

ANNUAL REPORT 2008

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1. Introduction

The Stichting Individuele Verzekeringsaanspraken Sjoa (Sjoa Foundation For Individual Insurance Claims, hereinafter 'the Sjoa Foundation') originated from the agreement concluded by the Dutch Association of Insurers (DAI) and the Dutch Central Jewish Board (CJO) in November 1999.

The Sjoa Foundation was set up in order to assess and honor applications for payment of Jewish life insurance policies that had not been paid out after the Second World War. The objective is to find out whether people are entitled to a payment. A sum of NLG 20 million (€ 9 million) was reserved for this purpose.

The Sjoa Foundation will, unless the parties agree otherwise, handle applications until January 1, 2010. In view of the developments in the United States (see chapter 7), the DAI has undertaken that applications will still be handled in the Netherlands after 2009. The exact details will have to be discussed with the parties involved in 2009.

The Sjoa Foundation has been handling applications since 2000. At that time, a list of approximately 750 policyholders/insured persons of unclaimed policies was published on the Internet. Some 1,369 names were added to this list at the end of 2004.

A study was conducted in 2008 in collaboration with insurance company *Onderlinge* 's-Gravenhage, which resulted in another 84 names being added to the list. Other studies also turned up information about unclaimed policies. These will likewise be added to the list. Names of policyholders/insured persons of policies that were fully paid out by our Foundation will be removed from the list.

The Sjoa Foundation secretariat researches traceable policies and reports the results to the Board of Directors, which then makes the decisions to allocate payouts to rightful claimants.

In addition, if policy details are unavailable, the Sjoa Foundation sends lists of names to all relevant Dutch life insurance companies associated with the DAI, which then go through their records, as far as they are still available, and report their findings to the Sjoa Foundation.

The first year was characterized by a great number of submitted applications, particularly after the first Internet list was published. At the time, the secretariat was not prepared for this volume of applications. In the subsequent years the secretariat was expanded and restructured. Staff increased six fold and clear procedures were introduced to deal with the applications.



Between 2001 and 2004 there was a consistently high number of applications, well over 2000 a year. It was only in 2004/2005 that the number of applications started to drop to an average of 1,500.

More applications were dealt with in 2004 than were received. Initially more priority had been given to the most potentially successful applications.

The publication of new names on the internet in December 2004 led to an increase in the number of applications related to the list in 2005. The last ICHEIC applications were received in 2006. (See chapter 7.)

In 2006, the number of new applications dropped considerably to a level of 400-500 per year.



2. Board of directors

The Board of Directors comprised:

- E.J. Numann, LLM., chairman
- P. Neleman, LL.M., secretary
- J. de Ruiter, LL.M., treasurer

The Board of Directors met nine times in 2008 (2007: seven times). During these Board Meetings 222 (2007: 209) reports relating to 596 (2007: 489) policies were among the matters discussed.

3. Objections Committee

The Objections Committee comprised:

- H.L.J. Roelvink, LL.M., chairman
- A.S. van Leeuwen, LL.M.
- F.N. Meijer, LL.M.
- M.A. Pach, LL.M.

W.Th.M. van der Velden is secretary of the Objections Committee and M.M.H. Timmermans, M.A. is substitute secretary.

The Objections Committee met twice in 2008 (2007: five times).

In 2008, three (2007: five) appeals were lodged with the Objections Committee, two of which were settled. Both appeals were settled with a negative ruling. One appeal is still pending.

4. Secretariat

A secretariat was set up in 2000 to carry out the activities of the Sjoa Foundation.

The secretariat comprised five staff members in 2008:

- H.T.C.J. (Henk) van der Well, project manager
- J.T.H.M. (Josée) Groenewegen, staff member
- J.M. (Matthijs) Bas, M.A., researcher
- M.H.J. (Maarten) van der Meer, researcher
- M.M.H. (Matthijs) Timmermans, M.A., researcher



The number of staff in 2008 averaged 3.8 FTEs over the whole year (2007: 4.1 FTEs).

The costs of the Foundation are borne by the members of the DAI who are historically involved in this matter.

5. Applications

This year, 522 (2007: 435) applications were submitted, an average of 43 a month.

A total of 16,144 applications had been submitted by the end of 2008.

4500· 2310 <u>522</u> <u>510</u> 1999/2000 ■ Applications (16,144)

Applications

In this diagram the numbers for the years 2004 and 2005 have been adjusted. At the end of 2004 there was still a backlog with regard to entering ICHEIC applications in the regular administration. Some 200 ICHEIC applications had still to be registered. This registration took place in early 2005.

