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SHEET REFERENCE NUMBER

G4.2-98-A

AVAILABLE TO PUBLIC	TON 1	STATEMENT	FIDENTIAL
2008/07/18 08:25			

IAL P	RINTOUT DATE	CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2008/07/16 09:25
	CROSS BORDE	Statement G4:2 ER OPERATIONS SADC SUBSIDIARY of ABC LIMITED nd of financial period 30/05/2008
13.	State the scope of the activities of the subsidiary and its role w	within the Insurance group.
14.	Indicate whether the host jurisdiction requires that the subsidia an audit firm which is different to the audit firm of the insurer a	ary be subject to external audit and, where it is, whether the audit is undertaken by and, whether the audit work is sufficiently thorough.
	CHAIR	DIRECTOR
	PUBLIC OFFICER_	DATE

AUDITORS (initial)

6.

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G4,3-99-A SHEET REFERENCE NUMBER CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC FINAL PRINTOUT DATE Statement G4.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS of ABC LIMITED as at the end of financial period 30/06/2008 Cross Border Operations other than branch business or business conducted in a subsidiary that is operated in the SADC region Has the Insurer provided cross border Insurance services to persons other than a SADC branch office or SADC subsidiary In one or more SADC jurusdictions? (if yes, please provide full detail in 2 below) Name of the SAD Country Total liabities in respect of Total assets in respectof the business written Total gross premium income of the business Total net premium income where person(s) is/are the business written of the business written located R'000 R'000 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) 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) Name of the SAD Country where person(s) is/are Total liabities in respect of the business written the business written Total gross premium income of the business Total net premium income 5. of the business written R'000 R'000 R'000 R'000 located

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

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SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2008/07/16 09:25

			Statement G4.3 RATIONS - SADC OTHER of ABC LIMITED of financial period 30/06		
	Has your company placed rein (if yes, please provide full det		surer in another SADC count	try	
	Name of the SAD Ccountry where insurer(s) Is/are located	Name of the insurer/reinsurer	Type of Reinsurance (Proportional or Non- Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000
		·			
ŀ					
ŀ					
l					
į					
	Has your company provided o		surer in another SADC countr	ry ?	
	(if yes, please provide full deta	all in 10 below)			
Name of the SADC country where insurer(s) is/are located		Give a descrip	tion of the outsourcing service	s being provided	
	Has your company made use	of outsourcing services prov	rided by an insurer, a person	or any other entity located	
	in another SADC country? (if yes, please provide full deta	all in 12 below)			
	Name of the SADC country ventity is/are		Give a description	of the outsourcing services the	at has been acquired
				<del></del>	
				<del></del>	
			l		
	Confirm whether or not 25% o				
	in your company, is owned by (if yes, please provide full deta		cated in another SADC count	гу	
Γ	Name of person or entity ho	olding 25% or more of the	Name the person or entity	holding 25% or more of the	Name of SADC country
ŀ	Name	%	Name	%	where the person or entity is
					· .
Ì					

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SHEET REFERENCE NUMBER

AL PRIN	TOUT DATE		CON	IFIDENTIAL STATEMENT N	OT AVAILABLE TO PUBLIC 2008/07/16 09:25
		A PART OF THE PART	Statement G4.3 RATIONS - SADC OTHER of ABC LIMITED of financial period 30/06/		
15.	Does your company directly insurer located in another So (If yes, please provide full directly see that the second second second second sec		5% of the shares or any other	interest in a foreign	·
16.	Name of person or entity	holding 25% or more of the	Name the person or entity	holding 25% or more of the	Name of SADC country
	Name	<b>%</b>	Name	<u>%</u>	where the person or entity is
				* * *	
					. V. S
					4/200
				,	- N
		-		· .	
				·	
17.	Is your company party to a j	oint venture with an insurer loc etall in 18 below)	ated in another SADC country	n	
18.					
		CHAIR		DIRECTOR	
		PUBLIC OFFICER		DATE	
		AUDITORS (initial)			

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	ERENGE NUMBER	G4.4-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
FINAL PRIN	Statement G4.4 CROSS BORDER OPERATIONS NON S Of ABC LIMITED as at the end of financial period 30	ADC BRANCH
Informat that do r	ion on off-shore branch business conducted by the registered insurer within on ot form part of the SADC region	e or more jurisdictions
1.	Does the insurer have an off-shore branch in a country that does not form part of the SADC region?	
2.	State the total number of branches	
3.	State whether the branch(es) is/are subject to regulatory supervision	
4.	Name of branch:	
5.	Host jurisdiction where in operation:	
6.	Date when branch was established:	
7.	Name of the applicable regulatory body in host jurisdiction:	
8.	Address of branch in host jurisdiction:	
	,	
9.	Description	R'000
₹.	Total assets in respect of the branch  Total flabilities 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	
10.	Regulatory capital adequacy requirement (as per host jurisdiction) in respect of the Broadly describe the branch's internal controls, including comprehensive and regular and indicate the Board of the insurer's assessment of the overall effectiveness of the	reporting between the branch and its head office
<b>†1</b> .	Describe the Board of the insurer's assessment of the overall financial position of the	branch.
12.	Has the branch been subject to regulatory inspection/investigation and if, please furni	ish full details.

