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SHEET REFERENCE NUMBER

E04.1-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E4.1 (supporting statement to E4)
DEBTORS (Claims against persons and entities)
of ABC Insurance
as at the end of financial period 31/12/2007

	DESCRIPTION	DETAILS OF SECURITY FURNISHED	Rate of interest %	CURRENT YEAR: Any overdue capital & interest repayments R'000	Owing at the end of this year R'000	IN RSA R'000	OUTSIDE RSA R'000	INCOME IN RSA R'000	INCOME OUTSIDE RSA R'000	TOTAL VALUE R'000	PREVIOUS YEAR: TOTAL VALUE R'000	% of total liabilities
	1	2	3	4	5	6	7	8	9	10	11	12
	1. PROPERTY COMPANIES: *Specify*											
	SECURED											
1	•		0.0%	0	0	0	0	0	0	0	0	0.0%
2	•		0.0%	0	0	0	0	0	0	0	0	0.0%
3	•		0.0%	0	0	0	0	0	0	0	0	0.0%
4	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	UNSECURED											
5	•		0.0%	0	0	0	0	0	0	0	0	0.0%
6	•		0.0%	0	0	0	0	0	0	0	0	0.0%
7	•		0.0%	0	0	0	0	0	0	0	0	0.0%
8	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	2. RELATED PARTIES: Specify											
	SECURED											
9	•		0.0%	0	0	0	0	0	0	0	0	0.0%
10	•		0.0%	0	0	0	0	0	0	0	0	0.0%
11	•		0.0%	0	0	0	0	0	0	0	0	0.0%
12	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	UNSECURED											
13	•		0.0%	0	0	0	0	0	0	0	0	0.0%
14	•		0.0%	0	0	0	0	0	0	0	0	0.0%
15	•		0.0%	0	0	0	0	0	0	0	0	0.0%
16	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	3. ASSET-HOLDING INTERMEDIARIES: *Specify*											
17	•		0.0%	0	0	0	0	0	0	0	0	0.0%
18	•		0.0%	0	0	0	0	0	0	0	0	0.0%
19	•		0.0%	0	0	0	0	0	0	0	0	0.0%
20	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	4. OTHER DEBTORS: *Specify*											
	SECURED											
21	•		0.0%	0	0	0	0	0	0	0	0	0.0%
22	•		0.0%	0	0	0	0	0	0	0	0	0.0%
23	•		0.0%	0	0	0	0	0	0	0	0	0.0%
	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
	UNSECURED											
24	•		0.0%	0	0	0	0	0	0	0	0	0.0%
25	•		0.0%	0	0	0	0	0	0	0	0	0.0%
26	•		0.0%	0	0	0	0	0	0	0	0	0.0%
27	SUBTOTAL			0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

SHEET REFERENCE NUMBER

E05-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance
as at the end of financial period 31/12/2007

	DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
		IN RSA R'000	DEEMED TO BE IN RSA R'000	INCOME IN RSA R'000	OUTSIDE RSA R'000	INCOME OUTSIDE RSA R'000	TOTAL VALUE R'000	TOTAL VALUE R'000	
	1	2	3	4	5	6	7	8	9
	1. SHARES								
	ORDINARY:								
	LISTED (by ICB supersector):								
1	Oil & Gas	0	0	0	0	0	0	0	0.0%
2	Chemicals	0	0	0	0	0	0	0	0.0%
3	Basic Resources	0	0	0	0	0	0	0	0.0%
4	Industrial Goods & Services	0	0	0	0	0	0	0	0.0%
5	Construction & Materials	0	0	0	0	0	0	0	0.0%
6	Automobiles & Parts	0	0	0	0	0	0	0	0.0%
7	Food & Beverage	0	0	0	0	0	0	0	0.0%
8	Travel & Leisure	0	0	0	0	0	0	0	0.0%
9	Personal & Household Goods	0	0	0	0	0	0	0	0.0%
10	Health Care	0	0	0	0	0	0	0	0.0%
11	Retail	0	0	0	0	0	0	0	0.0%
12	Media	0	0	0	0	0	0	0	0.0%
13	Telecommunications	0	0	0	0	0	0	0	0.0%
14	Utilities	0	0	0	0	0	0	0	0.0%
15	Banks	0	0	0	0	0	0	0	0.0%
16	Insurance	0	0	0	0	0	0	0	0.0%
17	Financial Services	0	0	0	0	0	0	0	0.0%
18	Technology	0	0	0	0	0	0	0	0.0%
19	UNLISTED (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
	PREFERENCE:								
	LISTED (by ICB supersector):								
20	Oil & Gas	0	0	0	0	0	0	0	0.0%
21	Chemicals	0	0	0	0	0	0	0	0.0%
22	Basic Resources	0	0	0	0	0	0	0	0.0%
23	Industrial Goods & Services	0	0	0	0	0	0	0	0.0%
24	Construction & Materials	0	0	0	0	0	0	0	0.0%
25	Automobiles & Parts	0	0	0	0	0	0	0	0.0%
26	Food & Beverage	0	0	0	0	0	0	0	0.0%
27	Travel & Leisure	0	0	0	0	0	0	0	0.0%
28	Personal & Household Goods	0	0	0	0	0	0	0	0.0%
29	Health Care	0	0	0	0	0	0	0	0.0%
30	Retail	0	0	0	0	0	0	0	0.0%
31	Media	0	0	0	0	0	0	0	0.0%
32	Telecommunications	0	0	0	0	0	0	0	0.0%
33	Utilities	0	0	0	0	0	0	0	0.0%
34	Banks	0	0	0	0	0	0	0	0.0%
35	Insurance	0	0	0	0	0	0	0	0.0%
36	Financial Services	0	0	0	0	0	0	0	0.0%
37	Technology	0	0	0	0	0	0	0	0.0%
38	UNLISTED (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
39	TOTAL	0	0	0	0	0	0	0	0.0%

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SHEET REFERENCE NUMBER

E05-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance
as at the end of financial period 31/12/2007

	DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
		IN RSA R'000	DEEMED TO BE IN RSA R'000	INCOME IN RSA R'000	OUTSIDE RSA R'000	INCOME OUTSIDE RSA R'000	TOTAL VALUE R'000	TOTAL VALUE R'000	
	1	2	3	4	5	6	7	8	9
	2. SHARES IN PROPERTY COMPANIES								
40	Unlisted ordinary (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
41	Unlisted preference (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
42	TOTAL	0	0	0	0	0	0	0	0.0%
	3. SHARES IN RELATED PARTIES								
43	Unlisted ordinary (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
44	Unlisted preference (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
45	TOTAL	0	0	0	0	0	0	0	0.0%
	4. SHARES IN ASSET-HOLDING INTERMEDIARIES [5]								
46	UNLISTED ORDINARY (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
47	UNLISTED PREFERENCE (*Specify in supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
48	TOTAL	0	0	0	0	0	0	0	0.0%
	5. DEPOSITORY RECEIPTS								
49	Listed	0	0	0	0	0	0	0	0.0%
50	TOTAL	0	0	0	0	0	0	0	0.0%
	6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES								
51	Units in money market funds	0	0	0	0	0	0	0	0.0%
52	Units in collective investment schemes in property shares	0	0	0	0	0	0	0	0.0%
53	Linked units & units in collective investment schemes								
54	Listed	0	0	0	0	0	0	0	0.0%
55	Unlisted (*Specify in Supporting statement E5.1*)	0	0	0	0	0	0	0	0.0%
56	TOTAL	0	0	0	0	0	0	0	0.0%
57	**TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS**	0	0	0	0	0	0	0	0.0%

AUDITORS _____

SHEET REFERENCE NUMBER

E05.1-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E5.1 (supporting statement to E5)
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance
as at the end of financial period 31/12/2007

	DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
		IN RSA R'000	DEEMED TO BE IN RSA R'000	INCOME IN RSA R'000	OUTSIDE RSA R'000	INCOME OUTSIDE RSA R'000	TOTAL VALUE R'000	TOTAL VALUE R'000	
	1	2	3	4	5	6	7	8	9
	1. SHARES (excluding those in property companies, related parties and asset-holding intermediaries)								
	(i) UNLISTED ORDINARY SHARES:								
1	•	0	0	0	0	0	0	0	0.0%
2	•	0	0	0	0	0	0	0	0.0%
3	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	(ii) UNLISTED PREFERENCE SHARES:								
4	•	0	0	0	0	0	0	0	0.0%
5	•	0	0	0	0	0	0	0	0.0%
	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	2. SHARES IN PROPERTY COMPANIES								
	(i) UNLISTED ORDINARY SHARES:								
6	•	0	0	0	0	0	0	0	0.0%
7	•	0	0	0	0	0	0	0	0.0%
8	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	(ii) UNLISTED PREFERENCE SHARES:								
9	•	0	0	0	0	0	0	0	0.0%
10	•	0	0	0	0	0	0	0	0.0%
11	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	3. SHARES IN RELATED PARTIES								
	(i) UNLISTED ORDINARY SHARES:								
12	•	0	0	0	0	0	0	0	0.0%
13	•	0	0	0	0	0	0	0	0.0%
14	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	(ii) UNLISTED PREFERENCE SHARES:								
15	•	0	0	0	0	0	0	0	0.0%
16	•	0	0	0	0	0	0	0	0.0%
17	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	4. SHARES IN ASSET-HOLDING INTERMEDIARIES								
	(i) UNLISTED ORDINARY SHARES:								
18	•	0	0	0	0	0	0	0	0.0%
19	•	0	0	0	0	0	0	0	0.0%
20	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	(ii) UNLISTED PREFERENCE SHARES:								
21	•	0	0	0	0	0	0	0	0.0%
22	•	0	0	0	0	0	0	0	0.0%
23	SUBTOTAL	0	0	0	0	0	0	0	0.0%
	5. UNLISTED LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES								
24	•	0	0	0	0	0	0	0	0.0%
25	•	0	0	0	0	0	0	0	0.0%
26	SUBTOTAL	0	0	0	0	0	0	0	0.0%

