GOVERNMENT NOTICES

DEPARTMENT OF FINANCE

No. 386

7 April 2009

FINANCIAL SERVICES BOARD

SHORT-TERM INSURANCE ACT NO. 53 OF 1998:

AMENDMENT OF BOARD NOTICE 80 OF 2008: RETURNS TO REGISTRAR

- 1, Dube Phineas Tshidi, Registrar of Short-term Insurance, acting in terms of section 35(1) of the Short-term Insurance Act, 1998 (Act No. 53 of 1998), hereby amends Board Notice 80 of 2008, published in *Government Gazette* 31282 of 5 September 2008, by –
- (a) substituting Statement B1, Statements E1 and E5 and Statements G4.1, G4.2, G4.3, and G4.4 of the Annual Statutory Return for the Statements set out in the Schedule; and
- (b) repealing Statements G4.5 and G4.6 of the Annual Statutory Return.

This Notice takes effect on the date of publication thereof and applies to every registered short-term insurer whose financial year ends on or after 1 January 2009, and applies in respect of the full financial year preceding the end of the financial year referred to above.

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DP TSHIDI

Registrar of Short-Term Insurance

SCHEDULE

Page 1 of 1

PUBLIC STATEMENT

AUDITORS ____

FINAL PRINTOUT DATE												2009/03/16 14 17
				of ABC	STATEMENT B1 UNDERWRITING RE Insurance Company of of financial period	Limited						
					CURREN						PREVIO	US YEAR
DESCRIPTION	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	FOREIGN ONLY	DOMESTIC AND FOREIGN COMBINED	FOREIGN ONLY
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9 9	10	11	12	13
1 Unearned premiums - opening 2 Direct premiums written: 2.1 Inclusive of refunded premiums 2.2 Less: Refund of premiums 3 Reinsurance premiums inwards: 3.1 Proportional 3.2 Non proportional 4 Premiums in respect of portfolio transfers 5 Other	0 0 0 0 0 0	0 0 0 0 0 0 0	000000000000000000000000000000000000000		0 0 0	0 0 0 0 0 0	000000000000000000000000000000000000000	0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0
6 Unearned premiums - closing	0	0	0	0	0	0	0			0	0	0
7 PREMIUMS EARNED	0	0	0	0	0	0	0	0	0	0	0	0
Outstanding claims - Opening IBNR - Opening Claims paid Other	0 0 0	0 0 0	0	0 0	0	0 0 0	0		0	0	0 0 0	0 0 0
12 Outstanding claims - Closing IBNR - Closing	0	0	0	0	0	0		0		0	0	0
13 CLAIMS INCURRED	0	0	0	0	0	0	0	0	0	0	0	0
14 Gross commission paid on direct premiums 15 Gross commission paid on reinsurance premiums Inwards 16 DAC on direct premiums 17 DAC on reinsurance premiums inwards 18 Gross commission incurred on direct premiums 19 Gross commission incurred on reinsurance premiums inwards 20 EXPENSES	0 0 0 0 0	0 0 0 0 0 0	0 0	0 0 0 0 0 0	0	0 0 0 0 0 0	0 0 0 0	0 0	000000000000000000000000000000000000000	0 0	0 0 0 0 0 0	0 0 0 0 0 0
21 GROSS RESULT: PROFIT/(LOSS) 22 Gross commission paid as % of premium written 23 Gross commission incurred as % of premium earned	0 0% 0%	0 0% 0%		0 0% 0%	0%	0 0% 0%	0%	0%		0%	0 0% 0%	0 0% 0%
IF the period to which the figures in this return apply, is NOT TWE the following figures which are required in ferms of Schedule 2 to the Act for the calculation of the IBMR and contingency reserve. 4 Gross premiums written (direct premiums and reinsurance inwards for the twelve month period preceding the date of this return: 5 Domestic reinsurance including Lloyds's (fi.r. o. these premiums) 6 Foreign reinsurance (i.r.o. these premiums)	5)		Domestic #000	Foreign								

