

ST2008

SHEET REFERENCE NUMBER

G4.2-98-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2008/07/16 09:25

**Statement G4.2**  
**CROSS BORDER OPERATIONS - SADC SUBSIDIARY**  
**of ABC LIMITED**  
**as at the end of financial period 30/06/2008**

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

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

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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

SHEET REFERENCE NUMBER

G4.3-99-A

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2008/07/16 09:26

**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**

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

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

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

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

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

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



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2008/07/16 09:25

**Statement G4.3  
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS  
of ABC LIMITED  
as at the end of financial period 30/06/2008**

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)*

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

G4.4-89-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2008/07/18 09:25

**Statement G4.4**  
**CROSS BORDER OPERATIONS - NON SADC BRANCH**  
**of ABC LIMITED**  
**as at the end of financial period 30/06/2008**

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

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

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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

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SHEET REFERENCE NUMBER

G4.5-99-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2008/07/18 09:25

**Statement G4.5  
CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY  
of ABC LIMITED  
as at the end of financial period 30/06/2008**

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

1. Does the insurer have a subsidiary company in a country other than in SADC jurisdiction that conducts insurance business?
2. State the total number of NON - SADC subsidiaries
3. State whether the subsidiary(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	<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.

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

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**Statement G4.5  
CROSS BORDER OPERATIONS - NON-SADC SUBSIDIARY  
of ABC LIMITED  
as at the end of financial period 30/06/2008**

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

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

CHAIR \_\_\_\_\_

DIRECTOR \_\_\_\_\_

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

DATE \_\_\_\_\_

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





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G4 6-99-A

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**Statement G4.6**  
**CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS**  
**of ABC LIMITED**  
**as at the end of financial period 30/06/2008**

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)*

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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14-09-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2008/07/14 09:25

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

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

**Director's Responsibility for the Return**

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

**Auditor's Responsibility**

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

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

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

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

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

**Opinion**

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

**Regulatory Matters**

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

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

Our report is presented solely for the purposes set out in the first paragraph of the report and for the information of the Registrar 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 relates only to the information and statements included in the Return specified above, and does not extend to the annual statements of the insurer, taken as a whole.

Name of auditor(s):

Name of auditor(s):

Registered Accountant and Auditor

Registered Accountant and Auditor

Address:

Address:

Date:

Date:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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SHEET REFERENCE NUMBER

I-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2008/07/16 09:25

**STATEMENT I**  
**CELL CAPTIVE INSURERS**  
**of ABC LIMITED**  
**as at the end of financial period 30/06/2008**

1	2	3	4	5
---	---	---	---	---

**1. Summary of cell arrangements**

	"Cell" arrangements	Current year		Previous year	
		Number	GWP (R'000)	Number	GWP (R'000)
1	Active: 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	0.00%	0
7			0	0.00%	0
8			0	0.00%	0
9			0	0.00%	0
10			0	0.00%	0

**3. Five biggest 3rd Party Cells**

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

**4. Five biggest Combined Cells**

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

**5. Details on 1st party cells**

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

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2008/07/16 09:25

<b>STATEMENT I</b> <b>CELL CAPTIVE INSURERS</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>				
1	2	3	4	5

**6. Details on 3rd party cells**

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

**7. Details on combined party cells**

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

**39 8. General**

1. Have any requests to recapitalize any cell not been complied with during the year under review?

If "YES", give full details.

AUDITORS \_\_\_\_\_

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**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:

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

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

**2. Additional questions**

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

**2.1. Reinsurer exposure**

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

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

---

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

---

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

---

**2.2. Reinsurance systems and controls**

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

*If Other please provide details of the procedure*

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FINAL PRINTOUT DATE

2008/07/16 09:25

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

2. The decision to place facultative insurance is based on

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**2.3. Catastrophe reinsurance**

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

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

*Please provide full details of the process*

\_\_\_\_\_

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

- Annually at renewal only
- Half-yearly
- Other

*If Other, please provide details*

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

*If Other, please provide full details*

\_\_\_\_\_

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

**2.4. Reinsurance programme**

1. Changes to your reinsurance programme in the last financial year related mainly to

- Retention levels  
 Automatic capacity  
 Amount of catastrophe cover purchased  
 Reinsurer mix  
 Other  
 No changes have been made

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

---

2. To analyse your 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*

---

If you have any business where 100% of the risk is ceded to a third party (i.e. where no risk is retained),

4. please provide details on your strategy with regards to this business and how much of it you wrote in the previous financial year

---

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

---

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

---

**3. Current reinsurance position**

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

AUDITORS \_\_\_\_\_



<p><b>STATEMENT J2</b>  <b>SPREAD OF REINSURERS</b>  <b>of ABC LIMITED</b>  <b>as at the end of financial period 30/06/2008</b></p>							
1	2	3	4	5	6	7	8

