

REPORT

An investigation into Jewish insurance policies relating to the Second World War in the Netherlands

To the

Archief Philip Staal

PENSIONS AND INSURANCE SUPERVISORY AUTHORITY

TABLE OF CONTENTS

1	Background to the investigation	2
2	Objective of the investigation	5
3	The history	6
4	Investigation approach	11
4.1	General	11
4.2	The steering committee	11
4.3	The questionnaire	11
4.4	The report of findings of the auditor	12
4.5	Informative meeting and the help desk	12
4.6	Analysis and discussion of the questionnaire	13
4.7	Limitations of the investigation	13
4.7.1	Introduction	13
4.7.2	Limited availability of relevant people	13
4.7.3	Limited availability of documents and/or archives	13
5	Outcome of the investigation	15
5.1	Companies involved in the investigation	15
5.2	General policy concerning restoration of rights	17
5.2.1	Introduction	17
5.2.2	Findings on section 1 of the questionnaire	17
5.2.3	Conclusion on section 1 of the questionnaire	18
5.3	Scope and completeness of the archives	18
5.3.1	Introduction	18
5.3.2	Findings on section 2 of the questionnaire	18
5.3.3	Conclusion on section 2 of the questionnaire	20
5.4	Insurance contracts in existing current portfolios	20
5.4.1	Introduction	20
5.4.2	Findings on section 3 of the questionnaire	20
5.4.3	Conclusion on section 3 of the questionnaire	22
5.5	Possible gaps in the restoration of rights	22
5.5.1	Introduction	22
5.5.2	Findings on section 4 of the questionnaire	23
5.5.3	Conclusion on section 4 of the questionnaire	24
5.6	Processing of claims and requests for information	24
5.6.1	Introduction	24
5.6.2	Findings on section 5 of the questionnaire	24
5.6.3	Conclusion on section 5 of the questionnaire	25
6	Summary and conclusion	26

Annexes:

- 1 A Summary of companies included in the investigation
- 1 B Reconciliation of summary of companies with
Report of the Insurance Control Board for 1938
- 2 Glossary of abbreviations
- 3 Report of the Holocaust Foundation for Individual Insurance Claims, The Hague
- 4 Questionnaire
- 5 Standard report of findings of the auditor

1 BACKGROUND TO THE INVESTIGATION

In 1997, the government-appointed Supervisory Committee for the investigation into WW II financial assets held in the Netherlands, also known as the Scholten Committee, was given the general assignment to "carry out an investigation into the systematics surrounding the redress of the rights of victims of the Second World War with regard to their financial assets at banks and insurance companies in the Netherlands". During its investigation concerning insurance companies, the Committee focused specifically on the question of which deposits, entitlements to insurance and other assets of war victims are currently being wrongfully held by insurance companies or the State as a result of measures during the time of the occupation.

In order to answer this question, the Scholten Committee investigated both the robbery of insurance policies during the German occupation and the post-war restoration of rights. In respect of the insurance policies, archive investigation was carried out at the following four types of entities or organizations:

- insurance companies and umbrella organizations in the insurance and pension sector;
- archives of the occupying authorities;
- the Dutch government;
- Jewish organizations.

Although many archived documents proved to have been destroyed since the World War II era, based on the available documents it was possible to make an accurate reconstruction of the system behind the robbery of and the restoration of rights to Jewish insurance policies. Two issues were central here:

- Identification of insurance policies that had been stolen by the occupying power and determination of how those policies were reinstated after the liberation; and
- Identification of any gaps in the robbery which had led to policies and sums insured remaining unclaimed and in the possession of insurance companies.

The Scholten Committee published its "Final report of the Supervisory Committee for the investigation of WW II financial assets held in the Netherlands" on December 15, 1999. This report stated that no serious flaws were discovered in the restoration of rights in respect of life insurance, annuities, pensions and funeral insurance policies, but that a number of possible gaps were detected in the actual systematics of the restoration of rights. In the opinion of the Committee, it had taken a long time for the restoration of rights to come about and there was also often little regard for the interests of the robbery victims in the interpretation of the regulations. With regard to the restoration of rights to insurance contracts, the Committee concluded that "the legal rights of the dispossessed were actually systematically restored".*

* See page 11 of Part 1 of the "Final report of the Supervisory Committee for the investigation of WW II financial assets held in the Netherlands" published by the Scholten Committee on December 15, 1999.

The recommendations with regard to the restoration of rights to insurance policies included in the Scholten Committee's final report were twofold. Both the insurance companies and the State were advised to make "a financial gesture" and to that end to listen to the Jewish community who, socially, represent the dispossessed. Additionally, to remove, as far as possible, any uncertainty regarding the reinstatement of individual policies, insurance companies were advised to search their records for policies that have never been paid out.

Prior to the publication of the Scholten Committee's findings, the Central Jewish Board [*Centraal Joods Overleg*] and the Dutch Association of Insurers [*Verbond van Verzekeraars*] had already concluded an agreement on November 9, 1999, under which an amount of NLG 50 million would be made available to the Jewish community. Of this amount, NLG 20 million is intended for individual payments to insurance beneficiaries and has been put at the disposal of the Holocaust Foundation for Individual Insurance Claims [*Stichting Individuele Verzekeringsaanspraken Sjoa*]. NLG 25 million has been set aside for the Foundation for Jewish War-Related Payments [*Stichting Joodse Oorlogstegoeden*] to be used for purposes to be determined by the Jewish community. To the best of both parties' knowledge, the total amount of NLG 45 million represents a realistic estimate of possible unclaimed insurance monies, plus interest. Furthermore, the Dutch Association of Insurers has made an amount of NLG 5 million available for a Monument to the Jewish Community project.

The assessment and payment of individual claims has, since November 9, 1999, been performed by the independent Holocaust Foundation for Individual Insurance Claims. This Foundation was set up in order to assess and, if possible, honor requests for payments on Jewish war policies. The Holocaust Foundation bases this assessment on, for example, information provided by insurance companies, including those unclaimed policies of Jewish policyholders discovered by the insurers. One of the actions of the Holocaust Foundation has been to publish the details of the unclaimed policies of Jewish policyholders on the Internet. It will also publish this information for additional unclaimed Jewish policies discovered as a result of this current investigation. The Dutch Association of Insurers and the Central Jewish Board believe that the aforementioned agreement represents a financial settlement for possible gaps in the actual systematics of the restoration of rights detected by the Scholten Committee.

In addition to this agreement, the parties involved decided to act on the recommendations of the Scholten Committee in order to remove, as far as possible, the uncertainty regarding the reinstatement of individual policies. As noted earlier, the Committee recommended in its final report that the insurance companies should carry out an investigation into insurance policies dating back to the war years that had not been paid out either directly or indirectly. The Committee believed that the Insurance Control Board, now the Pensions and Insurance Supervisory Authority, should engage a firm of accountants to audit and publish this information. Furthermore, the Committee noted that, while the chance was small that this would lead to the discovery of a large number of policies, this was the only way to dispel as far as possible the current uncertainty regarding individual cases.

Consistent with the Committee's conclusions, the possible gaps in the restoration of rights in respect of individual life insurance policies relate in particular to the following insurance contracts:

- Jewish insurance contracts that were not registered as Jewish insurance contracts by either the policyholder or the insurer (and which were not known to the insurer as Jewish insurance contracts);
- Jewish insurance contracts which were known to the insurer but which were not registered with Liro (**Lippmann Rosenthal & Co**, please refer to section 3 for additional information);
- insurance contracts paid out to other organizations.

The Pensions and Insurance Supervisory Authority engaged Ernst & Young Integrity Services & Investigations B.V. to perform this investigation, the findings of which are presented in this report.

2 OBJECTIVE OF THE INVESTIGATION

A principal conclusion of the Scholten Committee investigation was that no insurance monies of Jewish policies have remained systematically in the possession of insurance companies. The Committee therefore expected that the chance was small that an additional investigation would lead to the discovery of a large number of policies.

As mentioned above, the Central Jewish Board and the Dutch Association of Insurers concluded an agreement on November 9, 1999, under which an amount of NLG 50 million was made available to the Jewish community.

The objective of the current investigation was to determine whether insurance companies were still holding policies that had not been paid out, either directly or indirectly, in order to dispel as far as possible the current uncertainty regarding individual cases and to be able to pay out part of the available funds on these policies. In particular, the investigation focused on policies of Jewish policyholders concluded before or during the Second World War which were:

- not stolen but which were not paid out in any form after the liberation;
- stolen without any restoration of rights.

The investigation focused on the robbery and restoration of rights in respect of life insurance policies, annuities and pensions (referred to as "insurance contracts") of Jewish war victims.

The investigation also included an evaluation of the procedures adopted by the insurance companies involved for processing claims and/or information requests from interested parties, as well as a review of the audit trail.

Finally, we would note that our work was performed in accordance with International Standard on Auditing 920 (Engagements to perform agreed-upon procedures regarding financial information). The procedures performed therefore did not constitute an audit or a review and, accordingly, we do not provide any assurance about whether the financial information is fairly stated. Assurance can only be given regarding those aspects examined in connection with the questionnaire and the objective of the investigation, the findings of which are included in this report.

3 THE HISTORY*

The robbery of Jewish sums insured via Liro

During the Second World War, the German occupying power issued a series of decrees that had the force of law. The aim of these decrees was to enable the Germans to get their hands on all Jewish assets in the Netherlands. Every person in the Netherlands who was considered Jewish according to the definition of the occupying power was required to register and hand over his or her assets to a branch, specially opened for this purpose, of the reputable Jewish bank – but which had by then been taken over by the Nazis – Lippmann Rosenthal & Co (Liro: the robbery bank Lippmann Rosenthal & Co, Sarphatistraat, Amsterdam).

The first Liro Decree of August 8, 1941 was aimed mainly at bank assets, cash money and stocks and shares. While Jewish insurance policies remained untouched, this decree prompted some Jews to try to protect their capital in what were known as "escape policies", in the form of a single premium insurance policy. The intention was actually to deposit the monies by means of these escape policies, so that, in better times, they could be returned after deduction of costs.

The second Liro Decree, which came into force on May 21, 1942, stipulated that Jews had to register their life insurance policies, annuities, pensions and non-life insurance policies with the robbery bank, and at the same time hand in their policies. The insurance companies were obliged to register the insurance policies of Jewish clients and pay out maturing policies and current annuities to Liro instead of to the insured parties themselves. Additionally, no legal transactions, such as surrender, lending on security, or change of beneficiary, were permitted to be carried out with regard to any Jewish insurance policy without permission from Liro. Insurance companies were also obliged to present their policyholders with a form on which they had to state whether they were Jewish or not. A great many Jewish policyholders registered their policies, including the escape policies taken out shortly beforehand. The insurers, too, cooperated in this registration process.

