UFR

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

In 2025 the UFR remained constant at 3.30% (2024 at 3.30%). The solvency ratio remains above internal solvency objectives.

Changes in the UFR have an almost linear effect on the solvency ratio. The impact on the solvency ratio of various UFR levels is stated below.

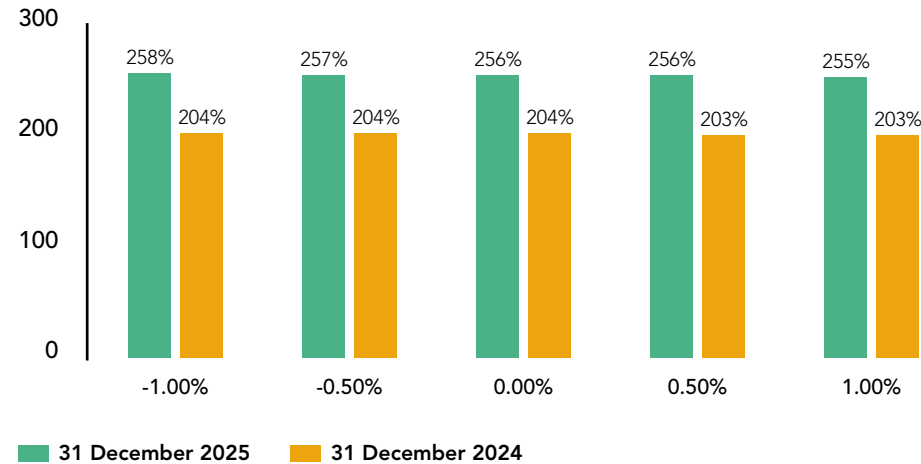
Sensitivity Solvency II ratio to UFR



Interest rate sensitivity of Solvency II ratio

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

Sensitivity Solvency II ratio to interest rate change



Loss absorbing capacity of deferred tax

After a 1-in-200 shock a.s.r. health supplementary suffers an economic loss equal to the BSCR* which is defined as the basic SCR (BSCR) plus operational risk (OR) plus the adjustment for the Loss Absorbing Capacity of the Technical Provisions (LAC TP). This loss (corrected for any tax exempted losses) may be partly offset by the Loss Absorbing Capacity of Deferred Taxes (LAC DT). Conceptually, the loss under Solvency II in any shock scenario results in loss of taxable income, which results in tax reductions if taxable profits are available to offset these taxable losses. This way, a.s.r. health supplementary can transfer a portion of the 1-in-200 shock loss to its tax authority, which reduces the loss of Own Funds compared to the original loss of the shock and therefore allows for a reduction of the SCR.

The LAC DT is calculated according to the requirements as stated in the Solvency II (SII) regulations, which provide a principle-based approach for the LAC DT substantiation. The methodology reflects a.s.r.’s current interpretation of both the Solvency II regulations combined with the guidance provided by De Nederlandsche Bank (DNB) on this topic:

- SII regulation requires firms to comply with the recognition criteria set out in relevant articles of the International Accounting Standards (IAS 12). IAS 12 states that any net deferred tax assets (DTA) can only be recognised when it is concluded that their recoverability is probable (i.e. more likely than not). This applies to both DTA and LAC DT. By periodically performing a recoverability test, a.s.r. health supplementary demonstrates that any losses that lead to these deferred tax positions can – more likely than not – be offset with sufficient future taxable profits.
- Local guidance, in the form of the DNB Q&A and Good Practices, provides additional regulation around the substantiation of a net deferred tax asset (DTA). A net DTA should be substantiated within the Solvency II framework. Therefore, the LAC DT model is used to substantiate both a potential net DTA position (pre-shock) as well as the LAC DT (post-shock). Additionally, the Q&A gives some guidance on how to deal with uncertainty in future profits.

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As a result, a.s.r. health supplementary needs to demonstrate that for both the pre-shock as well as the post-shock situation, sufficient future taxable profits are available to offset future losses that lead to deferred tax positions on its balance sheet. For the post-shock situation the LAC DT model serves as recoverability test for this purpose, whereby the recoverability of the BSCR* shock loss is expressed through a LAC DT factor, which is a factor between 0% and 100%. For the pre-shock situation the LAC DT model serves as a projection model to provide evidence that the DTA position can be substantiated with the DTL position and/or future profit sources.

From 2024, the same (harmonised) projection model is used for all Solvency II entities within a.s.r., albeit with entity-specific input. Below, an overview of the building blocks of the LAC DT model is presented:

LAC DT Building blocks

Sources of DTA	Sources of DTL
BSCR* shock loss	(Future) fiscal profits
Unwind DTA	Unwind DTL
Future profits	Previous year profit (LCB)

The following steps are used in determining the recoverability of the pre-/post-shock DTA:

- The unrounded LAC DT factor is determined based on fiscal profits from the previous year available for loss carry back and the unwind of the DTL position. To determine what part of the remaining DTA (both before and after shock) is recoverable, future profits are taken into account of which most importantly excess returns on GA assets (+), new business (+), release of risk margin (+) and drag impacts (-).
- Multiple scenarios of varying input (such that uncertainty increases over time and is larger post-shock than pre-shock) are used to substantiate that sufficient future taxable profits are available against which the DTA (pre-shock) and LAC DT (post-shock) can actually be utilised. These scenarios are combined into a weighted average LAC DT factor.
- The resulting weighted average LAC DT factor is adjusted to a final setting to be used in reporting. The main rationale is to have a relatively stable LAC DT setting during the year. For this, the weighted average LAC DT factor is rounded down to the nearest 5% and capped by an entity specific upper bound. The value of the upper bound is set at the lower end of the reasonable expected range of model outcomes, based on past/expected future performance and model/entity dynamics. The upper bound is reassessed on an annual basis.

Performing above steps for a.s.r health supplementary results in an unrounded LAC DT factor close to 100% as of 31 December 2025. This factor is prudently rounded to 50% given the higher intra-year

volatility and limited history/experience with a projection model for a.s.r. health supplementary. This gives a LAC DT of € 1,99 million.

C.1 Underwriting risk

Underwriting risk is the risk that future insurance claims and benefits cannot be covered by premium and/or investment income, or that insurance liabilities are not sufficient, because future expenses, claims and benefits differ from the assumptions used in determining the best estimate liability.