SHEET REFERENCE NUMBER

Page 1 of 1

E01-99-A **PUBLIC STATEMENT**

2009/03/16 14 17

FINAL PRINTOUT DATE STATEMENT E1 CASH & BALANCES & DEPOSITS of ABC Insurance Company Limited as at the end of financial period 31/12/2009 DESCRIPTION OF PREVIOUS YEAR **CURRENT YEAR** NAME OF INSTITUTION INVESTMENT (e.g. Current Account, Fixed DEEMED TO BE IN INCOME OUTSIDE OUTSIDE RSA TOTAL VALUE TOTAL VALUE % of total liabilities IN RSA INCOME IN RSA Deposit, Bankers RSA RSA (Investments of the same kind with a bank may be grouped) Acceptance, Negotiable Certificate of Deposit. Promissory Notes) R'000 R'000 R'000 R'000 R'000 R'000 R'000 5 8 10 4 6 1. CASH Notes & coins 0 0.0% Bank notes & coins Coins 00 0.0% Krugerrands 0.0% SUBTOTAL 0.0% 4 2. BANKS (Specify in supporting statement E1 1) 0 0 0 5 3. CORPORATION FOR PUBLIC DEPOSITS 0 0 0 0% Deposits 0 0.0% 6 4, LAND & AGRICULTURAL BANK Deposits 5. MARGIN DEPOSITS 0 0 0.0% Margin deposits
Margin deposits SAFEX 0 0.0% On approved foreign derivatives 0 0 0 0 0.0% 9 TOTAL CASH & BALANCES & DEPOSITS

AUDITORS

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PUBLIC STATEMENT

2009/04/07 11 43

STATEMENT ES SHARES, UNITS & DEPOSITORY RECEIPTS of ABC Insurance Company Limited as at the end of financial period 31/12/2009

			CURRE	NT YEAR			PREVIOUS YEAR		
DESCRIPTION	IN RSA	DEEMED TO BE IN	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE	% of total liabilities	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000		
1	2	3	4	5	-6	7	g	0	1

1. SHARES (excl those in property co's,	associated co's & asset-holding intermed
LISTED:	

165.						_	
Oil & Gas Producers	0	0	0 _ 0		0	0	
Oil Equipment & Services	0	0	0 0			0	
Chemicals	0	0	0 0			0	
Forrestry & Paper	0	0	0 0			0	
Industrial Metals	0	0	0 0		0	0	
Mining	0	0	0 0			0	
Construction and Materials	0	0	0 0			0	
Aerospace & Defence	0	0	0 0				_
General Industrials	0	0	0 0			0	
Electronic and Electircal Equipment	0	ol	0 0			0	
Industrial Engineering	0	0	0 0			0	
Industrial Transportation	0	0	0 0			0	
Support Services	0	0	0 0			0	
Automobiles and Parts	0	0	0 0			- 0	
Beverages	0	0	0 0				
Food Producers	1 0	0	0 0				
Household Goods	0	0	0 0		1 — — — — — — — — — — — — — — — — — — —	0	
Leisure Goods	- 0	0	0 0			0	
Personal Goods		0	0 0	——————————————————————————————————————		. 0	
Tobacco	- 0		0 0			0	
Healthcare Equipment and Services	0	-	0 0		1 ——	0	
Pharmaceuticals & Biotechnology	0	0	0 0			0	
Food & Drug Retailers	0		0 0				
General Retailers	0	0	0 0	——— <u> </u>		0	
Media	0	0	0 0			0	
Travel & Leisure	0	0	0			0	
Fixed Line Telecommunications	0	- 0	0			0	
Mobile Telecommunications	0	0	0	,		0	
Electricity		0	0			0	
Gas, Water & Multiutilities	0	0	0			0	
Banks	0	0	0	(7	
Nonlife Insurance (Short-term)	0	0	0			0	
Life Insurance (Long-term)	0	0	0			0	
Real Estate	0	0	0			0	
General Financial		0	0	(0	
Equity Investment Instruments	0		0			0	
Non-equity Investment instruments	0	0	0	(0	
Software & Computer Services	U	- 0	0			0	
	- 0		0			0	
Technology Hardware & Equipment	0	0	0 0	(0	
Development Capital	0	0	0	(0	
Venture Capital	0		0	(0	
Exchange Traded Funds	0	0	0 0	(0	
Corporate Debt	0	0	0 0	((0	
Preference Shares	0	0	0 0			0	
Other Securities	0	0	0 0	(0	
Alternative Exchange	0	0	0 0	(0	
ISTED (Specify in supporting statement E5.1)	0	0	0 0	(0	
	0	0	ol ó	-		0	