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SHEET REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2008/07/16 09.25 FINAL PRINTOUT DATE

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SHEET REFERENCE NUMBER

G4.5-99-A

FINAL PRIN	TOUT DATE	CONFIDENTIAL STATEMENT NO	2008/07/18 09:25
	Statement G4.5 GROSS BORDER OPERATIONS ® NON-SADO of ABC LIMITED ( as at the end of financial period 30/0	The state of the state of the state of	
Information part of t	tion on an off-shore subsidiary company of the insurer conducting insurance business in the SADC region	in one or more jurisdictions that do n	ot form
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(les) 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		<del></del>
	Total liabilities in respect of the subsidiary's business		
	Total gross premium income of the subsidiary		
	Total net premium income of the subsidiary		
	Regulatory capital adequacy requirement as per home jurisdiction		
	Regulatory capital adequacy requirement as per host jurisdiction		
10.	Broadly describe the subsidiary's internal controls, including comprehensive and regular reportant and indicate the Board of the insurer's assessment of the overall effectiveness of these controls.		у сопірану
11.	Describe the Board of the insurer's assessment of the overall financial position of the subsidi	iary, 	
12.	Has the subsidiary been subject to regulatory inspection / investigation and if, please furnish	fuil details.	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2008/07/16 09:25

Statement G4.5

CROSS BORDER OPERATIONS - NON-SADC SUBSISDIARY

of ABC LIMITED

Seat the order of ABC LIMITED

	of ABC LIMITED as at the end of financial period 30/06/2008	MAC PROPERTY.
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, who an audit firm which is different to the audit firm of the insurer and, whether the audit work is sufficiently	
	· _	
	CHAIR	DIRECTOR
	PUBLIC OFFICER	DATE
	AUDITORS (initial)	

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SHEET R	REFERENCE NUMBER			CONFIDENTIAL STATEM	G4.6-99-A ENT NOT AVAILABLE TO PUBLIC
FINAL PI	RINTOUT OATE		Statement G4.6		2008/07/16 09:25
	Part of the second seco		ERATIONS - NON SADC OTHER of ABC LIMITED and of financial period 30/08/2		
Inform	nation on cross border operations o	other than branch business or	business conducted in a subsidia	ry in another country than a SA	DC country
1.	Has the insurer provided cross bord persons in another country than a (if yes, please provide full detail in 2	SADC country?	n a non-SADC branch and non-SAD	C subsidiary to	
2.	Name of the country where person(s)	Total liabities in respect of the	Total assets in respect of the business written	Total gross premium income of the business	Total net premium income of the
	is/are located	business written R'000	R'000	written R'000	business written R'000
				··	
3.	Has the business referred to in 2 ab insurer's own marketing force? (please give full details)	ove been placed directly with the	e insurer or was it sourced through in	dependent intermediaries or thro	ugh the
					:
				•	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
4.			n those in non-SADC brench or non-	SADC subsidiary) to insurers	
	(i.e. inwards reinsurance business) (if yes, please provide full detail in 5		country?		
5.	Name of the	Total liabities in	Total assets in respect	Total gross premium	Total net premium
	country where insurer(s) is/are located	respect of the business written	of the business written	income of the business written	income of the business written
	-	R'000	R'000	R'000	R'000
					<u> </u>
					<del> </del>
			<u> </u>		
			•		
6.	Has the business referred to in 5 ab own marketing force? (pleasa give full details)	ove been placed directly with the	e insurer or was It sourced through in	dependent intermediaries or thro	ugh the insurer's
					-
7.	Has your company placed reinsura (if yes, please provide full detail in 8		another country other than a SADC	country?	
8.	Name of the	Name of the	Type of	Premium Amount	Reinsurer's
	country where insurer(s) is/are located	insurer/ reinsurer	Reinsurance (Proportional or	Ceded	exposure emount
			Non-Proportional)	R'000	R'000
	l I				,
				·	
		·		·	

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	G4.699 CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLI				
FINAL PE	RINTOUT DATE		Statement G4.6 RATIONS - NON SADC OTHE of ABC LIMITED		2008/07/16 09:25
		as at the	and of financial period 30/06/2	008	
9.	Has your company provided outse (if yes, please provide full detail in	ourcing services to an insurer in a co	ountry other than a SADC country	?	
10.		country where rentity is/are located		Give a description of the outsourcin services being provided	g
				<u>.</u>	
		·			
11.	Has your company made use of o country that is not a SADC country (if yes, please provide full detail in	r	insurer, a person or any other enti	ly located in another	
12.		country where r entity is/are located		Give a description of the outsourcin sarvices being provided	g
13.	a foreign person or entity located i	ore of the shares or any other intere		company, is owned by	
	(if yes, please provide full detail in	-			
14.		ty holding 25% or more rest directly in the insurer	of the shares or any in	tity holding 25% or more nterest <b>indirectly</b> in the urer	Name of country where the person entity is located
	Name	<u> </u>	Name	%	
					.,
				:	
15.	Does your company directly or ind country that is not a SADC country (if yes, please provide full detail in		nares or any other interest in e fore	ign insurer located in another	
16.	25% or more of the sha	nich your company holds res or any other interest actly	holds 25% or more of	In which your company the shares or any other indirectly	Name of SADC country where the insurer is located
	Name	%	Name	%	
	-			· <u>· · · · · · · · · · · · · · · · · · </u>	
	Is your company party to a joint ve (if yes, please provide full detail in		ountry that is not a SADC country?		
18.	18.				
					<u>.</u>
		CHAIR		DIRECTOR	
		PUBLIC OFFICER		DATE	

AUDITORS (initial)

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SHEET REFERENCE NUMBER **PUBLIC STATEMENT** 8/07/16 09:25 STATEMENTH REPORT BY THE AUDITORS IN TERMS OF SECTION 19(7) OF THE ACT of ABC LIMITED as at the end of financial period 30/06/2008

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

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

- Statements B1 to 85 (total columns only)
- Statements C1 to C3 Statement C4
- Statement D1 (total only)
- Statement D2 to D3
- Stetements E1 to E10
- Statement F1 to F2
- Statement I (Confidential statement Not available to the public)

