

Statement E9.1 (Reconciliation statement)
DIFFERENCES BETWEEN LIABILITIES IN THE ACTUARIAL BALANCE SHEET, THE FINANCIAL
STATEMENTS AND THE STATUTORY STATEMENTS
held by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

DESCRIPTION	Actuarial balance sheet	Financial statement balance sheet	Statutory values in statement C2	Differences between 2 and 3 ¹	Differences between 2 and 4 ¹	Differences between 3 and 4 ¹
	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7

1. POLICY LIABILITIES / LIFE FUND

•		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
•	SUBTOTAL FOR POLICY LIABILITIES / LIFE FUND	0	0	0	0	0	0

2. CURRENT LIABILITIES

•		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	0	0	0	0
	SUBTOTAL FOR CURRENT LIABILITIES	0	0	0	0	0	0

3. CAPITAL ADEQUACY REQUIREMENT

•		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
•	SUBTOTAL FOR CAR	0	0	0	0	0	0

AUDITORS

Notes:

1 Explain differences in a supplementary statement.

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

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2007/04/12 08:33

Statement E10
RELATED PARTY BALANCES
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

Related party	Main business activity	Country registered	% Holding	Related party's financial accounts					Include as assets in statements E			TOTAL EXPOSURE
				Total assets	Net income after tax	RoA	Total equity (assets less liabilities)	Net asset value for Section 30	Fair value for Section 31	Preference shares / debentures / other	Inter-company balances	
1	2	3	4	R'000	R'000	7	R'000	R'000	R'000	R'000	R'000	R'000
				5	6		8	9	10	11	12	13

[illegible][illegible][illegible][illegible]

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
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E11-95-A
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Statement E11
SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

DESCRIPTION	Total assets	Linked assets	Non-linked assets	ADD: Assets of asset-holding intermediaries & investments in linked products	LESS: Individual excesses e.g. banks, debtors, investments & properties	SUBTOTALS	Maximum admissible for each item of this statement			Admitted for each item (the lesser of column (10) or column (7))
	R'000	R'000	R'000	R'000	R'000	R'000	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	R'000
1	2	3	4	5	6	7	8	9	10	11
1 Mortgage bonds	0	0	0	0	0	0	-	-	-	-
2 Non-convertible debentures	0	0	0	0	0	0	-	-	-	-
3 Any other debtors	0	0	0	0	0	0	-	-	-	-
SUBTOTAL	0	0	0	0	0	0	25%	0%	2,500	0
4 Shares - listed ordinary, convertible debentures & unit trusts - Domestic	0	0	0	0	0	0	-	-	-	-
5 Shares - unlisted - Domestic	0	0	0	0	0	0	5%	0%	500	0
SUBTOTAL	0	0	0	0	0	0	75%	0%	7,500	0
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
7 Policyholders' loans	0	0	0	0	0	0	95%	0%	9,500	0
8 Policies with other long-term insurers	0	0	0	0	0	0	20%	0%	2,000	0
9 Property investments	0	0	0	0	0	0	25%	0%	2,500	0
10 Related party(ies) & associated companies	0	0	0	0	0	0	5%	0%	500	0
11 Computer equipment	0	0	0	0	0	0	5%	0%	500	0
12 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	250	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	26,750	0
13 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	250	0
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	2.5%	0%	250	0
SUBTOTAL	0	0	0	0	0	0	2.5%	0%	250	0
15 Cash	0	0	0	0	0	0	100%	-	0	0
16 Knoggerands	0	0	0	0	0	0	10%	-	1,000	0
17 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
19 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0
20 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
SUBTOTAL OF ITEMS 13 to 20	0	0	0	0	0	0				0
TOTAL	0	0	0	0	0	0				0

DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:

Total Liabilities (transferred from statement C2)	0
Less: Linked liabilities (transferred from statement C2)	0
Plus: MCAR (as stated from statement C6)	10,000
Plus: Asset-holding intermediaries' liabilities	0
Total Non-linked Liabilities	10,000

AUDITORS _____

NOTE - ITEMS 13 + 14 :	
Admitted values are the lesser of the individual, or the total amounts in the previous column.	
Items 13+14:	Individual 0
	Total 0
	Admitted 0
CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES	
	R'000
1. If Items 4+5+6+9+10+11+12 exceed 90% of the non-linked liabilities, the excess is:	0
2. If Items 6+14+18+20 exceed 15% of the non-linked liabilities, the excess is:	0
3. If the admitted value of items 1 to 12 exceeds: 95% of the total non-linked liabilities, the excess is:	0
4. Overall admitted assets: Total of column (11) less 1, 2 & 3 above	0
5. Surplus of overall admitted assets over total non-linked liabilities	-10,000

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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Statement E11.1 (reconciliation statement between fair value and statutory value)**SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA****of ABC Life Insurer Limited****as at the end of the financial period 31/01/2007**

DESCRIPTION	FAIR VALUE R'000	Sum of statements E1 to E8 R'000	Difference R'000	Explanation
1	2	3	4	5
1 Mortgage bonds	0	0	0	
2 Non-convertible debentures	0	0	0	
3 Any other debtors	0	0	0	
SUBTOTAL	0	0	0	
4 Shares - ordinary & convertible debentures - Domestic	0	0	0	
5 Shares - preference - Domestic	0	0	0	
SUBTOTAL	0	0	0	
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	
7 Policyholders' loans	0	0	0	
8 Policies with other long-term insurers	0	0	0	
9 Property investments	0	0	0	
10 Related party(ies) & associated companies	0	0	0	
11 Computer equipment	0	0	0	
12 Other equipment & motor vehicles	0	0	0	
SUBTOTAL OF ITEMS 1 to 12	0	0	0	
13 Margin deposits - Domestic	0	0	0	
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	
SUBTOTAL	0	0	0	
15 Cash	0	0	0	
16 Krugerrands	0	0	0	
17 Bank balances & deposits - Domestic	0	0	0	
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	
19 Government & semi-government securities - Domestic	0	0	0	
20 Government securities - Foreign, deemed to be domestic	0	0	0	
SUBTOTAL OF ITEMS 13 to 20	0	0	0	
TOTAL	0	0	0	

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F01-99-A

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**Statement F1
DERIVATIVES
held by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007**

ASSET CLASS	Fair Value of Physicals (Excluding derivatives)	Fair value of derivatives	Derivatives Exposure	Effective Exposure (2+3+4)
1	2	3	4	5

1. SAFEX Futures

Equity Market	0	0	0	0
Capital Market	0	0	0	0
Money Market	0	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0	0
Subtotal	0	0	0	0

2. SAFEX Options

Equity Market	0	0	0	0
Capital Market	0	0	0	0
Money Market	0	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0	0
Subtotal	0	0	0	0

Total SAFEX

0	0	0	0
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3. OTC Forwards

Equity Market	0	0	0	0
Capital Market	0	0	0	0
Money Market	0	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0	0
Subtotal	0	0	0	0

4. OTC Options

Equity Market	0	0	0	0
Capital Market	0	0	0	0
Money Market	0	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0	0
Subtotal	0	0	0	0

Total OTC

0	0	0	0
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5. Swaps

Interest rate	0	0	0	0
Money Market	0	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0	0

Total Swaps

0	0	0	0
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6. Other (Specify in supporting statement F1.1)

0	0	0	0
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Statement F1.1 (supporting statement to F1) DERIVATIVES held by ABC Life Insurer Limited as at the end of the financial period 31/01/2007				
ASSET CLASS	Fair Value of Physicals (Excluding derivatives)	Fair value of derivatives	Derivatives Exposure	Effective Exposure (2+3+4)
1	2	3	4	5