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

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

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

Underwriting risk - required capital

	31 December 2025	31 December 2024
Health underwriting risk	11,043	19,368

C.1.1 Health underwriting risk

The Health underwriting portfolio of a.s.r. health supplementary contains the following underwriting risk:

- Non-SLT Health underwriting risk
 - This risk is applicable to the NSLT Health portfolio. The calculation is factor-based. The risk is calculated similar to the Non-Life insurance risk Solvency II standard model.

Non-SLT Health Risk

Premium and reserve risk

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

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

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The Health underwriting risk at the end of 2025 decreased compared to year-end 2024, mainly due to the reinsurance agreement entered into during 2025, and renewed for 2026.

Health underwriting risk - required capital

	31 December 2025	31 December 2024
Health SLT	-	-
Health Non-SLT	11,043	19,368
Catastrophe Risk (subtotal)	-	-
Diversification	-	-
Health (Total)	11,043	19,368

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

NLSL Health portfolio - technical provision

	31 December 2025	31 December 2024
Best estimate	-7,031	-6,110
Risk margin	810	1,397
Technical provision	-6,222	-4,713

C.1.2 Managing health underwriting risk

Health underwriting risk is managed by monitoring claims frequency, the size of claims, inflation, handling time, benefit and claims handling costs. Concentration risk also qualifies as an insurance risk.

Claims frequency, size of claim and inflation

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

Handling time

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

Benefit and claims handling costs

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

Concentration risk

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

Reinsurance

To ensure a future-proof capital position, a.s.r. health health supplementary has entered into a reinsurance agreement with ASR Schadeverzekering N.V. in 2025 (hereafter: a.s.r. non-life). This proportional quota-share contract, renewed for 2026, is fully aligned with Solvency II regulations and the social character of the Dutch health insurance market. The agreement covers both the basic and supplementary health portfolios and is structured at arm's length.

By ceding a part of the premiums and claims to a.s.r. non-life, a.s.r. health supplementary strengthens its capitalisation and leverages internal diversification benefits. This setup enables a.s.r. health supplementary to manage capital volatility more effectively, absorb shocks from portfolio fluctuations, and maintain a stable, sustainable solvency ratio thereby supporting the group's long-term management objectives.

C.2 Market risk

Market risk is the risk of potential losses due to adverse movements in financial market variables. Exposure to market risk is measured by the impact of movements in financial variables such as equity prices, interest rates and property prices.

The various types of market risk which are discussed in this section, are:

- mismatch risk
- equity risk
- property risk
- currency risk
- spread risk
- concentration risk

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

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Market risk - required capital

	31 December 2025	31 December 2024
Mismatch	370	308
Equity	1,593	1,367
Property	-	-
Currency	183	197
Spread	595	632
Concentration	-	35
Diversification	-568	-558
Total	2,172	1,981

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

a.s.r. accepts and manages market risk for the benefit of its customers and other stakeholders. a.s.r.'s risk management and control systems are designed to ensure that these market risks are managed effectively and efficiently, aligned with the risk appetite for the different types of market risks. Market risk reports are submitted to the FRC at least once a month. In these reports different types of market risks are monitored and tested against the limits according to the financial risk policies.

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

C.2.1 Mismatch risk

Following the harmonisation of the risk taxonomy, interest rate risk has been renamed to mismatch risk as of 2025. Mismatch risk is the risk that the value of assets or liabilities will change due to fluctuations in interest rates. a.s.r. is exposed to mismatch risk, as both its assets and liabilities are sensitive to movements in long- and short-term interest rates.

Interest rate risk is managed by aligning fixed-income investments to the profile of the liabilities. Among other instruments, swaptions and interest rate swaps are used for hedging. An interest rate risk policy is in place for a.s.r. Group as well as for the registered insurance companies. Interest rate risk reports are submitted to the FRC at least once a month. In these reports the interest rate risk is monitored and tested against the limits according to the financial risk policies.

The Solvency II SF interest rate risk is the maximum loss of (i) an upward shock and (ii) a downward shock of the yield curve.

- The used shocks vary by maturity and the absolute shocks are higher for shorter maturities (descending: 75% to 20% and ascending: -70% to -20%);
- The yield curve up shock contains a minimum shock of 100bps;
- The yield curve down shock is zero in case the yield curve is negative;
- The yield curves of all currencies are shocked simultaneously.

- All adjustments (credit spread, volatility adjustment) on the yield curve are considered constant.
- The yield curve is extrapolated to the UFR. The yield curve after shock is not extrapolated again to the UFR.

Interest rate risk - required capital

	31 December 2025	31 December 2024
SCR interest rate risk up	-370	-308
SCR interest rate risk down	-	-
SCR interest rate risk	370	308

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

Solvency II sensitivities - interest rate

Effect on:	Available capital		Required capital		Ratio	
	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024
Scenario (%-point)						
Interest rate +0.5% (2025 incl. UFR=3.30% / 2024 incl. UFR=3.30%)	-1	-	-	-	-1	-
Interest rate -0.5% (2025 incl. UFR=3.30% / 2024 incl. UFR=3.30%)	+1	-	-	-	+1	-
Interest steepening +10 bp	-	-	-	-	-	-
Volatility Adjustment -10 bp	-	-	-	-	-	-

C.2.2 Equity risk

The equity risk takes into account the risk arising from the sensitivity of the values of assets, liabilities and financial instruments to changes in the level or in the volatility of market prices of equities. For a.s.r. health supplementary the exposure to equity markets exists only in assets. Asset exposure exists through direct equity investments. In order to maintain a good understanding of the actual equity risk, a.s.r. applies the look-through approach for investment funds to assess the equity risk.

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The Solvency II SF equity risk is determined by calculating the impact on the available capital due to an immediate drop in equity prices.

- Equities listed in regulated markets in countries in the EEA or OECD are shocked by 39% together with the symmetric adjustment (type I).
- Equities in countries that are not members of the EEA or OECD, unlisted equities, alternative investments, or investment funds in which the look-through principle is not possible, are shocked by 49% together with the symmetric adjustment (type II).
- Investments of a strategic nature are shocked by 22%.
- The equity capital of the renewable investments qualifying as an infrastructure investment is shocked by 30% together with the symmetric adjustment.

Equity risk - required capital

	31 December 2025	31 December 2024
SCR equity risk - required capital	1,593	1,367

SCR equity risk increased in 2025 with € 226 thousand. This increase is mainly the result of the increase of equity prices, which results to both (i) an increased value of the equity portfolio and (ii) an increase of the charge due to the symmetric adjustment.