AUDITORS _____

SHEET REFERENCE NUMBER

E06-05-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E6
LAND AND BUILDINGS - FREEHOLD ONLY
of ABC Insurance
as at the end of financial period 31/12/2007

LOCATION AND DESCRIPTION	STATUTORY VALUES AT YEAR END				VALUATIONS DONE BY INDEPENDENT VALUATOR		Year acquired	Cost of land, buildings and improvements	Book value	Amount of encumbrances	Gross income from letting	Imputed rental value of space occupied	Expenses including maintenances and taxes
	This year			Previous year total									
	Total	In RSA	Outside RSA		Year of valuation	Value per valuator							
	R'000	R'000	R'000	R'000		R'000		R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. WHOLLY OWNER OCCUPIED													
1	0	0	0	0	0	0	0	0	0	0		0	0
2	0	0	0	0	0	0	0	0	0	0		0	0
3	0	0	0	0	0	0	0	0	0	0		0	0
4	0	0	0	0	0	0	0	0	0	0		0	0
5	0	0	0	0	0	0	0	0	0	0		0	0
6	0	0	0	0	0	0	0	0	0	0		0	0
7	0	0	0	0	0	0	0	0	0	0		0	0
8	0	0	0	0	0	0	0	0	0	0		0	0
9	0	0	0	0	0	0	0	0	0	0		0	0
10	0	0	0	0	0	0	0	0	0	0		0	0
2. WHOLLY LET													
11	0	0	0	0	0	0	0	0	0	0	0		0
12	0	0	0	0	0	0	0	0	0	0	0		0
13	0	0	0	0	0	0	0	0	0	0	0		0
14	0	0	0	0	0	0	0	0	0	0	0		0
15	0	0	0	0	0	0	0	0	0	0	0		0
16	0	0	0	0	0	0	0	0	0	0	0		0
17	0	0	0	0	0	0	0	0	0	0	0		0
18	0	0	0	0	0	0	0	0	0	0	0		0
19	0	0	0	0	0	0	0	0	0	0	0		0
20	0	0	0	0	0	0	0	0	0	0	0		0
3. PARTLY OWNER OCCUPIED AND PARTLY LET													
21	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0
31 **4. TOTAL LAND AND BUILDINGS**	0	0	0	0	0	0	0	0	0	0	0	0	0

AUDITORS _____

SHEET REFERENCE NUMBER

E07-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E7

FIXED ASSETS AND SUMMARIES OF OTHER ASSETS

of ABC Insurance

as at the end of financial period 31/12/2007

1	2	3	4	5	6	7

	FIXED ASSETS	Statutory values at year end			Previous year totals	Acquired during the year	Rate of depreciation
		This year					
		Total	In RSA	Outside RSA			
		R'000	R'000	R'000	R'000	R'000	%
1	1. Computer equipment	0	0	0	0	0	0
	2. Other equipment *(specify)*						
2		0	0	0	0	0	0
3		0	0	0	0	0	0
4		0	0	0	0	0	0
5		0	0	0	0	0	0
6	3. Motor vehicles	0	0	0	0	0	0
7	TOTAL FIXED ASSETS	0	0	0	0	0	

	ASSETS - TRANSFERRED FROM OTHER STATEMENTS	Statement	Statutory values at year end			Previous year totals
			This year			
			Total	In RSA	Outside RSA	
			R'000	R'000	R'000	R'000
	PROPERTY INVESTMENTS					
	1. Quoted property companies					
8	Debentures	E3	0	0	0	0
9	Debtors / loans	E4	0	0	0	0
10	Shares	E5	0	0	0	0
	2. Unquoted property companies					
11	Debentures	E3	0	0	0	0
12	Debtors / loans	E4	0	0	0	0
13	Shares	E5	0	0	0	0
14	3. Units: Collective investment schemes in property shares	E5	0	0	0	0
15	4. Land and buildings	E6	0	0	0	0
16	TOTAL PROPERTY INVESTMENTS		0	0	0	0
	RELATED PARTIES AND ASSOCIATED ENTITIES					
17	Debentures	E3	0	0	0	0
18	Debtors / loans	E4	0	0	0	0
19	Shares	E5	0	0	0	0
20	TOTAL RELATED PARTIES AND ASSOCIATED ENTITIES		0	0	0	0

AUDITORS _____

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SHEET REFERENCE NUMBER

E08-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT E8
DERIVATIVES
of ABC Insurance
as at the end of financial period 31/12/2007

	ASSET CLASS	Fair Value of Physicals (Excluding derivatives) *R'000*	Fair value of derivatives *R'000*	Derivatives Exposure *R'000*	Effective Exposure (2+3+4) *R'000*
	1	2	3	4	5
	1. SAFEX Futures				
1	Equity Market	0	0	0	0
2	Capital Market	0	0	0	0
3	Money Market	0	0	0	0
4	Other *(Specify in supporting statement E8.1)*	0	0	0	0
5	Subtotal	0	0	0	0
	2. SAFEX Options				
6	Equity Market	0	0	0	0
7	Capital Market	0	0	0	0
8	Money Market	0	0	0	0
9	Other *(Specify in supporting statement E8.1)*	0	0	0	0
10	Subtotal	0	0	0	0
11	**Total SAFEX**	0	0	0	0
	3. OTC Forwards				
12	Equity Market	0	0	0	0
13	Capital Market	0	0	0	0
14	Money Market	0	0	0	0
15	Other *(Specify in supporting statement E8.1)*	0	0	0	0
16	Subtotal	0	0	0	0
	4. OTC Options				
17	Equity Market	0	0	0	0
18	Capital Market	0	0	0	0
19	Money Market	0	0	0	0
20	Other *(Specify in supporting statement E8.1)*	0	0	0	0
21	Subtotal	0	0	0	0
22	**Total OTC**	0	0	0	0
	5. Swaps				
23	Interest rate	0	0	0	0
24	Money Market	0	0	0	0
25	Other *(Specify in supporting statement E8.1)*	0	0	0	0
26	**Total Swaps**	0	0	0	0
27	**6. Other *(Specify in supporting statement E8.1)***	0	0	0	0

AUDITORS _____

SHEET REFERENCE NUMBER E08.1-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT E8.1 (supporting statement to E8)
DERIVATIVES
of ABC Insurance
as at the end of financial period 31/12/2007

	ASSET CLASS	Fair Value of Physicals (Excluding derivatives) R'000	Fair value of derivatives R'000	Derivatives Exposure R'000	Effective Exposure (2+3+4) R'000
	1	2	3	4	5
	1. SAFEX Futures				
	Other				
1 •		0	0	0	0
2 •		0	0	0	0
3 •		0	0	0	0
4 •		0	0	0	0
5 •		0	0	0	0
6	Subtotal	0	0	0	0
	2. SAFEX Options				
	Other				
7 •		0	0	0	0
8 •		0	0	0	0
9 •		0	0	0	0
10 •		0	0	0	0
11 •		0	0	0	0
12	Subtotal	0	0	0	0
	3. OTC Forwards				
	Other				
13 •		0	0	0	0
14 •		0	0	0	0
15 •		0	0	0	0
16 •		0	0	0	0
17 •		0	0	0	0
18	Subtotal	0	0	0	0
	4. OTC Options				
	Other				
19 •		0	0	0	0
20 •		0	0	0	0
21 •		0	0	0	0
22 •		0	0	0	0
23 •		0	0	0	0
24	Subtotal	0	0	0	0
	5. Swaps				
	Other				
25 •		0	0	0	0
26 •		0	0	0	0
27 •		0	0	0	0
28 •		0	0	0	0
29 •		0	0	0	0
30	Subtotal	0	0	0	0
	6. Other				
	Other				
31 •		0	0	0	0
32 •		0	0	0	0
33 •		0	0	0	0
34 •		0	0	0	0
35 •		0	0	0	0
36	Subtotal	0	0	0	0

AUDITORS _____

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SHEET REFERENCE NUMBER

E09-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E9 (Total)
ASSETS AND LIABILITIES: COMPARISON OF STATUTORY TO SHAREHOLDERS' VALUES
of ABC Insurance
as at the end of financial period 31/12/2007