1. SAFEX Futures

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

2. SAFEX Options

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

3. OTC Forwards

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

4. OTC Options

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

5. Swaps

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

6. Other

Other				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
Subtotal	0	0	0	0

AUDITORS _____

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**Statement F2
 DERIVATIVE SENSITIVITY REPORT
 held by ABC Life Insurer Limited
 as at the end of the financial period 31/01/2007**

Move in Equity Market							
	Worst / Best Case	-30%	-15%	0%	15%	30%	Worst / Best Case
	0						0
Fair value of physicals	0	0	0	0	0	0	0
Fair value of futures	0	0	0	0	0	0	0
Fair value of Options	0	0	0	0	0	0	0
Fair value of OTC Forwards	0	0	0	0	0	0	0
Fair value of OTC Options	0	0	0	0	0	0	0
Fair value Other	0	0	0	0	0	0	0
Total derivatives	0	0	0	0	0	0	0
Total Fair value	0	0	0	0	0	0	0
% Change	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%

Move in Capital Market							
	Worst / Best Case	-3%	-1.5%	0%	1.5%	3%	Worst / Best Case
	0						0
Fair value of physicals	0	0	0	0	0	0	0
Fair value of futures	0	0	0	0	0	0	0
Fair value of Options	0	0	0	0	0	0	0
Fair value of OTC Forward	0	0	0	0	0	0	0
Fair value of OTC Option	0	0	0	0	0	0	0
Fair value Other	0	0	0	0	0	0	0
Total derivatives	0	0	0	0	0	0	0
Total Fair value	0	0	0	0	0	0	0
% Change	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%

Move in Money Market							
	Worst / Best Case	-20%	-10%	0%	10%	20%	Worst / Best Case
	0						0
Fair value of physicals	0	0	0	0	0	0	0
Fair value of futures	0	0	0	0	0	0	0
Fair value of Options	0	0	0	0	0	0	0
Fair value of OTC Forward	0	0	0	0	0	0	0
Fair value of OTC Option	0	0	0	0	0	0	0
Fair value Other	0	0	0	0	0	0	0
Total derivatives	0	0	0	0	0	0	0
Total Fair value	0	0	0	0	0	0	0
% Change	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%

Move in Other							
	Worst / Best Case	-20%	-10%	0%	10%	20%	Worst / Best Case
	0						0
Fair value of physicals	0	0	0	0	0	0	0
Fair value of futures	0	0	0	0	0	0	0
Fair value of Options	0	0	0	0	0	0	0
Fair value of OTC Forward	0	0	0	0	0	0	0
Fair value of OTC Option	0	0	0	0	0	0	0
Fair value Other	0	0	0	0	0	0	0
Total derivatives	0	0	0	0	0	0	0
Total Fair value	0	0	0	0	0	0	0
% Change	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%

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Statement G1
GENERAL INFORMATION,
by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

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 provide the following:

	Number of shares	Shares as a % of the total issued shares of holding company stated
(1) Total issued shares of holding company		
(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 34(1)(e))		0.0%
(b) Shares held in share incentive schemes of the insurer and its subsidiaries (Approved under Sec 34(1)(e))		0.0%
(c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts (Approved under Sec 34(1)(e))		0.0%
(d) Shares held in policyholders' funds (Approved in terms of section 32(2))		0.0%
(3) Shares held by other subsidiaries of the holding company		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 32 and 34 of the Act?

- If "YES", attach details.

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Statement G1
GENERAL INFORMATION,
by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

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.

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Statement G1
GENERAL INFORMATION
by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

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

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.

EXCHANGE RATE

15. Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities?

• Attach details.

16. Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?

• If "NO", state the amount of the mismatch in R'000.

AUDIT COMMITTEE

17. Has an audit committee been appointed for the insurer?

• If "NO", attach details.

18. 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

19. Please provide the liability in respect of cash-based equity share payments

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

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Statement G2
DECLARATION BY DIRECTORS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

REPORT BY THE CHAIRMAN, DIRECTOR AND PUBLIC OFFICER TO THE REGISTRAR OF LONG-TERM INSURANCE

PART I

We declare that-

- Statements C1, C1.1, C2, C2.1, C3, C3.1, C4, C4.1, C5, C6, C7, C7.1, C8, C9, D1, D3, D4, D5, E1, E1.1, E2, E2.1, E3, E3.1, E4, E4.1, E5, E5.1, E6, E6.1, E7, E7.1, E8, E9, E9.1, E10, E11 and E11.1 have been completed in terms of the provisions of the Act so as to exhibit truly and fairly the trading results or, as the case may be, the financial position of the insurer according to its books and records.
- The particulars in Statements A1, A2, A3, B1, B2, B3, B4, B5, B6, B7, B8, B9, F1, F1.1, F2, G1, G3, G4, G5, G8, G9, G10, G10.1, G10.2, G12 and G13 and supporting documents thereto, have been furnished in terms of the provisions of the Act and sub-ordinate legislation made thereunder and are to the best of our knowledge and belief correct and in agreement with the books and records of the insurer.

PART II: DIVIDENDS

We declare that-

- No dividends were/will be paid i.r.o. the financial period under review.
- Dividends in Statement D5 were/will be paid i.r.o. the financial period under review, and-
 - Such amount does not exceed the maximum amount from which a dividend may be declared as calculated in Statement C8, and
 - The declaration of dividends did/will not take place during the existence of a deficiency in assets or did/will not cause a deficiency in such assets, in terms of section 30 of the Act.

PART III

We declare that-

- The provisions of section 18 of the Act have been complied with regarding any terminations.
- The provisions section 29(3) of the Act have been complied with in so far as it may be applicable.
- The provisions of sections 30(2) and (3) of the Act have been observed.
- The conditions, subject to which the insurer is registered, have been adhered to.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

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Statement G3
DESCRIPTION OF PRODUCTS MARKETED & SOLD
by ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

1. In respect of each product being marketed and sold, provide the product name and a short description of the characteristics of the product as well as the premium income as a percentage of the total premium income, as follows:

- Product name
- Class of business: *specifying*
 - Assistance business
 - Disability business
 - Fund business
 - Health business
 - Life business
 - Sinking Fund business
- Type of business: *specifying*
 - Reversionary bonus
 - Smoothed bonus
 - Annuities
 - Linked
 - Market related
 - Other
 - Structured products/hybrids
- Type of policy: *specifying*
 - Individual
 - Grouped Individual
 - Group
- Paid-up value or surrender value indicator
 - Yes
 - No
- Premium Income (as a % of total premiums received and outstanding)
- Description of benefits payable
- Other information of relevance (e.g. reclassified, closed product, etc.): *Specify*

2. Please indicate whether significant changes in the product mix or the marketing policy of your company are anticipated.

3. Please provide the following information with regard to retrenchment/job loss cover:

	R'000
Premiums received	0
Expense allocations	0
Liabilities under unmaturing policies	0
Claims paid	0

4. What percentage is the contribution of each of the following classes of business to the total gross premium of your company to business sold to the low income market (LSM 1-5)

	% of Gross Premiums
Funeral Policies	0%
Credit Policies	0%
Life Insurance	0%
Mortgage Protection	0%
Disability	0%
Other	0%
TOTAL	0%

5. Please provide the following information with regard to:

Credit Life Insurance

Net Premiums - R'000	Claims - R'000	Commission - R'000	Other Expenses - R'000

Claims settled and rejected

Claims Received		Claims Rejected		Claims Paid	
Number	R'000	Number	R'000	Number	R'000

Primary reasons for claims - Indicate percentage distribution

Death	Unemployment	Disability	Total
			100%

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

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G04-99-A

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Statement G4
REPORT in respect of AIDS, GUARANTEES & MATCHING OF ASSETS & LIABILITIES
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

AIDS

1. Has specific provision been made in the insurer's liabilities for the additional financial effects of AIDS and AIDS related claims (death, disability or any other benefit)? []

- If "YES", provide the amount of the additional provision and the basis of calculation thereof.
- If "NO", provide an explanation of why it is considered that no additional provision is necessary.