PUBLIC STATEMENT

2009/04/07 11 43

STATEMENT ES
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance Company Limited

		as at the end of	financial period 31/	12/2009				
			CURRE	NT YEAR			PREVIOUS YEAR	
DESCRIPTION	IN RSA	DEEMED TO BE IN	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE	% of total liabilities
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9
2. SHARES IN PROPERTY COMPANIES								
Unlisted ordinary (Specify in supporting statement E5.1)		0	0) C	0		0	0.0%
Unlisted preference (Specify in supporting statement E5.1)		0 0	0	0	0		0	0.0%
TOTAL		0 0	0		0		0	0.0%
3. SHARES IN RELATED PARTIES								
Unlisted ordinary (Specify in supporting statement E5.1)		0 0	Ó	0	0		0	0.070
Unlisted preference (Specify in supporting statement E5.1)		0 0	0	0	0		0	
TOTAL		0 0	0	0	0		0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES ⁵								
UNLISTED ORDINARY (Specify in supporting statement E5.1)		0 0	0		0		0	0.0%
UNLISTED PREFERENCE (Specify in supporting statement E5.1)		0 0	i o	0	0			
TOTAL		0 0	0	0] 0	0			0.0%
5. DEPOSITORY RECEIPTS								
Listed		0 0			0			
TOTAL		0 0	0		0		0	0.0%
6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES								
Units in money market funds		0 0	C		0		0	0.0%
Units in collective investment schemes in property shares		0 0	0		0		0	0.0%
Linked units & units in collective investment schemes								
Listed		0 0	C		0		0	0.0%
Unlisted (Specify in Supporting statement E5.1)		0 0	C		0		0 0	0.0%
TOTAL		_0 0		0			<u> </u>	0.0%
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS		ol o			01 0		01 (0.0%
1000000		_ ~			<u> </u>		<u> </u>	

AUDITORS____

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Page 1 of 2

SHEET REFERENCE NUMBER

G4 1-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE Statement G4.1 CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY of ABC Insurance Company Limited as at the end of financial period 31/12/2009 Subsidiary Description Branch 1. Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction? N State the total number of branches / subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary 2. Description Branch - R'000 Subsidiary - R'000 Total assets in respect of all branches / subsidiaries Total liabilities in respect of all branches / subsidiaries Total gross premium income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries keguiatory capital adequacy requirement (as per nome junsdiction) in respect of all branches 7 subsidiaries Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches / 2 subsidiaries

Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary and its head office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems. 3 Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidiary. Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full details?

DIRECTOR_

DATE

Page 2 of 2 ST2008 SHEET REFERENCE NUMBER CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2009/03/16 14 23 Statement G4.1
CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009 State the scope of the activities of the branch / subsidiary and its role within the insurance group. Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit firm.

CHAIRMAN_

PUBLIC

OFFICER

AUDITORS (initial)

Page 1 of 2

SHEET REFERENCE NUMBER

G4.2-99-A
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

Statement G4.2
CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited

as at the end of financial period 31/12/2009 Branch Subsidiary Description Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction ? 1. State the total number of branches / subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Branch - R'000 Subsidiary - R'000 2. Description Total assets in respect of all branches / subsidiaries Total liabilities in respect of all branches / subsidiaries Total gross premium income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Hegulatory capital adequacy requirement (as per nome jurisdiction) in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches /
Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary and its head office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems. Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidiary.

5	Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full details?	

