No. 387 7 April 2009

FINANCIAL SERVICES BOARD

LONG-TERM INSURANCE ACT NO. 52 OF 1998:

AMENDMENT OF BOARD NOTICE 81 OF 2008: RETURNS TO REGISTRAR

I, Dube Phineas Tshidi, Registrar of Long-term Insurance, acting in terms of section 36(1) of the Long-term Insurance Act, 1998 (Act No. 52 of 1998), hereby amends Board Notice 81 of 2008, published in *Government Gazette* No. 31207 of 5 September 2008, by –

- (a) substituting Statements C2, C4, C5, C6 and C9, Statements E5 and E11 and Statements G3, G5, G14, G15.1 to G15.4 of the Annual Statutory Return for the Statements set out in Annexure A of the Schedule:
- (b) repealing Statements G15.5 and G15.6 of the Annual Statutory Return; and
- (c) substituting the Quarterly Return for the Quarterly Return set out in Annexure B of the Schedule.

This Notice takes effect on the date of publication thereof and applies to every registered long-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 Long-Term Insurance

SCHEDULE

SHEET REFERENCE NUMBER

Page 1 of 1

C02-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE										No number available 3/16/2009 14:06
			Statement	C2	-					44.1 (14.00s/4
SUM	MARY OF STA	TUTORY VA	LUATION ME	THOD OF A	SSETS AND I	LIABILITIES				
		of as at the end of the financial period 31/01/2008								
	as	as at the end of the financial period 31/01/2008								
		IN RSA & DEEMED TO BE IN RSA							IN & OUT	SIDE RSA
			TYPE OF E		NT YEAR				TOTAL	TOTAL
DESCRIPTION				DOSINESS					CURRENT	TOTAL PREVIOUS
5200Kii 110K	With-profit	With-profit	Without-profit	Linked	Market	Other	Shareholders	TOTAL	YEAR	YEAR
	business	annuities	annuities		related					
	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	10	11
1. ASSETS										
1. 400210										
Cash & Deposits	0	0	0	0	0	0	0	0	0	Ō
Fixed interest	0.			::::::::::::::::::::::::::::::::::::::	0	· · · · · · · · · · · · · · · · · · ·	(10)	0	0	0
Equities & Convertible debentures	0:	0		0	0	Ω	0	0	0	0
Property Collective investment schemes	0	0 0		0	0	0	0	0	0	0
Fixed Assets				0	0	0	0	0	0	0
Current Assets	0			D	0	0	0	0	0	0
Other	0			0	0	0	0		0	0
		1	T.N	······································						[2,,
TOTAL ASSETS	0		0	0	o	0	0	0	0	0
2. LIABILITIES										
Linked liabilities	0	0	0 0 1	0	0	0	0	0	0:	
Non-linked liabilities		0		0				0	0	0
Current liabilities	0	0		0	0	0	0	0	0	0
Other	0	0		0	0	0	0	0	0	0
									•	
TOTAL LIABILITIES	0		이		0		0	0	0	g
3. EXCESS ASSETS	0		0	0	<u> </u>	0	<u> </u>	0	0	Q
A CARLETT ARROWS AND A CARLETT							ſr.	10,000	10.000	40.000
4. CAPITAL ADEQUACY REQUIREMENT		•					L	10,000	10,000	10,000
5. FREE ASSETS							ī	(10,000)	(10,000)	(10,000)
J. I NEL ASSETS							L	(10,000)	(10,000)	(10,000)
ACTUARY									AUDITORS	
ACTUARY										