2. Do premium rates for all new policies provide for the additional financial liabilities because of AIDS and AIDS related claims? []

- If "YES", describe how AIDS was taken into account where the risk has been included.
- If "NO", a full explanation of why no such additional charge has been made.

PREMIUM RATES

3. How often does the insurer receive information from the (alternate) statutory actuary which confirms that premium rates being used for new policies are actuarially sound, taking into account where appropriate, the reasonable benefit expectations of policyholders? Provide full details. []

4. Does a mechanism exist whereby the (alternate) statutory actuary is required to notify the insurer whether the rates used for special policies are actuarially sound? []

- If "YES", provide full details of the mechanism.
- If "NO", a full explanation must be provided.

GUARANTEES

5. Are all guarantees taken into account when policy liabilities are determined, for example, for minimum maturity amounts in the case of linked (or market related) policies, guaranteed surrender values, options, term cover under universal life policies, etc? []

- If "YES", a description of how each type of guarantee is taken into account must be given.
- If "NO", a full explanation must be provided.

6. Are measures taken to ensure that the insurer has assets of the right kind to match the obligations arising from guarantees? []

- If "YES", provide full details.
- If "NO", a full explanation must be provided.

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC OFFICER _____

AUDITORS (initial) _____

DATE _____

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SHEET REFERENCE NUMBER

G05-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G5
REPORT in respect of FINANCIAL SOUNDNESS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

STATUTORY VALUATION METHOD

1. Is the result of the Statutory Valuation Method favourable?
 - If "NO", the statutory actuary must provide a detailed report.
2. Does the statutory actuary expect that the result of the Statutory Valuation Method as at a date one year after the valuation date will be favourable (taking into account expected new business during the year as well as bonus and dividend declarations) without recourse to exceptional measures such as an increase in capital?
 - If exceptional measures would be required to ensure a favourable result on the financial soundness basis as at such future valuation, particulars must be provided together with a confirmation by the insurer that such exceptional measures will be taken.

NEW BUSINESS DURING THE PERIOD UNDER REVIEW

3. Did the statutory actuary satisfy himself/herself that new business undertaken during the period was entered into on conditions and premium rates that will not endanger the financial soundness of the insurer, bearing in mind, amongst other things, the following:
 - The expected experience of the insurer as regards the mortality and morbidity rates;
 - actual and expected costs;
 - lapses and surrenders;
 - all guarantees and options provided for in such business;
 - the expected net investment return on future investments;
 - the standards applied in the underwriting of risks;
 - the arrangements made as regards reinsurance;
 - the reasonable benefit expectations of policyholders;
 - the expected return on the capital invested in new business in the form of new business strain?

If "NO", the statutory actuary must provide the steps that will be taken to rectify this position.

INVESTMENTS

4. Did the statutory actuary satisfy himself/herself of the suitability of the assets of the insurer at the valuation date and the insurer's current investment policy in relation to the nature of the insurer's liabilities?
 - If "NO", provide details.
5. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of future exchange rate fluctuations?
 - If "NO", provide details.
6. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of the current use of derivative instruments such as futures and options?
 - If "NO", provide details.

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Statement G5
REPORT in respect of FINANCIAL SOUNDNESS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

7. Does the insurer hold the underlying assets that determine the liability of the insurer in respect of linked policies in its own name or in a nominee company in terms of section 34(1) of the Act?

- If "NO", provide steps that will be taken to rectify this position.

REINSURANCE ARRANGEMENTS

8. Have the nature and spread of the insurer's reinsurance arrangements and the possible impact of non-performance of such reinsurance been considered by the statutory actuary?

- If "NO", provide reasons why it has not been considered.

9. Were only approved reinsurances used to reduce liabilities?

- If "NO", provide details.

GENERAL

10. Is the statutory actuary satisfied with the following, bearing in mind the financial soundness of the insurer?

- (a) The way that linked business is handled with particular regard to any guarantees given in respect of such business.

- If "NO", provide details.

- (b) Dividends payable to and profits reserved for shareholders.

- If "NO", provide details.

- (c) The adequacy of the insurer's capital and reserves in view of the insurer's marketing plans and expected new business.

- If "NO", provide details.

11. Are there any other matters the (alternate) statutory actuary would like to comment on that are not covered elsewhere in this report?

- If "YES", provide details.

STATUTORY ACTUARY DATE AUDITORS (initial)

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G05-99-A
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Statement G6
DECLARATION BY THE STATUTORY ACTUARY
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007.

REPORT BY THE STATUTORY ACTUARY TO THE REGISTRAR OF LONG-TERM INSURANCE

PART I

I declare that-

- With regard to the financial soundness method of calculation of the value of assets and liabilities in Schedule 3 to the Act, Statements C1, C2, C3, C4, C5 and C6 and supporting documents-
 - Have been prepared in accordance with the provisions of the said Schedule 3 and the guidelines issued by the Actuarial Society of South Africa in concurrence with the Registrar of Long-term Insurance.
 - Have been properly drawn up and fairly present and adequately provide for the matters dealt with therein.
 - Are to the best of my knowledge and belief correct.
- Statements B2, B3, B4, B5, B6, B7, B8, B9, C7, C8, C9, C2.1 (Item 1), G4, G5, G10, G11 and G12, including any supporting documents thereto-
 - Have been properly drawn up and fairly present the matters dealt with therein.
 - Are to the best of my knowledge and belief correct.
- The provisions of sections 30(2) and (3) of the Act have been observed.
- I have noted the requirement of section 20(5) of the Act.

PART II

I hereby state that for purposes of Schedule 3 to the Act-

- I have compared the actual mortality experience of the insurer with the expected mortality experiences which would have occurred had the insured lives been subject to the rates of mortality incorporated in the mortality tables used for calculating the liabilities.
- I have compared the actual morbidity experience of the insurer with the expected morbidity experiences which would have occurred had the insured lives been subject to the rates of sickness and disability incorporated in the sickness and disability tables used for calculating the liabilities.
- I have compared the actual yield on investments which the insurer earned in the past i.r.o. all the assets in Statement C1 with the rate of interest used in calculating the liabilities.
- I have compared the actual expenses of conducting the business of the insurer (including commission payments and other expenses incurred in management, marketing, administration and the collection of premiums) with the allowance for expenses made in calculating the liabilities.
- I have set out in the attached Annexure, which I have initialled for identification purposes, the periods i.r.o. which such comparisons were made, a short description of the methods used to make such comparisons and the results of such comparisons.
- I am, except where indicated otherwise on the Annexure, satisfied with the results of my investigations set out above.

PART III

I hereby state that for purposes of Regulation 5 to the Act-

- For policies contemplated in Regulation 5.2(2)(b), the alternative method(s) used resulted in values that are materially equivalent to such values or benefits determined in accordance with Regulations 5.2 to 5.6 for a policy contemplated in Regulation 5.2(2)(a)

PART IV

- ☐ I have set out in the attached Annexure, which I have initialled for identification purposes, the qualifications that I have.
- ☐ I do not have any qualifications.