	DESCRIPTION	Supporting statement number	THIS YEAR: STATUTORY VALUES PER SCHEDULE 2 OF THE ACT: Total	In RSA	Outside RSA	Values per shareholders' statements	Differences	PREVIOUS YEAR TOTAL
			R'000	R'000	R'000	R'000	R'000	R'000
	1	2	3	4	5	6	7	8
	ASSETS							
1	Cash		0	0	0	0	0	0
2	Krugerrands		0	0	0	0	0	0
3	Outstanding short-term premiums		0	0	0	0	0	0
4	Reinsurance deposits		0	0	0	0	0	0
5	Mortgage bonds		0	0	0	0	0	0
6	Long term (investment) policies-linked		0	0	0	0	0	0
7	Long term (investment) policies-non linked		0	0	0	0	0	0
8	Other assets		0	0	0	0	0	0
9	Balances and deposits with banks	E1	0	0	0	0	0	0
10	Securities and Loans	E2	0	0	0	0	0	0
11	Other Securities	E3	0	0	0	0	0	0
12	Debtors (Claims against persons & entities)	E4	0	0	0	0	0	0
13	Shares, depository receipts and units	E5	0	0	0	0	0	0
14	Land and buildings	E6	0	0	0	0	0	0
15	Fixed assets	E7	0	0	0	0	0	0
16	TOTAL ASSETS		0	0	0	0	0	0
	LIABILITIES							
17	Due to other insurers and reinsurers		0	0	0	0	0	0
18	Reinsurance deposits		0	0	0	0	0	0
19	Bank overdraft		0	0	0	0	0	0
20	Provision for current and deferred taxation		0	0	0	0	0	0
21	Contingent liabilities		0	0	0	0	0	0
22	Other liabilities		0	0	0	0	0	0
23	Unearned premium provisions - net	D3	0	0	0	0	0	0
24	Outstanding claims - net	D3	0	0	0	0	0	0
25	I B N R - Claims incurred but not reported	D3	0	0	0	0	0	0
26	Contingency reserve	D3	0	0	0	0	0	0
27	Unexpired risk provision	D3	0	0	0	0	0	0
28	TOTAL LIABILITIES		0	0	0	0	0	0
29	NET ASSETS/SHAREHOLDERS' FUNDS		0	0	0	0	0	0

AUDITORS _____

ST2007

SHEET REFERENCE NUMBER

E09.1-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT E9.1 (Total)

DIFFERENCES BETWEEN ASSETS AND LIABILITIES: COMPARISON OF STATUTORY TO SHAREHOLDERS' VALUES

of ABC Insurance

as at the end of financial period 31/12/2007

1	2	3	4

	Items with differences in statutory and shareholders' values	Statutory value *R'000*	Shareholders' value *R'000*	Correspond with difference in Statement E9 *R'000*
1	●	0	0	0
2	●	0	0	0
3	●	0	0	0
4	●	0	0	0
5	●	0	0	0
6	●	0	0	0
7	●	0	0	0
8	●	0	0	0
9	●	0	0	0
10	●	0	0	0
11	●	0	0	0
12	●	0	0	0
13	●	0	0	0
14	●	0	0	0
15	●	0	0	0
16	●	0	0	0
17	●	0	0	0
18	●	0	0	0
19	●	0	0	0
20	●	0	0	0
21	Sub-total	0	0	0

AUDITORS _____

ST2007

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E10-99-A

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STATEMENT E10
RELATED PARTY BALANCES
of ABC Insurance
as at the end of financial period 31/12/2007

	RELATED PARTY	Main business activity	Country registered	Percentage holding	PER SHAREHOLDERS' STATEMENTS				INCLUDED AS ASSETS IN STATEMENTS E3, E4 & E5				TOTAL EXPOSURE
					Total assets	Net income after tax	Return on assets	Net asset value	Ordinary shares	Preference shares	Debentures/other	Inter-company balances	
					R'000	R'000	%	R'000	R'000	R'000	R'000	R'000	R'000
	1	2	3	4	5	6	7	8	9	10	11	12	13
	1. Subsidiaries												
1				0.0%	0	0	0.0%	0	0	0	0	0	0
2				0.0%	0	0	0.0%	0	0	0	0	0	0
3				0.0%	0	0	0.0%	0	0	0	0	0	0
4				0.0%	0	0	0.0%	0	0	0	0	0	0
5				0.0%	0	0	0.0%	0	0	0	0	0	0
6				0.0%	0	0	0.0%	0	0	0	0	0	0
7				0.0%	0	0	0.0%	0	0	0	0	0	0
8				0.0%	0	0	0.0%	0	0	0	0	0	0
9	Total				0	0	0.0%	0	0	0	0	0	0
	2. Associates												
10				0.0%	0	0	0.0%	0	0	0	0	0	0
11				0.0%	0	0	0.0%	0	0	0	0	0	0
12				0.0%	0	0	0.0%	0	0	0	0	0	0
13				0.0%	0	0	0.0%	0	0	0	0	0	0
14				0.0%	0	0	0.0%	0	0	0	0	0	0
15				0.0%	0	0	0.0%	0	0	0	0	0	0
16				0.0%	0	0	0.0%	0	0	0	0	0	0
17				0.0%	0	0	0.0%	0	0	0	0	0	0
18	Total				0	0	0.0%	0	0	0	0	0	0
	3. Holding Companies												
19				0.0%	0	0	0.0%	0	0	0	0	0	0
20				0.0%	0	0	0.0%	0	0	0	0	0	0
21				0.0%	0	0	0.0%	0	0	0	0	0	0
22				0.0%	0	0	0.0%	0	0	0	0	0	0
23				0.0%	0	0	0.0%	0	0	0	0	0	0
24				0.0%	0	0	0.0%	0	0	0	0	0	0
25				0.0%	0	0	0.0%	0	0	0	0	0	0
26				0.0%	0	0	0.0%	0	0	0	0	0	0
27	Total				0	0	0.0%	0	0	0	0	0	0
	4. Other related parties												
28				0.0%	0	0	0.0%	0	0	0	0	0	0
29				0.0%	0	0	0.0%	0	0	0	0	0	0
30				0.0%	0	0	0.0%	0	0	0	0	0	0
31				0.0%	0	0	0.0%	0	0	0	0	0	0
32				0.0%	0	0	0.0%	0	0	0	0	0	0
33				0.0%	0	0	0.0%	0	0	0	0	0	0
34	Total				0	0	0.0%	0	0	0	0	0	0
35	OVERALL TOTAL				0	0	0.0%	0	0	0	0	0	0

AUDITORS _____

ST2007

SHEET REFERENCE NUMBER

F01-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT F1
SURPLUS ASSETS, NET ASSET RATIO AND SOLVENCY MARGIN
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3
SURPLUS ASSETS AND NET ASSET RATIO STATUTORY BASIS	World-wide *R'000*	In RSA *R'000*
1 **1. Premiums less all reinsurances**		
2 (i) Twelve months preceding financial year end	0	0
3 (ii)Twelve months preceding previous financial year end.	0	0
4 (iii) The greater of the two	0	0
5 **2. Requirement for additional assets to be held :**		
6 *(i) Enter current minimum value in 2(ii).*		
7 (ii) Current minimum value	3,000	3,000
8 (iii) 15% of 1(iii)	0	0
9 (iv) The greater of 2(ii) or 2(iii)	3,000	3,000
3. Net assets - Statutory		
(i) Assets		
10 Domestic		0
11 Foreign, deemed to be domestic		0
12 Total assets	0	0
13 (ii) Less: Liabilities	0	0
14 (iii) Sub total - net assets	0	0
15 (iv) Less: Requirement for additional assets per 2(iv)	3,000	3,000
16 SURPLUS / SHORTFALL OF ASSETS	-3,000	-3,000
17 Net assets as a % of net premiums - this year [3(iii) / 1(iii)]	0.0%	0.0%
18 Net assets as a % of net premiums - previous year	0.0%	0.0%

AUDITORS _____

ST2007

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SHEET REFERENCE NUMBER

F02-09-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2007/03/07 10:01

STATEMENT F2
SPREAD OF DOMESTIC ASSETS (INCLUDING FOREIGN ASSETS DEEMED TO BE DOMESTIC)
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7	8	9	10	11	12

	Domestic assets must exceed the following :	R'000
1	Domestic liabilities, including additional asset requirement (statement F1)	3,000
2	Asset-holding intermediaries' liabilities	0
3	Total domestic liabilities	3,000
4		