ICHEIC application forms at times listed multiple names. Presuming that some 200 ICHEIC applications are equivalent to approximately 500 regular applications, it can be assumed that the number of applications for the year 2004 was 1,408 (instead of 882) and for 2005 1,608 (instead of 2,134).



The applications can be divided into three categories:

- 1. Applications that relate to a name on the Internet list with policies that have probably not been paid out (10% 2007: 10%);
- 2. Applications that mention an insurance company or a policy number (10% 2007: 9%);
- 3. Applications with no information about an insurance company (80% 2007: 81%).

The applications received in 2006 -2008 can be broken down as follows:

		2008	<u>2007</u>	<u>2006</u>
•	Category 1:	102 (20%)	151 (35%)	162 (32%)
•	Category 2:	179 (34%)	58 (13%)	125 (24%)
•	Category 3:	241 (46%)	226 (52%)	223 (44%)

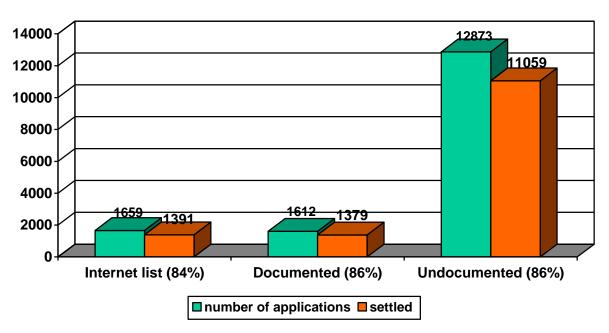
After publication in December 2004 of 1,369 new names on our internet list, the number of applications in category 1 increased considerably. This dropped off once again in 2008. The number of category 2 applications, however, sharply increased in 2008. These applications were mainly based on policies that were uncovered in our investigation.

During 2008, applications in categories 1 and 3 were given priority.

- In category 1, the percentage of settled applications in 2008 rose from 75% to 84%.
- In category 2, the percentage of settled applications in 2008 dropped from 90% to 86%.
- In category 3, the percentage of settled applications in 2008 rose from 78% to 86%.

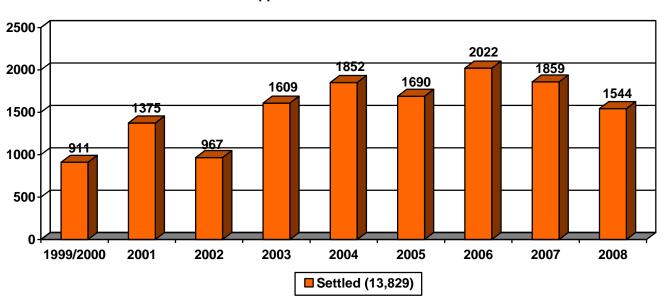


Applications by category



In 2008, 1,544 (2007: 1,859) applications were settled, bringing the total of settled applications to 13,829 (2007: 12,285), or 86% (2007: 79%) of the total.

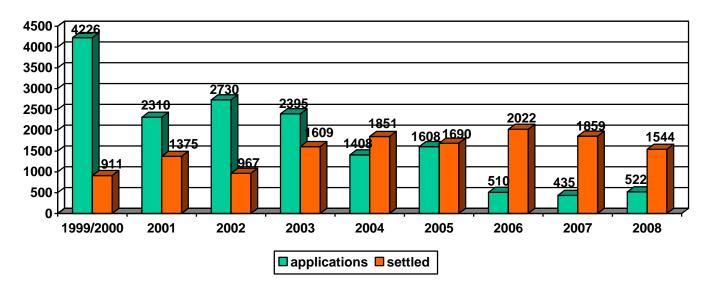
Settled applications





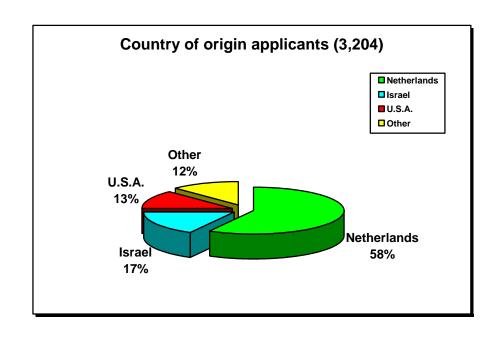
An overview of the number of applications received compared to the number of applications settled, after correction for the number of applications still pending from 2004 and 2005, is given below.

Applications/Settled applications



In 2008, two (2007: five) lists containing 92 (2007: 533) names were sent to the insurance companies for investigation.