PART V

- I attach a valid practicing certificate issued by the Actuarial Society of South Africa.

STATUTORY ACTUARY _____

DATE _____

DATE _____

AUDITORS (initial) _____

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G07-99-A

No number available

2007/04/12 08:33

Statement G7
DECLARATION BY AUDITOR(S)
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

REPORT OF THE INDEPENDENT AUDITORS TO THE REGISTRAR OF LONG-TERM INSURANCE

Report of the independent auditors of ABC Life Insurer Limited ("insurer") to the Registrar of Long-term Insurance in compliance with section 19(7) read with sections 19(8) and 19(9) of the Long-term Insurance Act, 1998, as amended ("Act").

PART I: AUDIT REPORT

We have audited the following Statements in the Long-term Return ("Return") for the financial period ended 2007-01-31

- Statement B1 (totals of items 1, 2, 3 and 4 as set out in column 3 only),
- Statement C2 (totals of items 1 and 2 as set out in column 10),
- Statement C9 (column 9 only and excluding the split between approved and non-approved reinsurance premiums paid and outstanding),
- Statement D1 (column 3 only and excluding the detailed information provided under premiums and expenses in item 1),
- Statement D3,
- Statement D4 (column 3 only), and
- Statement D5 (column 2 only).

We have initialled the Return for identification purposes. The preparation of the Return and the compliance with the provisions of the Act are the responsibility of the insurer's directors. Our responsibility is to express an opinion on the Return based on our audit.

Scope of audit

We conducted our audit in accordance with statements of South African Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance that the Statements set out in the first paragraph of the audit report are free of material misstatement. An audit includes:

- examining, on a test basis, evidence supporting the amounts and disclosures in these Statements,
- assessing the accounting principles used and significant estimates made by management, and
- evaluating the overall presentation of these Statements.

We believe that our audit provides a reasonable basis for our opinion.

Audit opinion

In our opinion the Statements set out in the first paragraph of the audit report fairly present, in all material respects, the financial position of the insurer at 2007-01-31 and the results of its operations for the period then ended with the D Statements determined in accordance with South African Statements of Generally Accepted Accounting Practice and the B and C Statements in the manner required by the Act.

PART II: REPORT ON AGREED-UPON PROCEDURES

Scope and procedures

We have also performed certain procedures on the Return for the financial period ended 2007-01-31 in compliance with the provisions of section 19(7) read with sections 19(8) and 19(9) of the Act as described in Circular ./2004 issued by The South African Institute of Chartered Accountants in

These procedures were undertaken in accordance with the statement of South African Auditing Standards applicable to Engagements to Perform Agreed-Upon Procedures Regarding Financial Information. The responsibility for determining the adequacy or otherwise of the procedures agreed to be performed is that of the Registrar of Long-term Insurance. Our procedures were performed solely to assist the Registrar in evaluating the Return, and should be used by the Registrar only for this purpose.

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G07-99-A

No number available

2007/04/12 08:33

Statement G7 DECLARATION BY AUDITOR(S) of ABC Life Insurer Limited as at the end of the financial period 31/01/2007
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Findings

Our findings are reported below:

- 1 We have performed the agreed-upon procedures on Statements A1, A2, A3, B1(column 3 only), C9(column 9 only), D1(column 3 only), D3, D4(column 3 only), D5(column 2 only), F1 and F2.
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]
- 2 We have performed the agreed-upon procedures on Statement C2.1 (column 3 items 1.1 to 1.6 only).
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]
- 3 We have performed the agreed-upon procedures on Statements C1, C2 and E1 to E8.
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]
- 4 We have performed the agreed-upon procedures on Statements E1 to E8 and E10.
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]
- 5 We have performed the agreed-upon procedures on Statement E9 and E9.1.
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]
- 6 We have performed the agreed-upon procedures on Statement E11 and E11.1.
No discrepancies were noted. / The following discrepancies were noted: [list the discrepancies]

Because the above procedures do not constitute either an audit or a review made in accordance with statements of South African Auditing Standards, we do not express any assurance on the Statements specified in this report.

Had we performed additional procedures or had we performed an audit or review of the Statements in accordance with statements of South African Auditing Standards, other matters might have come to our attention that would have been reported to the Registrar.

Our report is solely for the purpose set out in the first paragraph of this report and for the information of the Registrar and, is not to be used for any other purpose, nor to be distributed to any other parties. This report relates only to the Statements specified in this report and does not extend to the Return or any financial statements of the insurer, taken as a whole.

PART III: COMPLIANCE WITH SECTION 19(5)

We confirm that we have complied with the provisions of section 19(5) of the Act.

FIRST FIRM OF AUDITORS

SECOND FIRM OF AUDITORS

NAME

NAME

REGISTERED ACCOUNTANTS AND AUDITORS
CHARTERED ACCOUNTANTS (SA)REGISTERED ACCOUNTANTS AND AUDITORS
CHARTERED ACCOUNTANTS (SA)

DATE

DATE

Notes:

- 1 *If, based on the audit, the audit opinion is modified, i.e. expressing a qualified or adverse audit opinion or disclaiming an audit opinion, full particulars of the modification should be provided under the heading "Qualification". The heading of the audit opinion paragraph should be changed to indicate that the report has been modified. Reference should be made to statement of South African Auditing Standards 700, issued by The South African Institute of Chartered Accountants, in this regard.*

If, based on the additional procedures, any exceptions are found, the relevant finding paragraphs should be amended to indicate the exceptions.
- 2 *No reference in this report to a Statement of the Return, or part thereof, or a section of the Act or a schedule to the Act may be deleted or changed.*

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G08-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G8**RISK REPORT ISSUED BY DIRECTORS,
of ABC Life Insurer Limited****as at the end of the financial period 31/01/2007**

1. Are the insurer's internal controls and systems are 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
 REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G09-09-A
 No number available
 2007/04/12 08:33

<p align="center">Statement G9 RISK REPORT ISSUED BY MANAGEMENT of ABC Life Insurer Limited as at the end of the financial period 31/01/2007</p>
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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.

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 copies of the insurer's risk management procedures.

ANTI-MONEY LAUNDERING MEASURES

Internal controls, policies and procedures

6. Do you have clear policies, procedures and controls to deter money laundering? In particular there should be:
 - a) Written procedures covering the prevention of money laundering.
 - b) Designated person(s) responsible for developing, maintaining and promulgating anti-money laundering procedures.
 - c) Clear reporting lines for dealing with any suspected money laundering activities.
 • If "NO", provide particulars.
7. Do you have a designated person for communicating with law-enforcement agencies regarding any suspected money laundering ("Money laundering control officer")?
 • If "NO", provide particulars.
8. Do your written procedures cover the following requirements:
 - a) To be aware of the potential risk of money laundering?
 - b) To report all suspicious transactions internally?
 - c) To investigate all reported suspicious transactions?
 - d) To report all transactions ultimately considered suspicious to the Financial Intelligence Centre?
 • If "NO", provide particulars.
9. Does the money laundering control officer have the necessary access to systems and records to fulfil the responsibilities outlined in 7 and 8?
 • If "NO", provide particulars.
10. Do you verify, on a regular basis, compliance with policies, procedures and controls relating to money laundering activities (for example as part of internal audits)?
 • If "NO", provide particulars.

Identification procedures

11. Do you have know-your-customer requirements in place and is it applied?
 • If "NO", provide particulars.
12. Do you seek satisfactory evidence of the identity of a prospective customer at the time of entering into a business relationship?
 • If "NO", provide particulars.
13. Do your procedures recognise the possibility of linked once-off transactions?
 • If "NO", provide particulars.