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER No number available FINAL PRINTOUT DATE 3/16/2009 14.06 Statement C4 STATUTORY VALUATION METHOD OF NET POLICY LIABILITIES of as at the end of the financial period 31/01/2008 IN & OUTSIDE RSA IN RSA CURRENT YEAR TYPE OF BUSINESS TOTAL TOTAL DESCRIPTION With-profit With-profit Without-profit TOTAL CURRENT YEAR PREVIOUS YEAR Linked Market related Other business annuities annuities R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 1. INDIVIDUAL 1.1 LINKED LIABILITIES Total linked fiabilities Negative rand reserves Deferred Tax SUBTOTAL LINKED LIABILITIES Ω 1.2 NON-LINKED LIABILITIES Basic liabilities (including vested bonuses) Prospective valuation Ω Retrospective valuation n Non-vested bonuses Supplementary benefits 0.7 Ð Bonus stabilisation reserves O AIDS Reserve Embedded Investment Derivatives Reserve Other Reserves (Specify in supporting statement C4.1) .0. .0. · 0. 0. 0. :0: 0. Discretionary margins (Specify in supporting statement C4.1) 0. .0 .0 Deferred Tax O 0 1 SUBTOTAL NON-LINKED LIABILITIES TOTAL INDIVIDUAL 0 1 2. GROUP 2.1 LINKED LIABILITIES Total linked liabilities Negative rand reserves n Deferred Tax 0] SUBTOTAL LINKED LIABILITIES 2.2 NON-LINKED LIABILITIES Basic liabilities (including vested bonuses) Prospective valuation Retrospective valuation Non-vested bonuses n 0.1 Supplementary benefits Ö Bonus stabilisation reserves Ω AIDS Reserve

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Deferred Tax

TOTAL GROUP

TOTAL POLICY LIABILITIES

Embedded Investment Derivatives Reserve

SUBTOTAL NON-LINKED LIABILITIES

TOTAL LINKED POLICY LIABILITIES

TOTAL NON-LINKED POLICY LIABILITIES

Other Reserves (Specify in supporting statement C4.1)

Discretionary margins (Specify in supporting statement C4.1)

. 0 .

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

AUDITORS (initial)

3/16/2009 14:06

SHEET REFERÊNCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER No number available FINAL PRINTOUT DATE Statement C5 CAPITAL ADEQUACY REQUIREMENT BEFORE MANAGEMENT ACTION as at the end of the financial period 31/01/2008 IN RSA IN & OUTSIDE RSA CURRENT YEAR TOTAL CURRENT | TOTAL PREVIOUS TYPE OF BUSINESS DESCRIPTION TOTAL Without-profit YEAR YEAR With-profit business With-profit annuities Other Linked Market related annuities R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR) LAPSE RISK SURRENDER RISK OTHER RISKS: Specify n ĺ 0. 0 | TCAR 2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR) SURRENDER RISK (b) 0 | ō FLUCTUATION RISK 0 1 n l 0 | Mortality (ci) Morbidity (cii) Mortality (ci) Expense (f) Annuliant mortality (d) ASSUMPTION RISK Medical (ciii) Mortality, morbidity & medical (e) INVESTMENT RISK Resilience risk (gi) - Embedded Investment Derivatives Component Worse investment risk (gii) 0 | Max (resilience risk, worst investment return risk) (g) CREDIT RISK (h) NEGATIVE BONUS STABILISATION RESERVE OTHER RISKS: (i) Specify Operational risk 0 [0 | n 0 [οi οſ 0 (IOCAR 0 1 o l Adjustment factor 100% 100% 100% 100% 100% 100% 100% 100% 100% OCAR 0 [0 | 0 | 0 | 3. MAXIMUM OF ITEM 1 AND ITEM 21

ACTUARY	
•	
Notes:	

¹ Represents the maximum of item 1 and 2 and NOT the Capital Adequacy Requirement.

ACTUARY ____

AUDITORS (initial)