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

AUDITORS \_\_\_\_\_

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<b>STATEMENT J3</b> <b>CATASTROPHE REINSURANCE</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>				
1	2	3	4	5

**ALL BUSINESS**

Combined Cresta exposure for all classes

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

Class of business

**PROPERTY**

17 Maximum unprotected net retention per event (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)

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

SHEET REFERENCE NUMBER

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<b>STATEMENT J3</b>				
<b>CATASTROPHE REINSURANCE</b>				
<b>of ABC LIMITED</b>				
<b>as at the end of financial period 30/06/2008</b>				
1	2	3	4	5

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

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

AUDITORS \_\_\_\_\_

<b>STATEMENT J4</b> <b>REINSURANCE DETAILS REGARDING PROPERTY</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>							
1	2	3	4	5	6	7	8

**A. EXPOSURE TO THE NET ACCOUNT**

	<i>R'000</i>
1 Maximum Unprotected Net Retention Per Risk	0
2 Maximum Protected Net Retention Per Risk	0

**B. AUTOMATIC CAPACITY**

	<i>R'000</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )	
6 Minimum EML % without reference to the lead reinsurer	0

**C. PEAK EXPOSURES**

Five largest risks

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

AUDITORS \_\_\_\_\_

<p><b>STATEMENT J5</b>  <b>REINSURANCE DETAILS REGARDING TRANSPORTATION</b>  <b>of ABC LIMITED</b>  <b>as at the end of financial period 30/06/2008</b></p>						
1	2	3	4	5	6	7

**A. EXPOSURE TO THE NET ACCOUNT**

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

**B. AUTOMATIC CAPACITY**

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

**C. CATASTROPHE COVER**

- 7 Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency
- 9

**D. PEAK EXPOSURES**

Five largest risks

	Brief description of the Risk	Total Sum Insured <i>R'000</i>	Annual Premium charged on the risk <i>R'000</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 \_\_\_\_\_

**STATEMENT J6  
REINSURANCE DETAILS REGARDING MOTOR  
of ABC LIMITED  
as at the end of financial period 30/06/2008**

	1	2
<b>A. EXPOSURE TO THE NET ACCOUNT</b>		
	Own Damage <i>R'000</i>	Third Party Liability <i>R'000</i>
1 Maximum Unprotected Net Retention Per Risk	0	0
2 Maximum Protected Net Retention Per Risk	0	0
<b>B. AUTOMATIC CAPACITY</b>		
	Own Damage <i>R'000</i>	Third Party Liability <i>R'000</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )		

AUDITORS \_\_\_\_\_

SHEET REFERENCE NUMBER

J07-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2008/07/16 09:25

<p><b>STATEMENT J7</b>  <b>REINSURANCE DETAILS REGARDING ACCIDENT AND HEALTH</b>  <b>of ABC LIMITED</b>  <b>as at the end of financial period 30/06/2008</b></p>	
1	2

**A. EXPOSURE TO THE NET ACCOUNT**

	Any one Life <i>R'000</i>	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 <i>R'000</i>	Any known accumulation <i>R'000</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )		

**C. CATASTROPHE COVER**

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

AUDITORS \_\_\_\_\_

<b>STATEMENT J8</b> <b>REINSURANCE DETAILS REGARDING GUARANTEE</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>						
1	2	3	4	5	6	7

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

<b>B. AUTOMATIC CAPACITY</b>		<i>R'000</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )	

<b>C. CATASTROPHE COVER</b>	
7	Maximum Amount of Catastrophe cover purchased
8	Please comment on the number of reinstatements on this treaty and their sufficiency
9	

<b>C. PEAK EXPOSURES</b>						
Five largest risks						
	Brief description of the Risk	Total Sum Insured <i>R'000</i>	Annual Premium charged on the risk <i>R'000</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 \_\_\_\_\_



<p><b>STATEMENT J9</b>  <b>REINSURANCE DETAILS REGARDING LIABILITY</b>  <b>of ABC LIMITED</b>  <b>as at the end of financial period 30/06/2008</b></p>						
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 ( <i>Surplus, Quota Share or AutoFac</i> )	
7 Treaties on losses occurring or claims made basis	

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

9

**C. CATASTROPHE COVER**

10 Maximum Amount of Catastrophe cover purchased

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

12

**C. PEAK EXPOSURES**

Five largest risks

	Brief description of the Risk	Total Sum Insured <i>R'000</i>	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

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<b>STATEMENT J10</b> <b>REINSURANCE DETAILS REGARDING ENGINEERING</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>							
1	2	3	4	5	6	7	8

**A. EXPOSURE TO THE NET ACCOUNT**

	<i>R'000</i>
1 Maximum Unprotected Net Retention Per Risk	0
2 Maximum Protected Net Retention Per Risk	0