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2007/04/12 08:33

<p align="center">Statement G9 RISK REPORT ISSUED BY MANAGEMENT of ABC Life Insurer Limited as at the end of the financial period 31/01/2007</p>
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Record Keeping

14. Do you retain records of customer identification and transactions?
• If "NO", provide particulars.

15. Are records kept for a period of at least five years after the relationship with the customer has ended?
• If "NO", provide particulars.

Recognition and reporting of suspicious transactions

16. Do your procedures ensure that identification of any suspicious transactions prompt further investigation?
• If "NO", provide particulars.

17. Have you taken steps to ensure:
a) Each relevant employee knows to which person suspicions should be reported?
b) Is there a clear reporting chain through which those suspicions will be passed without delay to the "money laundering control officer"?
• If "NO", provide particulars.

18. Is the person appointed as "money laundering control officer" considered to be sufficiently senior to command the necessary authority?
• If "NO", provide particulars.

19. Has the money laundering control officer established contact with the relevant authorities and is he/she familiar with reporting procedures and requirements of the FIC Act?
• If "NO", provide particulars.

20. Do your procedures ensure that any suspicions reported to the money laundering control officer are properly investigated?
• If "NO", provide particulars.

Education and training

21. Have you taken appropriate measures to make employees aware of:
a) Policies and procedures put in place to prevent money laundering, including those for identification, record keeping and internal reporting?
b) The legal requirements, and in particular, employees' own responsibilities?
• If "NO", provide particulars.

22. Have you provided relevant employees with training in the recognition and handling of suspicious transactions?
• If "NO", provide particulars.

23. Does your education and training programme take account of the following:
a) All new employees should be provided with a general background to money laundering, the legal requirements and the need to report any suspicious transactions to the "money laundering control officer".
b) Training should be provided on factors that may give rise to suspicions and on the procedures to be adopted when a transaction is deemed to be suspicious.
c) Staff should be trained in identity verification procedures.
d) A higher level of instruction covering all aspects of money laundering procedures and legislation should be provided to supervisors and managers.
e) "Money laundering control officers" should receive training on all aspects of the legislation, regulations and internal policies. They also require training in investigation and validation procedures and on reporting and communication arrangements with the Financial Intelligence
• If "NO", provide particulars.

24. Do you provide refresher training at appropriate intervals?
• If "NO", provide particulars.

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Statement G9 RISK REPORT ISSUED BY MANAGEMENT of ABC Life Insurer Limited as at the end of the financial period 31/01/2007

DERIVATIVES

25. 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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SHEET REFERENCE NUMBER
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Statement G9
RISK REPORT ISSUED BY MANAGEMENT
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

Credit Derivatives

- (o) Does the insurer invest in credit derivative instruments? []
 • If "YES", quantify as a % of total liabilities
- (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

26. 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.
27. 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

28. 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		
Income statement		

29. Were any significant problems experienced with regard to the information/accounting/administrative systems during the reporting period? []
 • If "YES", provide particulars.
30. 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.
31. 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.

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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Statement G9 RISK REPORT ISSUED BY MANAGEMENT, of ABC Life Insurer Limited, as at the end of the financial period 31/01/2007

CAPITAL AND FUNDS

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

33. Did the insurer issue preference shares, debentures or mortgages or other debt instruments during the period under review?
 • If "YES", complete statement D3.

34. Is the valuation data checked for adequacy and accuracy?
 • If "YES", complete table below.

How often (describe period)	By whom	Date of completion of last
0		
0		
0		

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

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

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

38. Did the insurer issue a securitised insurance instrument (e.g. catastrophe bond) during the financial period under review?
 • If "YES", provide details.

39. 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.

40. 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.

41. 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.

42. 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.

43. 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.

44. What is the proportion of preference share voting rights in relation to total issued shares? 0.0%

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<p align="center">Statement GB RISK REPORT ISSUED BY MANAGEMENT, of ABC Life Insurer Limited as at the end of the financial period 31/01/2007</p>
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ASSETS

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

SYSTEM OF CONTROL

46. Is the system subject to:-
- | Y/N | Frequency of reviews |
|-------------------|----------------------|
| Internal reviews? | months |
| external reviews? | months |
47. Were any material weaknesses reported?
- If "YES", provide particulars.

OUTSOURCING

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

DISTRIBUTION CHANNELS

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

Description	Individual	Group
	% of gross premium	% of gross premium
Mail marketing	0.0%	0.0%
In-house agents	0.0%	0.0%
Independent brokers	0.0%	0.0%
Direct marketing (excluding Tele-sales)	0.0%	0.0%
Tele-sales	0.0%	0.0%
Other method: specify	0.0%	0.0%
•		
•		
•		
TOTAL	100.0%	100.0%

MANAGEMENT

50. Briefly list significant finding that emanated from the external audit conducted on the insurer.
- Please provide details.

CHAIRMAN DIRECTOR PUBLIC OFFICER DATE AUDITORS (initial)

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Statement G10
STATUTORY VALUATION METHOD
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

1. VALUATION OF ASSETS

1. What rate is used in the conversion of foreign currency assets in the Statutory valuation method?

Currency	Dollar	Sterling	Euro	Other: Specify
Exchange rate				

2. CAPITAL ADEQUACY REQUIREMENT

- Give a description of all management actions envisaged in calculating the Capital Adequacy Requirement, with an indication of the magnitude of further management actions that can be utilised.
- State whether the Board of Directors has been made aware of the management actions envisaged and the conditions under which the management actions would be

3. DISCRETIONARY MARGINS

- Define all discretionary margins used in the statutory valuation method and give the reason(s) why they have been added.
- Quantify the explicit discretionary margins.

4. BONUSES

- Except in the case of market-related and linked policies, disclose where the maintenance of the bonus rates last declared is not assumed for all future years.
- Give details of the reductions or increases in the assumed bonus rates.

5. SHAREHOLDERS' PARTICIPATION

- For certain policy portfolios, shareholders may participate in the net investment returns earned on the underlying policy assets. A provision for the portion the insurer expects to allocate to shareholders must be included in the liabilities. If applicable, state the basis of the calculation for this provision.

6. MODELLING OF HIV/AIDS

- What was the general assumption regarding pattern I lives exposure and pattern II lives exposure? Differentiate between product lines as you see fit.
- Provide a brief description of the general approach to model the impact of HIV/AIDS (ASSA2000 model, HA1 tables, R6B tables etc.)
- If the ASSA2000 model was used:
 - Attach the "Assumptions" [Lite model] or "Assumption - *****" [Full model] worksheet(s) to the long-term statutory return.
 - If the model was recalibrated, did you deviate from the guidelines given in the Guidance Manual of the ASSA 2000 model? Explain the reason for deviating from the guidelines (if applicable).