5		Domestic assets and foreign assets deemed to be domestic per statement E9	ADD Assets of asset-holding intermediaries and linked investment policies	LESS Individual excesses e.g. Banks, debtors, investments and property	Subtotals: Assets held less individual excesses	Maximum admissible for each item of this statement: Percentages: Per reg. 3 to the Act	Percentages: Dispensations given	Total domestic liabilities * greater of the 2 percentages	Admitted for each item (the lesser of the previous column or subtotal)
		R'000	R'000	R'000	R'000	%	%	R'000	R'000
6	1. Mortgage bonds	0	0	0	0	0.0%	0.0%	0	0
7	2. Debentures -non convertible	0	0	0	0	0.0%	0.0%	0	0
8	3. Any other debtors*	0	0	0	0	0.0%	0.0%	0	0
9	Sub total	0	0	0	0	25.0%	0.0%	750	0
10	4. Shares - Ordinary, and convertible debentures - Domestic*	0	0		0	50.0%	0.0%	1,500	0
11	5. Shares - Preference - Domestic*	0	0	0	0	40.0%	0.0%	1,200	0
12	Sub total	0	0	0	0	65.0%	0.0%	1,950	0
13	6. Listed securities+shares - Foreign, deemed to be Dom.	0	0	0	0	15.0%	0.0%	450	0
14	7. Outstanding short-term premiums	0	0	0	0	-		0	0
15	8. Property investments	0	0	0	0	10.0%	0.0%	300	0
16	9. Associates and associated companies	0	0	0	0	5.0%	0.0%	150	0
17	10. Computer equipment	0	0	0	0	5.0%	0.0%	150	0
18	11. Other equipment and motor vehicles	0	0	0	0	2.5%	0.0%	75	0
19	12. Investment policies-non linked	0	0	0	0	-		0	0
20	Total of items 1 to 19	0	0	0	0	70.0%	0.0%	3,825	0
21	13. Margin deposits - Domestic	0	0	0	0	2.5%	0.0%	75	0
22	14. Margin deposits - Foreign, deemed to be Domestic	0	0	0	0	2.5%	0.0%	75	0
23	Sub total	0	0	0	0	2.5%	0.0%	75	0
24	15. Cash	0	0	0	0	-	-	0	0
25	16. Krugerrands	0	0	0	0	10.0%	0.0%	300	0
26	17. Bank balances and deposits - Domestic	0	0	0	0	-	-	0	0
27	18. Bank balances+deposits - Foreign, deemed to be Dom.	0	0	0	0	15.0%	0.0%	450	0
28	19. Securities - Domestic	0	0	0	0	-	-	0	0
29	20. Securities - Foreign, deemed to be Domestic	0	0	0	0	15.0%	0.0%	450	0
30	Total of items 21 to 29	0	0	0	0				0
31	Overall total	0	0	0	0				0

NOTE - ITEMS 4 + 5, 13 + 14 :

Admitted values are the lesser of the individual or the total amounts in the previous column

		R'000
Items 4+5:	Individual	0
	Total	0
	Admitted	0
Items 13+14:	Individual	0
	Total	0
	Admitted	0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

	R'000
1 If items 6+14+18+20 exceed 15% of liabilities, the excess is	0
2 If the admitted value of items 1 to 12 exceeds 70.0% of total domestic liabilities, the excess is	0
3 Overall admitted assets: Total of the previous column, less 1 and 2 above	0
4 Surplus of overall admitted assets over total domestic liabilities	-3,000

DATE OF ANY DISPENSATION GRANTED FROM SPREADING REQUIREMENTS

AUDITORS _____

SHEET REFERENCE NUMBER G01-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT G1
GENERAL INFORMATION
of ABC Insurance
as at the end of financial period 31/12/2007

1. Has any change been made during the year under review to the Memorandum and Articles of Association or equivalent document by which the insurer is constituted and in accordance with which it conducts its insurance business?

   - *If "YES", attach a certified copy of the document as amended*
     Or indicate if it has already been submitted.

SHARE CAPITAL

2. Please attach a diagram of the entire group structure, showing percentages of shareholding and names of ultimate shareholders as at the end of the period under review. Include percentages at the end of the previous period in brackets.

3. Furnish the name of the body or person who controls the insurer.
   Is this the same body or person as at the end of the previous year?
   - *If "NO" attach details.*

4. Is the body or person who controls the insurer incorporated or resident in the RSA?
   - *If "NO", attach details.*

5. Does the insurer hold, directly or indirectly, 25% or more of the issued share capital of another company, incorporated in or outside the RSA carrying on insurance or banking business in or outside the RSA?
   - *If "YES", state the name(s) of the insurer(s) or bank(s) and particulars of share holding.*
     Attach a copy of the latest audited accounts and balance sheet if the institution is not registered to carry on insurance or banking business in the RSA.

6. Does the insurer have shares in the holding company?
   - *If "YES", please refer to Directive 141b(i) (Short-term)*

	Number of shares	Shares as a % of the total issued shares of holding company
(1) Total issued shares of holding company	0	
(2) Total shares held by insurer and group undertakings: *(Sum of (a) to (d) below)*	0	0.0%
(a) Shares held in shareholders' fund *(Approved under Sec 33(1)(e))*	0	0.0%
(b) Shares held in share incentive schemes of the insurer and its subsidiaries *(Approved under Sec 33(1)(e))*	0	0.0%
(c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts *(Approved under Sec 33(1)(e))*	0	0.0%
(3) Shares held by other subsidiaries of the holding company	0	0.0%
(4) Total number of shares held by the subsidiaries of the holding company *((2) + (3))*	0	0.0%

ASSETS AND LIABILITIES

7. Has there been any direct or indirect borrowing of assets?
   - *If "YES", attach details.*

8. Has any guarantee or suretyship, otherwise than by means of an insurance guarantee policy, been given as described in sections 31 and 33 of the Act?
   - *If "YES", attach details.*

9. Do the liabilities include all contingent liabilities, guarantees and commitments?
   - *If "NO", attach details.*

10. Are all the assets or title thereto held by the insurer?
    - *If "NO", attach details.*

11. Are all the assets or title thereto held in the RSA or in a manner approved by the Registrar?
    - *If "NO", attach details.*

12. Have you satisfied yourselves that all the requirements in Directive 126 pertaining to the approval granted to enter into agreement with the attached nominee companies have been met?
    - *Attach a list of nominee companies and provide full details*

STATEMENT G1
GENERAL INFORMATION
of ABC Insurance
as at the end of financial period 31/12/2007

13. Have any assets been encumbered?
    - *If "YES", attach details.*

14 Has any script been lent out by the insurer i.t.o. script lending transactions?
    - *If "YES", attach details.*

15 Are outstanding premiums shown net of commission and reinsurance?
    - *If "NO", attach details.*

EXCHANGE RATE

16 Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities?
    - *Attach details.*

17 Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?
    - *If "NO", state the amount of the mismatch in R'000.* 0

AUDIT COMMITTEE

18 Has an audit committee been appointed for the insurer?
    - *If "NO", attach details.*

19 Did the audit committee convene during the financial period?
    - *If "YES" how many times.*
    - *If "NO" provide full reasons why no meetings were held.*

SHARE-BASED PAYMENTS

20 Please provide the liability in respect of cash-based equity share payments (R'000) 0

CELL CAPTIVE INSURERS

21 Do you write any insurance business as part of a structure in terms whereof shares or any similar instrument is issued to clients or persons by the insurer or another group undertaking for purposes of issuing and underwriting specific kinds of policies in such structure?

    - *If yes, please complete Statement I*

22 Have you or any related party issued shares or similar instruments for the purpose stated in the previous question to another locally registered short-term or long-term insurer?
    - *If yes, please provide the name of such insurer.*

CHAIRMAN _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

ST2007

SHEET REFERENCE NUMBER

G02-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT G2
RISK REPORT ISSUED BY DIRECTORS
of ABC Insurance
as at the end of financial period 31/12/2007

1. Are the insurer's internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the published financial statements?
   - *If "NO", provide particulars.*

2. In all material respects, are such controls and systems are based on established written policies and procedures and implemented by trained, skilled personnel, whose duties have been segregated appropriately?
   - *If "NO", provide particulars.*

3. Are the controls monitored by the insurer and are all employees required to maintain the highest ethical standards in ensuring that the insurer's business practices are conducted in a manner that, in all reasonable circumstances, is above reproach?
   - *If "NO", provide particulars.*

4. Has anything come to the attention of the directors to indicate that any material malfunction in the functioning of the aforementioned controls, procedures and systems has occurred during the period under review?
   - *If "YES", provide particulars.*

5. Is there any reason to believe that the insurer will not be a going concern in the year ahead?
   - *If "YES", disclose and explain reasons.*

6. Has there been any developments after year-end which may have a material impact on the financial soundness of the insurer?
   - *If "YES", provide particulars.*

7. Did the Board meet at least quarterly?
   - *If "NO", how frequently have they met.*

8. Are at least half of the directors on the Board non-executive?
   - *If "NO", provide particulars.*

CHAIRMAN _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

SHEET REFERENCE NUMBER G03-09-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT 03
RISK REPORT ISSUED BY MANAGEMENT
OF ABC INSURER
as at the end of financial period 31/12/2007

GENERAL

1. Was business materially affected in an adverse manner by changes in the legal/social/business environment?
   - *If "YES", provide particulars.*

2. Do the provisions for intimated and unintimated claims include all expected amounts to dispose of such claims?
   - *If "NO", provide particulars.*

3. Has any person to your knowledge received or dealt with your premiums otherwise than in terms of Regulation 4 to the Act?
   - *If "YES", provide particulars.*

RISK MANAGEMENT

3. Is a risk management function operative?
   - *If "YES", provide a brief description.*
   - *If "NO", explain how risks are managed.*

4. List the insurer's five major risk areas.
   -
   -
   -
   -
   -

5. Attach a summary of the insurer's risk management procedures.

TECHNICAL PROVISIONS AND INTERNAL SYSTEMS

6. Is sufficient reliable data available for the calculation of technical provisions?
   - *If "NO", provide particulars.*

7. Are the bases for calculating technical provisions as in the past, and appropriate under present conditions?
   - *If "NO", provide particulars.*

8. Has an independent person verified the adequacy of technical provisions?
   - *If "YES", please provide name and qualification.*
   - *If "NO", explain how adequacy is verified.*

9. Are future direct claims handling expenses included in claims provisions?
   - *If "NO", how were they treated?*

10. Has the effect of inflation been allowed for in claims provisions?

11. Has discounting been applied in arriving at claims provisions?
    - *If "YES", provide particulars.*

12. Approximately what percentage of your business is "long tail" - claims notified/settled after more than 1 year?

13. Are the premium rates for all classes of business sufficient to cover the risk profile of the
    - *If "NO", provide particulars.*

14. If an Unexpired Risk provision was established, how were premium rates and claims experience taken into account in deciding on the establishment of an Unexpired Risk provision?