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

### Director's Responsibility for the Return

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

### Auditor's Responsibility

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

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

For the purposes of clarity we confirm that our audit included the following procedures and such other procedures as

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

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

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

### Regulatory Matters

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

### Restriction on Distribution or Use of the Auditor's Report

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

Name of auditor(s):			Name of au	uditor(s):
Address:		Registered Accountant and Auditor	Address;	Registered Accountant and Auditor
Date:			Date:	
Signatura:			Signature:	

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I-99-A

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE				***************************************
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	STA"	TEMENT I		
	And the second of the second o	Company of the compan		4.0
	* CELL CAP	TIVE INSURERS	46.	
		CHEST CONTRACTOR CONTRACTOR AND CONT		
	of AB	C LIMITED:	and the second second	14 P. 1
	The second secon	CONTROL AND		
	as at the end of fine	ancial period 30/06/2	2008	72
4	200 E 1 1 2 THOMAS STATE		244 Carrier 1997	A A CONTRACTOR OF THE PARTY OF
1	2	3	4	1 5

1. Summary of cell arrangements

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

2. Five biggest 1st Party Cells

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

3. Five biggest 3rd Party Cells

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

4. Five biggest Combined Cells

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

5. Details on 1st party cells

		Statutory surpl	us assets ratio
	Cells %		Statutory surplus /
	Cens 70	No of cells	(Shortfall of assets)
			(R'000)
21	>100%	0	. 0
22	76% - 100%	0	0
23	51% - 75%	0	0
24	26% - 50%	0	0
25	15% - 25%	Ō	0
26	<15%	0	0

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

STATEMENT I

CELL CAPTIVE INSURERS

of ABC LIMITED

as at the end of financial period 30/06/2008

1 2 3 4 5

6. Details on 3rd party cells

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

7. Details on combined party cells

	7. Details on combined party cells			
	•••	Statutory surplus assets ratio		
	Cells %		Statutory surplus /	
	Cells 76	No of cells	(Shortfall of assets)	
			(R'000)	
33	>100%	0	0	
34	76% - 100%	0	0	
35	51% - 75%		0	
36	26% - 50%	0	0	
37	15% - 25%	0	_0	
38	<15%	0	_0	

39 <b>8. General</b>
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1. Have any requests to recapitalize any cell not been complied with during the year under review?	L	_
If "YES", give full details.		

AUDITORS	
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SHEET REFERENCE NUMBER

J01-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

### STATEMENT J1 SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE of ABC LIMITED as at the end of financial period 30/06/2008

### 1. Overall reinsurance strategy

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

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

Any further issues that are considered relevant to the company's strategy should also be included in the document.

### 2. Additional questions

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

### 2.1. Reinsurer exposure

	Do you make use of reinsurance brokers to facilitate placing your reinsurance programme?  If Yes, please provide their name/(s)
2.	Provide details of any caps that might exist on the total exposure that can be ceded to any one reinsurer (e.g. no more than R1bn on your programme as a whole)
3.	Please provide details on how you monitor your total exposure per reinsurer
4.	Give details on the collateral required on foreign reinsurance arrangements (where foreign reinsurer refers to any reinsurer that is not registered in South Africa)
Re	insurance systems and controls
1.	Currently facultative reinsurance is placed  Centrally at head office only Branch level
	Other If Other please provide details of the procedure

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FINAL F	RINTOUT DATE 2008/07/16 09:25
2	STATEMENT J1 SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE of ABC LIMITED as at the end of financial period 30/06/2008 The decision to place facultative insurance is based on
-	Insufficient proportional treaty capacity The quality of the individual risk Other If Other please provide details of how the decision will be made
3	Provide details of the procedures you have in place to ensure that facultative placements are made when required?
4	Provide details of the procedures that you have in place to ensure that you do not write business that falls outside the scope of your treaties (e.g. treaty exclusions, territorial limits etc.)
5	Do you have a computerised reinsurance system that is fully integrated with your policy administration and financial systems (i.e. it automatically cedes premiums and signal recoveries when appropriate and meet all the reporting requirements for your financials)?
	If No, please provide details on the nature of your reinsurance system and how you ensure that all risks are ceded and reinsurance recoveries made where appropriate.
2.3. C	atastrophe reinsurance
1.	Your decision on the amount of catastrophe cover to purchase on your property, motor and engineering  Simple rules  Detailed catastrophe modelling (DFA)  Reinsurance broker advice  Reinsurer advice
	Other  Please provide full details of the process
2.	The frequency with which you review the adequacy of the amount of catastrophe cover purchased is  Annually at renewal only Half-yearly Other If Other, please provide details
3.	Do you have event limits on your proportional programmes?
	If Yes, please provide full details of the limits and the reinsurance programmes to which they apply
4.	Should the event limit on your proportional programme be exceeded, the excess claims will be  Covered by your catastrophe programme  Retained for your net account  Covered by a reinsurance programme purchased especially for this purpose  Other  If Other, please provide full details

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FINAL PRINTOUT DATE 2008/07/16 09:25
STATEMENT J1

in a	SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE of ABC LIMITED
2.4.	as at the end of financial period 30/06/2008 Reinsurance programme
	l. Changes to your reinsurance programme in the last financial year related mainly to ☐ Retention levels
	Automatic capacity
	Amount of catastrophe cover purchased Reinsurer mix
	Other
	No changes have been made
	If changes have been made please provide details of the changes and the reasoning behind them
2	To analyse you reinsurance needs and the adequacy of your reinsurance programme you make use of
	Dynamic Financial Analysis (DFA)
	Scenario testing
	Other (e.g. independent consultants)
	If Other, please provide details, including the name of the consultant where relevant
3	. Do you have any reinsurance contracts that contain any one of the following provisions:
	* A limitation on the payment of claims when the primary insurer is in financial difficulty (curatorship or liquidation).
	* A unilateral reduction in cover
	If Yes, please provide details of your strategy in this regard
4	If you have any business where 100% of the risk is ceded to a third party (i.e. where no risk is retained), please provide details on your strategy with regards to this business and how much of it you wrote in the previous financial year
5	Provide details of any Alternative Risk Transfer (ART) kinds of treaties (contracts) entered into, not indicated in statement G3 (e.g., securitization, financial reinsurance, committed capital).
6	Provide details of any whole account protections e.g. stop loss or spread loss arrangements
. Cu	rrent reinsurance position
	Information on your company's current reinsurance position needs to be provided as per the attached statements.

