

FORM NL-41 OFFICES INFORMATION**As at: 31st March 2025****Name of the Insurer: Valueattics Reinsurance Limited****Date:**

Sl. No.	Office Information	Number
1	No. of offices at the beginning of the year	2
2	No. of branches approved during the year	Not applicable
3	No. of branches opened during the year	Out of approvals of previous year Out of approvals of this year
4		Not applicable
5	No. of branches closed during the year	Not applicable
6	No of branches at the end of the year	Not applicable
7	No. of branches approved but not opened	Not applicable
8	No. of rural branches	Not applicable
9	No. of urban branches	Not applicable
10	No. of Directors:- (a) Independent Director (b) Executive Director (c) Non-executive Director (d) Women Director (e) Whole time director	(a) 3 (b) 0 (c) 4 (d) 1 (e) 0
11	No. of Employees (a) On-roll: (b) Off-roll: (c) Total	(a) 5 (b) 0 (c) 5
12	No. of Insurance Agents and Intermediaries (a) Individual Agents, (b) Corporate Agents-Banks (c) Corporate Agents-Others (d) Insurance Brokers (e) Web Aggregators (f) Insurance Marketing Firm (g) Motor Insurance Service Providers (DIRECT) (h) Point of Sales persons (DIRECT) (i) Other as allowed by IRDAI (To be specified)	Not applicable

Employees and Insurance Agents and Intermediaries -Movement

Particulars	Employees	Insurance Agents and Intermediaries
Number at the beginning of the quarter	0	Not applicable
Recruitments during the quarter	5	Not applicable
Attrition during the quarter	0	Not applicable
Number at the end of the quarter	5	Not applicable