**B. AUTOMATIC CAPACITY**

	<i>R'000</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )	
7 Minimum EML % without reference to the lead reinsurer	0

**C. PEAK EXPOSURES**

Five largest risks

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

AUDITORS \_\_\_\_\_

<b>STATEMENT J11</b> <b>REINSURANCE DETAILS REGARDING MISCELLANEOUS</b> <b>of ABC LIMITED</b> <b>as at the end of financial period 30/06/2008</b>						
1	2	3	4	5	6	7

**A. EXPOSURE TO THE NET ACCOUNT**

	<i>R'000</i>
1 Maximum Unprotected Net Retention Per Risk	0
2 Maximum Protected Net Retention Per Risk	0

**B. AUTOMATIC CAPACITY**

	<i>Own damage (R'000)</i>
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 ( <i>Surplus, Quota Share or AutoFac</i> )	
7 Treaties on losses occurring or claims made basis	

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

9

**C. CATASTROPHE COVER**

10 Maximum Amount of Catastrophe cover purchased

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

12

**C. PEAK EXPOSURES**

Five largest risks

	Brief description of the Risk	Total Sum Insured <i>R'000</i>	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%

**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](mailto:prudential@fsb.co.za)
8. This information page need not be printed.

**NOTE:**

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

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

FINANCIAL SERVICES BOARD.		SHORT-TERM INSURANCE ACT 1998 (ACT) - SECTION 35		#VALUE!		
RETURN FOR THE PERIOD		TO				
NAME OF INSURER:						
Prepared by :				Telephone No. and ext.		
OPERATING STATEMENT - TOTAL		R'000		This quarter end	Previous quarter end	
				R'000	R'000	
Gross premiums written						
Domestic						
Foreign						
Reinsurance						
Proportional						
Non-proportional						
Net premiums written						
Domestic						
Foreign						
	0%	Retained				
To agree with B,C,D totals						
Premiums earned						
{ LESS: Claims incurred						
{ Commissions						
{ Expenses incurred						
{ Underwriting surplus						
ADD: Investment income						
Realised investment surplus						
Sub total :	0%	of n.p.w.				
Unrealised investment surplus						
Any other income/(expense)						
Contingency Reserve decrease/(incr.)						
Before taxation						
LESS: Est. taxation (Current + def.)						
Dividends declared						
INCREASE/(DECR.) IN SURPLUS ASSETS						
<b>NET UNDERWRITING RESULTS PER CLASS - R'000</b>						
	(A) Premiums written	(B) Retention %	(C) Claims incurred	(D) Commission	(E) Expenses	(F) Underwr. surplus
Property	0	0%	0	0	0	0
Transportation	0	0%	0	0	0	0
Motor	0	0%	0	0	0	0
Accident & Health	0	0%	0	0	0	0
Guarantee	0	0%	0	0	0	0
Liability	0	0%	0	0	0	0
Engineering	0	0%	0	0	0	0
Miscellaneous	0	0%	0	0	0	0
TOTALS	0	0%	0	0	0	0
Note: Net premiums earned = (C)+(D)+(E)+(F)						
<b>AUTOMATIC CALCULATIONS:</b>						
Percentages to premiums -->		%	%	%	%	
		Claims incurred/earned	Commission/written	Expenses/written	Underwr. surplus/written	
Property		0.0%	0.0%	0.0%	0.0%	
Transportation		0.0%	0.0%	0.0%	0.0%	
Motor		0.0%	0.0%	0.0%	0.0%	
Accident/Health		0.0%	0.0%	0.0%	0.0%	
Guarantee		0.0%	0.0%	0.0%	0.0%	
Liability		0.0%	0.0%	0.0%	0.0%	
Contract/Engineer		0.0%	0.0%	0.0%	0.0%	
Miscellaneous		0.0%	0.0%	0.0%	0.0%	
OF TOTALS		0.0%	0.0%	0.0%	0.0%	
				(1) TOTAL ASSETS	0	0
				Foreign Asset (Included in total assets)	0	0
				<b>LIABILITIES</b>		
				Unearned premium provision	0	0
				Outstanding Claims	0	0
				IBNR	0	0
				Contingency reserve	0	0
				Unexpired risk provision	0	0
				Due to insurers & reinsurers	0	0
				Reinsurance deposits	0	0
				Bank overdrafts	0	0
				Provision for taxation	0	0
				Provision for deferred tax	0	0
				Contingent liabilities	0	0
				Other (Specify):	0	0
				Foreign liabilities incl in total liabilities	0	0
				(2) TOTAL LIABILITIES	0	0
				<b>ASSET COVER - DOMESTIC + FOREIGN (WORLD WIDE)</b>		
				Premium income, less all reinsurance:		
				(3) 12 months preceding previous financial year end	0	0
				(4) 12 months immediately preceding the calculation	0	0
				(5) Greater of (3)or(4)	0	0
				(6) 15% of (5)	0	0
				(7) Surplus assets (1-2) LESS: The greater of (6) or R 3 million	3,000	3,000
				Net surplus assets % of surplus assets }	-3,000	-3,000
				(7) to premiums (5) }	0%	0%
				<b>ASSET COVER - DOMESTIC</b>		
				Domestic premium income less all Reinsurance		
				(8) 12 months preceding previous financial year end	0	0
				(9) 12 months immediately preceding the calculation	0	0
				Surplus domestic asset % of Dom NPW	0%	0%
<b>Spreading of Assets</b>						
Does the insurer currently comply with the kinds and spread of assets as contemplated in terms of S 30 of Act						
If yes furnish the following information:						
Total domestic Assets		R'000		N		
Total domestic liabilities		0				
Individual excess		3,000				
Aggregate excess		0				
Surplus of overall admitted assets over total domestic liabilities		-3,000				
PUBLIC OFFICER _____			DATE _____			