3.

<b>AUDITORS</b>		

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J02-99-A

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE							2008/07/16 09:25
			STATEMENT JS SPREAD OF REINSU of ABC LIMITEI end of financial per	IRERS D			
1	2	3	4	5	6	7	8

	Reinsurer Name	Foreign or Domestic	Total Proportional Treaty Premium	Total Catastrophe Non-Proportional Treaty premium	Total Non- Catastrophe Non- Proportional Treaty Premium	Facultative Premium	Collateral required (Y/N)	% of total Reinsurance Premium
	<u></u>		R'000	R'000	R'000	R'000		
1 📙			0	0	0			0.0%
2			0	0	0			0.0%
³			0	0	0			0.0%
4			0	0	0			0.0%
5 ⊢			0	0	0			0.0%
<u> </u>			0		0			0.0%
'.⊢			0		0			0.0%
્રે⊢			0		0			0.0%
.3.⊢			0		0			0.0%
10				- 0		-		0.0%
12		+	0	<u> </u>	0			0.0%
13			0	- 0				0.0%
14			-	- 0	0	1		0.0%
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18			- 0	0	0			0.0%
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AUDITORS	

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J03-99-A

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

STATEMENT J3

CATASTROPHE REINSURANCE

of ABC LIMITED

as at the end of financial period 30/06/2008

### **ALL BUSINESS**

Combined Cresta exposure for all classes

Cresta	Zone	Total Number of Risks	Total Sum Insured Exposure in R'000	Total EML Exposure in <i>R'000</i>	Gross Net Premium Income in R'000
1	-	0	0	0	• • • • • • • • • • • • • • • • • • •
2	_	0	Ø	:O	0
3		0	Ø	<u> </u>	0
4		0	0	::::::::::::::::::::::::::::::::::::::	0
5		0.	Ø	:0	0
6		0	Ø:	0	0
7		0.	O.	0	0
8		0	0	::::::::::::::::::::::::::::::::::::::	0
9		0	0	0	0
10		0	0	0	0
11		0	0	0	0
12		0	0	0	0
13	1	0	0	0	0
14		0	0	0	0
15		0	0	0	0
16	_	0	0	<b>(</b>	0

	Class of business	PROPERTY
17	Maximum unprotected net retention per event (R'000)	
18	Total amount of catastrophe cover purchased (R'000)	·

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

	Create Zene	Total Mumber of Dieks	Total Sum Insured	Total EML Exposure	Gross Net Premium
	Cresta Zone	Total Number of Risks	Exposure in R'000	in <i>R'000</i>	Income in R'000
19	1	0	0	. 0	0
20	2	0	0	0	0
21	3	0	0	0	0
22	4	0	0	0	0
23	5	0	0	0	0
24	6	0	0	0	. 0
25	7	0	0	.0	- 0
26	8	0	0	0	0
27	9	0	0	0	0
28	10	0	0	0	0
29	11	0	0	_ 0	0
30	12	0	0	0	0
31	13	0	0	0	0
32	14	0	0	0	0
33 [	15	0	0	0	0
34	16	0	0	0	0

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## J03-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
2008/07/16 09:25

FINAL PRINTOUT DATE				2008/07/16 09:25
		STATEMENT J3		
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	GAIAS	TROPHE REINSURA	INCE	
	and the second	of ABC LIMITED	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	as at the end	l of financial period	30/06/2008	
	_			
1	2	3	4	5

	Class of business	MOTOR
35	Maximum unprotected net retention per event (R'000)	
36	Total amount of catastrophe cover purchased (R'000)	_
	Cresta exposure for this class (net of any proportional covers and	before non-proportional excess of loss

		of this diago (not or diriy p			- CACCOO OI 1000
	Cresta Zone	Total Number of Risks	Total Sum Insured	Total EML Exposure	Gross Net Premium
	Oresta 2.0ne	Total Number of Kisks	Exposure in R'000	in <i>R'000</i>	Income in R'000
37	1	0		0	0
38	2	0	0	0	0
39	3	0	0	0	0
40	4	0	0	0	0
41	5	0	0	0	0
42	6	Ö	0	0	0
43	7	0	0	0	. 0
44	8	0	0	0	0
45	9	0	0	. 0	0
46	10	0	0	0	. 0
47	11	0	0	0	Ö
48	12	0	0	0	0
49	13	0	0	0	0
50	14	0	0	0	0
51	15	0	0	0	0
52	16	0	0	0	0

	Class of business	ENGINEERING				
53	Maximum unprotected net retention per event (R'000)					
54	Total amount of catastrophe cover purchased (R'000)					
	Cresta exposure for this class (net of any proportional covers and before non-proportional excess of loss					

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

AUDITORS	
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SHEET REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

