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SHEE	SHEET REFERENCE NUMBER CONFIDENTIAL STATEMENT NOT AVAILAB		
	STRAR OF LONG-TERM INSURANCE REFERENCE NUMBER	G12-99-4	
	PRINTOUT DATE	No number available	
	Statement G12 REINSURANCE ARRANGEME of ABC Limited	2008/07/16 09:4: NTS	
	as at the end of the financial period:	24/64/2000	
4. F	Reinsurance exclusions	>11U112UU8	
4.1	For any insurance policy that is reinsured, does the underlying policy contain at least the contained in the reinsurance contract?  If "NO", give details of the extra risk retained by your company.	exclusions	
5. C	Cancellation of reinsurance		
5.1	Do you have any reinsurance treaty where cancellation thereof would lead to an increase action) in the Capital Adequacy Requirements (CAR) of more than 15%?	(after management	
5.2	If yes, please provide the name of the reinsurer and the cancellation terms and conditions financial recourse to the reinsurer in the event of cancellation	s of each such treaty, and whether there is any	

## 6. Total reinsurance picture

Cancellation conditions...

Reinsurer... Cancellation terms...

financial recourse to the reinsurer in the event of cancellation.

6.1 Show both the gross and net sum assured for all types of business, as per the statutory returns, split by reinsurer. State whether each reinsurer is "approved" or "non - approved" in terms of the Long-term insurance Act.

Reinsurer	Type of Business	Gross Sum Assured R'000	Net Sum Assured <i>R'000</i>	Premium paid to Reinsurers R'000	Approved Reinsurance (Y/N)
	<del> </del>				
	<del></del>				
	ļ				
	ļ				
····		0	0	0	

and e referred to in Guidance Note PGN104 of the Actuarial Society of South Africa) to the ordinary capital adequacy requirement (items c, d
ordinary capital adequacy requirement.

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER	G12-99-A
SHEET REFERENCE ROUNDER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER	No number available
FINAL PRINTOUT DATE	2008/07/16 09:42
Statement G12 REINSURANCE ARRANGEMENTS of ABC Limited as at the end of the financial period 31/01/2008 7. Overall reinsurance strategy	

Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. The strategy must be a descriptive document containing explanations and details on at least the following: 7.1 The company's key objective when placing reinsurance : Gain access to capital
Protection of statutory Protection of statutory solvency ☐ Techn☐ Other Technical support If other, please state your key objective below. 7.2 The method of selecting reinsurers: Capital Ratings
Maximum exposure across
Technical support
Other approved processes Maximum exposure across the program If you have selected the last option, please state the method used below. 7.3 What factors were considered in determining your company's: Net retention per life: Retention on your quota share programmes: Amount of catastrophe cover to be purchased: Any other factors used to determine the total level of reinsurance required: 7.4 The maximum loss that the board would be willing to accept from any one-loss event: Amount in R'000: Please state the criteria that were used to determine this amount. Any further issues that are considered relevant to the company's strategy should also be included in the section below:

If "YES", provide particulars.

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REGIS	TREFERENCE NUMBER STRAR OF LONG-TERM INSURANCE REFERENCE NUMBER PRINTOUT DATE	G12-99-A No number available
	Statement G12 REINSURANCE ARRANGEMENTS of ABC Limited as at the end of the financial period 31/01/2008	2008/07/16 09:42
7.5	Has there been any substantial change in the nature or level of cover arranged for any of the business?  If "YES", provide particulars.	
7.6	Are you satisfied that the insurer's reinsurances are adequately spread?  If "NO", provide particulars.	
7.7	Has allowance or provision been made for possible non-performing reinsurers?  If "NO", provide particulars.	
8. F	inancial Relief Arrangements	
8.1	Were any of the following entered into?  Financial relief reinsurance. (If "YES", complete table below)  Reinsurance with a "clawback".  Deposit reinsurance with a guaranteed return.  Reinsurance contracts with recapture clauses enforceable by the reinsurer.	

Name of reinsurers/Other parties	Effective contract arrangement date	Type of reinsurance arrangement	Reinsurance premium paid	Commission received	Amount applied to reduce actuarial liability
. 1			R'000	R'000	R'000
	2	3	4	5	6
TOTAL					
TOTAL			0	0	

# RELIEF ARRANGEMENT WITH CONTINGENT LIABILITIES

8.2	Does the insurer have any reinsurance contract/treaty or other arrangement where a contingent liability exists?  • If "YES", please provide full details of such reinsurance or arrangements as well as the amount of the contingent liability.  Kindly attach copies of the reinsurance contract/treaty or other arrangements.	
3.3	Have you taken into account the contingent liability(ies) referred to in the question above, in the valuation of the insurer's liabilities and are you satisfied that it is appropriately provided for?  * Kindly provide full details whether "YES" or "NO".	
	CHAIRMAN DIRECTOR =	
	STATUTORY ACTUARY PUBLIC OFFICER	
	AUDITORS (initial) DATE	

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

DATE

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G13-99-A No number available

2008/07/16 09:42

FINAL PRINTOUT DATE

Statement G13

ANNUAL CERTIFICATE OF COMPLIANCE BY THE PUBLIC OFFICER IN TERMS OF THE CONDITIONAL APPROVAL GRANTED BY THE REGISTRAR OF LONG-TERM INSURANCE TO SUBSTITUTE CERTAIN COMPULSORY ANNUITY POLICIES

	of ABC Limited as at the end of the financial period 31/01/2008.
1-	public officer of the above mentioned insurer certify that all substitutions of compulsory annuity
policies from this o conditions attache Directive 135.	company by any other insurer, and from other insurance companies to this company, have been conducted in accordance with the d the approval granted by the Registrar of long-term insurance in terms of section 37(2) of the Long-Term Insurance Act, 1998 in
All policyholders or recognition to their	f the above mentioned insurer whose compulsory annuity policies were transferred, received substitution values which accord full rights and reasonable benefit expectations.
All policyholders o standing approval	f substituted policies gave their written consent after receiving written disclosure in accordance with the conditions attached to the granted. The above mentioned insurer has retained copies of the policyholders' consent documents.
PUBLIC OFF	TICER DATE