SPREAD OF DOMESTIC ASSETS (INCLUDING FOREIGN ASSETS DEEMED TO BE DOMESTIC)											
1	2	3	4	5	6	7	8	9	10	11	12
Domestic assets must exceed the following :	R'000	Domestic assets and foreign assets deemed to be domestic per statement E9	ADD Assets of asset-holding intermediaries and linked investment policies	LESS Individual excesses e.g. Banks, debtors, investments and property	Subtotals: Assets held less individual excesses	Maximum admissibility for each item of this statement			Admitted for each item (the lesser of the previous column or subtotal)	NOTE - ITEMS 4 + 5, 13 + 14 : Admitted values are the lesser of the individual or the total amounts in the previous column	R'000
						Per reg. 3 to the Act	Dispensatio ns given	%			
Domestic liabilities, including additional asset requirement.	3,000	0	0	0	0	0.0%	0.0%	0	0		0
Asset-holding intermediaries' liabilities	0	0	0	0	0	0.0%	0.0%	0	0		0
Total domestic liabilities	3,000	0	0	0	0	25.0%	0.0%	750	0		0
1. Mortgage bonds	0	0	0	0	0	0.0%	0.0%	0	0		0
2. Debentures - non convertible	0	0	0	0	0	0.0%	0.0%	0	0		0
3. Any other debtors*	0	0	0	0	0	0.0%	0.0%	0	0		0
Sub total	0	0	0	0	0	25.0%	0.0%	750	0		0
4. Shares - Ordinary, and convertible debentures - Domestic*	0	0	0	0	0	50.0%	0.0%	1,500	0		0
5. Shares - Preference - Domestic*	0	0	0	0	0	40.0%	0.0%	1,200	0		0
Sub total	0	0	0	0	0	65.0%	0.0%	1,950	0		0
6. Listed securities+shares - Foreign, deemed to be Dom.	0	0	0	0	0	15.0%	0.0%	450	0		0
7. Outstanding short-term premiums	0	0	0	0	0	-	-	0	0		0
8. Property investments	0	0	0	0	0	10.0%	0.0%	300	0		0
9. Associates and associated companies	0	0	0	0	0	5.0%	0.0%	150	0		0
10. Computer equipment	0	0	0	0	0	5.0%	0.0%	150	0		0
11. Other equipment and motor vehicles	0	0	0	0	0	2.5%	0.0%	75	0		0
12. Investment policies-non linked	0	0	0	0	0	-	-	0	0		0
Total of items 1 to 19	0	0	0	0	0	70.0%	0.0%	3,825	0		0
13. Margin deposits - Domestic	0	0	0	0	0	2.5%	0.0%	75	0		0
14. Margin deposits - Foreign, deemed to be Domestic	0	0	0	0	0	2.5%	0.0%	75	0		0
Sub total	0	0	0	0	0	2.5%	0.0%	75	0		0
15. Cash	0	0	0	0	0	-	-	0	0		0
16. Kruggerands	0	0	0	0	0	10.0%	0.0%	300	0		0
17. Bank balances and deposits - Domestic	0	0	0	0	0	-	-	0	0		0
18. Bank balances+deposits - Foreign, deemed to be Dom.	0	0	0	0	0	15.0%	0.0%	450	0		0
19. Securities - Domestic	0	0	0	0	0	-	-	0	0		0
20. Securities - Foreign, deemed to be Domestic	0	0	0	0	0	15.0%	0.0%	450	0		0
Total of items 21 to 29	0	0	0	0	0			0	0		0
Overall total	0	0	0	0	0			0	0		0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

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

DATE OF ANY DISPENSATION GRANTED FROM SPREADING REQUIREMENTS