			OOM IDENTIAL	CIAILMENT NOI A	AILABLE TO PUBLIC
NAL PRINTOUT DATE					2008/07/16 09:25
		STATEMENT J4 E DETAILS REGARD of ABC LIMITED nd of financial perio			
1 I 🤈	1 2		 		_

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0
	B. AUTOMATIC CAPACITY	R'000
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
5	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	
6	Minimum EML % without reference to the lead reinsurer	0

## C. PEAK EXPOSURES

	Five larges	est risks								
		Brief description of the Risk	Total Sum Insured	Estimated Maximum Loss (EML)	Annual Premium charged on the risk	% Facultatively reinsured	Lead Reinsurer	% Participation		
			R'000	R'000	R'000	remsureu —		, and the second		
7	1		0	0	0	0.0%		0.0%		
8	2		0	0		0.0%		0.0%		
9	3		0	0	0	0.0%		0.0%		
10	4		0	_ 0	0	0.0%		0.0%		
11	5		0	0	0	0.0%		0.0%		

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### FINAL PRINTOUT DATE STATEMENT J5 REINSURANCE DETAILS REGARDING TRANSPORTATION of ABC LIMITED as at the end of financial period 30/06/2008 3

	A. EXPOSURE TO THE NET ACCOUNT	Any one Conveyance	Any one Location	Any one Hull
		R'000	R'000	R'000
1	Maximum Unprotected Net Retention Per Risk	0	0	O
2	Maximum Unprotected Net Retention Per Event	0	0	0
3	Maximum Protected Net Retention Per Risk	0	0	0

### B. AUTOMATIC CAPACITY

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

### C. CATASTROPHE COVER

- Maximum Amount of Catastrophe cover purchased
- Please comment on the number of reinstatements on this treaty and their sufficiency

### D. PEAK EXPOSURES

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

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J06-99-A

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

# STATEMENT J6 REINSURANCE DETAILS REGARDING MOTOR of ABC LIMITED

as at the end of financial period 30/06/2008

1 1 2

	A. EXPOSURE TO THE NET ACCOUNT	Own Damage <i>R'000</i>	Third Party Liability R'000
1	Maximum Unprotected Net Retention Per Risk	 0	0
2	Maximum Protected Net Retention Per Risk	 0	0

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

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J07-99-A

	CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
FINAL PRINTOUT DATE	2008/07/16 09:25

STATEMENT J7 REINSURANCE DETAILS REGARDING ACCIDENT AND I of ABC LIMITED as at the end of financial period 30/06/2008	HEALTH	
	4	1

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

	B. AUTOMATIC CAPACITY	Any one Life	Any known accumulation <i>R'000</i>
		7,000	7,000
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)		

### C. CATASTROPHE COVER

- 7 Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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FINAL PRINTOUT DATE 2008/07/16 09:25 STATEMENT J8 REINSURANCE DETAILS REGARDING GUARANTEE of ABC LIMITED as at the end of financial period 30/06/2008 5

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

### C. CATASTROPHE COVER

- 7 Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

### C. PEAK EXPOSURES

	1 140 1001	goot neko					
		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk <i>R<u>'0</u>00</i>	% Facultatively reinsured	Lead Reinsurer	% Participation
10	1		0	0	0.0%		0.0%
11	2		0	0	0.0%	•	0.0%
12	3		0	0	0.0%		0.0%
13	4		0	0	0.0%		0.0%
14	5		0	0	0.0%		0.0%

AUDITORS	

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### J09-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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### FINAL PRINTOUT DATE

		REINSURANCE DET	TEMENT J9 AILS REGARDING L BC LIMITED inancial period 30/00			
1	2	3	4	5	6	7

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

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

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

9

### C. CATASTROPHE COVER

- 10 Maximum Amount of Catastrophe cover purchased
- 11 Please comment on the number of reinstatements on this treaty and their sufficiency

12

### C. PEAK EXPOSURES

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

SHEET REFERENCE NUMBER

J10-99-A
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

STATEMENT J10

REINSURANCE DETAILS REGARDING ENGINEERING
of ABC LIMITED

as at the end of financial period 30/06/2008

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

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

### C. PEAK EXPOSURES

	I IVE IAI	St Tibro							
	,	Brief description of the Risk	Total Sum insured	Estimated Maximum Loss (EML) R'000	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation	
8 [	1		0	0	0	0.0%		0.0%	
9 [	2		0	0	0	0.0%		0.0%	
10	3			0	0	0.0%		0.0%	
11	4		0	0	0	0.0%		0.0%	
12	5		0	0	0	0.0%		0.0%	

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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FINAL PRINTOUT DATE		_			2008/07/16 09:25
REIN	SURANCE DETAILS of A	TEMENT J11 REGARDING MISC BC LIMITED nancial period 30/00			
1 2	3	4	5	6	7

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

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

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

9

### C. CATASTROPHE COVER

- 10 Maximum Amount of Catastrophe cover purchased
- 11 Please comment on the number of reinstatements on this treaty and their sufficiency

12

### C. PEAK EXPOSURES

	1110 14	igest risks					
		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk <i>R'000</i>	% Facultatively reinsured	Lead Reinsurer	% Participation
13	11		0	0	0.0%		0.0%
14	2		0	0	0.0%	·	0.0%
15	3	· · _	0	0	0.0%		0.0%
16	4		0	0	0.0%		0.0%
17	5		0	0	0.0%		0.0%

### **ANNEXURE B**

FINANCIAL SERVICES BOARD - REGISTRAR OF SHORT-TERM INSURANCE

### SHORT-TERM INSURANCE QUARTERLY RETURN IN TERMS OF SECTION 35 OF THE SHORT-TERM INSURANCE ACT, 1998

THE PRESCRIBED RETURN MUST BE SUBMITTED BY ALL INSURERS REGISTERED TO TRANSACT SHORT-TERM INSURANCE BUSINESS IN TERMS OF THE SHORT-TERM INSURANCE ACT, 1998.