The compulsory registration was followed by a new decree dated June 11, 1943, which stipulated that the life insurance policies that had had to be registered in accordance with the second Liro Decree, and were therefore known to Liro, were to be terminated as of June 30, 1943. If the policy conditions of the insurance allowed for surrender, then the insurance company had to pay the surrender value, as of June 30, 1943, to Liro. If the insurance contract did not allow for surrender, as in the case of annuities and pensions, then the insurance company had to pay three-quarters of the mathematically calculated premium reserve to Liro.

* Largely taken from the publications of Ms R. Grüter in *Het Verzekeringsarchief* 2000 no. 4, pages 157-163, and 2001 no. 1, pages 37-41.

The Insurance Control Board [*Verzekeringskamer*] and the Industrial Confederation of Life Insurance Companies [*Bedrijfsgroep Levensverzekering*] – the predecessor to the Dutch Association of Insurers – negotiated with the occupier to obtain more favorable conditions and exemptions from surrender. There is also evidence that some insurers did their best to obstruct the surrender of contracts. When, in early 1944, the intended surrender proved not to be progressing rapidly enough, the occupier increased the pressure. This approach bore fruit and, in September 1944, the *Generalkommissar für Finanz und Wirtschaft* (Commissioner for finance and economics) was able to announce that the robbery "was completed" to the satisfaction of the occupier. Liro had stolen more than NLG 26 million in Jewish insurance monies. Of this amount, approximately NLG 23.5 million was from forced surrender, while NLG 2.5 million consisted of payments due by insurance companies to Jewish insured parties during the period between the registration decree and the surrender decree*.

During the surrender operation, some categories of policies were not surrendered. In the first place, this included those categories defined as exempt by the occupying power, such as insurance policies taken out by mixed-marriage couples whose children were not considered to be Jewish, insurance policies for which the beneficiaries were non-Jewish, insurance policies of deregistered Jews, and insurance policies that had not yet built up any value. Secondly, industrial insurance policies were first temporarily and then, from September 1944, permanently exempt from surrender. However, during the Scholten Committee's investigation of insurance archives, it was found that they often were surrendered, as the obligation for Jewish policyholders to register industrial insurance policies was not terminated and registered policies had to be surrendered. Furthermore, Jewish insurance policies that were not disclosed to Liro by either the policyholder or the insurance company were not surrendered. The number of such insurance policies is unknown.

The restoration of rights

Even during the occupation, the Dutch government in London was preparing the principles of the post-war restoration of rights. The Occupation Regulations Order (E 93) and the Order for the Restoration of Rights (E 100), both of September 17, 1944, formed the foundation for the restoration of rights. The anti-Jewish asset decrees were deemed never to have been in force and the independent Council for Redress was granted the authority to declare legal relationships that had been formed or amended during the occupation as null and void or to reinstate those that had been nullified. No separate regulation was made, however, for reinstating policies. As no regulation was issued, despite negotiations between the insurers and the government, the question of how the reinstatement of policies was actually to be organized was only finally answered by the rulings of the Judiciary Department of the Council for Redress.

* Funeral insurance policies covered by funeral societies did not fall under the registration and surrender obligation of the Liro Decrees. Such agreements were, after all, often based on membership of associations or foundations. These were liquidated and all their property seized by the occupying power. Over 71% of this property was made available for restitution after the war. The individual reinstatement of these funeral insurance policies falls outside the scope of this investigation.

Under the terms of the policy reinstatement, if the insured party had died, then the policy would be paid out, while if the insured party were still alive, the policy would be continued. After the liberation, it became evident that around 80% of policyholders had not survived the war. This meant that the insurance companies had to pay out these policies, even though they had already paid out the surrender value of these insurance policies based on the German decrees. They had assumed during the war that, as they had paid out satisfactorily, they had thereby discharged their obligations.

However, under E 93, they still had to pay out these insurance policies, which meant in fact that they were forced to pay out twice for the same policy: first, the surrender value to Liro during the occupation and, secondly, after the liberation to the claimants. A complicating factor here was that, in the first few years after liberation, Liro's estate – referred to after 1945 as LVVS, [*Liquidatie Van Verwaltung Sarphatistraat*] – was treated as more or less lost.

The insurance companies initially adopted a reticent attitude towards complete reinstatement of policies. They defended themselves as far as possible from the lawsuits that had started to arise since the beginning of 1946 at the Judiciary Department of the Council for Redress. However, they finally had to reconcile themselves to the law of precedent, which was favorable to policyholders. This formed the basis of the amicable policy reinstatement that the insurance companies agreed – out of court – with individual claimants.

In general, the restoration of rights meant that "on condition of payment of overdue premiums plus interest, the insurance policies were to be reinstated, unless the insurance company could demonstrate that reinstatement was unreasonable". That meant that a life insurance policy was reinstated if the policyholder was still alive. Where it concerned an annuity and the annuity holder was still alive, the annuity was to be paid out again. Where it concerned a life insurance policy with death cover and the policyholder was deceased, the insurance was paid to the beneficiary or the heirs. Annuities were no longer to be paid out after death, entirely in accordance with the insurance conditions. Overdue annuity payments that should have been paid out after the surrender date would still be paid by the insurance companies. In the event of reinstatement of policies that had been cancelled due to cessation of payment of premiums during the occupation, a distinction was made between economic incapacity and genuine force majeure as a result of deportation or going into hiding. Only when the latter was the case was the policy reinstated.

The insurance companies were given the right to a claim on the estate of LVVS to the amount of the surrender values to be paid out. It was 1956 before the final amount was determined conclusively: all creditors received 90% of the verified and accepted claims.

In order to reinstate the policies for which no policyholder, beneficiary or heir came forward, at the end of 1947 the Dutch Administration Institute [*Nederlands Beheerinstituut* – NBI] appointed the Foundation for the Administration of Absentee Property and Estates without known Heirs [*Stichting Bewindvoering Afwezigen en Onbeheerde Nalatenschappen* – BAON] as administrator for all absentee policyholders whose names appeared in the records of LVVS. On June 10, 1948, an "Agreement concerning the provisional restoration of rights" was concluded between the BAON Foundation and the insurance companies.

This agreement provided for the conditional reinstatement of unclaimed policies according to the legal precedents established in the meantime. Final reinstatement would follow if and when the beneficiaries came forward.

According to the Netherlands Civil Code, goods which nobody claims (an estate without known heirs) revert to the State. This also applied to the reserve values of "ownerless" policies for which no claimants came forward after 1948. To safeguard the claims on these estates, in September 1954 the State and the insurance companies concluded the Amicable Redress Agreement [*Overeenkomst tot Minnelijk Rechtsherstel*], or the "Veegens Agreement", named after the government attorney. The State relinquished its right to collect the reserve values to which it was actually entitled and contented itself with the surrender values of these "ownerless" policies. The difference between the accrued value and the surrender value was granted to the insurance companies, so that they still received some sort of compensation for the losses they suffered as a result of the war. The insurance companies transferred the surrender values of unclaimed policies to the State. A clause was included in the agreement stating that the State would transfer the surrender value back to the insurance company in question on production of a declaration of right to inheritance and a death certificate should any claimants still come forward. The insurance company would then take care of payment to the claimant.

Under the Veegens Agreement, the State collected NLG 429,907.96, after restitution of surrender values to insurance companies in connection with the reinstatement that was still being carried out. The corresponding insured sum was probably around NLG 1.3 million. Under the agreement of November 9, 1999 between the Dutch Association of Insurers and the Central Jewish Board, the insurance companies made available to the Jewish community an amount equal to the difference between the sum insured and the surrender value. The agreement with the State provided for the surrender value paid by the insurers to be transferred to the Jewish community.

Both the activities of the BAON Foundation with regard to the interim restoration of rights and the payment of the surrender values to the State were audited by the firm of accountants Nieuwenhuis & Bos at the request of the Internal Audit Office of the Ministry of Finance. According to the accountants' final conclusion in 1956, the reinstatement of policies was reasonable. The documentation discovered at various insurance companies during the Scholten Committee's investigation not only confirms this conclusion, but also reinforces it.

The fact that in the end policy reinstatement was meticulously carried out can be attributed to two factors. Firstly, the judgments of the Judiciary Department of the Council for Redress were favorable towards the Jewish parties. And, secondly, the two agreements relating to the reinstatement of the "ownerless" policies played a significant role. Accordingly, the interests of the State as heir were incorporated into the system of the restoration of rights. The agreements were a major stimulus for verifying the reinstatement of policies carried out by the insurance companies.

4 INVESTIGATION APPROACH

4.1 General

This section outlines the procedures performed during this investigation.

4.2 The steering committee

Given the complexity of the investigation, the sensitivity of the information and the importance for all the parties involved, the investigation team was supervised by a steering committee when carrying out this investigation. The steering committee was mainly responsible for:

- approving the nature of the investigation;
- advising on the investigation methods;
- drawing up the questionnaire, which formed a central element of the investigation;
- determining the investigation's time planning;
- evaluating the findings;
- reviewing and commenting on the draft report.

The steering committee included representatives from the Pensions and Insurance Supervisory Authority (Prof. A.J. Vermaat up to January 1, 2001, and succeeded by Mr. D.E. Witteveen), the Dutch Association of Insurers (Prof. E.J. Fischer) and the Central Jewish Board (Mr. R.M. Naftaniel). Ms. R. Grüter, then an investigator on the Scholten Committee, acted as adviser to the steering committee. The steering committee met on eight occasions during the term of the investigation, from mid-2000 to December 2002. The committee was supported by a working group, consisting of Mr. J.G. Schouwstra on behalf of the Pensions and Insurance Supervisory Authority and Mr. W.F. Terwisscha van Scheltinga and Mr. F. Soeteman representing the Dutch Association of Insurers.

4.3 The questionnaire

The central element of this investigation was the gathering of information by means of a questionnaire. The insurers were asked to complete the questionnaire based on the situation as of May 1, 2001 and to have it signed by one of the company's directors.

In addition to the involvement of the Pensions and Insurance Supervisory Authority as client, the cooperation of the member insurers of the Dutch Association of Insurers was crucial to the effective performance of the investigation and the Dutch Association of Insurers was instrumental in realizing the cooperation of those insurers. In practice, this cooperation consisted of the insurance companies completing the questionnaire and having the answers verified by their auditor.

The questionnaire was drawn up by the investigation team and was finalized in consultation with the steering committee. The investigators also made use of the expertise and experience of three insurance companies who were asked to assess the draft questionnaire in respect of its consistency, logic, tenability and practicability.

Finally, a final draft of the questionnaire was submitted for review to the International Commission on Holocaust Era Insurance Claims (ICHEIC), whose comments were incorporated in the final version of the questionnaire.

The questionnaire is attached to this report as annex 4. A detailed explanation of the content of the questionnaire can be found in section 5.

4.4 The report of findings of the auditor

In order to ensure that the answers to the questionnaire were accurate, we considered it necessary that the internal or external auditors of the insurance companies issue an opinion on the completed questionnaire. To this end, we requested that the auditors concerned draw up and sign a "report of findings".