STATUTORY ACTUARY _____

DATE _____

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Statement G10.1
STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

1. VALUATION OF LIABILITIES

	Assumption is weighted/representative	Weighting factor	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market performance	Other
1. Overview								
• Method								
• Average outstanding term of liabilities (in months)								
• Central Discount rate								
2. Discount rates								
• Individual policyholders' fund								
• Untaxed policyholders' fund								
• Company policyholders' fund								
• Corporate fund								
3. Future bonus rates								
• Vesting - On Sum Assured								
• Vesting - On bonuses								
• Non-vesting								
• Total								
4. Lapse rates								
• First year								
• Second year								
• Third year								
5. Surrender rate								
• Recurring premium policies								
• Single premium policies								
6. Mortality tables used								
• Assurance								
Basic								
Adjustment								
• Annuities								
Basic								
Adjustment								
• PHI in claim								
Basic								
Adjustment								
• Other								
Basic								
Adjustment								
7. Morbidity tables used								
• Lump sum disability								
Basic								
Adjustment								
• Income disability								
Basic								
Adjustment								
• Sickness								
Basic								
Adjustment								
• Other								
Basic								
Adjustment								
8. Dread disease tables used								
• Basic								
• Adjustment								
9. Initial expenses								
• Recurring premium policies								
• Single premium policies								

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Statement G10.1
STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

10. Recurring expenses per annum					
* Recurring premium policies					
Per policy expenses					
Percentage of premium					
Percentage of fund value					
* Single premium policies					
Per policy expenses					
Percentage of fund value					
* Disability income policies in payment - per policy expense					
* Annuities in payment - per policy expense					
* Paid-up policies - per policy expense					
* Other: Specify _____					
11. Claim expenses					
* Rand amount per claim					
* % of claim amount					
12. Expense inflation					
13. Management charges					
* % of investment earnings					
* % of capital growth					
* % of asset values					
* Other: Specify _____					
14. Tax rate assumption					
* Individual policyholders' fund					
* Unfunded policyholders' fund					
* Company policyholders' fund					
* Corporate fund					
15. Other					
*					
*					
*					

15. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q_x , 4 decimals)

Age next at valuation date	Assurance			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Rates with provision for the extra mortality from HIV/AIDS				
Age next at valuation date	Assurance			
	Male	Non-smoker	Smoker	Female
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

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Statement G10.1
STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
of ABC Life Insurer Limited
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17. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, 4 decimals)

Age next at valuation date	Rates with no provision for the extra mortality from HIV/AIDS				
	Annuities				
	Male		Female		
	Smoker	Non-smoker	Smoker	Non-smoker	
20	0.0000	0.0000	0.0000	0.0000	
25	0.0000	0.0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	0.0000	
40	0.0000	0.0000	0.0000	0.0000	
45	0.0000	0.0000	0.0000	0.0000	
50	0.0000	0.0000	0.0000	0.0000	
55	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0.0000	0.0000	
65	0.0000	0.0000	0.0000	0.0000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0.0000	0.0000	
80	0.0000	0.0000	0.0000	0.0000	
85	0.0000	0.0000	0.0000	0.0000	
90	0.0000	0.0000	0.0000	0.0000	
95	0.0000	0.0000	0.0000	0.0000	
100	0.0000	0.0000	0.0000	0.0000	

Age next at valuation date	Rates with provision for the extra mortality from HIV/AIDS				
	Annuities				
	Male		Female		
	Smoker	Non-smoker	Smoker	Non-smoker	
20	0.0000	0.0000	0.0000	0.0000	
25	0.0000	0.0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	0.0000	
40	0.0000	0.0000	0.0000	0.0000	
45	0.0000	0.0000	0.0000	0.0000	
50	0.0000	0.0000	0.0000	0.0000	
55	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0.0000	0.0000	
65	0.0000	0.0000	0.0000	0.0000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0.0000	0.0000	
80	0.0000	0.0000	0.0000	0.0000	
85	0.0000	0.0000	0.0000	0.0000	
90	0.0000	0.0000	0.0000	0.0000	
95	0.0000	0.0000	0.0000	0.0000	
100	0.0000	0.0000	0.0000	0.0000	

18. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS				
	Lump sum disability				
	Male		Female		
	Smoker	Non-smoker	Smoker	Non-smoker	
20	0.0000	0.0000	0.0000	0.0000	
25	0.0000	0.0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	0.0000	
40	0.0000	0.0000	0.0000	0.0000	
45	0.0000	0.0000	0.0000	0.0000	
50	0.0000	0.0000	0.0000	0.0000	
55	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0.0000	0.0000	
65	0.0000	0.0000	0.0000	0.0000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0.0000	0.0000	
80	0.0000	0.0000	0.0000	0.0000	
85	0.0000	0.0000	0.0000	0.0000	
90	0.0000	0.0000	0.0000	0.0000	
95	0.0000	0.0000	0.0000	0.0000	
100	0.0000	0.0000	0.0000	0.0000	

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS				
	Lump sum disability				
	Male		Female		
	Smoker	Non-smoker	Smoker	Non-smoker	
20	0.0000	0.0000	0.0000	0.0000	
25	0.0000	0.0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	0.0000	
40	0.0000	0.0000	0.0000	0.0000	
45	0.0000	0.0000	0.0000	0.0000	
50	0.0000	0.0000	0.0000	0.0000	
55	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0.0000	0.0000	
65	0.0000	0.0000	0.0000	0.0000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0.0000	0.0000	
80	0.0000	0.0000	0.0000	0.0000	
85	0.0000	0.0000	0.0000	0.0000	
90	0.0000	0.0000	0.0000	0.0000	
95	0.0000	0.0000	0.0000	0.0000	
100	0.0000	0.0000	0.0000	0.0000	

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Statement G10.1
STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
 of ABC Life Insurer Limited
 as at the end of the financial period 31/01/2007

19. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

20. SAMPLE DREAD DISEASE RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

ASSUMPTIONS MADE / EXPLANATORY NOTES

STATUTORY ACTUARY _____

DATE _____

AUDITORS (Initial) _____

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Statement G10.2
STATUTORY VALUATION METHOD OF THE LIABILITIES OF GROUP BUSINESS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

1. VALUATION OF LIABILITIES

	Assumption is weighted/representative	Weighting factor	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market performance	Other
1. Overview								
* Method								
* Average outstanding term of liabilities (in months)								
* Central Discount rate								
2. Discount rates								
* Individual policyholders' fund								
* Untaxed policyholders' fund								
* Company policyholders' fund								
* Corporate fund								
3. Future bonus rates								
* Vesting - On Sum Assured								
* Vesting - On bonuses								
* Non-vesting								
* Total								
4. Lapse rates								
* First year								
* Second year								
* Third year								
5. Surrender rate								
* Recurring premium policies								
* Single premium policies								
6. Mortality tables used								
* Assurance								
Basic								
Adjustment								
* Annuities								
Basic								
Adjustment								
* PHI in claim								
Basic								
Adjustment								
* Other								
Basic								
Adjustment								
7. Morbidity tables used								
* Lump sum disability								
Basic								
Adjustment								
* Income disability								
Basic								
Adjustment								
* Sickness								
Basic								
Adjustment								
* Other								
Basic								
Adjustment								
8. Dread disease tables used								
* Basic								
* Adjustment								
9. Initial expenses								
* Recurring premium policies								
* Single premium policies								

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Statement G10.2
STATUTORY VALUATION METHOD OF THE LIABILITIES OF GROUP BUSINESS
of ABC Life Insurer Limited
as at the end of the financial period 31/03/2007

[illegible]

16. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, 4 decimal(s))

Age next at valuation date	Rates with no provision for the extra mortality from HIV/AIDS			
	Assurance			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Rates with provision for the extra mortality from HIV/AIDS				
Age next at: valuation date	Assurance		Female	
	Male	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

SHEET REFERENCE NUMBER
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Statement G10.2
STATUTORY VALUATION METHOD OF THE LIABILITIES OF GROUP BUSINESS
 of ABC Life Insurer Limited
 as at the end of the financial period 31/01/2007

17. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, 4 decimals)

Age next at valuation date	Rates with no provision for the extra mortality from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

18. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with provision for the extra mortality from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

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

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G10.1.99.4
 No number available
 20070412 04:33

Statement G10.2
 STATUTORY VALUATION METHOD OF THE LIABILITIES OF GROUP BUSINESS
 of ABC Life Insurer Limited
 as at the end of the financial period 31/01/2007

19. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Income disability			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS			
	Income disability			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

20. SAMPLE DREAD DISEASE RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Dread Disease			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Dread Disease			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

ASSUMPTIONS MADE / EXPLANATORY NOTES

STATUTORY ACTUARY _____

DATE _____

AUDITORS (initials) _____

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SHEET REFERENCE NUMBER

G11-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G11
RISK REPORT ISSUED BY STATUTORY ACTUARY
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

1. Did discussions take place between the (alternate) statutory actuary and the management committee/audit committee since the last valuation regarding:-

- (a) Whether the investment returns on assets are likely to be sufficient to meet guarantees under long-term policies?

