

GENERAL POWER OF ATTORNEY
GENERAL MEETING OF THE SHAREHOLDERS ¹

I,

(name and given name of the shareholder, natural person or legal representative of a, shareholder - juristic person)

.....

Legal representative of:

.....

(The complete name and the Fiscal Code of the juristic person is to be filled in only if the shareholder is a juristic person. Fill in the complete name and the fiscal code, the capacity of the legal representative is proved by means of the list of shareholders valid on the date of reference /registration as sent by the Central Depositary)

Personal figure code.....,

Residence (complete address)

Holder of the IC/passport series, no....., issued by,

holder of shares with the company TRANSILVANIA BROKER DE ASIGURARE SA Bistrita, registered with the Trade Register of Bistrita-Nasaud under J 06/674/2006, fiscal code 19044296, possess% of the total number of 5,000,000 shares of the company TRANSILVANIA BROKER DE ASIGURARE SA that insures me a number ofvotes in the General Meeting of Shareholders and represent % of the total of shares issued by the company TRANSILVANIA BROKER DE ASIGURARE SA Bistrita, **give this power of attorney to**

:

.....

(name and given name/firm of the representative who is given the power of attorney)

resident/head office in

.....

.....

Personal figure code....., holder of the IC/passport series, no., issued by,

(for representatives of natural persons)

Fiscal code,

(for representatives of juristic persons)

that my representative in **the General Meeting of Shareholders** of the company TRANSILVANIA BROKER DE ASIGURARE SA, Bistrita exercises his right to vote in compliance with my shares listed in the Register of shareholders with SC. DEPOZITARUL CENTRAL SA Bucharest on the reference day.

I hereby give full freedom of vote to the aforementioned person to decide on the issues in the agenda.

This power of attorney was issued in ____ original copies. One copy, that bears the remark of conformity with the original and the signature of the representative, is to be submitted to the office of the company TRANSILVANIA BROKER DE ASIGURARE SA, of Bistrita, 13 Calea Moldovei street, county Bistrita-Nasaud, zip code 420096 by **4:00 p.m. on April 25th, 2025** using de communication methods as mentioned in the Invitation together with the documents mentioned in said document.

This power of attorney was given on:

Validity:.....

Name and given name:.....

(Name and given name of the shareholder – natural person- or a legal representative of the shareholder as natural person – capital letters)

Signature:

(Signature of the natural person as shareholder or signature and stamp of the legal representative of the shareholder – natural person).

Note:

¹ *The content complies with the Regulation of the Financial Supervisory Authority no. 5/2018 on Issuers of Financial Instruments and Market Operations, with subsequent changes.*