Statement CF	SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER							CONFIDENTIAL S	TATEMENT NOT AV	A/LABLE TO PUBLIC C06-99-A No number avariable
### CAPITAL ADDILACY REQUIREMENT (TOCAN) CAPITAL ADDILACY REQUIREMENT (TOCAN) CAPITAL ADDIL	FINAL PRINTOUT DATE									
A set the ond of the financial period 3/01/2008										
Section Sect	A Programme of the Control of the Co	C	APITAL ADEQUACY		TER MANAGEME	NT ACTION				
DESCRIPTION								: f., a saa		
DESCRIPTION DESCRIPTION Page DESCRIPTION Page DESCRIPTION Page DESCRIPTION Page DESCRIPTION Page DESCRIPTION Page	· · · · · · · · · · · · · · · · · · ·	·	as at the	end of the financial p				<u> </u>	4 N	CIDE DEA
Comment Comm									114 8 001	SIDE ROA
With profit business Winsperds services Profit annules Profit annu	DESCRIPTION				SINESS					
R7000 R700	DESCRIPTION	With-profit business	With-profit annuities		Linked	Market related	Other	TOTAL	YEAR	YEAR
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR) JURRENCER RISK 0 0 0 0 0 0 0 0 0		1			B'000	B,000	B'000	B.000	P'000	P'000
LAPSE RICK 0 0 0 0 0 0 0 0 0	1						7			
LAPSE RICK 0 0 0 0 0 0 0 0 0										
SURRENCER RISK O O O O O O O O O O O O O O O O O O O										
OTHER RISKS. Specify 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										
O O O O O O O O O O	*	0	0	0 1	0	0	0		0	0
TCAR	•									. 0
TCAR 0 0 0 0 0 0 0 0 0										
2. ORINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)	•									
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR) LAPSE RISK (a) SURRENDER RISK (b) CO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TCAR									
LAPSE RISK (a) 0 0 0 0 0 0 0 0 0	ICAR						- 0 /			
SURRENDER RISK (b)	2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)									
FLUCTUATION RISK Morbidly (ci)										0
Mortality (c) 0 0 0 0 0 0 0 0 0		0	0	0	0	0)	0}	0	0	0
Morbidity (sis)			n!							
Medical (cit) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
Ansulfant mortality (a)										
ASSUMPTION RISK										
Mortality, morbidity & medical (e) 0 0 0 0 0 0 0 0 0		0	0	0	. 0	0}	0	0	0	
NNESTMENT RISK			n	- 01						
Resilience risk (gr)			0							
- Embedded Investment Denvatives Component 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Resilience risk (gi)	0	0	0	0	0	0		0	0
Max (resilience risk, worst investment return risk) (g)									0	0
CREDIT RISK (t) 0 0 0 0 0 0 0 0 0										
NEGATIVE BONUS STABLISATION RESERVE 0 0 0 0 0 0 0 0 0	Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0)	0		
NEGATIVE BONUS STABLISATION RESERVE 0 0 0 0 0 0 0 0 0	CREDIT RISK (h)	0	0				n i			
Operational risk O										
CALCULATING THE CAPITAL ADEQUACY REQUIREMENT Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) Statutory minimum Capital Adequacy Requirement B7 Capital Adequacy R										
CACR	Operational risk									
Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) Capital Adequacy Requirement before prescribed minimum (maximum of items (1) and (2)) Capital Adequacy Requirement (3) (3) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	AND STREET OF THE PARTY OF THE									
O O O O O O O O O O O O O O O O O O O										
Adjustment factor 100% 100% 100% 100% 100% 100% 100% 100	•									
Adjustment factor 100% 100% 100% 100% 100% 100% 100% 100										
OCAR 0										
3. CALCULATING THE CAPITAL ADEQUACY REQUIREMENT Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) 13 Weeks of operating expenses (from statement 87) Statutory minimum 10,000 10,000 Approved minimum 0 0 0 0										
Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) 0 0 0 13 Weeks of operating expenses (from statement B7) 0 0 0 0 Statutory minimum 10,000 10,000 10,000 Approved minimum 0 0 0 0	UCAR	0		0[0	0	0		. 0	0
Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) 0 0 0 13 Weeks of operating expenses (from statement B7) 0 0 0 0 Statutory minimum 10,000 10,000 10,000 Approved minimum 0 0 0	3 CALCULATING THE CAPITAL ADEQUACY REQUIREMENT									
13 Weeks of operating expenses (from statement 87) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Capital Adequacy Requirement before prescribed minimums (maxim	num of items (1) and (2))					0	0	0
Statutory minimum 10,000 10,000 10,000 Approved minimum 0 0 0	13 Weeks of operating expenses (from statement B7)								0	0
	Statutory minimum									
	Approved minimum Minimum Capital Adequacy Requirement (MCAR)									
10,000 1								10,000	10,000	10,000