For insurance companies with an internal audit department, the internal auditor was requested to draw up the report of findings. If this was not the case, the insurance company's external auditor did this. The standard report of findings, which we provided to the auditors, is attached as annex 5.

4.5 Informative meeting and the help desk

In order to avoid any uncertainties regarding the investigation and the questionnaire to be completed, and given that the investigation would place a relatively heavy burden on the individual insurance companies, it was essential that the Dutch Association of Insurers provide sufficient information to its members. In this respect, an informative meeting was held on May 4, 2001, which was attended by the majority of the contact persons at the insurance companies involved together with their respective internal or external auditors. During this informative meeting, representatives of the steering committee and the investigation team provided further explanations of the nature and approach of the investigation.

After the informative meeting on May 4, 2001, a special help desk was set up by Ernst & Young Integrity Services & Investigations B.V. to address any questions of the parties involved which arose during the investigation. The insurance companies, in particular, contacted the help desk to request further information on answering the questionnaire.

4.6 Analysis and discussion of the questionnaire

We entered the completed questionnaires returned by the insurers into a database, allowing us to analyze the answers of individual insurance companies, for example by comparing the answers submitted by each of the insurance companies to a particular question. This enabled a review to be made of such matters as the range of efforts made by the insurance companies, while also assessing whether negative answers to certain questions were sufficiently compensated by other activities.

If necessary based on the completed questionnaires and if more information had to be gathered, members of the investigation team held meetings with the contact person and/or the internal or external auditor to discuss the answers. In certain cases, additional work might then have to be carried out by the insurance companies.

4.7 Limitations of the investigation

4.7.1 Introduction

In an investigation such as this, which concerns events which happened more than 50 years ago, a number of inherent deficiencies were expected from the start, such as the limited availability of relevant people, as well as documents and/or archives.

The inherent deficiencies are detailed further below.

4.7.2 Limited availability of relevant people

It should be noted that there are virtually no surviving former staff members who worked at the insurance companies around the time of and/or during the war years and who, based on their own experience, could have provided further additional information concerning this matter.

4.7.3 Limited availability of documents and/or archives

An investigation such as this is dependent on the availability of archives relating to the period being investigated.

It is customary for insurers to retain data on expired policies for a period of at most seven years (up until June 1, 1998, this was ten years). This retention period corresponds with the statutory retention period in the Netherlands for accounting data. In this respect, therefore, insurers act in exactly the same way as other sectors.

It is also possible that policies are not paid out because the beneficiary could not be found. In such cases, the policy data is actively retained for a certain period, after which, if the beneficiary is still missing, the policy is registered in the records as expired. As from that date, the policy data is retained in the archives for the statutory retention period mentioned above. However, a number of insurance companies have, on their own initiative, retained complete policy files or parts thereof and have set aside amounts until the beneficiaries come forward.

By observing these standard procedures, the policies concerned and the corresponding data were usually destroyed after expiration of the statutory retention period of seven or ten years after the insurance company had fulfilled its obligations, whether in terms of the restoration of rights or the payment of the surrender value to the State. This is also addressed in the "Agreement as to a final regulation of insurance for insured parties who were affected by the Second World War in relation to persecution for being Jewish" concluded on November 11, 1999 by the Dutch Association of Insurers and the Central Jewish Board.

Moreover, it should be noted that the relevant documents in the available archives and current files often did not have any identifying mark to indicate that the policies related to a Jewish policyholder, which meant that they could not be easily identified. Only in incidental cases did the original policies contain some kind of mark to indicate that the policyholder was Jewish.

Consequently, on the basis of this investigation the risk that individual insurance policies were wrongly omitted from the restoration of rights can never be completely excluded.

5 OUTCOME OF THE INVESTIGATION

5.1 Companies involved in the investigation

We wrote to 29 insurers as part of the investigation. All of these insurers, or their 89 predecessors, held a license on January 1, 1938 permitting them to carry out life insurance activities. The year 1938 was used because as from this year the Dutch-Jewish community also felt increasingly at risk and, accordingly, in several cases measures were taken to make provisions for their life and property. The inclusion of two pre-war years in the investigation means that it can be reasonably assumed that all relevant insurance policies are covered by the investigation. The insurers we wrote to were selected on the basis of information provided by the Pensions and Insurance Supervisory Authority. Two of the companies we wrote to, NV Levensverzekering-Maatschappij 'De Hoop' and Centraal Beheer Levensverzekering NV, are special cases.

NV Levensverzekering-Maatschappij 'De Hoop' is a reinsurance company for policyholders who are not accepted on the basis of relevant medical criteria at the ceding companies without reinsurance cover. The insured party is therefore registered at both his own insurer and the reinsurer. The ceding company is responsible for any payments to policyholders. As part of this investigation, the policy data were already being investigated at the ceding company, and we therefore decided to exclude NV Levensverzekering-Maatschappij 'De Hoop' from the investigation.

Centraal Beheer Levensverzekering NV had a license to sell life insurance policies, but had not yet sold any policies in the period under investigation, and has therefore not been included in the investigation.

The answers of five companies were included in the questionnaire submitted by an affiliated insurance company, and accordingly these companies did not need to submit their questionnaires separately. One company, De Onderlinge van 1719, did not complete the questionnaire, but provided a full statement of activities in the portfolio from January 1, 1938 to mid-2001 based on the available archives. This statement did not reveal any Jewish policies that had not been reinstated or paid out. All other companies, 21 in total, submitted the questionnaire, signed by the company's management, and the answers were discussed with all parties, usually in the presence of an internal or external auditor. The response to the investigation was therefore 100%.

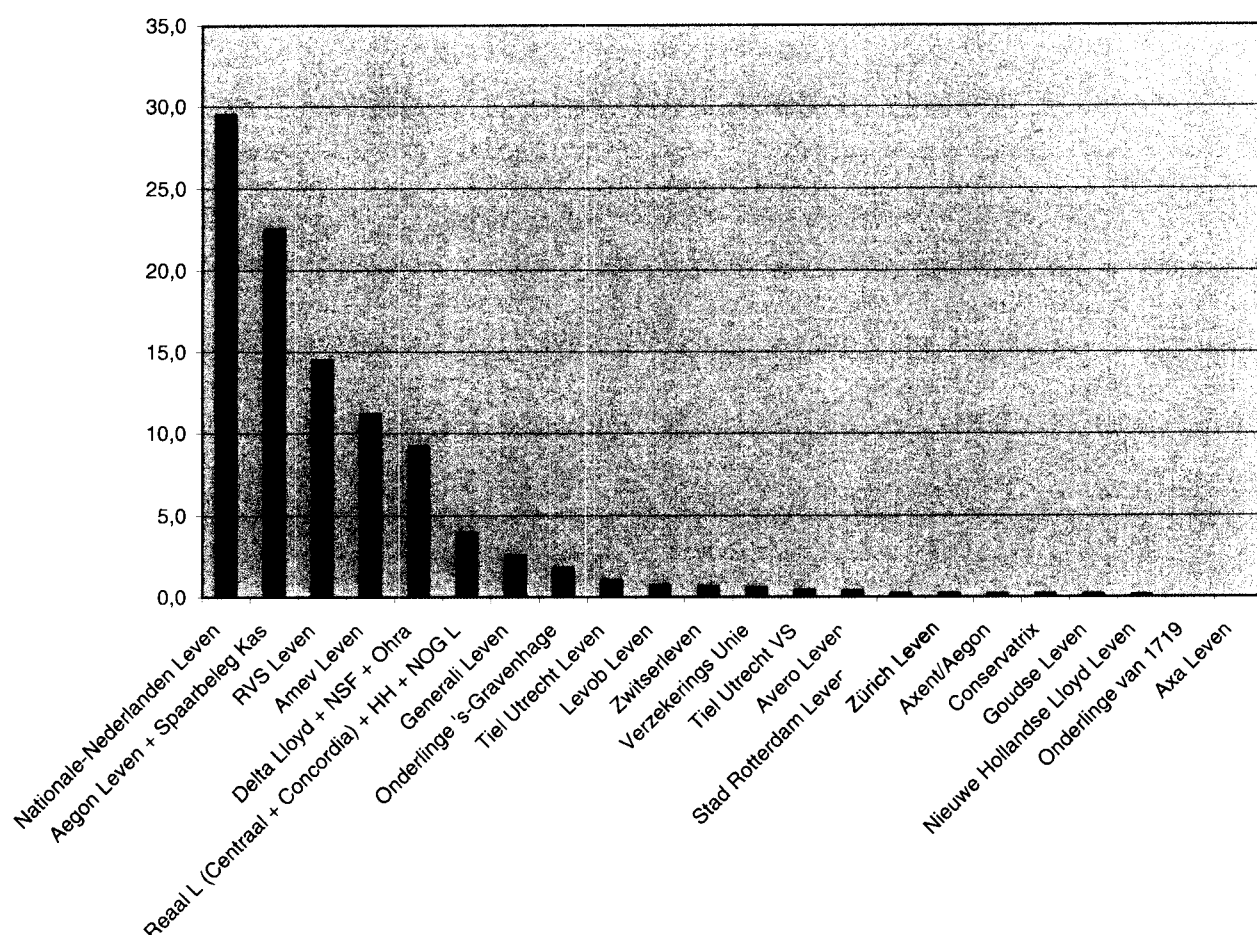
The response can be summarized as follows:

Number of companies according to the Report of the Insurance Control Board for 1938 on January 1, 1938	89
Companies that merged with other companies or whose activities were terminated	60
Companies we wrote to	29
Companies excluded from the investigation	2
	27
Companies included in the investigation of affiliated companies	5
Companies involved in the investigation	22
Companies whose full records were reviewed	1
Companies participating in the investigation by completing the questionnaire	21

For a complete list of companies included in the investigation, please refer to annex 1 to this report.

The market share at January 1, 1938 of the companies involved in the investigation based on insured capital is as follows:

**% market share of respondents (22) at January 1, 1938
(based on insured capital)**



In the remainder of this section, we will discuss the answers to the questionnaire. Each section of the questionnaire, included in annex 4, contains a detailed introduction to the questions.

5.2 General policy concerning restoration of rights

5.2.1 Introduction

The questions in section 1 of the questionnaire relate to the company policy on the restoration of rights to insurance contracts of Jewish policyholders, and to the correctness and completeness of the legal predecessors of the insurance company.

Three periods are distinguished in terms of the questions on the policy:

- November 1999 to May 1, 2001. This period ranges from the time the agreement on the settlement of claims relating to Jewish policies was concluded by the Dutch Association of Insurers and the Central Jewish Board. This period is characterized by the fact that the Holocaust Foundation settles the claims;
- Mid-nineties to November 1999. The settlement of claims relating to war policies received particular attention during this period. Among other things, this resulted in Guidelines of the Dutch Association of Insurers on how to settle such policies which the association issued to its members;
- 1945 to the mid-nineties. This is the period immediately following the war, when the restoration of rights primarily took place. The heart of this period of restoration of rights, which impacts the availability of documents and the ability to carry out further investigation, was some 50 years ago now.