15. Where exposure to risk is not proportional to the term of the policy, indicate how this was dealt with in the calculation of the Unexpired Risk Provision.

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT 63
RISK REPORT ISSUED BY MANAGEMENT
of ABC Insurance
as at the end of financial year 31/12/2007

DERIVATIVES

16. Does the insurer make use of derivative instruments?

Board of Directors

(a) Has the Board of Directors approved the use of derivative instruments including their strategic use, related procedures and monetary exposure limits?
- *If "YES", please provide details.*
- *If "NO", give reasons.*

(b) Has the Board of Directors documented clearly the objectives and policies for use of derivatives and does it monitor their use to ensure that it is in line with the objectives & policies?
- *If "YES", provide a short description of the objectives and policies, the mandate provided to the investment manager and procedures to follow when changes are required to the mandate.*
- *If "NO", give reasons.*

(c) Is the approval to use derivative instruments specific as to the purpose, (e.g. hedging or trading) product type and market and credit risk limits?

(d) Does senior management formally approve the overall exposure position?

(e) Does the insurer make use of the full time services of an investment manager for this purpose? (Internal or external investment manager)
- *Provide details.*

Systems & control

(f) Is the person responsible for the control of the derivatives sufficiently independent of the day-to-day operators to ensure efficient control?
- *If "NO", give reasons.*

(g) Are appropriate systems in place to enable the frequent and effective monitoring of positions and able to cope with the volumes and volatility of transactions undertaken?
- *If "YES", provide a short description of the monitoring process and systems.*
- *If "NO", give reasons.*

(h) Has the insurer established appropriate and independent performance measures to analyse and monitor risks of all transactions undertaken individually and in aggregate for its derivative activities, including interest rate risk, foreign currency risk, fraud, error, unauthorised access to confidential information and other operational risks?
- *If "NO", provide details.*

(i) Is the insurer satisfied that sufficient control procedures have been put in place, including independent agreement and reconciliation positions, independent checking of prices, agreements of manager's profits to accounting profit, appropriate authorisation where dealing limits have been exceeded, etc?
- *If "NO", provide details.*

(j) How often does internal audit reviews of derivative activities take place?

(k) How frequently are derivative positions marked to fair or market value?

(l) Are adequate controls in place such that market data used to value derivatives is relevant, accurate and obtained on a timely basis from a reliable source?
- *If "NO", provide details.*

(m) Are valuation models which are used to value the open positions and derivative instruments tested and approved and amendments to the programmes controlled and do models include appropriate tests for robustness of the portfolio to stress changing investment conditions?
- *Provide details.*

Over the counter derivatives (OTC)

(n) Does the insurer invest in OTC (over-the-counter) derivative instruments?
- *If "YES", provide:*
  - (i) A description of OTC valuation methods used including implied volatility and procedure for evaluation of the counterparties.
  - (ii) The ten largest OTC traders used and aggregate exposure to each counterparty.

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FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT G3
RISK REPORT ISSUED BY MANAGEMENT
of ABC Insurance
as at the end of financial period 31/12/2007

Credit Derivatives

(o) Does the insurer invest in credit derivative instruments?
- *If "YES", provide:*

(p) What is the purpose of your company's involvement in Credit Risk Transfer activities?
- *Provide details:*

(q) What does your company see as the key risks and pitfalls inherent in its Credit Risk Transfer activities?
- *Provide details:*

(r) What are your company's credit risk management systems / procedures?
- *Provide details:*

(s) Does your company have staff with appropriate skill levels dealing with Credit Risk Transfer activities?
- *Provide details:*

(t) Does your company have a dedicated credit portfolio management unit?
- *Provide details:*

(u) How does your company assess the credit risk in its credit derivative transactions?
- *Provide details:*

(v) How much attention does your company give to review of credit derivatives documentation and related legal issues?
- *Provide details:*

(w) How is the valuation of your company's credit derivative position done?
- *Provide details:*

(x) Does your company have an independent valuation (pricing) unit, separate from the front office, in charge of determining fair value and marking-to-market of positions?
- *If so to whom does the unit report, provide details.*

(y) What limits are placed on your company's Credit Risk Transfer positions? How are these limits determined?
- *Provide details:*

COUNTERPARTIES

17. Does the insurer evaluate and review the credit quality of its counterparties?
- *If "YES", provide details of evaluation and review process of counterparties.*
- *If "NO", provide details.*

18. Does the insurer monitor its exposure to counterparties for all asset types?
- *If "YES", what is the aggregate exposure to each counterparty.*
- *If "NO", provide details.*

INFORMATION, ACCOUNTING AND ADMINISTRATION

19. Were there any changes to accounting policies?
- *If "YES", indicate the effect in rands and provide particulars of changes.*

Item	Period under review *R'000*	Previous period (restated figures for comparative purposes) *R'000*
Balance sheet	0	0
Income statement	0	0

20. Are transfers to and from reserves fully disclosed in the attached financial statements?
- *If "NO", provide details.*

21. Were any significant problems experienced with regard to the information/accounting/administrative systems during the reporting period?
- *If "YES", provide particulars.*

22. Is a business continuance plan in place?
- *If "YES",*
  - Is the plan in writing.
  - When was it last fully tested.
- *If "NO", provide an explanation.*

23. Are underwriting, financial and investment results which can be relied upon for making management decisions, available to management when needed and do they indicate:
- How frequently these results are available?
- Whether these results are generally available within one month after the reporting period?
- *If "NO", provide an explanation.*

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT OF
RISK REPORT ISSUED BY MANAGEMENT
of ABC Insurance
as at the end of financial period 31/12/2007

CAPITAL AND FUNDS

24. Did the issued share-capital change during the reporting period?
    - *If "YES", provide details.*

25. Did the insurer issue preference shares, debentures or mortgages or other debt instruments during the period under review?
    - *If "YES", provide details.*

26 Is the issuing of redeemable preference shares to supplement capital, during the following financial period, under consideration?

27 Is the issuing of redeemable preference shares, by subsidiaries, to supplement capital, during the following financial period, under consideration?

28 Is the issuing of debt instruments to supplement capital, during the following financial period, under consideration?

29 Did the insurer issue a securitised insurance instrument (e.g. catastrophe bond) during the financial period under raview?
    - *If "YES", provide details.*

30 Is the issuing of guarantees or similar undertakings under consideration in respect of:-
- Subsidiaries/related party(ies)?
- Any other person?
    - *If "YES", provide particulars and procedures.*

31 Are dividends on preference shares, issued by the insurer, in arrears or will such dividends be likely to be in arrears during the following financial period?
    - *If "YES",*
        - *State the (likely) amount in arrears in R'000.*
        - *Attach particulars of how and when the position will be rectified/addressed.*

32 Were preference shares, issued by the insurer, not redeemed on redemption date or will such preference shares be likely not to be redeemed during the following financial period where redemption must take place?
    - *If "YES",*
        - *State the (likely) amount not redeemed in R'000.*
        - *Attach particulars of how and when the position will be rectified/addressed.*

33 Are any payments (interest and capital) on debt instruments, issued by the insurer, in arrears or will any payments on a debt instrument be likely to be in arrears during the following reporting period?
    - *If "YES",*
        - *State the (likely) amount in arrears in R'000.*
        - *Attach particulars of how and when the position will be rectified/addressed.*

34 Do holders of preference shares get voting rights:-
    - If preference dividends are in arrears?
    - If their shares are not redeemed on due date?
    - *If "YES", provide details.*

35 What is the proportion of preference share voting rights in relation to total issued shares?

ASSETS

36 Did the insurer purchase a securitised insurance instrument (e.g. catastrophe bond) during the period under review?
    - *If "YES", provide details.*

SYSTEM OF CONTROL

37 Is the system subject to:-

	Y/N	Frequency of reviews	
• internal reviews?		0	months
• external reviews?		0	months

38 Were any material weaknesses reported?
    - *If "YES", provide particulars.*

OUTSOURCING

39 Have any business activities been outsourced?
    - *If "YES", provide full details and attach outsourcing agreements/arrangements.*

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FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT G3
RISK REPORT ISSUED BY MANAGEMENT
of ABC Insurance
as at the end of financial period 31/12/2007