The applicants (in total 3,204) are mainly from the Netherlands, namely 58% (2007: 58%), but also 17% from Israel (2007: 17%) and 13 % from the United States (2007: 13%). These percentages are fairly stable.

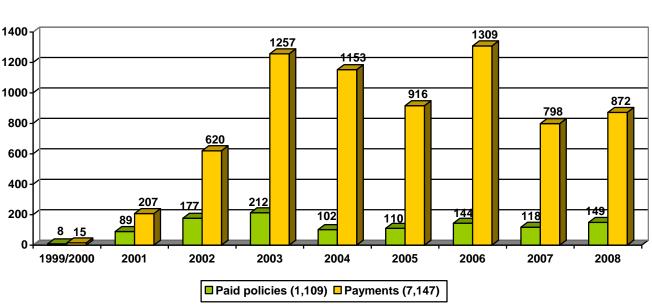




6. Payments

In 2008, a total of 149 (2007: 118) policies were paid out to 872 (2007: 798) rightful claimants in the amount of € 561,140 (2007: € 803,850).

At the end of 2008 a total of 1,109 policies had been paid out to 7,147 rightful claimants.



Paid policies/Payments

The amounts of the payments per individual in 2008 were as follows:

Payment amount	Number
Under € 1,000	745
€ 1,000 to € 5,000	111
€ 5,000 to € 10,000	5
€ 10,000 to €. 20,000	10
€ 20,000 to € 30,000	0
Over € 30,000	1

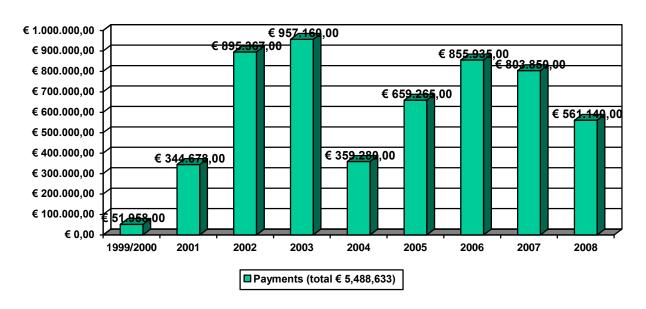
The highest payment was € 41,985. The average payment was € 644 (2007: € 1,006)

This drop in the average payment amount is due to the fact that, this year, relatively extensive follow-up studies were conducted into smaller portions of inheritances (due to the fact that the heirs were further removed).



At the end of 2008 a total amount of € 5,488,633 has been paid.

Paid out sums



The following pertains to the contribution of the current insurance companies in relation to the number of paid out policies and payments.

The seven main insurance companies and their most significant legal predecessors are:

AEGON

- Algemeene Friesche Levensverzekering-Maatschappij
- Eerste Nederlandsche Verzekering-Maatschappij op het leven, tegen invaliditeit en ongelukken
- De Olveh van 1879
- N.V. Levensverzekering-Maatschappij Nillmij van 1859

Delta Lloyd

- Hollandsche Sociëteit van Levensverzekeringen N.V.
- Amsterdamsche Maatschappij van Levensverzekering (Amstleven)
- Nationaal Spaarfonds

Fortis ASR

- Utrechtse Levensverzekering Maatschappij N.V
- Hollandsche Algemeene Verzekerings-Bank (HAV Bank)
- Gresham Life Assurance Society Ltd.
- Rotterdamsche Onderlinge Maatschappij van Levensverzekeringen

Generali

De Nederlanden van 1870



De Goudse

- De Oude Haagsche van 1836
- De Nederlandsche Spaarkas

Nationale-Nederlanden

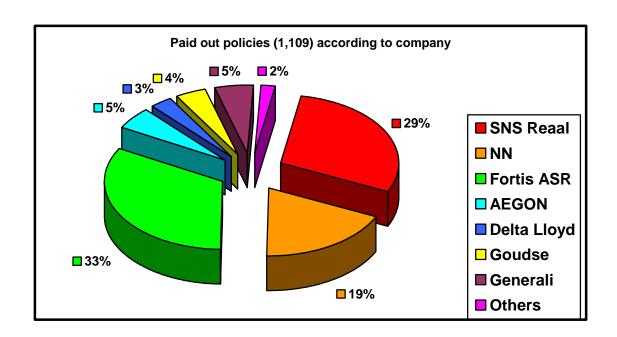
- Nationale Levensverzekering-Bank
- De Nederlanden van 1845
- Rotterdamsche Verzekering Sociëteiten (RVS)

SNS Reaal

- De Centrale Arbeiders Verzekerings- en Depositobank (which incorporated the Nederlandsche Handelsreizigers Vereeniging N.V. NHRV)
- Zürich Leven