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER									No number availab
FINAL PRINTOUT DATE			04-4						3/16/2009 14 1
			Statement C9	_					
	\$1.		REINSURANCE					and the same	
			of					- 1	
····		as at the end o	f the financial pe		8				
				IN RSA				IN & OUT	SIDE RSA
				CURRENT YEAR				TOTAL	TOTAL
DESCRIPTION			TYPE OF B	USINESS				CURRENT	PREVIOUS
DEGOTAL FIGHT	With-profit	With-profit	Without-profit	Linked	Market related	Other	TOTAL	YEAR	YEAR
	business	annuities	annuities	D1000	5/000	51000	51000		5.444
	R'000	R'000	R'000	R'000 5	R'000	R'000	R'000	R'000	R'000
1 1	2	3	4		6	/ 1	8 [9 [10
1. INCOME									
Gross premiums received & outstanding (to correspond with B2)	0	0.1	0		0 1	0	01	0	
less: Reinsurance premiums paid & outstanding			• 1				0 [
Approved []	0	0	0	0	0	0	0]	0	
Non-approved	0	0	0	0	0	0	0	0	
Net premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	- 0
Reinsurance commission received & outstanding	0	0	0	0	0	0	0	0	
BENEFITS PAID AND PROVIDED FOR Gross benefits paid & provided for (to correspond with B3) less: Reinsurance recoveries	0	0	0	0		0	0	0	0
Net benefits paid & provided for (to correspond with B2)	0	0	0	0	0	0	0	0	0
3. LIABILITIES			01	0	0 [01	0	0	
Gross policy liabilities	0	0	0	0		0	0	0	
less: Deduction for approved reinsurances Net policy liabilities (to correspond with C4)	0	0	0	0		0	- 0	- 0	
Net policy habilities (to correspond with C4)					0	0 [0 [0	
4. GROSS POLICY LIABILITIES FOR LEVY PURPOSES									
Gross policy liabilities								0	
less:				* .					
Gross policy liabilities under pension funds								0	
 Gross policy liabilities under provident funds 								0	
Gross policy liabilities under retirement annuities								0	
Gross policy liabilities under friendly societies								0	
SUBTOTAL							L	0	
ACTUARY								AUDITORS	

TOTAL

TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS

23

EXCLUDING DERIVATIVE EXPOSURE SHEET PERFERENCE NUMBER

RESISTRAR OF LONG TERM ING. HAVE & HARRESENCE HUMBER C05-99 A he number available FINAL PRYCOUT DATE 31600091408 Statement E5 SHARES, UNITS & DEPOSITORY RECEIPTS held by as at the end of the financial period 31/01/2008 PREVIOUS YEAR TOTAL CURRENT YEAR % of total OUTSIDE RSA IN RSA DEEMED TO BE IN RSA INCOME IN RSA INCOME OUTSIDE RSA TOTAL VALUE habilities DESCRIPTION VALUE P'000 SHARES (excl those in property co's, associated co's & asset-holding intermedianes) LISTED Oil & Gas Producers Oil Equipment & Services Chemicals Forestry & Paper Industrial Metals Mining Construction and Materials Aerospace & Defense General industrials Ganeral Industrials
Flectoria, and Electrical Equipment
Industrial Transportation
Support Services
Automobiles and Parts
Beverages
Food Producers Food Producers
Household Goods
Lesure Goods
Personal Goods
Tobacco
Healthcare Equipment and Services Pharmaceubcals & Biotechnology Food & Drug Retailers Food & Drug Retailers
General Retailers
General Retailers
Minda
Fravet & Leaure
Fravet & Multi-utations
Biothic
Banks
Banks Real Estate
General Financial
Equity Investment Instruments
Non-equity Investment Instruments
Software & Computer Services Software & Computer Services
Technology Hardware & Equipment
Development Capital
Venture Capital
Suchange Traded Funds
Corporate Debt
Preference Shares
Other Sequifies Other Securities
Alternative Exchange UNLISTED (Specify in supporting statement E5 1) 2. SHARES IN PROPERTY COMPANIES Unisted ordinary (Specify in supporting statement E5 1)
Unisted preference (Specify in supporting statement E5 1)
TOTAL 0.0% 0.0% 0.0% 3, SHARES IN RELATED PARTIES Unlisted ordinary (Specify in supporting statement E5.1)
Unlisted preference (Specify in supporting statement E5.1) 4. SHARES IN ASSET-HOLDING INTERMEDIARIES UNLISTED ORDINARY (Specify in supporting statement E5.1)
UNLISTED PREFERENCE (Specify in supporting statement E5.1)
TOTAL 5. DEPOSITORY RECEIPTS Listed TOTAL 6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES Units in money market lunds
Units in collective investment schemes in property shares Letted
Unlisted (Specify in Supporting statement 65.1)