5.2.2 Findings on section 1 of the questionnaire

November 1999 to May 1, 2001

Since November 9, 1999, the assessment of individual claims and their payment has been carried out by the independent Holocaust Foundation. During this period, all companies complied with the Guidelines of the Dutch Association of Insurers. The insurance companies fulfilled a support role to the actual settlement of claims carried out by the Holocaust Foundation.

Mid-nineties to November 1999

During this period, the companies settled the claims in accordance with the Guidelines of the Dutch Association of Insurers. For claims relating to war policies that had not been previously paid, this meant that, when the validity of a claim was assessed by the companies, the statute of limitations was not invoked, leniency was observed with respect to the burden of proof, and interest was paid in accordance with the recommendations of the Dutch Association of Insurers (in line with the agreement between the Dutch Association of Insurers and the Central Jewish Board concluded in 1999).

1945 to the mid-nineties

The restoration of rights was particularly based on legal precedents of the Council for Redress and on the Guidelines of the Dutch Association for the Promotion of the Life Insurance Industry [*Nederlandse Vereniging tot Bevordering van het Levensverzekeringsbedrijf*] that were based on these legal precedents. Further settlement of the Jewish policies was similar to the settlement of those companies' other policies. Based on investigations of the historical archives of the companies, it emerges that in most instances there was no specific company policy in place for settling Jewish policies.

In addition to the company policy mentioned, some companies determined at that time that archives relating to Jewish policies should not be destroyed. These companies still have a separate archive with information on Jewish policies.

5.2.3 Conclusion on section 1 of the questionnaire

All companies stated that their policy complied with the Guidelines of the Dutch Association of Insurers or the agreements of the Dutch Association for the Promotion of the Life Insurance Industry. During our investigation, we found no information indicating that the policy established by the Dutch Association of Insurers or agreements of the Dutch Association for the Promotion of the Life Insurance Industry were not adopted and complied with in a correct manner.

5.3 Scope and completeness of the archives

5.3.1 Introduction

Section 2 of the questionnaire includes questions arising from the necessity to obtain an insight into the nature and scope of the archives. The questions focus especially on company policy on archiving policies and policy data and completed investigations into the locations of the archives. The termination of policies of Jewish war victims through abnormal exit in the period prior to 1938 and the scope of the policy portfolio at January 1, 1938 are also discussed. Section 2 finishes with two questions on the automated processing of files or policy data.

5.3.2 Findings on section 2 of the questionnaire

Archiving policy

All companies stated that they complied with the general statutory archiving regulations. These regulations place an inherent limitation on our investigation. In addition, a number of companies had a policy not to destroy all archive materials relating to Jewish policies after the statutory retention period expired. It is therefore not possible to establish whether these separate Jewish archives are complete.

Investigation into archive locations

Almost all companies stated that an investigation into the identification of archive locations was conducted. The companies that did not perform an investigation were those that had performed their activities from and kept their archives at the same location for the entire period, so that no additional investigation into archive locations was required. Only in some cases were all documents still kept at an individual policy level.

The companies that did perform additional investigations mostly consulted former staff or staff that had been working for the company for a very long time.

The answers to the questionnaire show that a number of companies had already carried out extensive investigations into the existence of possible archive locations, mainly as part of the investigation that formed the basis of the agreement between the Central Jewish Board and the Dutch Association of Insurers concluded in November 1999. At the request of the Scholten Committee, a number of insurers also investigated whether there were any policies that had not been settled. Furthermore, a number of insurance companies operating internationally had also performed many activities for the purpose of reports on this issue that had to be produced for foreign supervisory authorities and/or the ICHEIC. The results of all these activities were used for answering the questionnaire.

Some companies transferred part of their archives in the past to other organizations such as the National Archive or the Municipal Archive. The companies concerned approached all these other organizations to help them in their investigations. Based on their investigations, the companies believe that all possible archive locations have been included in the investigation.

Termination of policies through abnormal exit in the period prior to 1938

The date January 1, 1938 was used as a reference point, even though it falls in the period that clearly preceded the active persecution of Jews in the Netherlands. The choice of this date has already been explained in detail on page 15 of this report. The inclusion of the two pre-war years in the investigation means that it can be reasonably assumed that all relevant insurance policies are covered by the investigation. When answering the question on termination of policies through abnormal exit in the period before January 1, 1938, all insurers stated that documents on that period and the specific topic were no longer available.

Automated processing of files or policy data

All files relating to the outstanding policies are fully available electronically. These files often do not contain data such as the commencement date of the insurance policy, as this type of data is not relevant for determining the sum insured and the reserve value. When converting to electronic files in the past, limited memory meant that restrictions had to be placed on the data included, as a result of which the commencement dates of insurance policies were not recorded. Furthermore, several companies kept electronic files of active and non-active Jewish policies. It is not possible to determine whether these files are complete because a reconstruction would only be possible if all historical archive material were available.

5.3.3 Conclusion on section 2 of the questionnaire

During our investigation, we found no information that might indicate that parts of the available archives of the companies were excluded from the investigation.

5.4 Insurance contracts in existing current portfolios

5.4.1 Introduction

The questions in section 3 of the questionnaire are crucial to the possible discovery of individual insurance policies that have never been paid out, either directly or indirectly, and focus on the current insurance portfolios of insurers. The questions particularly focus on the possibility that the current insurance portfolios include insurance contracts that have never been cancelled or paid out, or contracts for which payment has never been claimed.

5.4.2 Findings on section 3 of the questionnaire

Insurance contracts that have never been cancelled or paid out

It emerged from this investigation that in the years prior to the commencement of this investigation several insurers had already completed many activities, the results of which could be used for completing the questionnaire. These activities included making the archives accessible, identifying Jewish policies that had not been settled and settling claims and requests for information. It should be noted that the insurers concerned had a joint market share of over 70% at January 1, 1938. These activities were performed mainly as part of the investigation that formed the basis for the agreement the Central Jewish Board and the Dutch Association of Insurers entered into in November 1999. At the request of the Scholten Committee, a number of insurers also investigated whether there were any policies that had not been settled. Furthermore, a number of insurance companies operating internationally had also performed many activities for the purpose of reports on this issue that had to be produced for foreign supervisory authorities and/or the ICHEIC.

Furthermore, all companies cooperated and are still cooperating in investigations to find out whether their archives contain information on insured parties whose names are on the lists of the Holocaust Foundation and/or the Dutch Association of Insurers.

In addition to the activities outlined above, all insurance companies were asked in the context of the present investigation to compare their current insurance portfolios with the most recent version of the "In memoriam" file. This file, made available in digital format by the Foundation for War Graves [*Oorlogsgravenstichting*], is generally considered the most complete overview of the names of the victims of the occupation. The list used in this investigation was made available in June 2001.

Findings on the comparison of the current portfolio with the "In memoriam" file:

	Number of companies	% market share based on insured capital at January 1, 1938
Comparison performed	17	97
No comparison performed	4	3

Based on the size of the companies that compared their insurance portfolio with the "In memoriam" file, 97% of the insurance portfolios in the Netherlands were compared with the list. The additional investigation resulted in the discovery of 117 insurance policies. These policies and the accompanying information have been made available to the Holocaust Foundation.

The companies that in addition to the investigation of the lists of names only performed very limited other investigations and did not compare their portfolios with the "In memoriam" file, gave the following reasons for their approach:

- Investigations into the archives based on the lists of names from the Holocaust Foundation and the Dutch Association of Insurers never resulted in the discovery of a Jewish insurance policy.
- The insurer targeted a specific religious group with a Roman Catholic background. Given the focus on this particular religious group, it is highly unlikely that Jewish policyholders are amongst the insured parties; or
- The insured sums are very low. The costs that would have to be incurred for performing such an investigation bear no relation to the chances of possibly still discovering a major individual insurance contract.

These companies together had a very limited market share of 3%.

Contracts for which payment has never been requested

Most companies no longer have archive materials available to examine whether balances were cleared from suspense accounts in the past, which means that it is not possible to perform an additional investigation. However, this investigation was carried out for recent years, and did not result in the discovery of individual policies that could be considered for restoration of rights.

A number of small companies did not perform an additional investigation. These small companies argued that investigations in response to other questions and the investigation of the lists of names of the Dutch Association of Insurers and the Holocaust Foundation did not result in the discovery of Jewish policies. These companies estimated that the chance that policies would be discovered based on this particular questionnaire was nil and the associated costs would be disproportionately high.

5.4.3 Conclusion on section 3 of the questionnaire

Based on our investigation we conclude that many activities were performed to discover any individual policy data that may be considered for restoration of rights. This work resulted in the discovery of 117 policies that, in addition to the existing procedure, were reported to the Holocaust Foundation. A number of small companies did not carry out additional investigations using the "In Memoriam" file. We believe that, based on reasonableness and proportionality, this is an acceptable policy.

As mentioned earlier, extensive investigations had already been performed, for example, a comparison of current insurance portfolios with the lists of names of the Dutch Association of Insurers and the Holocaust Foundation. In 2000, the companies had already notified the Holocaust Foundation of about 750 policies that should be investigated further. The Foundation has since placed these policies on the internet (www.stichting-sjoa.nl). As a result of subsequent investigations by the companies, some further 1,500 policies were reported to the Foundation. Together with the 117 policies found during our investigation, these policies will also be published on the internet by the Holocaust Foundation. In its investigation, Ernst & Young Integrity Services & Investigations B.V. used the latest electronic version of the "In Memoriam" names file. The comparison of the current portfolios with the latest electronic version of the names file dated June 2001 again highlighted all the names previously identified and reported. It goes without saying that the previously identified and reported names had to be eliminated from the results of this investigation in order to give the true picture. As a result, only a relatively small number of policies were identified in this investigation.

These findings are consistent with the expectations of the Scholten Committee that the chances of additional policies being discovered as a result of additional investigations are limited.

5.5 Possible gaps in the restoration of rights

5.5.1 Introduction

The questions in section 4 of the questionnaire focus on any exceptional circumstances relating to the policies that are relevant to this investigation. These circumstances are derived from the report of the Scholten Committee that recommended conducting an investigation into the following topics:

- Jewish insurance contracts that were not registered as Jewish insurance contracts by either the policyholder or the insurer (and which were not known to the insurer as Jewish insurance contracts);
- Jewish insurance contracts which were known to the insurer but which were not registered with Liro;
- insurance contracts paid out to other organizations.

The first category is covered in section 3 of the questionnaire, which has already been discussed in section 5.4 of this report.

The questions in section 4 of the questionnaire relate to a period in the distant past, some 50 years ago now. This means that the inherent factors described in section 4.7 of this report, such as the limited availability of documents and/or archives and people that could provide information on events during that period, are essential.

