



CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G12-99-A  
 No number available  
 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 solvency
  - Technical support
  - Other

If other, please state your key objective below.

\_\_\_\_\_

- 7.2 The method of selecting reinsurers:
- Capital
  - Ratings
  - Maximum exposure across the program
  - Technical support
  - Other approved processes

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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SHEET REFERENCE NUMBER

G13-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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**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**

I ..... public officer of the above mentioned insurer certify that all substitutions of compulsory annuity policies from this company by any other insurer, and from other insurance companies to this company, have been conducted in accordance with the conditions attached the approval granted by the Registrar of long-term insurance in terms of section 37(2) of the Long-Term Insurance Act, 1998 in Directive 135.

All policyholders of the above mentioned insurer whose compulsory annuity policies were transferred, received substitution values which accord full recognition to their rights and reasonable benefit expectations.

All policyholders of substituted policies gave their written consent after receiving written disclosure in accordance with the conditions attached to the standing approval granted. The above mentioned insurer has retained copies of the policyholders' consent documents.

PUBLIC OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G14-99-A  
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**Statement G14**  
**DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS**  
**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

1. Have you issued a PPFM for the first time during the period under review?

If YES, answer the question below:

a) Has the PPFM been compiled in accordance with the FSB's Directive 147?

• If "NO", provide full details why not.

2. Did you change an existing PPFM during the period under review?

If YES, answer the questions below:

a) Were there any changes in the Principles of Financial Management?

If YES, answer the questions below:

i. Please provide details of the changes that were made

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.)

v. Please state why you consider the changes to be fair.

vi. 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.

vii. When were the policyholders informed? (give the date(s))

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

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**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.

b) Were there any changes in the Practices of Financial Management?   
 If YES, answer the questions below:

i. Please provide details of the changes that were made

ii. Provide the reasons for the changes

iii. Were the changes approved by the board?   
 • 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.)

v. 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.

3. Do 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.

4. Is there a charge for third parties to receive a full printed copy of the PPFM?   
 • If "YES", disclose the relevant charge.

5. 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.

6. Are existing DPP policyholders made aware of the existence of the PPFM?   
 • If "NO", provide full details.  
 • If "YES", describe how they have been made aware of this and attach a copy of any information that was sent to the policyholders.

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**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

7. Do you have a DPC?
- 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)
•					
•					
•					
•					
•					
•					
•					
•					

8. Describe how you have checked that you comply with the PPFM and the extent to which you have complied with the PPFM.

CHAIRMAN \_\_\_\_\_ DIRECTOR \_\_\_\_\_

STATUTORY ACTUARY \_\_\_\_\_ PUBLIC OFFICER \_\_\_\_\_

AUDITORS (initial) \_\_\_\_\_ DATE \_\_\_\_\_

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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G15.1-99-A  
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**Statement G15.1  
 CROSS BORDER OPERATIONS - SADC BRANCH  
 of ABC Limited  
 as at the end of the financial period 31/01/2008**

**Information on an off-shore subsidiary company of the registered South African insurer conducting insurance business in one or more SADC jurisdictions**

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:
5. Host jurisdiction where in operation:
6. Date when branch was established:
7. Name of the applicable regulatory body in host jurisdiction:
8. Address of branch in host jurisdiction:

	Description	R'000
9.	Total assets in respect of the branch	<input style="width: 100%;" type="text"/>
	Total liabilities in respect of the branch	<input style="width: 100%;" type="text"/>
	Total gross premium income in respect of the branch	<input style="width: 100%;" type="text"/>
	Total net premium income in respect of the branch	<input style="width: 100%;" type="text"/>
	Regulatory capital adequacy requirement ( as per home jurisdiction) in respect of the branch	<input style="width: 100%;" type="text"/>
	Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of the branch	<input style="width: 100%;" type="text"/>

10. Broadly describe the branch's internal controls, including comprehensive and regular reporting between the branch and its head office and indicate the 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 details?

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 OFFICER \_\_\_\_\_

DATE \_\_\_\_\_

AUDITORS (*initial*) \_\_\_\_\_