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	OF LONG-TERM INSURANCE REFERENCE NUMBER OUT DATE	G14-99-
	Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Limited as at the end of the financial period 31/01/2008	2008/07/16 09:4
. Ha	ve you issued a PPFM for the first time during the period under review?	
If Y Ha:	/ES, answer the question below: s the PPFM been compiled in accordance with the FSB's Directive 147?  If "NO", provide full details why not.	
. Did	you change an existing PPFM during the period under review?	
If Y We	'ES, answer the questions below: ere there any changes in the Principles of Financial Management?	
If Y i.	'ES, answer the questions below:  Please provide details of the changes that were made	11 11 11 11 11 11 11 11 11 11 11 11 11
ii.	Provide the reasons for the changes	
iii. •	Were the changes approved by the board?  If "NO", provide full details why not.	
iv.	What were the effects of the changes? (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)	
<b>v</b> .	Please state why you consider the changes to be fair.	
	•	
•	Have the policyholders been informed of the changes?  If "NO", provide reasons why not.  If "YES", provide the method of communication used and attach a copy thereof.	
	When were the policyholders informed? (give the date(s))	
ſ		

viii. When were the changes effective? (give the date(s))

b)

3.

5.

6.

to the policyholders.

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

2008/07/16 09:42

#### Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Limited as at the end of the financial period 31/01/2008

ix.	Have you received any queries/complaints/objections from policyholders regarding the changes?			
•	If "YES", provide details or a summary thereof.			
	e there any changes in the Practices of Financial Management?			
	ES, answer the questions below:			
i.	Please provide details of the changes that were made			
		7		
		1		
ii.	Provide the reasons for the changes			
		7		
		1		
		J		
iii.	Were the changes approved by the board?	L		
	If "NO", provide reasons why not.			
iv.	What were the effects of the changes?			
	(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)			
		7		
V. •	Have the policyholders been informed of the changes?  If "NO", provide reasons why not.	L		
	If "YES", provide the method of communication used and attach a copy thereof .			
	The original and matrice of communication access and access to copy and con.			
Do a	all discretionary participation policyholders (new and existing) have access to the full PPFM?			
•	If "NO", provide reasons why not.			
•	If "YES", explain how they have access.			
le th	ere a charge for third parties to receive a full printed copy of the PPFM?			
•	If "YES", disclose the relevant charge.	<u> </u>		
Do all new DPP policyholders receive a summary (or a full version) of the PPFM together with their policy contracts?				
•	If "NO", provide full details.			
Are existing DPP policyholders made aware of the existence of the PPFM?				
•	If "NO", provide full details.			
	e process and a second control of the control of th			

If "YES", describe how they have been made aware of this and attach a copy of any information that was sent

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# CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G14-99-A

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

No number available 2008/07/16 09:42

### Statement G14

# DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Limited

as at the end of the financial period 31/01/2008

٠.	Do	you have a DPC?
	•	If "NO" provide recent and describe it

If "NO", provide reasons and describe the alternative governance structure that is used.

Please provide the details of the members of the DPC or alternative governance structure. (Initials & Surname, Date appointed, Date resigned, Highest academic qualification, Position held in DPC, Position held in Insurer (if applicable)).

Initials & Surname	Date appointed	Date resigned	Highest academic qualification	Position held in DPC	Position held in insurer (if applicable)
	1				

•		,
Describe how you ha	ve checked that you comply with the PPFM and the exten	it to which you have complied with the PPFM.
	CHAIRMAN	DIRECTOR
		DIRECTOR.
	STATUTORY ACTUARY	PUBLIC OFFICER
	AUDITORS (initial)	

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## CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

	ENCE NUMBER		G15.1-99-A No number available
REGISTRAR O FINAL PRINTO	FLONG-TERM INSURANCE REFERENCE NUMBER UT DATE		2008/07/16 09:42
	Statement G15.1 CROSS BORDER OPERATIONS—SADC BRAI of :ABC Limited. as at the end of the financial period 31/01/20		
Informatio	n on an off-shore subsidiary company of the registered South African insurer conducting ins	urance business in one or more SADC juris	sdictions
1.	Does the insurer have an off-shore branch in a SADC jurisdiction ?		
2.	State the total number of branches		
3.	State whether the branch(es) is/are subject to regulatory supervision		
4.	Name of branch:		
<b>5</b> .	Host jurisdiction where in operation:		
6.	Date when branch was established:		
<b>7</b> .	Name of the applicable regulatory body in host jurisdiction:		
8.	Address of branch in host jurisdiction:		
		D1000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9.	Description Total assets in respect of the branch	R'000	
_,	Total liabilities in respect of the branch		
	Total gross premium income in respect of the branch Total net premium income in respect of the branch		
	Regulatory capital adequacy requirement ( as per home jurisdiction) in respect of the branch		
	Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of the branch		
	Board of the insurer's assessment of the overall effectiveness of these control systems.		
11.	Describe the Board of the insurer's assessment of the overall financial position of the branch.		
12.	Has the branch been subject to regulatory inspection or investigation and if, please furnish full deta	ils?	· · · · · ·

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13.	State the scope of the activities of the branch and its role within the insurance group.				
14.	Indicate whether the host jurisdiction requires that the branch be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit firm.				
	CHAIR DIRECTOR				
	PUBLIC DATE OFFICER				
	AUDITORS (initial)				