FOR THE SAKE OF CONSISTENCY AND COMPLETENESS OF STATISTICAL INFORMATION COMPILED FROM THE RETURNS, IT IS ESSENTIAL THAT INSURERS COMPLETE ALL ITEMS WHICH SHOULD OR CAN BE COMPLETED. NO ITEMS MAY BE DELETED AND OTHER ITEMS INSERTED IN THE PLACE THEREOF.

### **DISCLAIMER:**

This spreadsheet was designed by the Financial Services Board and it may be copied.

However, the Financial Services Board accepts no responsibility for any loss or damage arising from its use, nor for any decision made by the insurer based on information or calculations made by, or obtained from the spreadsheet.

### INFORMATION REGARDING THE QUARTERLY RETURN

Reinsurers need not complete this return.

### HOW TO COMPLETE AND SUBMIT THE QUARTERLY SPREADSHEET:

- 1. The spreadsheets must be completed in Excel.
- 2. The return is cumulative from the start of the insurer's financial year to the latest quarter end.
- 3. This return consists of four sheets with "Prudential" relating to financial matters, "Spreading of assets" relating to the kind and spread of assets as contemplated in Section 30 of the Act and " Directors, Officers and Auditors" to the statutory information on the directors, executive management, public officer and the auditors.
- 4. Income and expenditure figures should exclude value added tax (VAT).
- 5. All figures should be rounded off to the nearest thousand rand.
- 6. An originally signed copy of the return must be submitted, even if it is a nil return, to Insurance Prudential Department, Financial Services Board, Rigel Park, Rigel Avenue South, Erasmus Rand South 0181
- 7. The electronic copy of the return must be e-mailed to: prudential@fsb.co.za
- 8. This information page need not be printed.

### NOTE:

ONLY SHADED AREAS, e	.g.
REQUIRE FIGURES OR INFO	RMATION TO BE ENTERED
WHERE APPLICABLE. ALL	OTHER AREAS (PROTECTED
CELLS) WILL CONTAIN AUT	OMATIC CALCULATIONS,
INFORMATION OR DATA OR	MUST REMAIN BLANK.
NO CHANGES MAY BE EFFE	CTED TO THESE PROTECTED
AREAS (CELLS).	

THE RETURN MUST BE PRINTED AND SUBMITTED, EVEN IF NIL.