5.5.2 Findings on section 4 of the questionnaire

As we mentioned, the questions in section 4 of the questionnaire relate to a period in the distant past, which means that the insurance companies had to answer many questions by stating that the documents required for the investigation were no longer available. We also refer to section 5.3 where we established that the companies put a great deal of effort into identifying all available archives.

Insurance contracts of Jewish policyholders that were known to the insurance company but not registered with Liro

Sixteen companies stated that no indications were found that action was taken to prevent policies being surrendered to Liro. This is, of course, partly the result of the limited availability of documents and archives from the period concerned. In an earlier investigation, a file of unclaimed insurance policies of Jewish policyholders was discovered that had not been transferred to LIRO. This information was made available to the Holocaust Foundation which published it on its website. One company did not perform a further investigation because it targeted only policyholders with a Roman Catholic background.

This company also produced the argument that investigations relating to other questions and the investigation of the lists of names of the Dutch Association of Insurers and the Holocaust Foundation did not result in the discovery of Jewish policies. This company estimated that the chance that policies would be discovered based on this particular questionnaire was nil.

The other four companies did find indications that policies were prevented from being surrendered. However, no indications were found that as a result of these actions policies lapsed in favor of the company concerned.

Insurance contracts paid out to other organizations

With the exception of two companies, all companies stated that no indications were found that insurance contracts may have been paid out to other organizations. As mentioned before, this is partly due to the limited availability of documents from the period concerned. Two companies stated that they found a policy that was settled in a different manner. Further documents to reconstruct the situation are no longer present. Based on the information available to us, we believe that these two policies were settled correctly. (See section 3 for the part played by the BAON Foundation in the restoration of rights.)

5.5.3 Conclusion on section 4 of the questionnaire

Based on our investigation, we conclude that companies, where possible, investigated indications that the rights to individual policies were wrongly not restored for the reasons mentioned in the introduction to this section. It emerged that many documents were not available because this part of our investigation relates to the specific settlement in a period in the distant past. We found no indications that led us to believe that policies were incorrectly settled in a different manner by the insurance companies.

5.6 Processing of claims and requests for information

5.6.1 Introduction

The questions in section 5 of the questionnaire focus on the processing of claims and requests for information. To ensure that this processing is reliable, it is important for us to establish if internal control measures are effective in achieving the objectives being achieved. The main objectives of internal control are that:

- all claims and requests for information that must be accounted for are indeed accounted for;
- all claims and requests for information are accounted for in good time.

It is therefore important that internal control measures have been included in the processing of claims and requests of information in order to prevent them not being accounted for at all or not being accounted for in good time. The questions in section 5 focus particularly on this area.

5.6.2 Findings on section 5 of the questionnaire

Fifteen of the 21 companies involved in the investigation have experience of claims and requests for information. For these companies, it emerged that the handling of such items is not subject to the limitations of the standard claims process and the associated restrictive rules. A member of the board or the legal staff is often charged with handling the claims and requests for information.

A limited number of these companies have now drawn up an extensive description of the procedures, recording the way in which such claims and requests for information should be processed. This description also takes into account aspects such as registration of an audit trail to enable the processing to be retrospectively verified. The remaining six companies have no experience yet of claims and requests for information (other than the activities relating to the lists of names of the Holocaust Foundation and the Dutch Association of Insurers referred to earlier, see section 5.4.2).

5.6.3 Conclusion on section 5 of the questionnaire

Based on our investigation, we conclude that the companies that deal with claims and requests for information follow a careful procedure for this that is separate from the way in which standard claims are processed. A member of the board or the legal staff is often charged with handling the claims and requests for information. We also established that all claims reported to the companies from November 1999 were also reported to the Holocaust Foundation. A review of the processing of claims reported to the Holocaust Foundation did not form part of our investigation. During this investigation, 117 policies were identified which were also reported to the Holocaust Foundation and processed as claims. Annex 3 to this report includes a letter from the Board of the Holocaust Foundation describing its activities and the outcome of applications handled until November 2002. The letter also discusses the intensive cooperation with the insurers, especially the large companies.

6 SUMMARY AND CONCLUSION

Before summarizing the investigation and the findings, we would like to express our gratitude and appreciation to the members of the steering group for their efforts and activities. We would also like to thank the insurance companies involved for answering the questionnaire in such detail, and for performing the work arising from the questions.

In a general sense, we noted that the insurance companies put a great deal of effort into answering the questionnaire to the best of their ability. We should point out that, prior to this investigation, the insurance sector had already carried out a great deal of work aimed at discovering Jewish policies that were wrongfully not reinstated or paid out. These activities were mainly performed as part of the investigation that formed the basis for the agreement the Central Jewish Board and the Dutch Association of Insurers entered into in November 1999. At the request of the Scholten Committee, a number of insurers had also investigated whether there were any policies that had not been settled. A number of insurance companies operating internationally had carried out investigations for the purpose of reports on this issue that had to be produced for non-Dutch supervisory authorities and/or the ICHEIC. The results of all these investigations were used for answering the questionnaire. We should note that the insurers concerned together had a market share of over 70% in 1938.

The central element of our investigation was the gathering of information on the basis of a questionnaire. The insurance companies were asked to complete the questionnaire based on the situation as of May 1, 2001 and to have one of the board members of the organization sign the questionnaire.

We entered the completed questionnaires returned by the insurers into a database, allowing us to analyze the answers of individual insurance companies, for example by comparing the answers submitted by each of the insurance companies to a particular question. This enabled a review to be made of such matters as the range of efforts made by the insurance companies, while also assessing whether negative answers to certain questions were sufficiently compensated by other activities.

In addition to analyzing the completed questionnaires, we also reviewed the reports of findings issued by the internal and external auditors of the insurance companies.

The findings resulting from these analyses formed the basis for discussions with our contact at the insurance company and/or the internal or external auditor. In some cases insurance companies performed additional activities, mainly in the form of more extensive examinations of active insurance contract portfolios.

In an investigation such as this, which relates to a period more than 50 years ago, a number of inherent deficiencies are to be expected. These include, for example, the limited availability of documents and/or archives and persons from the relevant time period. The risk that rights to individual insurance contracts were wrongly not reinstated can therefore never be fully ruled out based on this investigation.

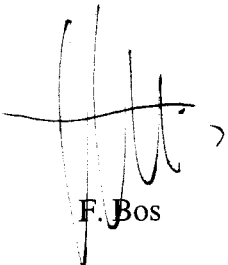

The important final conclusion of the Scholten Committee report was that the insurance companies did not systematically retain insurance monies relating to Jewish policies. The expectation of the Scholten Committee was that the chance that large amounts of insurance policies would be found following additional investigations was small.

Based on our investigation we believe that the Dutch insurance sector did everything reasonably possible to find Jewish insurance policies that were wrongfully not reinstated or paid out.

Our investigation led to the discovery of 117 individual insurance policies that have been transferred to the Holocaust Foundation for further investigation and processing. Regarding the processing, we would refer to the letter from the Holocaust Foundation included in annex 3.

To sum up, our conclusion is that the expectations of the Scholten Committee were confirmed by this investigation.

for Ernst & Young Integrity Services & Investigations B.V.


F. Bos
F.J. Nesselaar

Annex 1 A

SUMMARY OF THE COMPANIES INCLUDED IN THE INVESTIGATION

AEGON Levensverzekering N.V.
AMEV Levensverzekering N.V.
Avéro Levensverzekering N.V.
AXA Leven N.V.
AXENT/AEGON Leven N.V.
Centraal Beheer Achmea Pensioen- en Levensverzekeringen N.V.
Nederlandse Algemeene Maatschappij van Levensverzekering 'Conservatrix' N.V.
N.V. Levensverzekering-Maatschappij De Hoop
Delta Lloyd Levensverzekering N.V.
Generali Levensverzekering Maatschappij N.V.
Goudse Levensverzekering Maatschappij N.V.
Hooge Huys Levensverzekeringen N.V.
Levob Levensverzekering N.V.
Nationale-Nederlanden Levensverzekering Maatschappij N.V.
Nationaal Spaarfonds Verzekeringen N.V.
Nieuwe Hollandse Lloyd Levensverzekeringmaatschappij N.V.
N.V. Levensverzekering Maatschappij NOG
N.V. OHRA Pensioenverzekeringen
Levensverzekering Maatschappij De Onderlinge van 1719 U.A.
Onderlinge Levensverzekering Maatschappij 's-Gravenhage
Reaal Levensverzekering N.V.
RVS Levensverzekering N.V.
Sparbeleg Kas N.V.
Levensverzekering Maatschappij Stad Rotterdam N.V.
Tiel Utrecht Levensverzekering N.V.
Tiel Utrecht Verzekerd Sparen N.V.
De Verzekerings Unie Levensverzekering Maatschappij N.V.
Zurich Lebensversicherungs-Gesellschaft
Zwitserse Maatschappij van Levensverzekering en Lijfrente

