



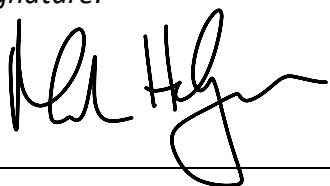
**DECLARATION OF INTERESTS  
MADE PURSUANT TO RULES 29 AND 36 OF THE RULES OF PROCEDURE  
OF THE STATES OF DELIBERATION AND THEIR COMMITTEES**

<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> 12 / 7 / 23
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**This form must be returned to the States' Greffier not later than the 31<sup>st</sup> July, 2023**

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*For use by the States' Greffier:*

*Date return received:*

**PART 1**  
**Employment**

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

**PART 2**  
**Directorships**

<i>Enter 'none' in box if there is no interest to declare</i>	
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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
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 VI (GP) LIMITED	INVESTMENT FUND
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 LIMITED	SPECIAL PURPOSE INSURER (ILS)
SEPTAGON INSURANCE LIMITED	SPECIAL PURPOSE INSURER (ILS)
KISTLER UNDERWRITING GUERNSEY LIMITED AND CELLS	REINSURER
KISTLER UNDERWRITING GUERNSEY HOLDINGS LIMITED	INSURANCE HOLDING COMPANY

MDU REINSURANCE LIMITED	CAPTIVE INSURER
ANIMA RE ICC LIMITED AND CELLS	SPECIAL PURPOSE INSURER (ILS)
SOLIDUM RE (GUERNSEY) ICC LIMITED AND CELLS	SPECIAL PURPOSE INSURER (ILS)
RUTHERFORD INDEMNITY LIMITED	CAPTIVE INSURER
INSURANCE CORPORATION OF THE CHANNEL ISLANDS LIMITED	GENERAL INSURER
INSURANCE CORPORATION SERVICE COMPANY LIMITED	INSURANCE MANAGEMENT COMPANY
ELH INSURANCE LIMITED	CAPTIVE INSURER
LYRA INSURANCE LIMITED	CAPTIVE INSURER
RISK UNDERWRITING GUERNSEY LIMITED	CAPTIVE INSURER
ALBACAP INSURANCE LIMITED	CAPTIVE INSURER
BARCLAYS UKRF ICC LIMITED AND CELLS	SPECIAL PURPOSE INSURER (LONGEVITY RISK)
GUERNSEY CITIZENS ADVICE BUREAU LBG	CHARITY
GRAND GREVE LIMITED	PRIVATE INVESTMENT COMPANY
REPLEXUS (GUERNSEY) ICC LIMITED AND CELLS	SPECIAL PURPOSE INSURER
ELECTRENT INSURANCE LIMITED	CAPTIVE INSURER
FRIENDS OF UKRAINE EOD LBG	CHARITY
FRANCHISEES REINSURANCE & INSURANCE ENTERPRISE SERVICES LIMITED	CAPTIVE INSURER
FRIES HOLDING COMPANY LIMITED	INSURANCE HOLDING COMPANY
ELIZABETH COLLEGE GUERNSEY	SCHOOL BOARD

**PART 3**  
Partnerships

<i>Enter 'none' in box if there is no interest to declare</i>	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	NONE
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<i>Name and address of each Office held</i>	<i>Brief description of the business/work</i>
DIRECTORSHIPS DISCLOSED ABOVE	

**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

**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 GUERNSEY	CO OWNED WITH SPOUSE	DWELLING
50, HIGH STREET, 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>
<p>GRAND GREVE LIMITED          COASTAL BUILDING          WICKHAMS CAY II, PPO BOX 2221          ROAD TOWN          TORTOLA</p>
<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>
<p>50% CO-OWNED WITH SPOUSE. INVESTMENT HOLDING COMPANY (INVESTMENTS, LISTED STOCKS AND SHARES)</p>

**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>
<p>UTOPIA RETIREMENT ANNUITY TRUST SCHEME          C/O PROVIDENT FINANCIAL SERVICES LIMITED          PO BOX 336, ANSON COURT, ST MARTIN</p>	<p>MOTHERS PENSION TRUST. I AM A DEFAULT BENEFICIARY</p>

## PART 9

## Payments received for Public Speaking

*Enter 'none' in box if there  
is no interest to declare*

NONE

Name and address of each organisation from which a payment was received in the period from 1 <sup>st</sup> July 2021 to 30 <sup>th</sup> June 2022 §	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

Declare all gifts and material benefits received by you, a close family member or associate in the period from 1 <sup>st</sup> July 2021 to 30 <sup>th</sup> June 2022 § 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 If yes, specify number of sheets .....
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