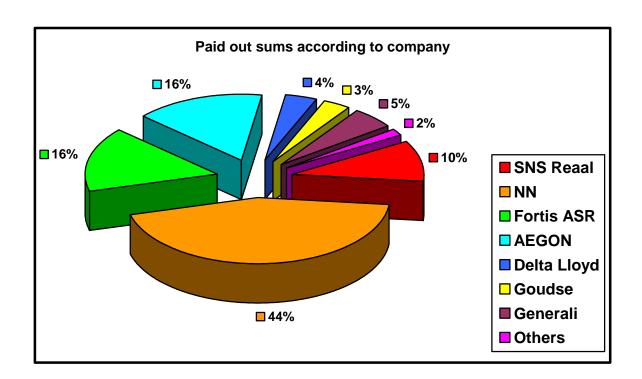
SNS Reaal, which was responsible for 600 'Centrale' policies on the Internet list published in 2000, had the largest percentage of paid out policies until 2008, but it saw this percentage decrease from 40% in 2005 to 29% in 2008.

Fortis ASR, which was responsible for some 950, mainly 'HAV Bank', policies on the Internet list published in 2004, saw its percentage increase from 16% in 2005 to 33% in 2008.





In relation to the amounts paid out, we see that *Nationale-Nederlanden* is responsible for the biggest share, namely 44% (2007: 45%). Their policies were mainly capital sum insurances.





7. ICHEIC/USA

The International Commission on Holocaust Era Insurance Claims (ICHEIC), also called the Eagleburger Commission after its chair, was established in 1998. This commission comprised insurance regulators from the United States, representatives from Israel and Jewish organizations, and insurance companies. DAI was also a member of ICHEIC.

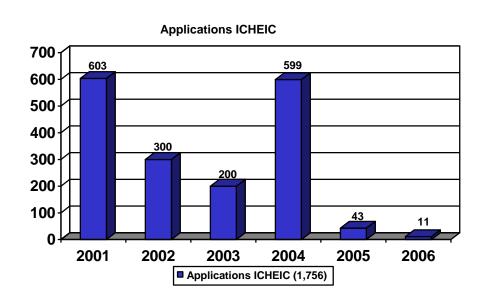
In 2001 the Sjoa Foundation and the ICHEIC reached agreement on how to handle applications submitted to the ICHEIC concerning Dutch insurance companies. The agreement was that our Foundation would handle all these claims and any payments would take place in accordance with the interest factors agreed to by the Dutch Association of Insurers and the Dutch Central Jewish Board.

The deadline for filing applications with the ICHEIC was December 31, 2003. Completed application forms could be submitted until the end of March 2004. Many took this opportunity and the Sjoa Foundation received almost 600 applications in the course of 2004.

Registering these applications was very labor intensive as the names and data provided were often wrong, misspelled and/or incomplete. In some cases the connection with the Netherlands was not clear. Each ICHEIC application could contain up to three different names (policyholder, insured and beneficiary). Before these applications were entered in the regular registration, separate files were made and personal details were checked and supplemented where necessary.

Some 200 ICHEIC applications had still to be registered by the end of 2004. This backlog was eliminated in early 2005.

In 2006 the last eleven ICHEIC applications were received. These were the result oaf a comparison from our registration with that of ICHEIC, which revealed that these 11 applications were not in the Foundation's records.





By the end of 2006 a total of 1,756 ICHEIC applications had been received by the Sjoa Foundation, of which 95% were undocumented. At the end of 2007 these applications had all been settled.

ICHEIC met for the last time on March 20, 2007 in Washington and was dissolved. Only a small staff remained active for a few months to finalize the Commission's affairs.

In that same month a number of members of the House of Representatives of the American Congress, dissatisfied with the results of ICHEIC, introduced a new bill. This bill, called the 'Holocaust Insurance Accountability Act (H.R. 1746)', is intended to make it possible to start lawsuits in the USA against insurers. It also included an obligation for European insurance companies to publish information about <u>all</u> insurance policies that were in force between 1933 and 1945.

A delegation of DAI, together with the project manager of the Sjoa Foundation, visited Washington in February in order to discuss matters with members of staff of the most involved politicians and to inform them of the situation in the Netherlands. This bill has been under consideration by a number of committees of the House of Representatives and the Senate, but did not lead to a final bill. A new bill may be introduced in 2009.

The Hague, April 27, 2009

E.J. Numann, LL.M. chairman

P. Neleman, LL.M. secretary

J. de Ruiter, LL.M. treasurer