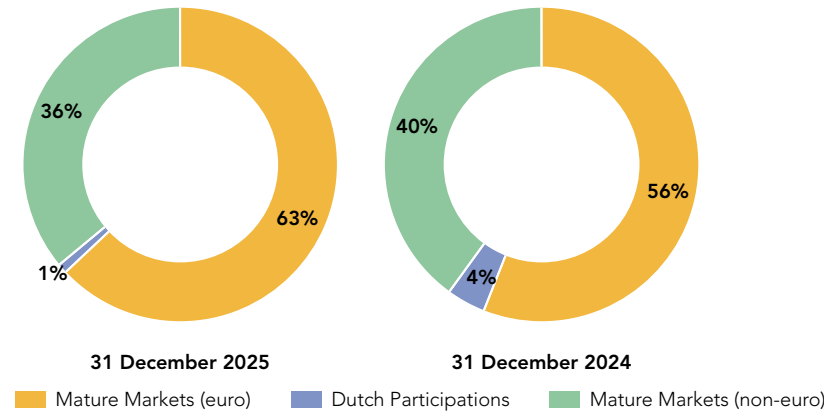
Solvency II sensitivities - equity prices

Effect on:	Available capital		Required capital		Ratio	
	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024
Scenario (%-point)						
Equity prices -20%	-4	-2	+6	+2	+2	-1

Composition of equity risk portfolio

The fair value of equities and similar investments at year-end 2025 was € 3,398 thousand (2024: € 3,266 thousand). The increase in 2024 was mainly due to higher equity prices.

Composition of equity risk portfolio



C.2.3 Property risk

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

C.2.4 Currency risk

Currency risk measures the impact of losses related to changes in currency exchange rates.

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

An currency risk policy is in place for a.s.r. group as well as for the registered insurance companies. For different investment categories a.s.r. has defined a target hedge ratio. Currency risk reports are submitted to the FRC at least once a month. In these reports the currency risk is monitored and tested against the limits according to the financial risk policies.

The table provides an overview of the currencies with the largest exposures.

Currency risk - required capital

	31 December 2025	31 December 2024
SCR currency risk - required capital	183	197

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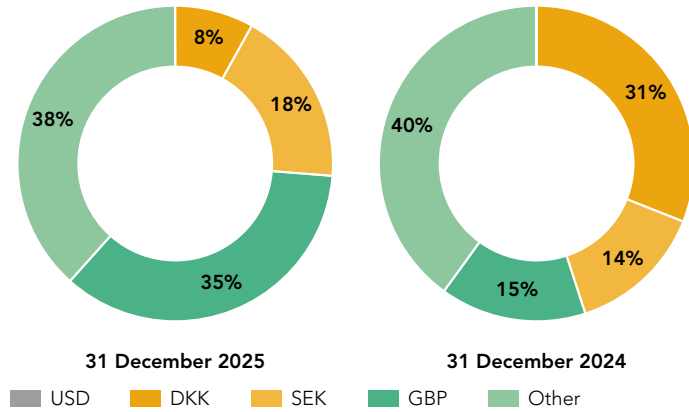
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Currency risk has decreased to € 183 thousand, but is still very limited. The decrease of currency risk is the result of a changed hedge policy in 2025.

Composition currency portfolio



C.2.5 Spread risk

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

The required capital for spread risk is equal to the sum of the capital requirements for bonds, structured products and credit derivatives. The capital requirement depends on (i) the market value, (ii) the modified duration and (iii) the credit quality category.

Spread risk - required capital

	31 December 2025	31 December 2024
SCR spread risk - required capital	595	632

Although the size of the fixed income portfolio has increased in 2025, the spread risk has decreased. This is mainly because the increase in the portfolio mainly concerns government bonds with a charge of 0%. The average duration of corporate bonds has decreased, which results in a decrease of spread risk.

Solvency II sensitivities - spread risk

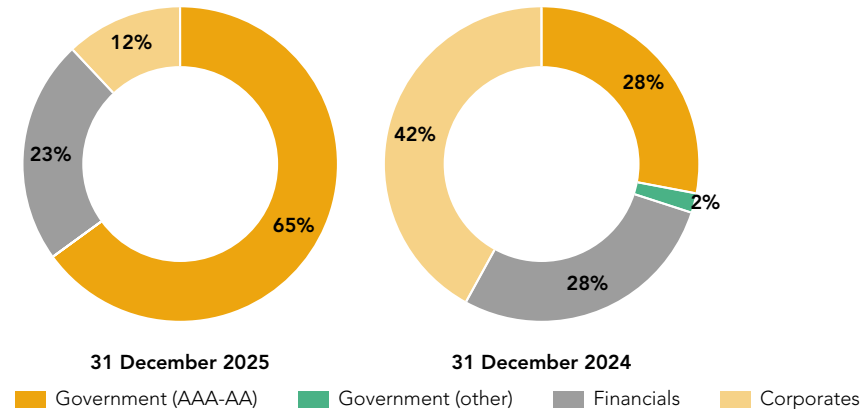
Effect on:	Available capital		Required capital		Ratio	
	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024
Scenario (%-point) Spread +75 bp / VA +18bp (2024: VA +19bp)	-1	-1	-	-	-1	-1

Composition of spread risk portfolio

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

The total exposure of assets in scope of spread risk amounted to € 37,944 thousand (2024: € 34,863 thousand) and includes commercial papers.

Composition of spread risk by sector portfolio



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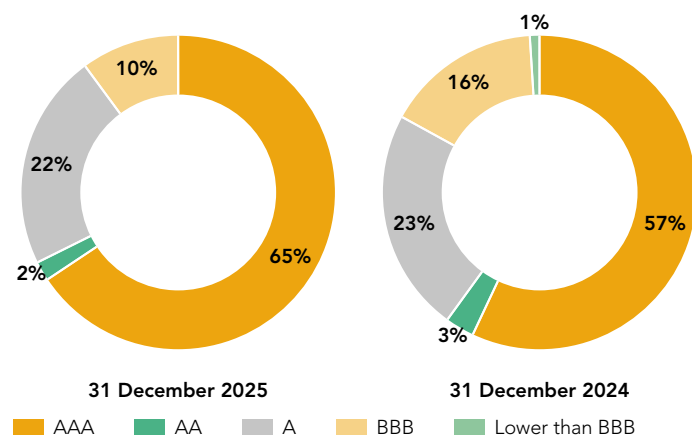
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Composition of spread risk portfolio by rating



C.2.6 Market risk concentrations

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

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

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

Concentration risk - required capital

	31 December 2025	31 December 2024
SCR concentration risk - required capital	-	35

a.s.r. health supplementary has no required capital for market risk concentrations per year-end 2025 (2024: € 35 thousand).

a.s.r. continuously monitors exposures in order to avoid concentrations in a single obligor outside of the risk appetite and has an overall limit on the total level of the required capital for market

risk concentrations. The calculation of the market risk concentrations applies to the total investment portfolio, where, in line with Solvency II, government bonds are not included.

