

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G15.2-99-A  
 No number available  
 2008/07/16 09:42

**Statement G15.2  
 CROSS BORDER OPERATIONS - SADC SUBSIDIARY  
 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 a subsidiary company in another SADC jurisdiction that conducts insurance business?
- 2. State the total number of SADC subsidiaries
- 3. State whether the subsidiary(ies) is/are subject to regulatory supervision

- 4. Name of the subsidiary company:
- 5. Host jurisdiction where in operation:
- 6. Date when subsidiary was established/acquired:
- 7. Name of the applicable regulatory body in host jurisdiction:
- 8. Address of subsidiary in host jurisdiction:

	Description	R'000
9.	Total assets in respect of the branch	
	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	

- 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 subsidiary.

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**Statement G15.2  
CROSS BORDER OPERATIONS - SADC SUBSIDIARY  
of ABC Limited  
as at the end of the financial period 31/01/2008**

12. Has the subsidiary been subject to regulatory inspection or investigation and if, please furnish full details.

[Empty box for response to question 12]

13. State the scope of the activities of the subsidiary and its role within the insurance group.

[Empty box for response to question 13]

14. Indicate whether the host jurisdiction requires that the subsidiary be subject to external audit and, where it is, whether the audit is undertaken by an audit firm which is different to the audit firm of the insurer and, whether the audit work is sufficiently thorough.

[Empty box for response to question 14]

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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

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SHEET REFERENCE NUMBER

G15.3-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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FINAL PRINTOUT DATE

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**Statement G15.3  
GROSS BORDER OPERATIONS - SADC OTHER OPERATIONS  
of ABC Limited  
as at the end of the financial period 31/01/2008**

**Cross Border Operations other than branch business or business conducted in a subsidiary that is operated in the SADC region**

1. Has the insurer provided cross border insurance services to persons other than a SADC branch office or SADC subsidiary in one or more SADC jurisdictions?   
(if yes, please provide full detail in 2 below)

2. Name of the SAD Ccountry where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

3. Has the business referred to in 2 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force? (please give full details)

4. Has the insurer provided cross border insurance services other than those provided through a branch office or subsidiary to insurers (i.e. inwards reinsurance business) in another SADC country?   
(if yes, please provide full detail in 5 below)

5. Name of the SAD Ccountry where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

6. Has the business referred to in 5 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force? (please give full details)

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**Statement G15.3**  
**CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS**  
**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

7. Has your company placed reinsurance business with an insurer in another SADC country [ ]  
 (if yes, please provide full detail in 8 below)

Name of the SAD Ccountry where insurer(s) is/are located	Name of the insurer/reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000

9. Has your company provided outsourcing services to an insurer in another SADC country ? [ ]  
 (if yes, please provide full detail in 10 below)

Name of the SADC country where insurer(s) is/are located	Give a description of the outsourcing services being provided

11. Has your company made use of outsourcing services provided by an insurer, a person or any other entity located in another SADC country? [ ]  
 (if yes, please provide full detail in 12 below)

Name of the SADC country where insurer(s), person or entity is/are located	Give a description of the outsourcing services that has been acquired

13. Confirm whether or not 25% or more of the shares or any other interest held directly or indirectly in your company, is owned by a foreign person or entity located in another SADC country [ ]  
 (if yes, please provide full detail in 14 below)

Name of person or entity holding 25% or more of the		Name the person or entity holding 25% or more of the		Name of SADC country where the person or entity is
Name	%	Name	%	

15. Does your company directly or indirectly own more than 25% of the shares or any other interest in a foreign insurer located in another SADC country? [ ]  
 (if yes, please provide full detail in 16 below)

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**Statement G15.3**  
**CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS**  
**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

16.

Name of person or entity holding 25% or more of the		Name the person or entity holding 25% or more of the		Name of SADC country where the person or entity is
Name	%	Name	%	

17. Is your company party to a joint venture with an insurer located in another SADC country?  
 (if yes, please provide full detail in 18 below)

18.

CHAIR \_\_\_\_\_ DIRECTOR \_\_\_\_\_

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

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

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**Statement G15.4  
 CROSS BORDER OPERATIONS - NON-SADC BRANCH  
 of ABC Limited  
 as at the end of the financial period 31/01/2008**

**Information on off-shore branch business conducted by the registered insurer within one or more jurisdictions that do not form part of the SADC region**

1. Does the insurer have an off-shore branch in a country that does not form part of the SADC region?
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	
	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	

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 system.

