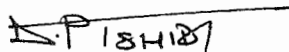

GOVERNMENT NOTICES

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**

I, 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.

**DP TSHIDI****Registrar of Short-Term Insurance****SCHEDULE**

ST2008

Page 1 of 1

SHEET REFERENCE NUMBER

801-99-9

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2009/03/18 14:17

STATEMENT B1 GROSS UNDERWRITING RESULTS of ABC Insurance Company Limited as at the end of financial period 31/12/2009												
DESCRIPTION	CURRENT YEAR										PREVIOUS YEAR	
	DOMESTIC AND FOREIGN COMBINED									FOREIGN ONLY	DOMESTIC AND FOREIGN COMBINED	FOREIGN ONLY
	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous			
1	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 Unearned premiums - opening	0	0	0	0	0	0	0	0	0	0	0	0
2 Direct premiums written:	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Inclusive of refunded premiums	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Less: Refund of premiums	0	0	0	0	0	0	0	0	0	0	0	0
3 Reinsurance premiums inwards:	0	0	0	0	0	0	0	0	0	0	0	0
3.1 Proportional	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Non proportional	0	0	0	0	0	0	0	0	0	0	0	0
4 Premiums in respect of portfolio transfers	0	0	0	0	0	0	0	0	0	0	0	0
5 Other	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	0	0
7 PREMIUMS EARNED	0	0	0	0	0	0	0	0	0	0	0	0
8 Outstanding claims - Opening	0	0	0	0	0	0	0	0	0	0	0	0
9 IBNR - Opening	0	0	0	0	0	0	0	0	0	0	0	0
10 Claims paid	0	0	0	0	0	0	0	0	0	0	0	0
11 Other	0	0	0	0	0	0	0	0	0	0	0	0
12 Outstanding claims - Closing	0	0	0	0	0	0	0	0	0	0	0	0
IBNR - Closing	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0
15 Gross commission paid on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
16 DAC on direct premiums	0	0	0	0	0	0	0	0	0	0	0	0
17 DAC on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
18 Gross commission incurred on direct premiums	0	0	0	0	0	0	0	0	0	0	0	0
19 Gross commission incurred on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
20 EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0
21 GROSS RESULT: PROFIT/(LOSS)	0	0	0	0	0	0	0	0	0	0	0	0
22 Gross commission paid as % of premium written	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
23 Gross commission incurred as % of premium earned	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 TWELVE MONTHS, furnish the following figures which are required in terms of Schedule 2 to the Act for the calculation of the IBNR and contingency reserve.

- 24 Gross premiums written (direct premiums and reinsurance inwards) for the twelve month period preceding the date of this return:
 25 Domestic reinsurance including Lloyd's (i.e. these premiums)
 26 Foreign reinsurance (i.e. these premiums)

Domestic R'000	Foreign R'000
0	0
0	0
0	0

AUDITORS _____

ST2008

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SHEET REFERENCE NUMBER

E01-99-A

PUBLIC STATEMENT

FINAL PRINTOUT DATE

2009/03/16 14:17

STATEMENT E1
CASH & BALANCES & DEPOSITS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

NAME OF INSTITUTION (Investments of the same kind with a bank may be grouped)	DESCRIPTION OF INVESTMENT (e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit, Promissory Notes)	CURRENT YEAR					PREVIOUS YEAR		% of total liabilities
		IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE	
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9	10
1. CASH									
1	• Bank notes & coins	0	0	0	0	0	0	0	0.0%
2	• Krugerrands	0	0	0	0	0	0	0	0.0%
3	SUBTOTAL	0	0	0	0	0	0	0	0.0%
4. 2. BANKS (Specify in supporting statement E1 1)									
		0	0	0	0	0	0	0	0.0%
5. 3. CORPORATION FOR PUBLIC DEPOSITS									
5	Deposits	0	0	0	0	0	0	0	0.0%
6	Deposits	0	0	0	0	0	0	0	0.0%
5. MARGIN DEPOSITS									
7	SAFEX	0	0	0	0	0	0	0	0.0%
8	On approved foreign derivatives	0	0	0	0	0	0	0	0.0%
9. TOTAL CASH & BALANCES & DEPOSITS									
		0	0	0	0	0	0	0	0.0%