C.3 Counterparty default risk

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

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

Assets that are in scope of spread risk are, by definition, not in scope of counterparty default risk and vice versa.

The Solvency II regime makes a distinction between two types of exposures:

- Type 1: These counterparties generally have a rating (reinsurance, derivatives, current account balances, deposits with ceding companies and issued guarantee (letter of credit). The exposures are not diversified.
- Type 2: These counterparties are normally unrated (receivables from intermediaries and policyholders, mortgages with private individuals or SMEs). The exposures are generally diversified.

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

Counterparty default risk - required capital

	31 December 2025	31 December 2024
Type 1	225	620
Type 2	216	201
Diversification	-28	-39
Total	412	781

The total capital requirement for counterparty default risk decreased by € 369 thousand.

C.3.1 Mortgages

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

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C.3.2 Savings-linked mortgage loans

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

C.3.3 Derivatives

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

C.3.4 Reinsurance

As of 2025, a.s.r. health supplementary has entered into a reinsurance contracts with a.s.r. non-life. This reinsurance contract does not give rise to Counterparty default risk.

C.3.5 Receivables

The receivables with a counterparty default risk amounted to € 1,458 thousand per year-end 2025 and mainly consists of policyholders receivables (€ 1,403 thousand).

C.3.6 Cash and cash equivalents

The current accounts amounted to € 3,283 thousand in 2025 (2024: € 5,309 thousand).

Composition cash accounts by rating

	31 December 2025	31 December 2024
AAA	0	0
AA	0	0
A	3,283	5,309
Lower than A	0	0
Total	3,283	5,309

C.4 Liquidity risk

Definition and Framework

Liquidity risk is the risk that a company is not able to meet its financial obligations to policyholders and other creditors when they become due and payable, at a reasonable cost and in a timely manner. This risk is not quantified in the Solvency Capital Requirement (SCR) and is therefore discussed separately.

Liquidity risk management has several levels:

- Short-term management: This covers the day-to-day cash requirements and aims to meet short-term liquidity risk targets.
- Medium-to-long-term management: This considers the strategic matching of liquidity and funding needs in different business conditions. This is also part of the strategic asset allocation process.
- Stress management: This refers to the ability to respond to a potential crisis resulting from a market event and/or a company-specific event.

Sources of Liquidity Risk

Although a significant proportion of the investment portfolio can be quickly converted into cash under normal circumstances, some assets, such as private loans, mortgage loans, real estate, may not be possible to sell at a reasonable price on short notice. Specific events that can have a sudden, adverse impact on available liquidity include:

- A large change in interest rates or credit spreads.
- Insolvency or loss of confidence of a counterparty were current accounts or credit facility is held.
- General market circumstances in which liquidity becomes scarce.
- Higher than expected medical expenses.

Monitoring and Stress Testing

The liquidity position is monitored continuously through various reports, such as the Liquiditeiten Allocatie Plan and the Liquidity Stress Test. The latter tests the ability to meet all potential cash demands and is conducted for at least two scenarios:

1. Base scenario: Assumes current market conditions ('business as usual').
2. Stressed scenario: A scenario in which both liabilities and assets are stressed. This represents a very extreme scenario with respect to the materialisation of liquidity risk.

Risk Mitigation Techniques

The policy aims to ensure that sufficient highly liquid assets are held to meet all payment obligations, both in normal and extreme conditions. The primary mitigation techniques are:

- Holding liquid assets: A buffer of liquid assets is maintained, comprising of cash, and cash equivalents and investment-grade securities for which there is an active and liquid market. Furthermore, a portion of liquid assets must be held in overnight liquidity.
- External funding facilities: To ensure liquidity under all market circumstances, committed external facilities are available, such as repo-facilities and liquidity facilities with third parties.
- Strategic Asset Allocation: The strategic asset allocation reflects the expected and contingent liquidity needs of the liabilities.
- Contingency planning: An adequate and up-to-date policy and contingency plan are in place to enable management to act effectively and efficiently in times of crisis.

EPIFP

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

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EPIFP

	31 December 2025	31 December 2024
EPIFP	6,353	11,557

The EPIFP per 31 December 2025 for a.s.r. health supplementary is lower 2024: € 6,353 thousand. Due to the quota-share reinsurance agreement the profits are also shared with the reinsurer. Before reinsurance, the EPIFP is in line with 2024.

C.5 Operational risk

Operational risk concerns the risk of direct and / or indirect losses which can occur within a.s.r. as a result of inadequate or failing (changing) internal processes, people, systems and/or as a result of external events. Operational risks occurred are most times being caused by the failure of processes, people, systems, external events or a combination of these factors.

Operational risk - required capital

	31 December 2025	31 December 2024
SCR operational risk - required capital	3,569	3,197

The SCR for operational risk amounts to € 3,569 thousand at the end of 2025 and is determined with the standard formula under Solvency II. The operational risk is based on the basic solvency capital requirement, the volumes of premiums and technical provisions, and the amount of expenses.

C.6 Other material risks

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

- Inflation risk;
- Reputation risk;
- Liquidity risk;
- Contagion risk;
- Legal environment risk;
- Model risk;

- Risks arising from non-insurance activities (non-OTSOs);
- Strategic risk;
- Climate risk and sustainability risk;
- Emerging risk;
- Environmental, Social & Governance (ESG) risk.

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

C.7 Any other information**C.7.1 Description of off-balance sheet positions**

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

C.7.2 Reinsurance policy and risk budgeting**C.7.2.1 Reinsurance policy**

When deemed effective in terms of capital relief versus costs incurred, a.s.r. enters into reinsurance agreements to mitigate insurance risks. Reinsurance can be taken out for each separate claim (per risk), for the accumulation of claims due to natural disasters or to human actions (per event), or for both these risks.

The level of retention in the various reinsurance contracts is aligned with the size and the risk profile of the underlying portfolios, taking account of the cost of reinsurance on the one hand, and of the risk that is retained on the other. By determining the retention, the impact on the statement of financial position is taken into account as well.

To limit risk concentration, reinsurance contracts are placed with various reinsurance companies. a.s.r. requires the counterparties to be rated at least single A-. To ensure a future-proof capital position, a.s.r. health supplementart has entered into an internal reinsurance agreement with a.s.r. non-life in 2025, and is renewed for 2026.