		Page 2 of
SHEET RE	EFERENCE NUMBER	G4.2-99-A
FINAL PR	NTOUT DATE	CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2009/04/07 12:59
	Statement G CROSS BORDER OPERATIONS - NON S of .ABC Insurance Com as at the end of financial p	SADC BRANCH / SUBSIDIARY pany Limited
6	State the scope of the activities of the branch / subsidiary and its role within the ins	urance group.
	that is different to the audit firm of the insurer undertakes the audit and also provide	e name of that audit firm.
	CHAIRMAN	DIRECTOR
		DIRECTOR
		DATE
	PUBLIC OFFICER	DATE

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(please give full details)

Page 1 of 3 ST2008 G4.3-99-A SHEET REFERENCE NUMBER CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC FINAL PRINTOUT OATE Statement G4.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS of ABC Insurance Company Limited as at the end of financial period 31/12/2009 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 Total gross premium income Total net premium income the business written business written of the business written of the business written where person(s) is/are located R'000 R'000 R'000 R'000 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) Total assets in respectof the Total gross premium income Total net premium income 5 Name of the SAD Ccountry Total liabities in respect of the business written of the business written of the business written where person(s) is/are 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 or was it sourced through

independent intermediaries or through the insurer's own marketing force?

Page 2 of 3

SHEET REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

		of ABC In	Statement G4.3 RATIONS - SADC OTHER ISUrance Company Limite of financial period 31/12/	d	_
Has you	ur company placed re	incurance husiness with an in	surer in another SADC count	D/	
	please provide full de		sale in another SABO coom	,	
	of the SAD Ccountry	Name of the	Type of Reinsurance	Premium Amount Ceded	Reinsurer's expo
whe	re insurer(s) is/are located	insurer/reinsurer	(Proportional or Non- Proportional)	R'000	amount R'000
	located		Proportional)		11.000
	ur company provided please provide full de		surer in another SADC country	y ?	
	me of the SADC coun	try where insurer(s) is/are	Give a descripti	on of the outsourcing service	s heing provided
	loca	ated	2110 11 0000117411		
Has voi			ided by an insurer a person of	or any other entity located	
in anoth	ur company made use ner SADC country? please provide full de	e of outsourcing services prov	ided by an insurer, a person o		
in anoth	ur company made use ner SADC country? please provide full de	e of outsourcing services prov	ided by an insurer, a person c		at has been acquired
in anoth	ur company made use ner SADC country? please provide full de	e of outsourcing services prov tail in 12 below) where insurer(s), person or	ided by an insurer, a person c	or any other entity located	at has been acquired
in anoth	ur company made use ner SADC country? please provide full de e of the SADC country	e of outsourcing services prov tail in 12 below) where insurer(s), person or	ided by an insurer, a person of Give a description of	or any other entity located	at has been acquired
in anoth	ur company made use ner SADC country? please provide full de e of the SADC country	e of outsourcing services prov tail in 12 below) where insurer(s), person or	ided by an insurer, a person of Give a description of	or any other entity located	at has been acquired
in anoth	ur company made use ner SADC country? please provide full de e of the SADC country	e of outsourcing services prov tail in 12 below) where insurer(s), person or	ided by an insurer, a person of Give a description of	or any other entity located	at has been acquired
in anoth	ur company made use ner SADC country? please provide full de e of the SADC country	e of outsourcing services prov tail in 12 below) where insurer(s), person or	ided by an insurer, a person of Give a description of	or any other entity located	at has been acquired
in anoth	ur company made use ner SADC country? please provide full de of the SADC country entity is/a	e of outsourcing services prov tail in 12 below) where insurer(s), person or re located	Give a description o	or any other entity located	at has been acquired
Name Confirmin your	ur company made use her SADC country? please provide full de e of the SADC country entity is/a	e of outsourcing services provided in 12 below) where insurer(s), person or re located or more of the shares or any or y a foreign person or entity location.	ided by an insurer, a person of Give a description of	or any other entity located of the outsourcing services that	at has been acquired
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a	e of outsourcing services provided in 12 below) where insurer(s), person or re located or more of the shares or any or y a foreign person or entity location.	Give a description of the interest held directly or interest hald directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	at has been acquired
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a	e of outsourcing services prover tail in 12 below) where insurer(s), person or re located or more of the shares or any or y a foreign person or entity located in 14 below)	Give a description of the interest held directly or interest hald directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a n whether or not 25% company, is owned by please provide full de e of person or entity he	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC co
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a n whether or not 25% company, is owned by please provide full de e of person or entity he	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC co
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a n whether or not 25% company, is owned by please provide full de e of person or entity he	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC co
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a entity is/a entity is/a entity is/a entity is/a company, is owned by please provide full de e of person or entity in Name	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC cowhere the person or
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a n whether or not 25% company, is owned by please provide full de e of person or entity he	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC cowhere the person or
Name Confirm in your (if yes,	ur company made use ner SADC country? please provide full de e of the SADC country entity is/a entity is/a entity is/a entity is/a entity is/a entity is/a company, is owned by please provide full de e of person or entity in Name	e of outsourcing services prover tail in 12 below) where insurer(s), person or relocated or more of the shares or any or y a foreign person or entity located in 14 below) colding 25% or more of the	Give a description of the interest held directly or interest half directly or interest in another SADC countries.	or any other entity located of the outsourcing services that	Name of SADC or where the person or