FINANCIAL SER					SHORT-TER	M INSURANCE ACT 1998 (ACT) - SECTION		
	NAME OF INSURER:						#VALL	JEI
RETURN FOR TI	HE PERIOD				то		*1*1*1*1*1*1*1*1*1*1*1*1*1	1-1-1-1-1-1-1-1-1-1-1
Prepared by :						Telephone No. and ext.		
OPERATING ST	ATEMENT - TOTAL				R'000		This	Previous
I						_	quarter	quarter
Gross premiums						)	end	end
	Domestic					ASSETS	R'000	R'000
ľ	Foreign						14:10:11:11:11:10:	<u>:::::::::::::::::::::::::::::::::::::</u>
Reinsurance					0		1-1-1-1-1-1-1-1-1-01	: : : : : : : : : : : : : : : : : : : :
ļ	Proportional Proportional				Q	Balances with banks	:::::::::::::::::0:	0
1	Non-proportional				0	Gilts	0	, · · · · · · · · · · · · · · · · · · ·
Net premiums wri	itten				C	Outstanding premiums	::::::::::::::::::::::::::::::::::::::	
,	Domestic					a - '	::::::::::::::::::::::::::::::::::::::	0
	Foreign					Long term policies-linked	0	
	Poreign	0%		Retained		Long term policies-non linked	::::::::::::::::::::::::::::::::::::::	o
	Premiums eamed	076		Retailled			0	
<b>.</b> .					o			
То	{ LESS: Claims incurred				Q		0;	*************
agree	{ Commissions					Debtors		
with	{ Expenses incurred				0	Shares - Quoted		0
B,C,D	(				_	- Unquoted		
totals	{ Underwriting surplus				0	Contraction and the contraction		0
ľ						Land & buildings	·:-:-:::0-	0
	ADD: Investment income				· · · · · · · · · · · · · · · · · · ·	Fixed assets	· · · · · · · · · · · · · · · · · · ·	0
	Realised investment surplus					Other assets	· · · · · · · · · · · · · · · · · · ·	
Sub total :		0%		of n.p.w.	0	(1) TOTAL ASSETS	0	(
Unrealised invest	tment surplus				0	Foreign Asset (Included in total assets)	· · · · · · · · · · · · · · · · · · ·	
Any other income					· · · · · · · · · · · · · · · · · · ·			
	erve decrease/(incr.)				D		7	
Contingency rest	or ve decrease/(incr.)					LIABILITIES		
D-4 44i							_	
Before taxation	(0				r	Linearned premium previoles		·····
LESS: EST. taxatic	on (Current + def.)				0			<del></del>
	Dividends declared				0			
						IBNR	0	
INCREASE/(DEC	R.) IN SURPLUS ASSETS				0		δ.	
						Unexpired risk provision	0	············•
1						Due to insurers & reinsurers		Φ
NET UNDERWRI	ITING RESULTS PER CLASS - I	R'000				Reinsurance deposits		0
						Bank overdrafts	0	0
l .	(A) (B)	(C)	(D)	(E)	(F)	Provision for taxation	0	0
l .	Premiums Retention	Claims	Commission	Expenses	Underwr.	Provision for deferred tax	0.	
l .	written %	incurred	000000000000000000000000000000000000000		surplus	Contingent liabilities	· · · · · · · · · · · · · · · · · · ·	o
l .	William   70	incarrod			- Cui piac	Other (Specify):		
Property		1.0.1.0.1	·:·:·:·:::::::::::::::::::::::::::::::	:-:-:::::::::::::::::::::::::::::::::::	l:::::::::::::::::::::::::::::::::::::		0 .	·····
Transportation	0 0%		0:	O.				
Motor	D 0%	o.	ő	· · · · · · · · · · · · · · · · · · ·				
		ŏ	o o	o o			0	
Accident & Health						4° '		
Guarantee	D.	0::::::::				Foreign liabilities incl in total liabilities	······································	.·.· <u>·.·</u>
					0	.		
Liability	D:		0:					
Engineering	D: ::::::0%	· · · · · · · · · · · · · · · · · · ·	0:	O	O	ASSET COVER - DOMESTIC + FOREIG	GN (WORLD WIDE	)
		O-		.00 .00	0	ASSET COVER - DOMESTIC + FOREIG	GN (WORLD WIDE	)
Engineering	D: ::::::0%	· · · · · · · · · · · · · · · · · · ·	0:	O	0	ASSET COVER - DOMESTIC + FOREIG	GN (WORLD WIDE	)
Engineering Miscellaneous	0 Q%	O-	0	.00 .00	0	ASSET COVER - DOMESTIC + FOREIG	GN (WORLD WIDE	)
Engineering Miscellaneous TOTALS	0 0% 0 0% 0 0%	O-	0	.00 .00	0	ASSET COVER - DOMESTIC + FOREIG Premium income, less all reinsurance:	GN (WORLD WIDE	)
Engineering Miscellaneous TOTALS	0 Q%	O-	0	. (O) . (O)	0	Premium income, less all reinsurance: (3) 12 months preceeding		-
Engineering Miscellaneous TOTALS Note: Net premi	0 0% 0 0% 0 0%		0: 0: 0	0; 0; 0		Premium income, less all reinsurance: (3) 12 months preceding previous financial year end	GN (WORLD WIDE	-
Engineering Miscellaneous TOTALS Note: Net premi	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)		%	0 0 0	0 0 0	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately	[::::::::::::::::::::::::::::::::::::::	::::::::::::::::::::::::::::::::::::::
Engineering Miscellaneous TOTALS  Note: Net premi AUTOMATIC CALCULATIONS:	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	0 0 0	% Commission/	% Expenses/	% Underwr.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end		::::::::::::::::::::::::::::::::::::::
Engineering Miscellaneous TOTALS  Note: Net premi AUTOMATIC CALCULATIONS: Percentages to	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/	%	0 0 0	% Underwr. surplus/	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation	[::::::::::::::::::::::::::::::::::::::	1-1-1-1-1-1-1-1-1-10
Engineering Miscellaneous TOTALS  Note: Net premi AUTOMATIC CALCULATIONS:	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	0 0 0	% Commission/	% Expenses/	% Underwr.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4)	0	
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums>	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned	% Commission/written	% Expenses/ written	% Underwr. surplus/ written	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)	[::::::::::::::::::::::::::::::::::::::	
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned	% Commission/ written	% Expenses/ written	% Underwr. surplus/ written	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)	0 0	<u>0</u>
Engineering Miscellaneous TOTALS Note: Net premit AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned  0.0% 0.0%	% Commission/ written  0.0% 0.0%	% Expenses/ written  0.0% 0.0%	% Underwr. surplus/ written  0.0%	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)	0	<u>0</u>
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned  0.0% 0.0%	% Commission/ written  0.0% 0.0% 0.0%	% Expenses/ written 0.0% 0.0%	% Underwr. surplus/ written 0.0% 0.0%	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of	0 0 0	
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0%	% Commission/written  0.0% 0.0% 0.0% 0.0% 0.0%	% Expenses/ written  0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0%	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million	0 0	
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Properly Transportation Motor Accident/Health Guarantee	0: 0% 0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0%	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0%	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million	0 0 0 0 0 3,000	( ( 3,000
Engineering Miscellaneous TOTALS  Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Commission/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0%	ASSET COVER - DOMESTIC + FOREIGE Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets	0 0 0	( ( 3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets )	0 0 0 0 3,000	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets (7) to premiums (5) }	0 0 0 0 0 3,000	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) }	0 0 0 0 3,000	3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets (7) to premiums (5) }	0 0 0 0 3,000	3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) }	0 0 0 0 3,000	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance	0 0 0 0 3,000	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	ASSET COVER - DOMESTIC + FOREK  Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end	0 0 0 0 3,000	3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 0 0 3,000
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Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 0 0 3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of   (6) or R 3 million  Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) )  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous	0: 0% 0: 0% 0 0% 0 0% 0: 0%	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding	0 0 0 3,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS	0: 0% 0 0% iums earned = (C)+(D)+(E)+(F)	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of   (6) or R 3 million  Net surplus assets % of surplus assets % of surplus assets (7) to premiums (5) )  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation	0 0 0 3,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
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Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of	iums earned = (C)+(D)+(E)+(F)	% Ctaims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation  Surplus domestic asset % of Dom NPW	0 0 0 3,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of If yes furnish the fe	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds are following information:	% Ctaims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation  Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
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Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Ontract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of tyes furnish the for Total domestic liat Individual excess	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds at following information: sets billities	% Ctaims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation  Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of the spreading of the service	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds are following information: isets billities	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of the spreading of the service	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds at following information: sets billities	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceeding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5)  (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million  Net surplus assets % of surplus assets } (7) to premiums (5) }  ASSET COVER - DOMESTIC  Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation  Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of the spreading of the service	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds are following information: isets billities	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000
Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of the spreading of the service	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds are following information: isets billities	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000
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Engineering Miscellaneous TOTALS Note: Net premi AUTOMATIC CALCULATIONS: Percentages to premiums> Property Transportation Motor Accident/Health Guarantee Liability Contract/Engineer Miscellaneous OF TOTALS  Spreading of Ass Does the insurer of the spreading of the service	iums earned = (C)+(D)+(E)+(F)  sets currently comply with the kinds are following information: isets billities	% Claims incurred/ earned  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Commission/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	% Expenses/written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0%	% Underwr. surplus/ written  0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.	Premium income, less all reinsurance: (3) 12 months preceding previous financial year end (4) 12 months immediately preceding the calculation (5) Greater of (3)or(4) (6) 15% of (5) (7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million Net surplus assets (7) to premiums (5) }  ASSET COVER - DOMESTIC Domestic premium income less all Reinsurance (8) 12 months preceding previous financial year end (9) 12 months imediately preceding the calculation Surplus domestic asset % of Dom NPW	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,000 -3,000 -3,000