C.7.2.2 Risk budgeting

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

C.7.3 Monitoring of new and existing products

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

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C.7.4 Prudent Person Principle

a.s.r. complies with the prudent person principles as set out in Directive 2009/138/EC/article 132:

Prudent person principle. The prudent person principle ensures that assets are managed on behalf of its subsidiaries, policyholders or other stakeholders in a prudent manner, and covers aspects that relate to market, credit, liquidity and operational risk. a.s.r. has mandated ASR Vermogensbeheer N.V. as their asset manager.

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

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

Governance of Investments

Within the Three Lines- model, investments are managed in the first line by ASR Vermogensbeheer NV, reporting to the CFO of a.s.r. ASR Vermogensbeheer NV manages its investments within the boundaries of a.s.r.'s Risk Appetite Framework, Strategic Asset Allocation and its Market-Risk Budgets. The Market-Risk Budgets are calculated on a quarterly basis by Group Finance, taking into account the Risk Appetite Framework. Group Risk Management (GRM), acting as the second line, is responsible for the review and Internal Audit acts as the third-line.

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

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

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D Valuation for Solvency purposes

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

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

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

Information for each material line item is based on the balance sheet below. For each line item is described:

- Methods and assumptions for valuation;
- Difference between solvency valuation and valuation in the financial statements.

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

Based on the differences in this template a reconciliation is made between IFRS equity and Solvency equity for 2025.

Reconciliation IFRS balance sheet and Solvency II balance sheet

Balance sheet	31 December 2025 IFRS	Revaluation	31 December 2025 Solvency II
1. Deferred acquisition costs	-	-	-
2. Intangible assets	-	-	-
3. Deferred tax assets	-	-	-
4. Property, plant, and equipment held for own use	-	-	-
5. Investments - Property (other than for own use)	-	-	-
6. Investments - Equity	3,398	-	3,398
7. Investments - Bonds	22,957	14,988	37,944
8. Investments - Derivatives	0	-	0
9. Unit-linked investments	-	-	-
10. Loans and mortgages	-	-	-
11. Reinsurance	-990	-4,766	-5,755
12. Cash and cash equivalents	18,271	-14,988	3,283
13. Any other assets, not elsewhere shown	845	516	1,361
Total assets	44,481	-4,249	40,232
14. Technical provisions (best estimates)	12,647	-19,678	-7,031
15. Technical provisions (risk margin)	-	810	810
16. Unit-linked best estimate	-	-	-
17. Unit-linked risk margin	-	-	-
18. Pension benefit obligations	-	-	-
19. Deferred tax liabilities	193	1,698	1,891
20. Subordinated liabilities	-	-	-
21. Other liabilities	1,991	8,039	10,031
Total liabilities	14,831	-9,132	5,700
Excess of assets over liabilities	29,650	4,882	34,532

D.1 Assets

Valuation of most financial assets is based on fair value. In the paragraph below, this valuation methodology is described.

For different line items will be referred to this method. In this paragraph line items 1 – 15 from the simplified balance sheet above are described.

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D.1.1 Fair value measurement

In accordance with the Delegated Regulation, Solvency II figures are based on fair value. In line with the valuation methodology described in article 75 and further of the Delegated Regulation and articles 9 and 10, the following three hierarchical levels are used to determine the fair value of financial instruments and non-financial instruments when accounting for assets and liabilities at fair value:

Level 1: Fair value based on quoted prices in an active market.

Level 1 includes assets and liabilities whose value is determined by quoted (unadjusted) prices in the primary active market for identical assets or liabilities. A financial instrument is quoted in an active market if:

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

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

Level 2: Fair value based on observable market data

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

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

This category primarily includes:

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

Level 3: Fair value not based on observable market data

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

Valuation techniques are used to the extent that observable inputs are not available. The basic principle of fair value measurement is still to determine a fair, arm's length price. Unobservable inputs therefore reflect management's own assumptions about the assumptions that market participants

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

would use in pricing the asset or liability (including assumptions about risk). These inputs are generally based on the available observable data (adjusted for factors that contribute towards the value of the asset) and own source information.

This category primarily includes:

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

D.1.2 Assets per asset category

The balance sheet reports specify different asset categories. In this section, we describe the valuation of each material asset category. The figures correspond to the extended balance sheet which has been reported as QRT S.02.01.

1. Deferred acquisition costs

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

2. Goodwill and Intangible assets

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

3. Deferred tax

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

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

a.s.r. health supplementary has a deferred tax liability of € 1,891 thousand per year-end 2025.

4. Property plant, and equipment held for own use

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

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

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

6. Investments – Equity

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

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

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

7. Investments – Bonds

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

8. Investments – Derivatives

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

9. Unit-linked investments

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

10. Loans and mortgages

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

11. Reinsurance recoverables

Contracts that transfer a significant insurance risk from a.s.r. health supplementary to third parties are accounted for as reinsurance contracts, and are classified as outgoing reinsurance.

The amounts that can be collected from reinsurers are estimated using a method that is in line with the reinsurance contract and the fair-value method for determining liabilities arising from reinsurance contracts described in Section D.2.

Assets arising from reinsurance contracts are recognised under reinsurance contracts, including receivables from reinsurers. At each reporting date, a.s.r. health supplementary assesses whether objective evidence of impairment exists. If a reinsurance asset is impaired, its carrying amount is reduced to its recoverable amount. Therefore, current receivables from reinsurers are valued comparable with IFRS.

12. Cash and cash equivalents

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

13. Any other assets, not elsewhere shown

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

D.2 Technical provisions

D.2.1 Introduction

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

D.2.2 Technical provisions methods

D.2.2.1 Medical expense insurance

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

Composition of homogeneous risk group a.s.r. health supplementary

A homogeneous risk group (HRG) encompasses a collection of policies with similar risk characteristics as stipulated by Solvency II, which are generally recorded separately. In a.s.r. health supplementary coverages are similar over labels and distribution channels. Also, the policies in a.s.r. health supplementary are sold in combination with policies of a.s.r. health basic. Therefore, also one HRG is defined in a.s.r. health supplementary.

Contract boundary

The government decides on the basic health insurance package every year and this package is mandatory for all inhabitants of The Netherlands. The composition of this package may be different from year to year. In addition, the contract boundary of an insurance contract is just one calendar year which is laid down in law. The supplementary health insurance has also a contract boundary of one year because it is a combination with the basic health insurance. Insured persons are free to accept or reject a new offer from their health insurer after one year. The composition of the portfolio changes mainly because of insured persons switching health insurers. Claims incurred during the period of cover continue to be insurance liabilities for the covering health insurer. The insurance portfolio and hence the risk profile stays stable during one year, because of the breakdown by claim year.