AUDITORS _____

E05-99 A
PUBLIC STATEMENT
2009/04/07 11:43

STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9

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

Oil & Gas Producers	0	0	0	0	0	0	0	0.0%
Oil Equipment & Services	0	0	0	0	0	0	0	0.0%
Chemicals	0	0	0	0	0	0	0	0.0%
Forrestry & Paper	0	0	0	0	0	0	0	0.0%
Industrial Metals	0	0	0	0	0	0	0	0.0%
Mining	0	0	0	0	0	0	0	0.0%
Construction and Materials	0	0	0	0	0	0	0	0.0%
Aerospace & Defence	0	0	0	0	0	0	0	0.0%
General Industrials	0	0	0	0	0	0	0	0.0%
Electronic and Electrical Equipment	0	0	0	0	0	0	0	0.0%
Industrial Engineering	0	0	0	0	0	0	0	0.0%
Industrial Transportation	0	0	0	0	0	0	0	0.0%
Support Services	0	0	0	0	0	0	0	0.0%
Automobiles and Parts	0	0	0	0	0	0	0	0.0%
Beverages	0	0	0	0	0	0	0	0.0%
Food Producers	0	0	0	0	0	0	0	0.0%
Household Goods	0	0	0	0	0	0	0	0.0%
Leisure Goods	0	0	0	0	0	0	0	0.0%
Personal Goods	0	0	0	0	0	0	0	0.0%
Tobacco	0	0	0	0	0	0	0	0.0%
Healthcare Equipment and Services	0	0	0	0	0	0	0	0.0%
Pharmaceuticals & Biotechnology	0	0	0	0	0	0	0	0.0%
Food & Drug Retailers	0	0	0	0	0	0	0	0.0%
General Retailers	0	0	0	0	0	0	0	0.0%
Media	0	0	0	0	0	0	0	0.0%
Travel & Leisure	0	0	0	0	0	0	0	0.0%
Fixed Line Telecommunications	0	0	0	0	0	0	0	0.0%
Mobile Telecommunications	0	0	0	0	0	0	0	0.0%
Electricity	0	0	0	0	0	0	0	0.0%
Gas, Water & Multiutilities	0	0	0	0	0	0	0	0.0%
Banks	0	0	0	0	0	0	0	0.0%
Nonlife Insurance (Short-term)	0	0	0	0	0	0	0	0.0%
Life Insurance (Long-term)	0	0	0	0	0	0	0	0.0%
Real Estate	0	0	0	0	0	0	0	0.0%
General Financial	0	0	0	0	0	0	0	0.0%
Equity Investment Instruments	0	0	0	0	0	0	0	0.0%
Non-equity Investment Instruments	0	0	0	0	0	0	0	0.0%
Software & Computer Services	0	0	0	0	0	0	0	0.0%
Technology Hardware & Equipment	0	0	0	0	0	0	0	0.0%
Development Capital	0	0	0	0	0	0	0	0.0%
Venture Capital	0	0	0	0	0	0	0	0.0%
Exchange Traded Funds	0	0	0	0	0	0	0	0.0%
Corporate Debt	0	0	0	0	0	0	0	0.0%
Preference Shares	0	0	0	0	0	0	0	0.0%
Other Securities	0	0	0	0	0	0	0	0.0%
Alternative Exchange	0	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%

E05 99-A
PUBLIC STATEMENT
2008/04/07 11:43

STATEMENT E5 SHARES, UNITS & DEPOSITORY RECEIPTS of ABC Insurance Company Limited as at the end of financial period 31/12/2009								
DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
	IN RSA R'000 2	DEEMED TO BE IN RSA R'000 3	INCOME IN RSA R'000 4	OUTSIDE RSA R'000 5	INCOME OUTSIDE RSA R'000 6	TOTAL VALUE R'000 7	TOTAL VALUE R'000 8	
1	2	3	4	5	6	7	8	9
2. SHARES IN PROPERTY COMPANIES								
Unlisted ordinary (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%
3. SHARES IN RELATED PARTIES								
Unlisted ordinary (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES⁵								
UNLISTED ORDINARY (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
UNLISTED PREFERENCE (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%
5. DEPOSITORY RECEIPTS								
Listed	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%
6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES								
Units in money market funds	0	0	0	0	0	0	0	0.0%
Units in collective investment schemes in property shares	0	0	0	0	0	0	0	0.0%
Linked units & units in collective investment schemes								
Listed	0	0	0	0	0	0	0	0.0%
Unlisted (Specify in Supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS	0	0	0	0	0	0	0	0.0%

AUDITORS _____

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SHEET REFERENCE NUMBER

G4 1-99-A

FINAL PRINTOUT DATE

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

1.	Description	Branch	Subsidiary
	Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	N	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		
	Regulatory capital adequacy requirement (as per home jurisdiction) in respect of all branches / subsidiaries		
2	Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches / subsidiaries		

Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary

- 3 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.

- 4 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?

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SHEET REFERENCE NUMBER

G4 1-99-A

FINAL PRINTOUT DATE

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

- 6 State the scope of the activities of the branch / subsidiary and its role within the insurance group.

- 7 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 _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (initial) _____

ST2008

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SHEET REFERENCE NUMBER

G4.2-99-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2009/04/07 12:59

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

Description	Branch	Subsidiary
1. Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction ?	N	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

Description	Branch - R'000	Subsidiary - R'000
2. 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		
Regulatory capital adequacy requirement (as per home jurisdiction) in respect of all branches / subsidiaries		
Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches / subsidiaries		

Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary

- 3 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.

- 4 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?

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SHEET REFERENCE NUMBER

G4.2-99-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2009/04/07 12:59

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

- 6 State the scope of the activities of the branch / subsidiary and its role within the insurance group.

- 7 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 _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (initial) _____

ST2008

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SHEET REFERENCE NUMBER

G4 3-99-A

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 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

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)

N

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

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

--

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

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

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

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FINAL PRINTOUT DATE

2009/03/16 14:17

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

[illegible]

9. Has your company provided outsourcing services to an insurer in another SADC country?
(if yes, please provide full detail in 10 below)

	Name of the SADC country where insurer(s) is/are located	Give a description of the outsourcing services being provided
10.		

11. Has your company made use of outsourcing services provided by an insurer, a person or any other entity located in another SADC country?
(if yes, please provide full detail in 12 below)

12	Name of the SADC country where insurer(s), person or entity is/are located	Give a description of the outsourcing services that has been acquired

13. Confirm whether or not 25% or more of the shares or any other interest held directly or indirectly in your company, is owned by a foreign person or entity located in another SADC country (if yes, please provide full detail in 14 below)

[illegible]

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SHEET REFERENCE NUMBER

G4.3-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/16 14:17

Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

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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G4 4.99-A

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

2009/03/16 14:17

1 Has the insurer provided cross border insurance services other than a non-SADC branch and non-SADC subsidiary to persons in another country than a SADC country?
(if yes, please provide full detail in 2 below)

N

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)

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)

- [illegible]

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SHEET REFERENCE NUMBER

G4 4-99-A

FINAL PRINTOUT DATE

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

Statement G4.4
CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

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.

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CHAIR _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____