Page 3 of 3

SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2009/03/16 14:17

Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the and of financial period 24/42/2000

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 countr
	Name	%	Name	%	where the person or enti
	·				
	ease provide full deta	iil in 18 below)			
Is your co	ease provide full deta	iil in 18 below)			
	ease provide full deta	iil in 18 below)			

Page 1 of 2

SHEET	REFERENCE	NUMBER
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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

RINTOLT DATE				2009/03/16 14
	of AB	Statement G4.4 ERATIONS - NON SADC OTHE C Insurance Company Limited and of financial period 31/12/2	i	
nation on cross border operations	other than branch business or t	pusiness conducted in a subsidia	ry in another country than a SAD	C country
Has the insurer provided cross bor persons in another country than a (if yes, please provide full detail in	SADC country?	a non-SADC branch and non-SADC	subsidiary to	N
Name of the country where person(s) is/are located	Total liabities in respect of the business written	Total assets in respect of the business written	Total gross premium income of the business written	Total net premium income of the business written
	R'000	R'000	R'000	R'000
(please give full details)				
) in another country than a SADC of 5 below) Total liabilities in respect of the business written	Total assets in respect of the business written	Total gross premium income of the business written	Total net premium income of the business written
	R'000	R'000	R'000	R'000
			/	
-				
Has the business referred to in 5 a	above been placed directly with the	insurer or was it sourced through in	dependent intermediaries or through	the insurer's
own marketing force? (please give full details)				
		_		
Has your company placed reinsur (if yes, please provide full detail in		another country other than a SADC	country?	
		Type of Reinsurance (Proportional or	Premium Amount Ceded	Reinsurer's exposure amount
(if yes, please provide full detail in Name of the country where insurer(s)	8 below) Name of the insurer/	Type of Reinsurance	Premium Amount	exposure
(if yes, please provide full detail in Name of the country where insurer(s)	8 below) Name of the insurer/	Type of Reinsurance (Proportional or	Premium Amount Ceded	exposure amount

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Page 2 of 2

	NTOUT DATE			CONFIDENTIAL STATEME	NT NOT AVAILABLE TO PU 2009/03/1
	NIOUT DATE		Statement G4.4		2003/03/1
			RATIONS - NON SADC OTHER Insurance Company Limited		
			nd of financial period 31/12/2		
	Has your company provided outsou		untry other than a SADC country?		
	(if yes, please provide full detail in	10 below)			
ſ	Name of the c	country where		Give a description of the outsourcing	g
	insurer(s), person or	entity is/are located		services being provided	
		_			
	Has your company made use of ou		nsurer, a person or any other entity	located in another	
	country that is not a SADC country's (if yes, please provide full detail in				
	(ii yes, pieuse provide ion detan iii	, 2 20,007,			
-	Name of the country where		Give a description of the outsourcing		
	insurer(s), person or	entity is/are located		services being provided	
	Confirm whether or not 25% or mor a foreign person or entity located in			ompany, is owned by	
	(if yes, please provide full detail in		, country.		
	Name of person or entit			tity holding 25% or more	Name of country
	of the shares or any inter	est directly in the insurer		terest indirectly in the urer	where the person entity is located
- /	Name	%	Name	%	- annity to to dated
)					
- 7					
				4	
	Does your company directly or indir		ares or any other interest in a foreig		
	country that is not a SADC country	?	ares or any other interest in a foreig		
		?	ares or any other interest in a foreig		
	country that is not a SADC country (if yes, please provide full detail in Name of insurer(s) in wh	? 16 below) nich your company holds	Name of the insurer(s)	gn insurer located in another in which your company	Name of SADC
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