Risk equalisation model

The Dutch Health Insurance is laid down in law (Zvw¹) and is supplemented by a risk equalisation model which is performed by the National Health Care Institute (ZINL) for a.s.r. health basic. This is not applicable for a.s.r. health supplementary.

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D.2.2.2 Bases and methods

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

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

The outstanding claims provisions for additional health insurance are determined using a development factor model in combination with the Bornhuetter-Ferguson method for each claim year at the aggregated level including all health services and products.

For the current claim year, an estimation is made on the basis on an expected loss methodology. Until enough claims are booked to switch to an estimation based on the chain ladder method. In practice, this number of claims is reached by the end of the first half year.

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

Cash flows

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

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

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

The cash flow pattern of the future claim provision is based on paid claims in a chain ladder model.

The assumptions are:

- Claims received in past months are predictive for the future payment pattern of claims.
- The payment patterns are constant / equal divided for the coming months to year end.
- The payment pattern for the future claims is equal to the payment pattern of the current (already) paid claims.

The same yield curve, which a.s.r. sets internally at group level and subsequently supplied to the supervised entity, is used as for the outstanding claims provisions.

Claim handling costs a.s.r. health supplementary

The cash flows for claims handling costs are proportional to the cash flows of the paid claims for the claim provisions.

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

Risk margin methodology

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

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

Impact volatility adjustment

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

Impact of applying VA = 0 bps

	VA = 14 bps		VA = 23 bps		VA = 0 bps		Impact	
	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024	31 December 2025	31 December 2024
TP	-6,222	-4,713	-6,196	-4,707	26	6		
SCR	13,472	20,362	13,472	20,362	0	1		
MCR	3,368	5,090	3,368	5,091	0	0		
Basic own funds (total)	34,532	41,462	34,512	41,458	-19	-5		
Eligible own funds	34,532	41,462	34,512	41,458	-19	-5		

D.2.3 Level of uncertainty

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

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Process risk

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

Model risk

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

D.2.4 Reinsurance and special purpose vehicles (SPVs)

To ensure a future-proof capital position, a.s.r. health supplementary has entered into a reinsurance agreement with a.s.r. non-life in 2025. This proportional quota-share contract, renewed for 2026, is fully aligned with Solvency II regulations and the social character of the Dutch health insurance market. The agreement covers both the basic and supplementary health portfolios and is structured at arm's length.

By ceding a part of the premiums and claims to a.s.r. non-life, a.s.r. health supplementary strengthens its capitalization and leverages internal diversification benefits. This setup enables a.s.r. health supplementary to manage capital volatility more effectively, absorb shocks from portfolio fluctuations, and maintain a stable, sustainable solvency ratio thereby supporting the group's long-term management objectives.

D.2.5 Technical provisions

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

Technical provisions: IFRS versus Solvency II

31 December 2025	IFRS	Revaluation	Solvency II
Similar to non-life			
Best estimate	12,586	-19,617	-7,031
CSM	-	-	-
Risk margin	61	749	810
Technical provision	12,647	-18,868	-6,222

The IFRS17 technical provisions do not include the contractual service margin (hereafter: CSM); the CSM is not at all applicable to a.s.r. health supplementary since the Premium Allocation Approach (PAA) methodology is used.

D.2.6 Reconciliation between IFRS17 and Solvency II

Under Solvency II, the technical provisions are calculated using a different method compared to IFRS17. In this section the reconciliation between IFRS17 and Solvency II is described per business line.

Similar to Non-life

The revaluation for Similar to Non-life (medical expense) is caused by:
Best Estimate:

- The applied yield curve;
- Contract boundary and recognition of profitable contracts;
- Investment expenses are taken into account under Solvency II.

Risk adjustment / risk margin:

- The applied yield curve;
- Counterparty default risk and operational risk is taken into account for Solvency II.

D.3 Other liabilities**D.3.1 Valuation of other liabilities**

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

18. Pension benefit obligations

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

19. Deferred tax liabilities

See 3. Deferred tax assets.

20. Subordinated liabilities

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

21. Other liabilities

Other Liabilities contains different small line items:

Insurance and Intermediaries payables

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

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Trade payables (non-insurance)

The valuation of these liabilities follows the Solvency II fair value hierarchy as described in paragraph D.1.1 This category is subject to the same valuation as the asset category receivables.

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

Contingent liabilities

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

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

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

The a.s.r. health supplementary solvency ratio does not include contingent liabilities.

D.3.2 Reconciliation from Solvency II equity to EOF

The differences described in the above sections are the basis for the reconciliation of IFRS equity to equity Solvency II.

To reconcile from Solvency II Equity to EOF, the following movements are taken into consideration:

Subordinated liabilities

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

Foreseeable dividends and distributions

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

Deductions for participations in financial and credit institutions

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

Tier 3 Limitations

In accordance with the Delegated Regulation EOF is divided in tiering components. There are boundary conditions related to the size of these components. Excess of this limits results in capping of EOF. For a.s.r. health supplementary capping does not apply per year-end 2025.

The above mentioned movements are not applicable for supplementary health insurance. As a result the Excess of assets over liabilities, is equal to EOF.