DISTRIBUTION CHANNELS

40 Which distribution channels are used and what percentage is the contribution of each to the total gross premium?

Description	% of gross premium			
	Personal lines	Commercial lines	Corporate lines	Other
Mail marketing	0.0%	0.0%	0.0%	0.0%
In-house agents	0.0%	0.0%	0.0%	0.0%
Independent brokers	0.0%	0.0%	0.0%	0.0%
Direct marketing (excluding Tele-sales)	0.0%	0.0%	0.0%	0.0%
Tele-sales	0.0%	0.0%	0.0%	0.0%
Underwriting managing administrators	0.0%	0.0%	0.0%	0.0%
Other method: specify	0.0%	0.0%	0.0%	0.0%
•	0.0%	0.0%	0.0%	0.0%
•	0.0%	0.0%	0.0%	0.0%
•	0.0%	0.0%	0.0%	0.0%
TOTAL	100.0%	100.0%	100.0%	100.0%

MICRO-INSURANCE

41 What percentage of the gross premiums written is attributable to business sold to the low income market (Living Standards Measure (LSM) 1-5)

Business Class	% of total Gross Premium
Property	0.0%
Motor	0.0%
Transportation	0.0%
Accident & Health	0.0%
Guarantee	0.0%
Miscellaneous	0.0%
Total	0.0%

42 Please provide the following information with regard to:

Credit Life Insurance

Net Premiums - R'000	Net Claims - R'000	Commission - R'000	Expense - R'000

Claims settled and rejected

Description	Number of claims	R'000
Claims Received		
Claims rejected		
Claims Paid		

Primary reasons for claims - Indicate percentage distribution

Death	Unemployment	Disability	Total
			0%

MANAGEMENT

43 Were there any changes in senior management, including the CEO, during the period under ☐
- *If "YES":-*
  - Attach particulars of the changes.
  - Indicate the (possible) impact on the insurer.

44 This report has been/will be submitted to the audit committee on ☐

CHAIRMAN _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

SHEET REFERENCE NUMBER G4.1-99-A

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FINAL PRINTOUT DATE 2007/03/07 10:01

Statement G4.1
CROSS BORDER OPERATIONS - SADC BRANCH
of ABC Insurance
as at the end of financial period 31/12/2007

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:

9.

Description	R'000
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 branch.

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

SHEET REFERENCE NUMBER G4.1-69-A

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FINAL PRINTOUT DATE 2007/03/07 10:01

Statement G4.1
CROSS BORDER OPERATIONS - SADC BRANCH
of ABC Insurance
as at the end of financial period 31/12/2007

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)* _____

SHEET REFERENCE NUMBER G4.2-99-A

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FINAL PRINTOUT DATE 2007/03/07 10:01

Statement G4.2
CROSS BORDER OPERATIONS -SADC SUBSIDIARY
of ABC Insurance
as at the end of financial period 31/12/2007

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:

9.

Description	R'000
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.

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

SHEET REFERENCE NUMBER

G4.2-99-A

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[illegible]

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)* _____

SHEET REFERENCE NUMBER G4.3-99-A

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FINAL PRINTOUT DATE 2007/03/07 10:01

Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance
as at the end of financial period 31/12/2007

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 jurusdictions?
(if yes, please provide full detail in 2 below)

2.

Name of the SAD Ccountry where person(s) is/are located	Total liabities in respect of the business written R'000	Total assets in respectof 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 liabities in respect of the business written R'000	Total assets in respectof 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)

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

SHEET REFERENCE NUMBER G4.3-99-A

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Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance
as at the end of financial period 31/12/2007

8.

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)

10.

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)

12.

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)

14.

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)

SHEET REFERENCE NUMBER G4.3-69-A

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Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance
as at the end of financial period 31/12/2007

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)* _____

SHEET REFERENCE NUMBER G4.4-99-A

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Statement G4.4
CROSS BORDER OPERATIONS - NON SADC BRANCH
of ABC Insurance
as at the end of financial year 31/12/2007

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:

9.

Description	R'000
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.

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

SHEET REFERENCE NUMBER G4.4-99-A

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Statement G4.4
CROSS BORDER OPERATIONS - NON SADC BRANCH
of ABC Insurance
as at the end of financial period 31/12/2007

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 the name of that audit firm.

CHAIR _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

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SHEET REFERENCE NUMBER

G4.5-99-A

FINAL PRINTOUT DATE

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2007/03/07 10:01

Statement G4.5

CROSS BORDER OPERATIONS / NON-SADC SUBSIDIARY

of ABC Insurance

as at the end of Month/Quarter/Year 31/12/2007

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:

9.

Description	R'000
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.

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

SHEET REFERENCE NUMBER G4.5-99-A

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[illegible]

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)* _____

SHEET REFERENCE NUMBER G4.6-89-A

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Statement G4.6
CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS
of ABC Insurance
as at the end of financial period 31/12/2007

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)

2.

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)

5.

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)

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 R'000	Reinsurer's exposure amount R'000

SHEET REFERENCE NUMBER G4.6-95-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE 2007/03/07 10:01

Statement G4.6
CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS
of ABC Insurance
as at the end of financial period 31/12/2007

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)

16.

Name of insurer(s) in which your company holds 25% or more of the shares or any other interest directly		Name of the insurer(s) in which your company holds 25% or more of the shares or any other interest indirectly		Name of SADC country where the insurer is located
Name	%	Name	%	

17. Is your company party to a joint venture with an insurer located in a country that is not a SADC country?
(if yes, please provide full detail in 18 below)

18.

CHAIR _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

SHEET REFERENCE NUMBER

PUBLIC STATEMENT

FINAL PRINTOUT DATE

STATEMENT H
REPORT BY THE AUDITORS IN TERMS OF SECTION 19(7) OF THE ACT
of ABC Insurance
as at the end of financial period 31/12/2007

INDEPENDENT AUDITOR'S REPORT OF ABC INSURANCE TO THE REGISTRAR OF SHORT-TERM INSURANCE

We have audited the following statements of the Short-term Insurance Statutory Return (the Return) of [insert name of short-term insurer] (the insurer) for the year ended [insert date], in compliance with section 19(7) of the Short-term Insurance Act, 1998 (the Act)

- Statements B1 to B5 (total columns only)
- Statements C1 to C3
- Statement C4
- Statement D1 (total only)
- Statement D2 to D3
- Statements E1 to E10
- Statement F1 to F2
- Statement I (Confidential statement - Not available to the public)

Our opinion on the Return extends only to that information and those statements included in the return as indicated above. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone, other than the Registrar of Short-term Insurance, for our work, for this report, or for our opinion expressed.

Director's Responsibility for the Return

The directors are responsible for the preparation of the Return derived from information contained in the accounting records of the Insurer. This responsibility includes: ensuring that the Return is prepared in terms of the Act, related Regulations and Board Notices; in terms of the guidance manual for the completion of the Return; as well as applicable Directives issued by the Financial Services Board.

Auditor's Responsibility

Our responsibility is to express an opinion on the Return based on our audit. We conducted our audit in accordance with International Standards of Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain sufficient appropriate audit evidence that the amounts and disclosures in the statements of the Return listed in the firstparagraph of this report are in compliance with the provisions of the Act, related Regulations and Board Notices; the guidance manual for the completion of the Return; as well as the applicable Directives issued by the Financial Services Board.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Return. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Return, whether due to fraud or error. In making those risk assessment, the auditor considers internal controls relevant to the entity's preparation and presentation of the Return in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasanableness of accounting estimates made by management, as well as evaluating the presentation of the Return.

For the purposes of clarity we confirm that our audit included the following procedures and such other procedures as we considered necessary in the circumstances:

- Agreed the information contained in the statements of the Return listed in the first paragraph of this report to the books and records of the insurer.

- Determined, through inspection of appropriate documentation and enquiry of management of the Insurer, whether the information contained in the statements of the Return listed in the first paragraph of this report was prepared in accordance with the provisions of sections 29, 30,31,32,33; Schedules 1 and 2; as well as Regulations 2 and 3 to the Act.

We believe that the audit evidence we have obtained as part of our audit of the annual financial statements for the year ended *[insert date]* together with additional evidence obtained as part of our audit of the Return is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the above information and Schedules included in the Return of [*insert name of short-term insurer*] has been properly prepared, in all material respects, in accordance with the provisions of the Act, related Regulations and Board Notices; the guidance manual for the completion of the Return; as well as the applicable Directives issued by the Financial Services Board.

Regulatory Matters
We have complied with the provision of section 19(5) of the Act.*

Restriction on Distribution or Use of the Auditor's Report

Our report is presented solely for the purposes set out in the first paragraph of the report and for the information of the Registrar if Short Term Insurance, and is not to be used for any other purpose, nor to be distributed to any other parties without our prior written permission. Our report relates only to the information and statements included in the Return specified above, and does not extend to the annual statements of the insurer, taken as a whole.

