




DECLARATION OF INTERESTS
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

<i>Surname:</i> HELYAR	<i>Forenames in full:</i> Mark Andrew Jonathan
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I hereby certify that, to the best of my knowledge and belief, this Declaration of Interests gives full and complete particulars, as at the date of this declaration, of all matters which I am required to declare, as a Member of the States of Deliberation, pursuant to Rules 29 and 36 of the Rules of Procedure of the States of Deliberation and their Committees or as a person who is a non-States member of a States' Committee pursuant to Rule 46.

I understand that I am required to declare interests or benefits of which I am aware received by my spouse, co-habiting partner or infant children.

I further understand that this form is a public document and will be published on the States' website.

<i>Signature:</i> 	<i>Date:</i> 29.7.21
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**This form must be returned to Her Majesty's Greffier
not later than the 30th July 2021.**

For use by H. M. Greffier:

Date return received:

PART 1
Employment

Enter 'none' in box if there is no interest to declare	none
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<i>Name and address of each Employer</i>	<i>Brief description of the business/work</i>

PART 2
Directorships

Enter 'none' in box if there is no interest to declare	
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<i>Name and address of each Company</i>	<i>Brief description of the business/work</i>
First Central Group Limited	Motor insurance holdco
Skyfire Property Holdings PCC Limited	property holding company
Skyfire Reinsurance Company Limited	reinsurer (motor)
Interserve Insurance Company Limited	captive insurer
James Hardie Insurance Limited	captive insurer
Legal ATE Insurance Limited	captive insurer
Energy Ventures III (GP) Limited	investment fund
Energy Ventures IV (GP) Limited	investment fund
Energy Ventures Private Equity V (GP) Limited	investment fund
EV Private Equity V Plus (GP) Limited	investment fund
Isosceles PCC Limited	captive insurer
Artex Insurance (Guernsey) PCC Limited	captive insurer
Jermyn Insurance Company Limited	captive insurer
Secquaero Re (Guernsey) ICC Limited and cells	special purpose insurer (ILS)
Axe Insurance PCC Limited	special purpose insurer (ILS)
Hexagon Insurance PCC Limited	special purpose insurer (ILS)
Septagon Insurance PCC Limited	special purpose insurer (ILS)
Salam ATL Re ICC Limited and cells	special purpose insurer (ILS)
Salam III Limited	listed special purpose company
Kistler Underwriting Guernsey ICC Limited and cells	reinsurer
Kistler Underwriting Holdings Guernsey Limited	insurance holding company
MDU Reinsurance Limited	reinsurer
Anima Re ICC Limited and cell	special purpose insurer (ILS)
Solidum Re (Guernsey) ICC Limited and cell	special purpose insurer (ILS)
Rutherford Indemnity Limited	captive insurer
Insurance Corporation of the Channel Islands Limited	insurer
Insurance Corporation Service Company Limited	insurance management
ELH Insurance Limited	captive insurer
Lyra Insurance Limited	captive insurer
Robus Insurance PCC Limited	captive insurer
Risk Underwriting (Guernsey) Limited	captive insurer

Albacap Insurance Limited	captive insurer
Barclays UKRF ICC Limited and cell	special purpose insurer (longevity risk transfer)
Guernsey Citizens Advice Bureau LBG	charity
Grand Greve Limited	investment holding company
Replexus (Guernsey) ICC Limited and cell	special purpose insurer
EV Private Equity VI (GP) Limited	investment fund
Elecrent Insurance Limited	captive insurer

PART 3
Partnerships

Enter 'none' in box if there is no interest to declare	none
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<i>Name and address of each Partnership</i>	<i>Brief description of the business/work</i>

PART 4
Offices Held

Enter 'none' in box if there is no interest to declare	
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<i>Name and address of each Office held</i>	<i>Brief description of the business/work</i>
Chairman, Citizens Advice Guernsey	Registered charity (incorporated)
Ageing Well in the Bailiwick	Unincorporated association / charity

PART 5
Self-Employment and any other Consultancy, Profession, Trade, Vocation or other work not declared in Parts 1-4

Enter 'none' in box if there is no interest to declare	
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<i>Brief description of the business/work</i>	<i>Name and address of any person or entity from whom you receive payment or benefit which forms a significant portion of either your income from this work or your total income</i>
Advocate, consultant	Bedell Cristin La Plaiderie House St Peter Port Guernsey

PART 6
Real Property situated in the Bailiwick

Enter 'none' in box if there is no interest to declare	
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<i>Address of each Property</i>	<i>State whether owned, leased, rented or held in trust</i>	<i>Purpose for which Property is held</i>
Le Douit Farm Rue du Douit Castel	co-owned with spouse	dwelling
Bears Corner Coin des Escailles Alderney	co-owned with spouse	dwelling

PART 7
Company Shareholdings

Enter 'none' in box if there is no interest to declare	
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<i>Name and address of each Company</i>
Grand Greve Limited Coastal Building Wickham's Cay II, PO Box 2221 Road Town Tortola, BVI
<i>In respect of companies listed above where the holding is over 10% of the issued share capital, give a brief description of their business/work and state what real property, if any, they hold (either directly or indirectly) in the Bailiwick.</i>
50% co owned with spouse. Investment holding company (listed stocks and shares)

PART 8
Trusts (excluding Professional Trusteeships)

Enter 'none' in box if there is no interest to declare	
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<i>Name and address of each Trust</i>	<i>State whether as beneficiary or trustee</i>

Utopia Retirement Annuity Trust Scheme Provident Financial Services Limited PO Box 336, Anson Court, St Martin	My mother's pension trust, I am a default beneficiary upon her death
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PART 9
Payments received for Public Speaking

Enter 'none' in box if there is no interest to declare	none
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Name and address of each organisation from which a payment was received in the period from 1 st May 2019 to 30 th April 2020 §	Brief description of the function at which the speech was made

§ This section does not apply to Members who were not in office during the relevant period.

PART 10
Other Gifts, Benefits and Hospitality Received

Enter 'none' in box if there is no interest to declare	none
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Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 st May 2019 to 30 th April 2020 § which are of a value greater than 1% of basic allowance payable to States Members	
Nature of gift or benefit:	
By whom received:	
Name of donor or benefactor:	
Value of gift or benefit:	
If gift was money or a tangible item state date that money or item was transferred or delivered to the States	

§ This section does not apply to Members who were not in office during the relevant period.

PART 11

Any Other Interests

Enter 'none' in box if there is no interest to declare	none
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Declare here any other interest or benefit received which, whilst not required to be registered under Parts 1-10 might reasonably be perceived by other persons to influence actions as an elected Member of the States.

Part 12

Employment by the States of Close Family Members

Enter 'none' in box if there is no interest to declare	none
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Declare here the name, familial relationship, job title and usual place of work of any of the following who is an employee of the States, that is to say parent, spouse, cohabiting partner, child, grandchild or sibling.

CONTINUATION SHEETS

If there was insufficient space provided in any Part of this form please add a continuation sheet.

Are any continuation sheets attached?	NO
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