Annex 1 B

Name of insurer on January 1, 1938

Insurance company included in investigation

Algemeene Noord-Hollandsche Maatschappij van Levensverzekering, Haarlem	1	AEGON Levensverzekering N.V.
Algemeene Friesche Levensverzekering-Maatschappij, Leeuwarden		
Algemeene Levensverzekeringsbank, Rotterdam		
Levensverzekering Maatschappij "Arnhem", Arnhem		
Eerste Nederlandsche Verz Mij op leven en tegen Invaliditeit N.V., The Hague		
De Groot-Noord-Hollandsche van 1845, Amsterdam		
Nieuwe Haagsche Verzekering-Societeit, The Hague		
Nederlandsche Maatschappij der "Nillmij 1859", The Hague		
Onderling Levensverzekering Genootschap "De OLVEH van 1879", The Hague		
Comp. Francaise d'Ass. sur la Vie "Le Phénix", Paris		
Vereeniging van Levensverzekering "St.Eloy", Rotterdam	2	AMEV Levensverzekering N.V.
Amsterdamsch Levensverzekering Genootschap, Amsterdam		
ERK (Eerste Roomsche Katholieke) Levensverzekering Mij N.V., Nijmegen		
Gresham Life Assurance Society Ltd, London		
HAV-bank (Hollandsche Algemeene Verzekerings-Bank), Schiedam		
Levensverzekering Maatschappij "Amethyst", Amsterdam		
N.V. Levensverzekering Maatschappij "Holland", Amsterdam		
Zuid-Wester Verzekeringsbank, Amsterdam		
Hollandsch-Utrechtsche verzekerings maatschappij, Utrecht		
Levensverzekering-Bank "Amsterdam", Utrecht		
Levensverzekering Maatschappij "De Maas", Maastricht		
Levensverzekering Maatschappij "Nijmegen", Nijmegen		
OLVA, Onderlinge Levensverzekering Maatschappij van Agenten, Amsterdam		
Pharus, The Hague		
Levensverzekering-Maatschappij "Utrecht", Utrecht		
Utrechtse Levensverzekeringsmaatschappij, Utrecht		
Verzekering-Maatschappij "Sint Petrus", Utrecht		
Levensverzekering-Maatschappij "Vitalis", Nijmegen		
Ver ter Verz van geldelijke uitkering bij overlijden "Zonder Baatzucht", Rotterdam	3	Avéro Levensverzekeringen N.V.
Onderling Boerenverzekeringsfonds, Leeuwarden		
"L'Union", Compagnie d'Assurances sur la Vie Humaine, Paris	4	AXA Leven N.V.
Fonds Uitkering bij Overlijden (U.B.O.), Utrecht	5	AXENT/AEGON Leven N.V.
Verzekeringsbank "Mora", Utrecht		
Vereeniging "Pensioen-Risico", Amsterdam	6	Centraal Beheer Levensverzekering N.V.
Nederlandsche Algemeene Maatschappij van Levensverzekering "Conservatrix", Baarn	7	Nederlandsche Algemeene Maatschappij van Levensverzekering 'Conservatrix' N.V.
Levensverzekering-Maatschappij De Hoop, The Hague	8	N.V. Levensverzekering-Maatschappij 'De Hoop'
Amsterdamsche Maatschappij van Levensverzekering, Amsterdam	9	Delta Lloyd Levensverzekering N.V.
Hollandsche Societeit van Levensverzekeringen, Amsterdam		
Union Life Branch of the Commercial Union Assurance Comp Ltd, London		
Eerste Hollandsche Levensverzekerings-Bank, Amsterdam	10	Generali Levensverzekering Maatschappij N.V.
Levensverzekering maatschappij De Nederlanden, Amsterdam		
Levensverzekeringsbank "Patria", Amsterdam		
Levensverzekering Maatschappij "Haarlem", Haarlem	11	Goudse Levensverzekering Maatschappij N.V.
Noord-Hollandsche Levensverzekeringsmaatschappij, Alkmaar	12	Hooge Huijs Levensverzekeringen N.V.
Ons Belang, N.V. Levensverzekering Maatschappij, Amersfoort	13	Levob Levensverzekering N.V.
Nationale Levensverzekering Bank, Rotterdam	14	Nationale-Nederlanden Levensverzekering Maatschappij N.V.
Compagnie d'Assurances Générales sur la Vie, Paris		
Levensverzekering Maatschappij "de Nederlanden van 1845", The Hague		
Nederlandsche Maatschappij voor Levens(her)verzekering, The Hague		
"La Nationale" Comp. An. d'Assurances sur la Vie, Paris		
De Nederlandsche Spaarkas, Amsterdam		
Algemeine Vers. Act. Gesellschaft Victoria zu Berlin, Berlin	15	N.V. Nationaal Spaarfonds
Levensverzekering Maatschappij Aurora, Amsterdam		
Nationaal Spaarfonds, The Hague		
"Noord-Brabant", Maatschappij van Verzekering op het Leven, Waalwijk		
Onderlinge Levensverzekering "Uitkering bij Overlijden", The Hague	16	Nieuwe Hollandse Lloyd Levensverzekering-maatschappij N.V.
Utrechtsche Verzekerings-Bank, Utrecht		

Name of insurer on January 1, 1938

Insurance company included in investigation

Levensverzekering Mij opgericht in 1863 door het N.O.G., Amsterdam	17	N.V. Levensverzekering Maatschappij NOG
Pensioenverzekering-Maatschappij Metallicus, Rotterdam	18	N.V. OHRA Pensioenverzekeringen
NV Verzekering-maatschappij "De Vrijwillige Liefdebeurs", Haarlem	19	Levensverzekering Maatschappij 'De Onderlinge van 1719 U.A.'
Onderlinge Levensverzekerings Maatschappij "s-Gravenhage", The Hague	20	Onderlinge Levensverzekering-Maatschappij 's-Gravenhage' U.A.
Levensverzekering-Maatschappij A.Z.A., Amsterdam Centrale Arbeiders-Verzekerings- en depositobank, The Hague Coöperatieve Levensverzekering-Mij "Concordia" U.A., Utrecht	21	Reaal Levensverzekering N.V.
"De Econoom", Delft Algemene Verzekeringsmaatschappij Hollandia, Delft Leidsche levensverzekering-maatschappij, Leiden Rotterdamsche Verzekering-Societeiten (R.V.S.), Rotterdam Onderlinge Levensverzekering Maatschappij "Tot nut en voordeel", Rotterdam Veenkoloniale Levensverzekering-Maatschappij, Veendam "Vesta", Maatschappij van Levensverzekering, Arnhem Verzekeringsbank Victoria, Amsterdam Levensverzekering-Maatschappij Z.Z. (Ziekenzorg), Amsterdam	22	RVS Levensverzekering N.V.
Spaarkas voor Belegging in R.K. Kerkelijke Leeningen, Utrecht	23	Spaarbeleg Kas N.V.
Amsterdamsche Verzekeringsbank, Amsterdam Rotterdamsche Onderlinge Maatschappij van Levensverzekering, Rotterdam Zekerheid door Voorzorg, Rotterdam	24	Levensverzekering Maatschappij Stad Rotterdam N.V.
Noorder Spaar en Levensverzekering-Maatschappij, Amsterdam Levensverz Maatschappij "Oude Haagsche van 1836", The Hague	25	Tiel Utrecht Levensverzekering N.V.
Nationale Crediet-Vereeniging, The Hague	26	Tiel Utrecht Verzekerd Sparen N.V.
Levensverzekering Maatschappij Confidentia, Utrecht Nederlandsche Verzekering Maatschappij "St.Willibrordus", Utrecht	27	De Verzekerings Unie Levensverzekering Maatschappij N.V.
"Vita" Lebensversicherungs-Aktiengesellschaft, Zürich	28	Zürich Lebensversicherungs-Gesellschaft
Schweizerische Lebensversicherungs-Aktiengesellschaft, Zürich	29	Zwitserse Maatschappij van Levensverzekering en Lijfrente
De Amsterdamsche Spaarkas, The Hague		Paid out at the end of 1952.
Nationale Spaarverzekering, Leeuwarden		Settled, no further obligations in 1953.
De Groninger Spaarkas, Groningen		Liquidated in 1944.
Verzekering-Maatschappij "Spaarhuis", Haarlem		Liquidated in 1939.
Spaarkas "Utrecht", Amsterdam		No further obligations in 1947.

Annex 2

LIST OF ABBREVIATIONS

ICHEIC	-	International Commission on Holocaust Era Insurance Claims
Liro	-	Lippmann Rosenthal & Co
LVVS	-	<i>Liquidatie Van Verwaltung Sarphatistraat</i> – Liro's estate
NBI	-	<i>Nederlands Beheerinstituut</i> - Dutch Administration Institute
BAON foundation	-	<i>Stichting Bewindvoering Afwezigen en Onbeheerde Nalatenschappen</i> - Foundation for the Administration of Absentee Property and Estates without known Heirs
WW II	-	World War II

Annex 3



Holocaust Foundation for Individual
Insurance Claims

Pensions & Insurance Supervisory Authority
Attn Mr. D.E. Witteveen
P.O. Box 929
7301 BD APELDOORN

Our reference
PVK

The Hague
December 9, 2002

Subject
Settlement of Jewish insurance policies

Dear Mr. Witteveen,

In your letter of October 17, 2002, you explained in detail the investigation that you were having conducted at insurance companies into policies that might still exist of Jewish policyholders that died during the Second World War. You also stated that the investigation does not include the actual settlement of the policies identified, as the Holocaust Foundation handles this. At your request, we are pleased to inform you, by means of this letter, about our activities and findings to date.

The Holocaust Foundation in The Hague was set up on November 22, 1999 as part of the agreement between the Dutch Association of Insurers [*Verbond van Verzekeraars*] and the Central Jewish Board [*Centraal Joods Overleg*] dated November 9, 1999 regarding the settlement of life insurance policies of Jewish victims of The Holocaust that had not been paid out. The Foundation conducts investigations into and provides information on life insurance policies of Holocaust victims. Where necessary, it arranges for the payment of benefits under such policies that have not been paid out.

These activities are carried out in close collaboration with all the relevant insurance companies in The Netherlands that are members of the Dutch Association of Insurers. On account of their specific knowledge, the insurance companies themselves conduct the investigations into their archives.

In general, the cooperation with the insurance companies is good. Regarding the larger companies, the contact is frequent and intensive, with both parties committed to reaching a satisfactory solution for cases that are often complicated. For the smaller companies, which are only incidentally involved in the issue, more intensive contact is sometimes necessary to assist them with their investigations. A limiting factor for the investigations is often the absence of documents from the archives and the condition of the insurer's archives themselves.



Holocaust Foundation for Individual Insurance Claims

Internet list

In collaboration with the insurance companies, a start was made in spring 2000 on publishing the details of policies that had not been paid out. This resulted in an initial publication of roughly 750 names on the internet (at <http://www.stichting-sjoa.nl>).

As a result of further investigations at and by the insurers, some 1,500 names will shortly be added to this internet list. This up-date will also include the names that the investigation conducted by Ernst & Young Integrity Services & Investigations B.V. has brought to light. This last-named investigation was conducted on behalf of the Pensions & Insurance Supervisory Authority in collaboration with the Dutch Association of Insurers and the Central Jewish Board.

Applications

Since the spring of 2000, the Holocaust Foundation has received 8,942 applications from 2,109 applicants.

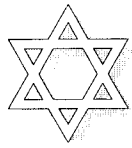
The applications can be subdivided into three categories:

1. Requests for information, with no details regarding the policy or the insurance company.
This category includes 7,924 applications, 88% of the total.
Since September 2000, lists of names have been regularly sent to all the relevant insurance companies. A total of 11 lists, including 4,061 names, have been sent to the insurance companies for investigation. To date, the Holocaust Foundation has processed 2,548 of these requests for information. In 12 cases, this has resulted in a payment.
2. Requests for information, with details of the policy and/or the insurance company.
This category includes 505 applications, 6% of the total.
In each case, the insurance company in question is requested in writing to provide further information if possible. Of these requests, 327 have been processed. In 69 cases, this has resulted in a payment.
3. Claims concerning names on the internet list.
This category includes 513 applications, 6% of the total.
An investigation is conducted in close collaboration with the company concerned. To date, 354 of these claims have been processed. In 193 cases, this has resulted in a payment.

Payments

- In 2000, payments were made under 8 policies to 16 beneficiaries for a total of NLG 114,501.00.
- In 2001, payments were made under 89 policies to 207 beneficiaries for a total of NLG 759,570.00.
- In 2002, to date, payments have been made under 177 policies to 629 beneficiaries for a total of EUR 899,023.00 (NLG 1,981,186.00).

In all, the Holocaust Foundation has so far made payments under 274 policies to 852 beneficiaries for a total of EUR 1,295,659.00 (NLG 2,855,257.00).



Holocaust Foundation for Individual
Insurance Claims

The financial statements of the Holocaust Foundation for 1999 to 2001 were audited by KPMG Accountants N.V., who issued unqualified auditors' reports on them. The financial statements for 2002 will be audited and published in 2003.