Name of auditor(s): _____ Registered Accountant and Auditor

Address: _____

Date: _____

Signature: _____

Name of auditor(s): _____ Registered Accountant and Auditor

Address: _____

Date: _____

Signature: _____

ST2007

SHEET REFERENCE NUMBER

I-99-A

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FINAL PRINTOUT DATE 2007/03/07 10:01

STATEMENT I
CELL CAPTIVE INSURERS
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5

1. Summary of cell arrangements

	"Cell" arrangements	Current year		Previous year	
		Number	GWP *(R'000)*	Number	GWP *(R'000)*
1	Active: 1st party	0	0	0	0
2	3rd party	0	0	0	0
3	Combined	0	0	0	0
4	Dormant (in run-off)	0	0	0	0
5	Total	0	0	0	0

2. Five biggest 1st Party Cells

	Name of cell owner	Kind(s) of policy(ies)	GWP *(R'000)*	Operating ratio %	Statutory surplus assets *(R'000)*
6			0	0.00%	0
7			0	0.00%	0
8			0	0.00%	0
9			0	0.00%	0
10			0	0.00%	0

3. Five biggest 3rd Party Cells

	Name of cell owner	Kind(s) of policy(ies)	GWP *(R'000)*	Operating ratio %	Statutory surplus assets *(R'000)*
11			0	0.00%	0
12			0	0.00%	0
13			0	0.00%	0
14			0	0.00%	0
15			0	0.00%	0

4. Five biggest Combined Cells

	Name of cell owner	Kind(s) of policy(ies)	GWP *(R'000)*	Operating ratio %	Statutory surplus assets *(R'000)*
16			0	0.00%	0
17			0	0.00%	0
18			0	0.00%	0
19			0	0.00%	0
20			0	0.00%	0

5. Details on 1st party cells

	Cells %	Statutory surplus assets ratio	
		No of cells	Statutory surplus / (Shortfall of assets) *(R'000)*
21	>100%	0	0
22	76% - 100%	0	0
23	51% - 75%	0	0
24	26% - 50%	0	0
25	15% - 25%	0	0
26	<15%	0	0

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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STATEMENT I
CELL CAPTIVE INSURERS
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5

6. Details on 3rd party cells

	Cells %	Statutory surplus assets ratio	
		No of cells	Statutory surplus / (Shortfall of assets) *(R'000)*
27	>100%	0	0
28	76% - 100%	0	0
29	51% - 75%	0	0
30	26% - 50%	0	0
31	15% - 25%	0	0
32	<15%	0	0

7. Details on combined party cells

	Cells %	Statutory surplus assets ratio	
		No of cells	Statutory surplus / (Shortfall of assets) *(R'000)*
33	>100%	0	0
34	76% - 100%	0	0
35	51% - 75%	0	0
36	26% - 50%	0	0
37	15% - 25%	0	0
38	<15%	0	0

39 **8. General**

1. Have any requests to recapitalize any cell not been complied with during the year under review? [ ]
If "YES", give full details.

AUDITORS _____

SHEET REFERENCE NUMBER J01-99-A

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STATEMENT J1
SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE
of ABC Insurance
as at the end of financial period 31/12/2007

1. Overall reinsurance strategy

Each company must 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:

1. Company's key objective when placing reinsurance (e.g. gain access to capital, protection of statutory solvency etc.)
2. How reinsurers are selected (e.g. capital, ratings, maximum exposure across the program, other approved processes)
3. Factors considered in determining whether reinsurance is required (i.e. how did the company decide on the net retentions, retentions on proportional programmes, automatic capacity, amount of catastrophe cover to purchase etc.)
4. The maximum loss that the board would be willing to accept from any one-loss event and 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 document.

2. Additional questions

Answers to the following questions need to be provided in addition to the reinsurance strategy document. Where appropriate you may refer to your reinsurance strategy document.

2.1. Reinsurer exposure

1. Do you make use of reinsurance brokers to facilitate placing your reinsurance programme? ☐
If Yes, please provide their name/(s)

_____

2. Provide details of any caps that might exist on the total exposure that can be ceded to any one reinsurer (e.g. no more than R1bn on your programme as a whole)

_____

3. Please provide details on how you monitor your total exposure per reinsurer

_____

4. Give details on the collateral required on foreign reinsurance arrangements (where foreign reinsurer refers to any reinsurer that is not registered in South Africa)

_____

2.2. Reinsurance systems and controls

1. Currently facultative reinsurance is placed
   - ☐ Centrally at head office only
   - ☐ Branch level
   - ☐ Other

If Other please provide details of the procedure

_____

STATEMENT J1
SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE
of ABC Insurance
as at the end of financial period 31/12/2007

2. The decision to place facultative insurance is based on

   ☐ Insufficient proportional treaty capacity
   ☐ The quality of the individual risk
   ☐ Other

   If Other please provide details of how the decision will be made

3. Provide details of the procedures you have in place to ensure that facultative placements are made when required?

4. Provide details of the procedures that you have in place to ensure that you do not write business that falls outside the scope of your treaties (e.g. treaty exclusions, territorial limits etc.)

5. Do you have a computerised reinsurance system that is fully integrated with your policy administration and financial systems (i.e. it automatically cedes premiums and signal recoveries when appropriate and meet all the reporting requirements for your financials)? ☐

   If No, please provide details on the nature of your reinsurance system and how you ensure that all risks are ceded and reinsurance recoveries made where appropriate.

2.3. Catastrophe reinsurance

1. Your decision on the amount of catastrophe cover to purchase on your property, motor and engineering

   ☐ Simple rules
   ☐ Detailed catastrophe modelling (DFA)
   ☐ Reinsurance broker advice
   ☐ Reinsurer advice
   ☐ Other

   Please provide full details of the process

2. The frequency with which you review the adequacy of the amount of catastrophe cover purchased is

   ☐ Annually at renewal only
   ☐ Half-yearly
   ☐ Other

   If Other, please provide details

3. Do you have event limits on your proportional programmes? ☐

   If Yes, please provide full details of the limits and the reinsurance programmes to which they apply

4. Should the event limit on your proportional programme be exceeded, the excess claims will be

   ☐ Covered by your catastrophe programme
   ☐ Retained for your net account
   ☐ Covered by a reinsurance programme purchased especially for this purpose
   ☐ Other

   If Other, please provide full details

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STATEMENT J1
SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE
of ABC Insurance
as at the end of financial period 31/12/2007

2.4. Reinsurance programme

1. Changes to your reinsurance programme in the last financial year related mainly to
   - ☐ Retention levels
   - ☐ Automatic capacity
   - ☐ Amount of catastrophe cover purchased
   - ☐ Reinsurer mix
   - ☐ Other
   - ☐ No changes have been made

   If changes have been made please provide details of the changes and the reasoning behind them

   _____

2. To analyse you reinsurance needs and the adequacy of your reinsurance programme you make use of
   - ☐ Dynamic Financial Analysis (DFA)
   - ☐ Scenario testing
   - ☐ Other (e.g. independent consultants)

   If Other, please provide details, including the name of the consultant where relevant

   _____

3. Do you have any reinsurance contracts that contain any one of the following provisions: ☐
   - ** A limitation on the payment of claims when the primary insurer is in financial difficulty (curatorship or liquidation).*
   - ** A unilateral reduction in cover*

   If Yes, please provide details of your strategy in this regard

   _____

4. If you have any business where 100% of the risk is ceded to a third party (i.e. where no risk is retained), please provide details on your strategy with regards to this business and how much of it you wrote in the previous financial year

   _____

5. Provide details of any Alternative Risk Transfer (ART) kinds of treaties (contracts) entered into, not indicated in statement G3 (e.g.. securitization, financial reinsurance, committed capital).

   _____

6. Provide details of any whole account protections e.g. stop loss or spread loss arrangements

   _____

3. Current reinsurance position

Information on your company's current reinsurance position needs to be provided as per the attached statements.

AUDITORS _____

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SHEET REFERENCE NUMBER

J02-99-A

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STATEMENT J2
SPREAD OF REINSURERS
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7	8
	Reinsurer Name	Foreign or Domestic	Total Proportional Treaty Premium *R'000*	Total Catastrophe Non-Proportional Treaty premium *R'000*	Total Non-Catastrophe Non-Proportional Treaty Premium *R'000*	Facultative Premium *R'000*	Collateral required (Y/N)	% of total Reinsurance Premium
1			0	0	0	0		0.0%
2			0	0	0	0		0.0%
3			0	0	0	0		0.0%
4			0	0	0	0		0.0%
5			0	0	0	0		0.0%
6			0	0	0	0		0.0%
7			0	0	0	0		0.0%
8			0	0	0	0		0.0%
9			0	0	0	0		0.0%
10			0	0	0	0		0.0%
11			0	0	0	0		0.0%
12			0	0	0	0		0.0%
13			0	0	0	0		0.0%
14			0	0	0	0		0.0%
15			0	0	0	0		0.0%
16			0	0	0	0		0.0%
17			0	0	0	0		0.0%
18			0	0	0	0		0.0%
19			0	0	0	0		0.0%
20			0	0	0	0		0.0%

AUDITORS _____

SHEET REFERENCE NUMBER J03-99-A

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STATEMENT J3
CATASTROPHE REINSURANCE
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5