D.4 Alternative methods for valuation

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

D.5 Any other information

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

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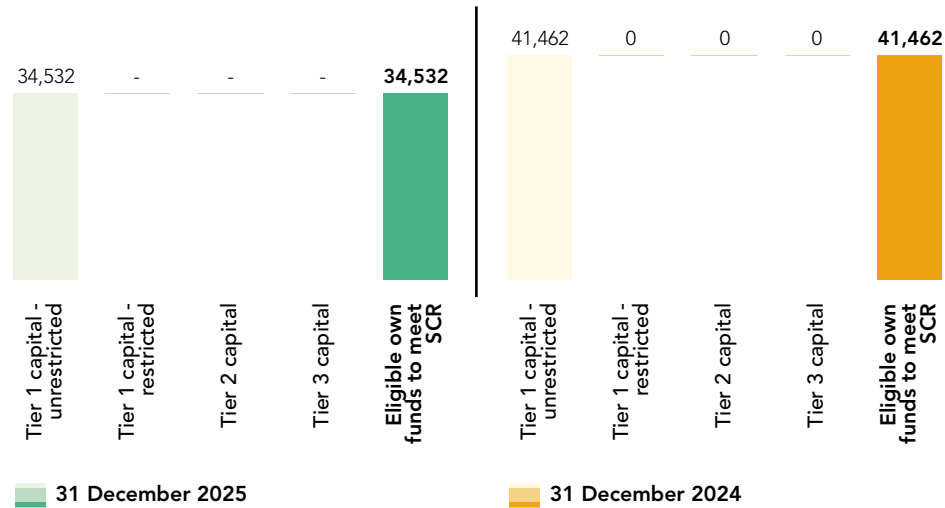
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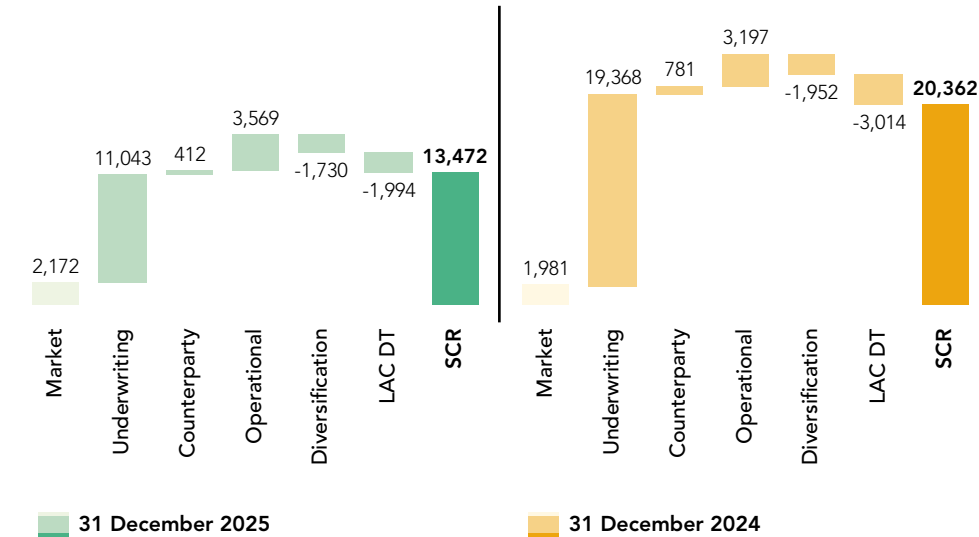
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Eligible own funds



SCR



The solvency ratio stood at 256% as per 31 December 2025 based on the standard formula as a result of € 34,532 thousand EOF and € 13,472 thousand SCR.

Reconciliation IFRS equity to SII EOF

	31 December 2025	31 December 2024
IFRS equity	29,650	32,798
Net revaluation insurance liabilities	7,467	12,467
Other revaluations	-2,585	-3,803
Excess of assets over liabilities	34,532	41,462
Subordinated liabilities in OF	0	0
Other EOF items	0	0
Eligible own funds to meet SCR	34,532	41,462

The reconciliation of IFRS equity and Excess assets over liabilities (Solvency II basis) can be summarised for a.s.r. health supplementary as follows:

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- Gross revaluation of insurance liabilities due to differences between IFRS 17 and SII, such as the applied yield curve. This is before tax-impact of 25.8%;
- Other revaluations for example deferred taxes.

E.1 Own funds

E.1.1 Capital management objectives Management

a.s.r. is committed to maintain a strong capital position for a.s.r. and its insurance entities to be a robust and sustainable insurer for its policyholders and other stakeholders. The objective is to maintain a solvency ratio well above the minimum levels as defined in the risk appetite statements and above the relevant management threshold levels.

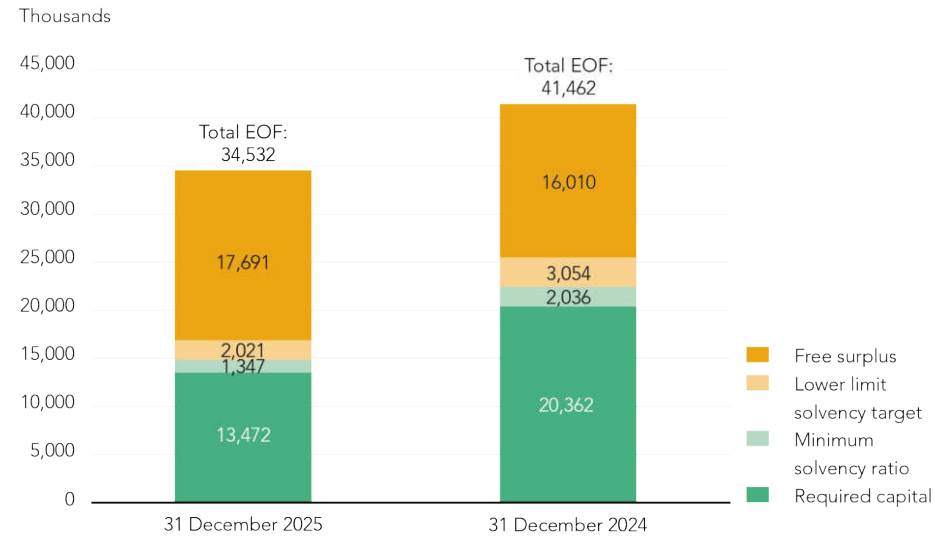
a.s.r. uses limits and targets for capital management of a.s.r. and its insurance entities that are based on the solvency II requirements. a.s.r. health supplementary uses the standard SCR model to calculate and report required capital for. The capital limits and targets are annually defined in the risk appetite statements and monitored continuously. The priority in defining the capital limits and targets is protecting the financial rights of the policyholders. Secondly, the interest of shareholders is considered. a.s.r. actively manages its in-force business, which is expected to result in free capital generation over time. Additionally, business improvement and balance sheet restructuring should improve the capital generation capacity while advancing the risk profile of the company.

The internal minimum solvency ratio for a.s.r health supplementary as formulated in the risk appetite statements is 110%. The lower limit solvency target is 125%. The management threshold level for the solvency ratio is above 140%. The solvency ratio stood at 256% on 31 December 2025 (2024: 204%), which is comfortably above the internal requirement of 110% and the management threshold level of 140%.

The legal entities are individually capitalised, and surplus capital is in principle held at the level of the OTSO's. a.s.r. aims to maintain the surplus capital above the management thresholds at the insurance entities for the creation of return and capital generation. Dividend upstream from the OTSO's covers external dividends, coupon payments on hybrids/senior financing instruments, holding costs and strategic investments. In 2025, € 9 million of share premium was repayed. No dividends are distributed in 2025 (also in 2024 no dividends have been distributed).