		SPRE	PPREAD OF DOMESTIC ASSETS (RICLUDING FOREIGN ASSETS DEEMED TO BE DOMESTIC) of	ESTIC ASS	ETS (RICLUI	DING FORE	IGN ASSET	S. DEEMED.	TO BE DOW	ESTIC)	
						1900/01/00					
-	2	3	4	2	9	1	80	o	9	=	12
Domestic assets must exceed the following:	000'8	Domestic assets and	ADD Assets	LESS		Maximum	Maximum admissible for each item of this statement	_	Admitted for	NOTE - ITEMS 4 + 5, 13 + 14	
	-	foreign assets	of asser- holding	excesses excesses	Subtotals: Assets held	Perc	Percentages		each item (the lesser	Admitted values are the lesser of the individual or the total amounts	
Domestic fiabilities, including additional asset 1 requirement	3.000	3.000 be domestic		debtors,	less			domestic liabilities *	of the	in the previous column	8,000
2 Asset-holding intermediaries' liabilities	0	Æ	linked	investments		2	Dispensatio	greater of	column or		
3 Total domestic liabilities	3,000	statement	policies	property		the Act	ns given	the 2	subtotal)	Items 4+5: Individual	0
4 10		R'000	R'000	R'000	R'000	%	%	R'000	R'000	Total Admitted	0 0
		0	o	0	0	%0.0	%0.0	0	0	Items13+14: Individual	0
7 2. Debentures -non convertible		٥	0	0	0	0.0%	%0.0	0	0	Total	0
		0		0	0	0.0%	0.0%	0	0	Admitted	0
9 Sub total		0	0	0	0	25.0%	0.0%	250	0		
	res - Domestic				0	\$0.0%	0.0%	1,500		CALCHI ATION OF FURTHER EXCESSES AND FINAL ADMITTED	
		٥		0	٥	40.0%	%0.0	1,200	0	VALUES	
12 Sub total		0	0	0	0	65.0%	0.0%	1,950	0		R'000
	to be Dom.	0		0	ō	15.0%	%0.0	450	0	1 if items 6+14+18+20 exceed 15% of liabilities, the excess is	0
-		0	٥	Ö	0	•		0	0		
		0		0	0	10.0%	0.0%	300	0	2 if the admitted value of items 1 to 12	
		o	O	0	0	2.0%	0.0%	150		exceeds 70.0%	
		o	ō	0	0	2.0%	0.0%	150	0	of total domestic liabilities, the excess is	0
		٥	ö	0	O	2.5%	0.0%	75.	0		
19 12, investment policies-non linked		ō	ō	0	0	'		0	0		
20 Total of items 1 to 19		a	0	ō	0	70.0%	0.0%	3,825	0	3 Overall admitted assets: Total of the previous column, less 1 and 2 above	0
21 13. Margin deposits - Domestic		0	0	-	0	2.5%	%00	75	0	4 Sumlus of overall admitted asserts over total domestic liabilities	-3.000
	Omestic	0		0	0	2.5%	0.0%	75	0		
		0		o	0	2.5%	0.0%	75	0		
24 15 Cash			0	0	ō	,		o	o		
•		0		0	0	10.0%	%0.0	30			
		0	  -  :	0	0		,	0	0		
	ed to be Dom.	0	Ó	0	0	15.0%	0.0%	450	0		
		0	0	0	0			0	0	DATE OF ANY DISPENSATION GRANTED FROM	
29 20. Securities - Foreign, deemed to be Domestic	stic	0		0	0	15.0%	0.0%	450	0	SPREADING REQUIREMENTS	
30 Total of items 21 to 29		0	0	0	0			_	0		
31 Overall total		0	0	0	ō				0		

PORTING PERIOD		то		
Full Names & Surname	Date appointed	Date resigned	Identity/ Passport Number	Position held
1	2	3	4	5
DIRECTORS				
<del></del>				
	**************************************			
Alternate Directors	[second contraction of the contr		**********************************	400000000000000000000000000000000000000
			nininanan jerje je iz na iz iz na	
			<u>andranananananananananananananananananan</u>	
Managing Executives		<u>                                    </u>		11
Public Officer				
ials and surname				
ephone (including area code)	**************************************			<u></u>
ephone (including area code) ( (including area code) Iphone				
nail				
Auditor 1				
Responsible Partner				<u>:</u>
Auditor 2	0505044444444			
Reponsible Partner				
Nepolisible Faither	<u>runuhutanunungkanunununuhunutunut.</u>			<u>.</u>

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