ALL BUSINESS

Combined Cresta exposure for all classes

	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in *R'000*	Total EML Exposure in *R'000*	Gross Net Premium Income in *R'000*
1	1	0	0	0	0
2	2	0	0	0	0
3	3	0	0	0	0
4	4	0	0	0	0
5	5	0	0	0	0
6	6	0	0	0	0
7	7	0	0	0	0
8	8	0	0	0	0
9	9	0	0	0	0
10	10	0	0	0	0
11	11	0	0	0	0
12	12	0	0	0	0
13	13	0	0	0	0
14	14	0	0	0	0
15	15	0	0	0	0
16	16	0	0	0	0

	Class of business	PROPERTY
17	Maximum unprotected net retention per event	
18	Total amount of catastrophe cover purchased	

Cresta exposure for this class (net of any proportional covers and before non-proportional excess of loss

	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in *R'000*	Total EML Exposure in *R'000*	Gross Net Premium Income in *R'000*
19	1	0	0	0	0
20	2	0	0	0	0
21	3	0	0	0	0
22	4	0	0	0	0
23	5	0	0	0	0
24	6	0	0	0	0
25	7	0	0	0	0
26	8	0	0	0	0
27	9	0	0	0	0
28	10	0	0	0	0
29	11	0	0	0	0
30	12	0	0	0	0
31	13	0	0	0	0
32	14	0	0	0	0
33	15	0	0	0	0
34	16	0	0	0	0

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STATEMENT J3
CATASTROPHE REINSURANCE
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5

	Class of business	MOTOR
35	Maximum unprotected net retention per event	
36	Total amount of catastrophe cover purchased	

Cresta exposure for this class (net of any proportional covers and before non-proportional excess of loss

	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in *R'000*	Total EML Exposure in *R'000*	Gross Net Premium Income in *R'000*
37	1	0	0	0	0
38	2	0	0	0	0
39	3	0	0	0	0
40	4	0	0	0	0
41	5	0	0	0	0
42	6	0	0	0	0
43	7	0	0	0	0
44	8	0	0	0	0
45	9	0	0	0	0
46	10	0	0	0	0
47	11	0	0	0	0
48	12	0	0	0	0
49	13	0	0	0	0
50	14	0	0	0	0
51	15	0	0	0	0
52	16	0	0	0	0

	Class of business	ENGINEERING
53	Maximum unprotected net retention per event	
54	Total amount of catastrophe cover purchased	

Cresta exposure for this class (net of any proportional covers and before non-proportional excess of loss

	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in *R'000*	Total EML Exposure in *R'000*	Gross Net Premium Income in *R'000*
55	1	0	0	0	0
56	2	0	0	0	0
57	3	0	0	0	0
58	4	0	0	0	0
59	5	0	0	0	0
60	6	0	0	0	0
61	7	0	0	0	0
62	8	0	0	0	0
63	9	0	0	0	0
64	10	0	0	0	0
65	11	0	0	0	0
66	12	0	0	0	0
67	13	0	0	0	0
68	14	0	0	0	0
69	15	0	0	0	0
70	16	0	0	0	0

AUDITORS _____

SHEET REFERENCE NUMBER

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STATEMENT J4
REINSURANCE DETAILS REGARDING PROPERTY
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7	8

	A. EXPOSURE TO THE NET ACCOUNT	*R'000*
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	*R'000*
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
5	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)	
6	Minimum EML % without reference to the lead reinsurer	0

C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured *R'000*	Estimated Maximum Loss (EML) *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
7	1		0	0	0	0.0%		0.0%
8	2		0	0	0	0.0%		0.0%
9	3		0	0	0	0.0%		0.0%
10	4		0	0	0	0.0%		0.0%
11	5		0	0	0	0.0%		0.0%

AUDITORS _____

STATEMENT J5
REINSURANCE DETAILS REGARDING TRANSPORTATION
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7

A. EXPOSURE TO THE NET ACCOUNT

		Any one Conveyance *R'000*	Any one Location *R'000*	Any one Hull *R'000*
1	Maximum Unprotected Net Retention Per Risk	0	0	0
2	Maximum Unprotected Net Retention Per Event	0	0	0
3	Maximum Protected Net Retention Per Risk	0	0	0

B. AUTOMATIC CAPACITY

		Any one Conveyance *R'000*	Any one Location *R'000*	Any one Hull *R'000*
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0	0
6	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)			

C. CATASTROPHE COVER

7 Maximum Amount of Catastrophe cover purchased

8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

D. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
10	1		0	0	0.0%		0.0%
11	2		0	0	0.0%		0.0%
12	3		0	0	0.0%		0.0%
13	4		0	0	0.0%		0.0%
14	5		0	0	0.0%		0.0%

AUDITORS _____

STATEMENT J6
REINSURANCE DETAILS REGARDING MOTOR
of ABC Insurance
as at the end of financial period 31/12/2007

		1	2
	A. EXPOSURE TO THE NET ACCOUNT	Own Damage *R'000*	Third Party Liability *R'000*
1	Maximum Unprotected Net Retention Per Risk	0	0
2	Maximum Protected Net Retention Per Risk	0	0
	B. AUTOMATIC CAPACITY	Own Damage *R'000*	Third Party Liability *R'000*
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0
5	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)		

AUDITORS _____

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SHEET REFERENCE NUMBER J07-99-A

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STATEMENT J7
REINSURANCE DETAILS REGARDING ACCIDENT AND HEALTH
of ABC Insurance
as at the end of financial period 31/12/2007

		1	2
	A. EXPOSURE TO THE NET ACCOUNT	Any one Life *R'000*	Any known accumulation *R'000*
1	Maximum Unprotected Net Retention Per Risk	0	0
2	Maximum Unprotected Net Retention Per Event	0	0
3	Maximum Protected Net Retention Per Risk	0	0

	B. AUTOMATIC CAPACITY	Any one Life *R'000*	Any known accumulation *R'000*
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0
6	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)		

C. CATASTROPHE COVER

7 Maximum Amount of Catastrophe cover purchased

8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

AUDITORS _____

SHEET REFERENCE NUMBER

J08-99-A

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STATEMENT J8
REINSURANCE DETAILS REGARDING GUARANTEE
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7

	A. EXPOSURE TO THE NET ACCOUNT	*R'000*
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	*R'000*
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
5	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)	

C. CATASTROPHE COVER

7 Maximum Amount of Catastrophe cover purchased

8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
10	1		0	0	0.0%		0.0%
11	2		0	0	0.0%		0.0%
12	3		0	0	0.0%		0.0%
13	4		0	0	0.0%		0.0%
14	5		0	0	0.0%		0.0%

AUDITORS _____

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SHEET REFERENCE NUMBER

J09-99-A

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STATEMENT J9
REINSURANCE DETAILS REGARDING LIABILITY
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7

A. EXPOSURE TO THE NET ACCOUNT

		R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

B. AUTOMATIC CAPACITY

		Own damage (*R'000*)
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)	
7	Treaties on losses occurring or claims made basis	

8 If on losses occurring, please comment on your ability to purchase cover in the future and any precautionary measures you have taken:

9

C. CATASTROPHE COVER

10 Maximum Amount of Catastrophe cover purchased

11 Please comment on the number of reinstatements on this treaty and their sufficiency

12

C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
13	1		0	0	0.0%		0.0%
14	2		0	0	0.0%		0.0%
15	3		0	0	0.0%		0.0%
16	4		0	0	0.0%		0.0%
17	5		0	0	0.0%		0.0%

AUDITORS _____

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SHEET REFERENCE NUMBER

J10-99-A

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STATEMENT J10
REINSURANCE DETAILS REGARDING ENGINEERING
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7	8

	A. EXPOSURE TO THE NET ACCOUNT	*R'000*
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	*R'000*
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)	
7	Minimum EML % without reference to the lead reinsurer	0

C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured	Estimated Maximum Loss (EML) *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
8	1		0	0	0	0.0%		0.0%
9	2		0	0	0	0.0%		0.0%
10	3		0	0	0	0.0%		0.0%
11	4		0	0	0	0.0%		0.0%
12	5		0	0	0	0.0%		0.0%

AUDITORS _____

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STATEMENT J11
REINSURANCE DETAILS REGARDING MISCELLANEOUS
of ABC Insurance
as at the end of financial period 31/12/2007

1	2	3	4	5	6	7

A. EXPOSURE TO THE NET ACCOUNT

		R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

B. AUTOMATIC CAPACITY

		Own damage (*R'000*)
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (*Surplus, Quota Share or AutoFac*)	
7	Treaties on losses occurring or claims made basis	

8 If on losses occurring, please comment on your ability to purchase cover in the future and any precautionary measures you have taken:

9

C. CATASTROPHE COVER

10 Maximum Amount of Catastrophe cover purchased

11 Please comment on the number of reinstatements on this treaty and their sufficiency

12

C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured *R'000*	Annual Premium charged on the risk *R'000*	% Facultatively reinsured	Lead Reinsurer	% Participation
13	1		0	0	0.0%		0.0%
14	2		0	0	0.0%		0.0%
15	3		0	0	0.0%		0.0%
16	4		0	0	0.0%		0.0%
17	5		0	0	0.0%		0.0%

AUDITORS _____