Applications can be submitted to the Holocaust Foundation until 2010. Hopefully, that year will see a close to this tragic chapter.

We trust that the above provides you with sufficient information. It goes without saying, however, that we would be pleased to provide more detailed information should you wish this.

Yours sincerely,

[WAS SIGNED]

M.R. Wijnholt
Chairman of the Board



Pensioen- &
Verzekeringskamer
T.a.v. de weledelgestrenghe heer
mr. D.E. Witteveen
Postbus 929
7301 BD APELDOORN

Ons kenmerk
PVK

Den Haag
9 december 2002

Betreft
Afhandeling polissen Joodse verzekerden

Geachte heer Witteveen,

In uw brief van 17 oktober 2002 heeft u ons nader geïnformeerd over het onderzoek dat u laat verrichten naar mogelijk nog aanwezige verzekeringen bij verzekeraars van polissen van in de Tweede Wereldoorlog omgekomen joodse verzekerden. U geeft ook aan dat uw onderzoek zich niet uitstrekt tot de feitelijke afhandeling van de aangetroffen polissen, aangezien de afhandeling geschiedt door de Stichting Individuele Verzekeringsaanspraken Sjoa. Graag informeren wij u op uw verzoek met deze brief over onze werkzaamheden en bevindingen tot en met heden.

De Stichting Individuele Verzekeringsaanspraken Sjoa te Den Haag is opgericht op 22 november 1999 als uitvloeisel van het op 9 november 1999 tussen het Verbond van Verzekeraars en het Centraal Joods Overleg tot stand gekomen akkoord inzake de afhandeling van niet uitgekeerde levensverzekeringopolissen van Joodse Holocaust slachtoffers. De Stichting houdt zich actief bezig met het verrichten van onderzoek naar en het verstrekken van informatie over levensverzekeringen van Holocaust slachtoffers en het zonodig uitkeren van niet-uitgekeerde polissen.

Deze werkzaamheden worden in nauwe samenwerking verricht met alle relevante verzekeringsmaatschappijen in Nederland, die aangesloten zijn bij het Verbond van Verzekeraars. Het zijn de verzekeringsmaatschappijen die, vanwege hun specifieke kennis, het onderzoek in de eigen archieven voor hun rekening nemen.

De medewerking van de verzekeringsmaatschappijen kan in het algemeen goed genoemd worden. Zeker met de grotere maatschappijen bestaat een frequent en intensief contact en is er sprake van een eendrachtige samenwerking om tot een bevredigende oplossing te komen in vaak ingewikkelde zaken. In sommige gevallen is met kleinere maatschappijen, die slechts sporadisch betrokken zijn bij de problematiek, intensiever contact nodig om hen te assisteren bij het onderzoek. Een beperkende factor bij het onderzoek is vaak de afwezigheid van archiefmateriaal en de staat van het archief bij de verzekeraar.

Internetlijst

In samenwerking met de maatschappijen is in het voorjaar van 2000 begonnen met het publiceren van gegevens betreffende niet-uitgekeerde polissen. Dit heeft geleid tot een eerste publicatie van ca. 750 namen op het internet. ("<http://www.stichting-sjoa.nl>")

Naar aanleiding van verder onderzoek bij en door de verzekeraars zal op korte termijn de genoemde internetlijst worden aangevuld met nog eens ca. 1500 namen. Bij deze aanvulling zullen ook de namen worden vermeld die bij het onderzoek van Ernst & Young Integrity Services & Investigations naar voren zijn gekomen. Dit onderzoek is verricht in opdracht van de Pensioen- & Verzekeringkamer in samenwerking met het Verbond van Verzekeraars en het Centraal Joods Overleg.

Aanvragen

Vanaf het voorjaar 2000 tot op heden zijn er 8942 aanvragen afkomstig van 2109 aanvragers bij onze Stichting binnengekomen.

De aanvragen zijn in te delen in drie categorieën:

1. Verzoeken om informatie zonder gegevens omtrent polis/verzekeringsmaatschappij.
Het betreft 7924 aanvragen, 88% van het totaal.
Vanaf september 2000 worden er regelmatig lijsten met namen naar alle in aanmerking komende verzekeringsmaatschappijen gezonden. In totaal zijn er 11 lijsten met in totaal 4061 namen voor onderzoek naar de verzekeringsmaatschappijen gestuurd. Inmiddels zijn er van deze verzoeken om informatie 2548 door de Stichting afgehandeld. Dit heeft in 12 gevallen tot een uitkering geleid.
2. Verzoeken om informatie met gegevens polis/verzekeringsmaatschappij.
Het betreft 505 aanvragen, 6% van het totaal.
In elk van deze gevallen wordt de betrokken maatschappij aangeschreven met het verzoek, indien mogelijk, nadere informatie te verstrekken. Van deze verzoeken zijn er 327 afgewikkeld. Dit heeft in 69 gevallen tot een uitkering geleid.
3. Claims met betrekking tot een naam op de internetlijst.
Het betreft 513 aanvragen, 6 % van het totaal.
Onderzoek vindt plaats in nauwe samenwerking met de betrokken maatschappij. Tot heden zijn 354 van deze claims afgehandeld. Dit heeft in 193 gevallen tot een uitkering geleid.

Uitkeringen

- In 2000 zijn er 8 polissen uitgekeerd aan 16 rechthebbenden tot een bedrag van f 114.501,-.
- In 2001 zijn er 89 polissen uitgekeerd aan 207 rechthebbenden tot een bedrag van f 759.570,-.
- In 2002 zijn er tot en met heden 177 polissen uitgekeerd aan 629 rechthebbenden tot een bedrag van € 899.023,- (f 1.981.186,-).

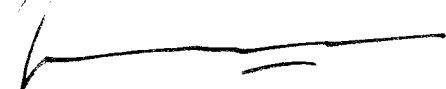
In totaal heeft de Stichting tot en met heden 274 polissen uitgekeerd aan 852 rechthebbenden waarmee een bedrag van € 1.295.659,- (f 2.855.257,-) gemoeid is geweest.

De jaarrekeningen 1999 tot en met 2001 van de Stichting zijn gecontroleerd door KPMG Accountants N.V. en zijn voorzien van een goedkeurende verklaring. De jaarrekening 2002 zal in 2003 worden gecontroleerd en uitgebracht.

Tot 2010 zal nog mogelijk zijn aanvragen bij onze Stichting in te dienen en daarna zal dit trieste hoofdstuk hopelijk definitief afgesloten zijn.

Wij hopen u met het vorenstaande naar genoegen te hebben ingelicht.
Vanzelfsprekend zijn wij gaarne bereid desgewenst u nog nadere informatie te verschaffen.

Hoogachtend,



Mr. M.R. Wijnholt
Voorzitter van het bestuur

Annex 4

QUESTIONNAIRE

1 General

The questions in this section relate to the policy regarding restoration of rights of insurance contracts of Jewish policyholders. Some questions also focus on legal predecessors of the insurance company. In connection with this, three periods can be distinguished:

- *1945 to the mid-nineties;*
- *mid-nineties to November 1999;*
- *November 1999 to date, see the policy memorandum of the Dutch Association of Insurers dated November 11, 1999.*

1. Please indicate the following for the period from 1945 to the mid-nineties: does or did the management of your organization have a policy in place for the assessment of claims and requests for information particularly aimed at the possible restoration of rights to insurance contracts (life insurance policies, annuities and pensions) of Jewish policyholders?
 - Has or had this policy been laid down in writing?
 - If no policy is/was in place, please state why. If there is/was a policy in place, outline the main points of the policy. Please consider at least the following aspects:
 - The employees within your organization who supervise/supervised compliance with the policy.
 - The presence of any internal reports about the outcome of the policy.
 - If there are/were reports, please provide an outline of their content.
 - The limits within which the policy is/was implemented (e.g. time, financial, etc.).
2. Please indicate the following for the period from the mid-nineties to November 1999:
 - If and how the Guidelines of the Dutch Association of Insurers were taken into account with regard to the processing of claims and requests for information.
 - If not, please explain the deviations in further detail.
 - Was compliance with these guidelines assessed internally?
 - If yes, what was the outcome of the assessment?
3. Please indicate the following for the period from November 1999 to date:
 - If and how the Guidelines of the Dutch Association of Insurers were taken into account with regard to the processing of claims and requests for information.
 - If not, please explain the deviations in further detail.
 - Was compliance with these guidelines assessed internally?
 - If yes, what was the outcome of the assessment?
4. Appendix 1B to this questionnaire provides a list by the Pensions and Insurance Supervisory Authority of the insurance companies and legal predecessors of your organization up to 1938.

Is this list correct and complete? If not, please indicate which legal predecessors are incorrect and/or missing.

2 Scope and completeness of archives

The questions in this section are intended to provide an insight into the scope and nature of the archives. We are well aware of the fact that it is no longer possible to obtain a coherent and complete picture of the files, particularly because we are dealing with historic records. The objective of these questions is therefore to provide an insight into the current situation and the action taken, partly in order to establish the scope of that under investigation. The questions have also been included in the light of Standard Two of the International Commission on Holocaust Era Insurance Claims (ICHEIC), which stipulates that all possible means must have been deployed to locate the files. We will subsequently link this information to data from the supervisory body in order to further quantify the scope.

1. Please outline the specific policy for filing insurance contracts and payments and the destruction of these documents. Please consider at least the following aspects:
 - The presence of written records of the policy.
 - The legal aspects, including the obligation to retain records and the prescriptive periods.
 - Supervision of compliance with the policy.
 - The presence of any internal reports about the outcome of the policy.
 - If there are/were reports, please provide an outline of their content.
 - Does the policy apply to all archive locations within your organization?
 - If this is not the case, how does it deviate from the policy?
 - The limits within which the policy is implemented (e.g. financial).

Please outline the scope of the investigations your organization has conducted into archive locations where original files or policy records¹ are held of policyholders who were insured on January 1, 1938 through your organization and its legal predecessors.

If investigations were conducted, please provide a summary of the findings.

Please consider at least the following aspects:

- To what extent was information of former employees or other experts in the field used in the investigation?
- Are there any possibilities you can think of which may lead to finding other archives or archive materials?
- Was archive data stored on files that are still accessible? Indicate the extent of digital accessibility of these files (see also question 5);
- How did conversion of the policy files (or other form of record) in and after the war take place in the event of succession or of conversion to other files?
- In addition to searching your own archives, have you also carried out searches at other office locations of your organization, based on a representative sample, in order to determine whether there were any policy files and/or policy documents held there?

3. If the policy described above formed the basis for actions, how can the conclusion be drawn that policies no longer kept on file were processed in a lawful manner?