The graph shows how the eligible own funds of a.s.r. health supplementary relate to the different capital targets.

Market value own funds under SCR



E.1.2 Tiering own funds

The next table details the capital position of a.s.r. health supplementary as at the dates indicated.

With respect to the capital position, Solvency II requires the insurers to categorise own funds into the following three tiers with differing qualifications as eligible available regulatory capital:

- Tier 1 capital consists of Ordinary Share Capital and Reconciliation reserve.
- Tier 2 capital consists of ancillary own funds and basic Tier 2. Ancillary own funds consist of items other than basic own funds which can be called up to absorb losses. Ancillary own fund items require the prior approval of the supervisory authority. a.s.r. health supplementary has no ancillary or basic Tier 2 own fund items.
- Tier 3 consists of Deferred tax assets. a.s.r. health supplementary has no Tier 3 own fund items.

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

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Eligible Own Funds to meet the SCR

	31 December 2025	31 December 2024
Tier 1 capital - unrestricted	34,532	41,462
Tier 1 capital - restricted	-	0
Tier 2 capital	-	0
Tier 3 capital	-	0
Eligible own funds to meet SCR	34,532	41,462

E.1.3 Own funds versus MCR

The MCR calculation is based on the standard formula.

Eligible Own Funds to meet the MCR

	31 December 2025	31 December 2024
Tier 1 capital - unrestricted	34,532	41,462
Tier 1 capital - restricted	-	0
Tier 2 capital	-	0
Tier 3 capital	-	0
Eligible own funds to meet MCR	34,532	41,462

The eligible own funds to meet the MCR equal the eligible own funds to meet the SCR, as there is no Tier 2 and Tier 3 capital.

E.1.4 List of hybrid loans

a.s.r. health supplementary has not issued any hybrid loans.

E.2 Solvency Capital Requirement

The required capital stood at € 13,472 thousand per 31 December 2025. The required capital (before diversification) consists for € 11,043 thousand out of insurance risk, € 3,569 thousand relates to operational risk and market risk amounted to € 2,172 thousand at 31 December 2025.

a.s.r. health supplementary complied during 2025 with the applicable externally imposed capital requirement. The table presents the solvency ratio as at the date indicated. The Solvency II ratios presented are not final until filed with the regulators.

Eligible own funds to meet the SCR

	31 December 2025	31 December 2024
Eligible Own Funds Solvency II	34,532	41,462
Required capital	13,472	20,362
Solvency II ratio	256%	204%

Under Solvency II it is permitted to reduce the required capital with the mitigating tax effects resulting from a 1-in-200-year loss ("Shock loss"). There is a mitigating tax effect to the extent that the Shock loss (BSCR + Operational risk) is deductible for tax purposes and can be compensated with taxable profits. This positive tax effect can only be taken into account when sufficiently substantiated ('more likely than not'). a.s.r. included a beneficial effect on its solvency ratio(s) due to the application of the LAC DT. The LAC DT benefit is € 1,994 thousand.

On 8 January 2025, the amendments to the Solvency II Directive were published in the Official Journal of the European Union. The changes contained in the amended Directive must be incorporated into national legislation by 29 January 2027 and will become applicable to insurers as of 30 January 2027. These amendments to the Solvency II Directive also require updates to the Solvency II Delegated Regulation and to other Solvency II delegated acts (technical and implementing standards). The Solvency II Delegated Regulation was amended and is published in the Official Journal of the European Union on 18 February 2026. Revised technical and implementing standards and EIOPA guidelines, as well as new standards and guidelines will become applicable by the same date (as of 30 January 2027).

The amendments introduce various changes to the Solvency II framework, most notably affecting the liability discount curve, the risk margin, the Volatility Adjustment (VA), the Dynamic Volatility Adjustment (DVA), and the long-term impact of the climate-change transition plan on Solvency II requirements.

In addition to the revisions to the Solvency II Directive, on 8 January 2025, the Insurance Recovery and Resolution Directive (IRR) was published, which provides a recovery and resolution framework for insurance companies at European level. This framework must be implemented by EU Member States in national legislation and will become applicable by the same dates as the Solvency II amendments. The IRRD is – to a large extent - comparable to the local Insurance Recovery and Resolution framework currently in force in the Netherlands.

E.2.1 Minimum Capital Requirement

According to (Directive 2009/138 EU article 230 Sub 2a) the consolidated group SCR shall have as a minimum the sum of the following:

- the MCR as referred to in Article 129 of the participating insurance or reinsurance undertaking;
- the proportional share of the MCR of the related insurance and reinsurance undertakings.

According to Delegated Regulation article 248 to 251 the MCR of the related insurance and reinsurance undertakings is calculated as a linear function of premiums, technical provisions and capital at risk.

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Components MCR - Technical provisions

Technical provisions (including proportional reinsurance)	Charge	Capital at Risk 2025	MCR 2025	Capital at Risk 2024	MCR 2024
Medical expense insurance	4.70%	0	0	0	0
Total			0		0

Components MCR - Written premiums

Written premiums (including proportional reinsurance)	Charge	Capital at Risk 2025	MCR 2025	Capital at Risk 2024	MCR 2024
Medical expense insurance	4.70%	69,957	3,288	106,685	5,014
Total			3,288		5,014

The MCR has been determined as the sum of the components, leading to a linear MCR of € 3,288 thousand. In case of negative Technical provisions the Capital at Risk is capped at zero.

The MCR contains a minimum of 25% and a maximum of 45% of the SCR, as stipulated in article 292(2)(g) of the Delegated Regulation. Applying the MCR cap, the MCR equals € 3,368 thousand.

Minimum Capital Required Ratio

	31 December 2025	31 December 2024
Eligible own funds to meet MCR	34,532	41,462
Minimum Capital Requirement	3,368	5,090
MCR ratio	1025%	815%

a.s.r. health supplementary meets the minimum capital requirement.

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

a.s.r. applies the Standard equity risk sub-module according article 168 and 169 of the Delegated Acts. In this module a.s.r. recognises four types of equities:

- Equities Type 1
- Equities Type 2
- Strategic Participations, not applicable for a.s.r. health supplementary
- Qualifying infrastructure equities, not applicable for a.s.r. health supplementary

Article 170, which describes the Duration-based equity risk sub-module, is not applied by a.s.r.

Article 171a, which describes the long-term equity investments module, is not applied by a.s.r.

E.4 Differences between Standard Formula and internal models

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

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

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

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