11. Describe the Board of the insurer's assessment of the overall financial position of the branch.

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**Statement G15.4  
CROSS BORDER OPERATIONS - NON-SADC BRANCH  
of ABC Limited  
as at the end of the financial period 31/01/2008**

12. Has the branch been subject to regulatory inspection/investigation and if, please furnish full details.

[Empty rectangular box for response to question 12]

13. State the scope of the activities of the branch and its role within the insurance group.

[Empty rectangular box for response to question 13]

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 the name of that audit firm.

[Empty rectangular box for response to question 14]

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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**Statement G15.5**  
**CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY**  
**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

**Information on an off-shore subsidiary company of the insurer conducting insurance business in one or more jurisdictions that do not form part of the SADC region**

1. Does the insurer have a subsidiary company in a country other than in SADC jurisdiction that conducts insurance business?
2. State the total number of NON - SADC subsidiaries
3. State whether the subsidiary(ies) is/are subject to regulatory supervision
4. Name of the subsidiary company:
5. Host jurisdiction where in operation:
6. Date when subsidiary was established/acquired:
7. Name of the applicable regulatory body in host jurisdiction:
8. Address of subsidiary in host jurisdiction:

	Description	R'000
9.	Total assets in respect of the subsidiary's business	
	Total liabilities in respect of the subsidiary's business	
	Total gross premium income of the subsidiary	
	Total net premium income of the subsidiary	
	Regulatory capital adequacy requirement as per home jurisdiction	
	Regulatory capital adequacy requirement as per host jurisdiction	

10. Broadly describe the subsidiary's internal controls, including comprehensive and regular reporting between the subsidiary and holding company 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 subsidiary.



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**Statement G15.5  
CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY  
of ABC Limited  
as at the end of the financial period 31/01/2008**

12. Has the subsidiary been subject to regulatory inspection / investigation and if, please furnish full details.

13. State the scope of the activities of the subsidiary and its role within the insurance group.

14. Indicate whether the host jurisdiction requires that the subsidiary be subject to external audit and, where it is, whether the audit is undertaken by an audit firm which is different to the audit firm of the insurer and, whether the audit work is sufficiently thorough.

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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

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**Statement G15.6**  
**CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS**  
**of ABC Limited**  
**as at the end of the financial period 31/01/2008**

**Information on cross border operations other than branch business or business conducted in a subsidiary in another country than a SADC country**

1. Has the insurer provided cross border insurance services other than a non-SADC branch and non-SADC subsidiary to persons in another country than a SADC country?  
 (if yes, please provide full detail in 2 below)

Name of the country where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

3. Has the business referred to in 2 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?  
 (please give full details)

4. Has the insurer provided cross border insurance services (other than those in non-SADC branch or non-SADC subsidiary) to insurers (i.e. inwards reinsurance business) in another country than a SADC country?  
 (if yes, please provide full detail in 5 below)

Name of the country where insurer(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

6. Has the business referred to in 5 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?  
 (please give full details)

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**Statement G15.6**  
**CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS**  
 of **ABC Limited**  
 as at the end of the financial period **31/01/2008**

7. Has your company placed reinsurance business with an insurer in another country other than a SADC country?   
 (if yes, please provide full detail in 8 below)

8.	Name of the country where insurer(s) is/are located	Name of the insurer/ reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded	Reinsurer's exposure amount
				R'000	R'000

9. Has your company provided outsourcing services to an insurer in a country other than a SADC country?   
 (if yes, please provide full detail in 10 below)

10.	Name of the country where insurer(s), person or entity is/are located	Give a description of the outsourcing services being provided

11. Has your company made use of outsourcing services provided by an insurer, a person or any other entity located in another country that is not a SADC country?   
 (if yes, please provide full detail in 12 below)

12.	Name of the country where insurer(s), person or entity is/are located	Give a description of the outsourcing services being provided

13. Confirm whether or not 25% or more of the shares or any other interest held directly or indirectly in your company, is owned by a foreign person or entity located in another country that is not a SADC country.   
 (if yes, please provide full detail in 14 below)

14. Name of person or entity holding 25% or more of the shares or any interest directly in the insurer		Name the person or entity holding 25% or more of the shares or any interest indirectly in the insurer		Name of country where the person entity is located
Name	%	Name	%	

15. Does your company directly or indirectly own more than 25% of the shares or any other interest in a foreign insurer located in another country that is not a SADC country?   
 (if yes, please provide full detail in 16 below)