4. Please indicate where possible on the basis of the schedules provided in the Insurance Industry (Supervision) Act (*Wet Toezicht verzekeringsbedrijf*) in the broadest sense (not limited to insurance contracts of Jewish war victims) the number of insurance contracts included in the insurance portfolio of your organization and its legal predecessors on January 1, 1938. Please consider at least the following aspects:

- The number of insurance contracts still present in your files (see also chapter 3).
- The number of insurance contracts not present in your current files, of which archive material is available to assess the way in which the policy was processed (see also chapter 4).

Where possible, distinguish between categories of insurance, for instance life insurance and industrial insurance (see also Schedule L14 dating from that time).

5. In the period prior to January 1, 1938, were any policies of Jewish war victims terminated through abnormal exit and of which a possible reserve was not paid to the policyholder? If so, please state how many policies are involved, and what information is still available about these policies.

¹ Original files or policy records should be interpreted as any data which may be useful in discovering/identifying such policies, for example:

- policy registration cards
- new business summaries
- reserve registers
- lists of unpaid policies
- correspondence with individual policyholders or previous requests for policies to be paid out.

During the period of the investigation, most insurance companies transferred their records to automated data files. Choices were made about the data to be stored, the data carriers used, etc. The next question focuses on how the insurance company controlled these processes.

6. Please indicate the following for each of the insurance portfolios that can be distinguished within your company:
 - The date of digitalization of the records;
 - The insurance policies concerned;
 - The data digitalized for each policy (e.g. commencement date, name);
 - Whether or not policies of Jewish policyholders who died in the war were included;
 - Whether the archived files have been digitalized in any form whatsoever.
7. Has your organization created an electronic and/or hard-copy database for holding the data on relevant policies?
If so, please indicate which data for each policy is held in the database.
If such a database has not been created, please indicate why.

3 Insurance contracts in existing current portfolio

The questions in this section focus on the possibility that insurance contracts which have never been cancelled or paid out, or contracts for which payment have never been requested, are included in the current insurance portfolio. There may be some insurance contracts that are eligible for restoration of rights.

1. Has an investigation taken place into whether the current portfolio includes insurance contracts of Jewish policyholders which were concluded prior to or during the Second World War, and which may be eligible for restoration of rights? If so, please outline the findings.
2. Did you compare the current insurance portfolios to the names listed in the most recent version of the "in memoriam" file?
If so:
 - When did you make the comparison?
 - What was the outcome of the comparison?
 - What was the follow-up to insurance policies in which the name of the policyholder was identical to a name from the "in memoriam" file?
If not:
 - Why not?
 - Can this comparison still be carried out?
3. Do the insurance clearing accounts still contain balances of outstanding payments relating to insurance contracts of Jews which were concluded prior to or during the Second World War and which still have to be settled? If so, please outline the extent and nature of the items.

4. Please indicate whether balances of clearing accounts were written off in the past, and whether it has been investigated if these may have included payments for Jewish policyholders. If so, please outline the findings of the investigation.

4 Possible gaps in the restoration of rights

The report of the Scholten Committee recommends conducting an investigation into the following topics:

- Insurance contracts of Jewish policyholders that were not specified as such by the policyholder or the insurance company (and which are not known to the insurance company as Jewish policies).
- Insurance contracts of Jewish policyholders that were known to the insurance company but not registered with Lippmann Rosenthal & Co Sarphatistraat (Liro).
- Insurance contracts that were paid out to other organizations.

1. To what extent was it examined whether insurance contracts of Jewish policyholders that were not registered with Liro were cancelled? Provide a description of the investigation. Please consider at least the following aspects:

- How many of these files are still present in the archives?
- Is it known what happened to the value of the insurance contracts?
- Were these insurance contracts recorded separately?
- In what manner were they recorded (microfilm, CD-ROM, etc.)?
- Is there a record of the date of surrender or cancellation? Is there any evidence of surrender or cancellation?
 - Is there a record of any other characteristics (e.g. stamps)?
 - Has the type of insurance (capital sum insurance, annuity, industrial insurance) been identified for the insurance contracts that were present?
- The way in which it was examined whether insurance contracts related to Jewish policyholders.

2. To what extent was it examined whether there were insurance contracts of Jewish policyholders among the insurance contracts that were not paid on expiry and which were released to the insurance company because the policyholders became victims of the occupation? (We refer to chapter 5 for insurance contracts that were not paid on expiry and the insured value of which is still included in the file.) Provide a description of the investigation. Please consider at least the following aspects:

- How many of these files are still present in the archives?
- Is it known what happened to the value of the insurance contracts?
- Were these insurance contracts recorded separately?
- In what manner were they recorded (microfilm, CD-ROM, etc.)?

- Is there a record of the date of surrender or cancellation? Is there any evidence of surrender or cancellation?
 - Is there a record of any other characteristics (e.g. stamps)?
 - Has the type of insurance (capital sum insurance, annuity, industrial insurance) been identified for the insurance contracts that were present?
- The way in which it was examined whether insurance contracts related to Jewish policyholders.

3. Is there any indication that the insurance company tried to keep Jewish insurance contracts from the compulsory surrender of these contracts to Liro? This may emerge from lists of insurance contracts registered by policyholders with Liro or policy documents that show non-compliance with German measures:

- Indications of antedating documents, insurance contracts;
- Indications of changing the numbers of insurance contracts;
- Indications of name changes, whether or not temporary;
- Indications of obstructing the surrender of contracts.

If so, is it possible to trace what happened to these contracts? For example, were they still surrendered to Liro or were they not included in the surrender at all?

If they were not surrendered, is it possible to trace what happened to these insurance contracts after the liberation? Have they been claimed and reinstated? Please clarify in what way, and how many contracts were involved.

4 Is it known whether insurance contracts of your company were paid out and/or surrendered to any organization other than Liro during the war? These may have included Deutsche Revisions- und Treuhand A.G. (DRT), Sicherheitsdienst (SD) and the Vermögensverwaltung- und Rentenanstalt (VVRA).

If so, how were these handled after the liberation? Are any personal records known?

5 Process for claims and requests for information

To ensure that the process for claims and requests for information is reliable, it is important for us to establish if internal control measures are effective and result in achieving the objectives. As part of the investigation, we believe the following objectives are important for internal control purposes:

- *all claims and requests for information that must be accounted for have indeed been accounted for;*
- *all claims and requests for information have been accounted for in good time.*

It is therefore important that internal control measures have been included in the process in order to prevent claims and requests for information not being accounted for at all or not accounted for in good time (not immediately, and therefore with a delay).

Following on from the agreement between the Central Jewish Board and the Dutch Association of Insurers, claims will be processed by Stichting Individuele Verzekeringsaanspraken Sjoa (Holocaust Foundation for Individual Insurance Claims) with effect from November 1999. From that date, the duty of the insurance company will be restricted to supplying the available data. The Holocaust Foundation will be responsible for the decision-making process on awarding claims.

With regard to the questions in this section, we would like you to answer these both for the period before and for the period after the agreement between the Central Jewish Board and the Dutch Association of Insurers.

The following definitions should be used when answering the questions below:

- *Claims: request for payment, supported by some evidence*
- *Requests for information: all other requests*

Procedures

- 1 Please provide a summary of the procedure for claims and requests for information relating to Jewish war victims. Please consider at least the following aspects:
 - Has the procedure for claims been laid down in writing?
 - Have guidelines and instructions been laid down in writing? If so, please provide a summary.
 - How many officials are involved in processing claims?
 - Are the following tasks carried out by separate officials: building and updating claim databases; checking that the claims are processed correctly and in full; approving payments for claims;
 - Is all documentation regarding the claim kept up to date in the file?
 - Are all decisions and considerations recorded in the file?

- Is the lead-time of the file recorded?
 - Are checklists or other documents used to assess whether the requests for information and claims contain sufficient information to process them?
 - Have the criteria that must be met for the claim to be awarded and which were used up to 1999 been laid down in writing?
 - Are checklists or other documents used to assess whether the process for claims is fully completed, and that the criteria are therefore met?
- 2 Which person within the company supervises compliance with the procedure outlined in the question above? Are internal reports drawn up to monitor whether these procedures are complied with? If reports are drawn up, what do they focus on, and summarize the content of these reports.

Experience of processing claims

- 1 Does the company have experience of processing claims and requests for information, and if so, please describe. Please consider at least the following aspects:
- The numbers of claims and requests for information the company has received to date.
 - Indicate how many claims were awarded and rejected, and how many are still to be finalized.
 - In the event of rejections, please specify the nature of the rejection.
 - The average lead-time for processing the files received.
- 2 Since the agreement between the Central Jewish Board and the Dutch Association of Insurers became effective, how many claims have you submitted to the Holocaust Foundation?

6 Other

Do you have any further suggestions and/or remarks that may contribute to our investigation?

If so, please contact the relevant persons mentioned in the accompanying letter to this questionnaire.

Annex 5

STANDARD REPORT OF FINDINGS OF THE AUDITOR

Address

Place, date

Reference

Subject: **Report of factual findings concerning investigation into insurance policies of Jewish policyholders**

Dear,

In accordance with your instructions, we have carried out certain agreed-upon procedures in respect of the questionnaire "Investigation into insurance policies of Jewish policyholders". Our procedures consisted of reviewing the process of gathering and processing information and reviewing the completed questionnaire. This report details the findings resulting from those procedures.

The completion of the questionnaire is the responsibility of the company's management.

Procedures performed

We have familiarized ourselves with the purpose and background of the investigation of Ernst & Young Integrity Services & Investigations B.V. as set out in the letter of April 11, 2001 plus the enclosures. We have examined the design and operation of the procedures carried out in order to answer the questions contained in the questionnaire as completed by (name of company), (registered office), and stamped and initialed by us for identification purposes. Our procedures included examining, on a test basis, evidence supporting the answers to the questionnaire, discussing the process of gathering and processing information with the responsible officers and, where relevant, verifying the accuracy of the quantitative data, taking into account the points for attention noted in enclosure 4 of the letter of April 11, 2001.

Results of procedures performed

Regarding the investigation approach and design, we established that

Regarding section 1 "General", we established that

Regarding section 2 "Scope and completeness of archives", we established that

Regarding section 3 "Insurance contracts in existing current portfolio", we established that
.....

Regarding section 4 "Possible gaps in the restoration of rights", we established that
.....

Regarding section 5 "Process for claims and requests for information", we established that
.....

Finally, in order to properly interpret the completed questionnaire, we note that(*optional*)

Conclusion

Based on our review of the process of gathering and processing information and our review of the completed questionnaire and all other information made available to us, no facts and/or circumstances have come to our attention that would lead to other answers than those given in the questionnaire.

This report is intended solely for your information and that of Ernst & Young Integrity Services & Investigations B.V. and may not be distributed, in whole or in part, to any other party without our prior written consent.

If you wish clarification of the contents of this report or if you require any further assistance, please do not hesitate to contact us.

Signature

Enclosure: Questionnaire stamped and initialed for identification purposes

Copy to: Ernst & Young Integrity Services & Investigations B.V.
P.O. Box 93135
2509 AC THE HAGUE