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SHEET REFERENCE NUMBER										E11-99-A		
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER										tio number available		
FINAL PRINTOUT DATE				-4						3/16/2009 14:06		
				atement E11								
	. 5	PREAD OF	. 422E12 IL		TO BE IN THE	RSA						
the state of the s				of								
		as at t	ne end of th		iod 31/01/2008							
	1 1			ADD:	LESS:	SUBTOTALS	Maximum adm	issible for each ite	m of this statement		NOTE - ITEMS 4 + 5 & 13 + 14	
	1 1			Assets of asset-	Individual				Total non-linked	Admitted for each		
	Total assets	Linked	Non-linked	holding	excesses e.g	Assets held, less	per Regulation 2	Dispensation	liabilities x greater of	item (the lesser of		
DESCRIPTION	Total assets	assets	assels	intermediaries &		individual	to the Act	given	column (8) or	column (10) or		
	1 1			investments in	investments &	excesses	10 1110 / 101	giron	column (9)	column (7))	Admitted values are the lesser of the in	dividual, or the total
	1 1			linked products	properties						amounts in the previous column	
	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	10	11	Items4+5; individual	0
											Total	7,500
1 Mortgage bonds	0	0						· ·	-	-	Admitted	٥١
2 Non-convertible debentures	0	0						-	- :	-	Items13+14: Individual	
3 Any other debtors SUBTOTAL	1 0									0	Total	١
SUBTUTAL							2570	076	2,500		Admitted	
											CALCULATION OF FURTHER EXCESS	ES AND FINAL
4 Shares - listed ordinary, convertible debentures & collective investment s	o D	0	0	0	0	0	· ·		0	0	ADMITTED VALUES	
5 Shares - unlisted - Domestic	[0]	0								0		1
SUBTOTAL	0	0	0	0) 0	0	75%	0%	7,500			R'000
							1	1		-		
6 Listed securities & shares - Foreign, deemed to be domestic	- 0	0								0	if Items 4+5+6+9+10+11+12 exceed 9 of the non-linked liabilities, the	.0%
7 Policyholders' loans 8 Policies with other long-term insurers	- 0							- 076	9,300	0	excess is:	
9 Property investments	0	0						0%		0	6,063313.	
10 Related party(ies) & associated companies	0	0	0	0	0	0				0	2. If Items 6+14+18+20 exceed 15%	
11 Computer equipment	0	0								0	of the non-linked liabilities, the	
12 Other equipment & motor vehicles	0	0								0	excess is:	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	. 0	0	0	95%	0%	24,750	0		
		0	1	T 0	1 0	1 0	2.50	0%		0	3. If the admitted value of items 1 to 12 exceeds:	250
13 Margin deposits - Domestic 14 Margin deposits - Foreign, deemed to be domestic	0	0								0	of the total non-linked liabilities, the exce	95%
SUBTOTAL	0	- 0								0	is-	
SOBISTAL				<u> </u>					200			<u> </u>
15 Cash	0	0	0	0	0	0	100%		0	0 .	4. Overall admitted assets:	
16 Krugerrands	0	0								0	Total of column (11) less 1, 2 & 3 above	0
17 Bank balances & deposits - Domestic	0	0							0	0		
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0								0 !	5. Surplus of overall admitted assets	
19 Government & semi-government securities - Domestic	0	0							1,500	0	total non-linked liabi	
20 Government securities - Foreign, deemed to be domestic 21 Outstanding Premiums	0	0						- 0%	1,500	0		(10,000)
SUBTOTAL OF ITEMS 13 to 21	0									. 0		
COST CTAC OF THE MO TO CO 21					·		J		'	•		
TOTAL	0	0	0	0	0] 0			1	0		
DOMESTIC ACCESS MINOT EVOLED THE FOLLOWING												
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING: Total Liabilities (transferred from statement C2)	0	ı										
lotal Liabilities (transferred from statement C2) Less: Linked liabilities (transferred from statement C2)	0											
Plus:CAR (transferred from statement C5)	10,000											
Plus: Asset-holding intermediaries' liabilities	0											
Total Non-linked Liabilities	10,000											
									AUDITORS			