• Provide full details.

- (b) The consequence of a drastic fall in asset values and the planned actions to deal therewith?

• Provide full details.

- (c) Whether there are any other risk factors, which in the opinion of the (alternate) statutory actuary, pose a potential threat to the insurer's financial soundness?

• Provide full details.

- (d) The extent to which assets and liabilities are mismatched?

• Provide full details.

2. Are provisions made for mismatches in the actuarial valuation?

If "YES", state the provision in rand for mismatches.

If "NO", provide an explanation.

Current year	Previous year	% change
0	0	0.0%

3. Are sufficient measures in place to prevent anti-selection?

• If "NO", provide details

4. Are there any instances where the advice of the (alternate) statutory actuary has not been followed?

• If "YES", provide details

5. This report has been/will be submitted to the audit committee on

STATUTORY ACTUARY _____

DATE _____

AUDITORS (initial) _____

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SHEET REFERENCE NUMBER

G12-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G12 REINSURANCE ARRANGEMENTS of ABC Life Insurer Limited as at the end of the financial period 31/01/2007
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1. Catastrophe Cover – Individual life

1.1 Do you have catastrophe cover protection for your Individual Life and Disability portfolios?

1.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives ...

Maximum aggregate cover provided...

1.3 State the name of the reinsurer providing the cover.

1.4 List the exclusions (if any) in the catastrophe cover purchased.

2. Catastrophe Cover – Group life

2.1 Do you have catastrophe cover protection for your Group Life and Disability portfolios?

2.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives ...

Maximum aggregate cover provided...

2.3 State the name of the reinsurer providing the cover.

2.4 List the exclusions (if any) in the catastrophe cover purchased.

3. Surplus Reinsurance

3.1 What is the maximum sum assured per life retained by your company for both Life and Disability cover, individual and group?

Individual Life Cover

Group Life Cover

Individual Disability Cover

Group Disability Cover

3.2 Do you have systems in place to track multiple policies on the same life so as to ensure that the maximum sum assured per life is not inadvertently exceeded?

If "NO", provide an explanation.

3.3 Name the treaty reinsurers with whom cover beyond the retained maximum is reinsured for Life and Disability cover, individual and group.

Individual Life Cover

Group Life Cover

Individual Disability Cover

Group Disability Cover

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G12-99-A

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FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G12
REINSURANCE ARRANGEMENTS

of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

4. Reinsurance exclusions

- 4.1 For any insurance policy that is reinsured, does the underlying policy contain at least the exclusions contained in the reinsurance contract?

If "NO", give details of the extra risk retained by your company.

5. Cancellation of reinsurance

- 5.1 Do you have any reinsurance treaty where cancellation thereof would lead to an increase (after management action) in the Capital Adequacy Requirements (CAR) of more than 15%?
- 5.2 If yes, please provide the name of the reinsurer and the cancellation terms and conditions of each such treaty, and whether there is any financial recourse to the reinsurer in the event of cancellation.

Reinsurer...

Cancellation terms...

Cancellation conditions...

6. Total reinsurance picture

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

[illegible]

- 6.2 Give the ratio of the mortality, morbidity and medical contributors to capital adequacy requirement (items c, d and e referred to in Guidance Note PGN104 of the Actuarial Society of South Africa) to the ordinary capital adequacy requirement.

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Statement G12 REINSURANCE ARRANGEMENTS of ABC Life Insurer Limited as at the end of the financial period 31/01/2007
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7. Overall reinsurance strategy

Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. The strategy must be a descriptive document containing explanations and details on at least the following:

7.1 The company's key objective when placing reinsurance :

- ☐ Gain access to capital
☐ Protection of statutory solvency
☐ Technical support
☐ Other

If other, please state your key objective below.

7.2 The method of selecting reinsurers:

- ☐ Capital
☐ Ratings
☐ Maximum exposure across the program
☐ Technical support
☐ Other approved processes

If you have selected the last option, please state the method used below.

7.3 What factors were considered in determining your company's:

Net retention per life:

Retention on your quota share programmes:

Amount of catastrophe cover to be purchased:

Any other factors used to determine the total level of reinsurance required:

7.4 The maximum loss that the board would be willing to accept from any one-loss event:

Amount in R'000:

Please state the criteria that were used to determine this amount.

Any further issues that are considered relevant to the company's strategy should also be included in the section below:

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as at the end of the financial period 31/01/2007

- [illegible]

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- [illegible]

8.1 Were any of the following entered into?

- | | |
|--|--|
| | |
| | |
| | |
| | |

- If "YES", provide particulars.

Name of reinsurers/Other parties	Effective contract arrangement date	Type of reinsurance arrangement	Reinsurance premium paid	Commission received	Amount applied to reduce actuarial liability R'000	Commission received R'000	Amount applied to reduce actuarial liability R'000
1	2	3	4	5	6	7	8
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
.							
TOTAL			0	0	0	0	0

8.2 Does the insurer have any reinsurance contract/treaty or other arrangement where a contingent liability exists?

- | | |
|--|--|
| | |
|--|--|

- [illegible]

DIRECTOR

PUBLIC OFFICER

DATE _____

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SHEET REFERENCE NUMBER

G13-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G13

**ANNUAL CERTIFICATE OF COMPLIANCE BY THE PUBLIC OFFICER IN TERMS OF THE CONDITIONAL APPROVAL
GRANTED BY THE REGISTRAR OF LONG-TERM INSURANCE TO SUBSTITUTE CERTAIN COMPULSORY ANNUITY POLICIES
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007.**

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

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

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

PUBLIC OFFICER _____

DATE _____

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SHEET REFERENCE NUMBER

G14-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Life Insurer Limited as at the end of the financial period 31/01/2007

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

If YES, answer the question below:

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

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

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

If YES, answer the questions below:

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

If YES, answer the questions below:

- i. Please provide details of the changes that were made

- ii. Provide the reasons for the changes

- iii. Were the changes approved by the board?

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

- iv. What were the effects of the changes?

(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)

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

- vi. Have the policyholders been informed of the changes?

• If "NO", provide reasons why not.

• If "YES", provide the method of communication used and attach a copy thereof.

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

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

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SHEET REFERENCE NUMBER

G14-88-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G14

**DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007**

- ix. Have you received any queries/complaints/objections from policyholders regarding the changes?
• If "YES", provide details or a summary thereof.

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

- i. Please provide details of the changes that were made

- ii. Provide the reasons for the changes

- iii. Were the changes approved by the board?
• If "NO", provide reasons why not.

- iv. What were the effects of the changes?
(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)

- v. Have the policyholders been informed of the changes?
• If "NO", provide reasons why not.
• If "YES", provide the method of communication used and attach a copy thereof.

3. Do all discretionary participation policyholders (new and existing) have access to the full PPFM?
• If "NO", provide reasons why not.
• If "YES", explain how they have access.

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

5. Do all new DPP policyholders receive a summary (or a full version) of the PPFM together with their policy contracts?
• If "NO", provide full details.

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

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SHEET REFERENCE NUMBER

G14-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

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Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Life Insurer Limited as at the end of the financial period 31/01/2007

7. Do you have a DPC?

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

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

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

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

--

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC OFFICER _____

AUDITORS (initial) _____

DATE _____

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SHEET REFERENCE NUMBER

G15.1-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.1
CROSS BORDER OPERATIONS - SADC BRANCH
of ABC Insurance
as at the end of the financial period 31/01/2007

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:

	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 branch.

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

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

14. Indicate whether the host jurisdiction requires that the branch be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit firm.

CHAIR _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (*initial*) _____

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SHEET REFERENCE NUMBER

G15.2-09-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.2
CROSS BORDER OPERATIONS - SADC SUBSIDIARY
of 'ABC' Insurance
as at the end of the financial period 31/01/2007

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:

	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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SHEET REFERENCE NUMBER

G15.2-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.2
CROSS BORDER OPERATIONS - SADC SUBSIDIARY
of ABC Insurance
as at the end of the financial period 31/01/2007

12. Has the subsidiary been subject to regulatory inspection or 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) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G15.3-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
 of ABC Insurance
 as at the end of the financial period 31/01/2007

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

2.	Name of the SAD 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 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 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

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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SHEET REFERENCE NUMBER

G15.3-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS of ABC Insurance as at the end of the financial period 31/01/2007
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7. Has your company placed reinsurance business with an insurer in another SADC country
(if yes, please provide full detail in 8 below)

8. Name of the SAD 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

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

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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SHEET REFERENCE NUMBER

G15 3-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.3
GROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance
as at the end of the financial period 31/01/2007

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

G15.4-99-A
 No number available
 2007/04/12 08:33

Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC BRANCH
of ABC Insurance
as at the end of the financial period 31/01/2007

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:

	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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SHEET REFERENCE NUMBER

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC BRANCH
of ABC Insurance
as at the end of the financial period 31/01/2007

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

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

14. Indicate whether the host jurisdiction requires that the branch be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide the name of that audit firm.

CHAIR _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (initial) _____

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SHEET REFERENCE NUMBER

G15.5-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.5
CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY
of ABC Insurance
as at the end of the financial period 31/01/2007

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:

	Description	R'000
9.	Total assets in respect of the subsidiary's business	<input type="text"/>
	Total liabilities in respect of the subsidiary's business	<input type="text"/>
	Total gross premium income of the subsidiary	<input type="text"/>
	Total net premium income of the subsidiary	<input type="text"/>
	Regulatory capital adequacy requirement as per home jurisdiction	<input type="text"/>
	Regulatory capital adequacy requirement as per host jurisdiction	<input type="text"/>

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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SHEET REFERENCE NUMBER

G15 5-90-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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Statement G15.5
CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY
of ABC Insurance
as at the end of the financial period 31/01/2007

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) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G15.6-99-A

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2007/04/12 08:33

Statement G15.6
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
of ABC Insurance
as at the end of the financial period 31/01/2007

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)

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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SHEET REFERENCE NUMBER

G15 6-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2007/04/12 08:33

Statement G15.6
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
of ABC Insurance
as at the end of the financial period 31/01/2007.

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)

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

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)

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)

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)

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)

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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Statement G15.6
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
of ABC Insurance
as at the end of the financial period 31/01/2007

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)

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SHEET REFERENCE NUMBER

H01-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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FINAL PRINTOUT DATE

2003/05/15 15:36

Statement H1
SUMMARY OF SVM ASSETS AND LIABILITIES
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

DESCRIPTION	IN & OUTSIDE RSA				
	First party cells	Third party cells	Promoter cells	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR
	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6

1. ASSETS

Cash & Deposits	0	0	0	0	0
Fixed interest	0	0	0	0	0
Equities & Convertible debentures	0	0	0	0	0
Property	0	0	0	0	0
Collective investment schemes	0	0	0	0	0
Fixed Assets	0	0	0	0	0
Current Assets	0	0	0	0	0
Other	0	0	0	0	0

TOTAL ASSETS

0	0	0	0	0
---	---	---	---	---

2. LIABILITIES

Linked liabilities	0	0	0	0	0
Non-linked liabilities	0	0	0	0	0
Current liabilities	0	0	0	0	0
Other	0	0	0	0	0

TOTAL LIABILITIES

0	0	0	0	0
---	---	---	---	---

3. EXCESS ASSETS

0	0	0	0	0
---	---	---	---	---

4. CAPITAL ADEQUACY REQUIREMENT

0	0	0	0	0
---	---	---	---	---

5. FREE ASSETS

0	0	0	0	0
---	---	---	---	---

ACTUARY _____

AUDITORS _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

H02-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2003/05/15 15:37

Statement H2
FREE ASSETS AND CAPITAL ADEQUACY COVER
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

DESCRIPTION	IN & OUTSIDE RSA						TOTAL VALUE	TOTAL VALUE
	First party cells with CAR Cover GREATER than or equal to 1	First party cells with CAR Cover LESS than 1 ¹	Third party cells with CAR Cover GREATER than or equal to 1	Third party cells with CAR Cover LESS than 1 ¹	Promoter cell		CURRENT YEAR	PREVIOUS YEAR
	R'000	R'000	R'000	R'000	R'000		R'000	R'000
1	2	3	4	5	7		8	9

1. ASSET COVER

Value of total assets	0	0	0	0	0		0	0
Value of total liabilities	0	0	0	0	0		0	0
Excess Assets Over Liabilities	0	0	0	0	0		0	0
Capital Adequacy Requirement	0	0	0	0	0		0	0
Free Assets (After CAR)	0	0	0	0	0		0	0
CAR Cover	0.00	0.00	0.00	0.00	0.00		0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0	0	0	0		0	0
Non-distributable reserves	0	0	0	0	0		0	0
Distributable reserves	0	0	0	0	0		0	0
Other:	0	0	0	0	0		0	0
TOTAL	0	0	0	0	0		0	0

ACTUARY _____

AUDITORS _____

¹ If any of the first party or third party cells have a capital adequacy requirement cover less than one, the attached supplementary statement H2.1 must be completed for each of these cells.

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

2003/05/15 15:37

Statement H2.1
FREE ASSETS AND CAPITAL ADEQUACY COVER
of ABC Life Insurer Limited
as at the end of the financial period 31/01/2007

DESCRIPTION	Name/number of cell owner		Name/number of cell owner		Name/number of cell owner		Name/number of cell owner		Name/number of cell owner		Name/number of cell owner	
	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE PREVIOUS YEAR
	R'000	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	8	9	8	9

1. ASSET COVER

Value of total assets	0	0	0	0	0	0	0	0	0	0	0	0
Value of total liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Excess Assets Over Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
Capital Adequacy Requirement	0	0	0	0	0	0	0	0	0	0	0	0
Free Assets (After CAR)	0	0	0	0	0	0	0	0	0	0	0	0
CAR Cover	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0	0	0	0	0	0	0	0	0	0	0
Non-distributable reserves	0	0	0	0	0	0	0	0	0	0	0	0
Distributable reserves	0	0	0	0	0	0	0	0	0	0	0	0
Other:	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

ACTUARY _____

AUDITORS _____