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

G03-99-A No number available 3/16/2009 14 06

Statement G3 DESCRIPTION OF PRODUCTS MARKETED & SOLD by as at the end of the financial period 31/01/2008

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

• Product name
• Class of business: specifying

Assistance business Disability business Fund business Health business Life business

Sinkino Fund business

* Type of business: specifying With-profit business With-profit annuities Without-profit annuities Linked Market related Other

Structured products/hybrids

* Type of policy: specifying

Grouped Individual

• Paid-up value or surrender value indicator Yes

No

- Premium Income (as a % of total premiums received and outstanding)
 Description of benefits payable
 Other information of relevance (e.g. reclassified, closed product, etc.) Specify
- 2 Please indicate whether significant changes in the product mix or the marketing policy of your company are anticipated.
- Please provide the following information with regard to retrenchment/job loss cover

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

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

% of Gross Premiums 0.00% 0.00% Funeral Policies
Credit Policies
Life Insurance
Mortgage Protection
Disability Other 0.00%

Please provide the following information with regard to credit life insurance

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

Claims settled and rejected

Claims F	Received	Claims Rejected		Claim	s Paid
Number	R'000	Number	R'000	Number	R'000

Pn	Primary reasons for claims - Indicate percentage distribution							
	Death	Unemployment	Disability	Total				
				0%				

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

Description	Individual	Group
	% of gross premium	% of gross premium
Mail marketing	0.00%	0.00%
In-house agents	0.00%	0.00%
Independent brokers	0.00%	0.00%
Direct marketing	0.00%	0.00%
Tele-sales	0.00%	0.00%
Other method specify	0.00%	0 00%
•		
TOTAL	0.00%	0.00%

Please provide the following information with regard to claims:

AUDITORS (initial)

Benefits paid and provided for	Claims received		Claims r	ejected	Claims paid		
	Number	R'000	Number	R'000	Number	R'000	
Death							
Disability				_			
Health							
TOTAL	0	0	0	0	0	0	

PUBLIC OFFICER	DATE

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

G05-99-A No number available 3/16/2009 14:06

Statement G5 REPORT in respect of FINANCIAL SOUNDNESS of as at the end of the financial period 31/01/2008

CTATI	ITODV	1/41 114	TION	METHOD

STATUTORY VALUATION METHOD	
 1. Is the result of the Statutory Valuation Method favorable? If "NO", the statutory actuary must provide a detailed report. 	
 2. Does the statutory actuary expect that the result of the Statutory Valuation Method as at a date one year after the valuation date will be favorable (taking into account expected new business during the year as well as bonus and dividend declarations) without recourse to exceptional measures such as an increase in capital? If exceptional measures would be required to ensure a favorable result on the financial soundness basis as at such future valuation, particulars must be provided together with a confirmation by the insurer that such exceptional measures will be taken. 	
NEW BUSINESS DURING THE PERIOD UNDER REVIEW	
3. Did the statutory actuary satisfy himself/herself that new business undertaken during the period was entered into on conditions and premium rates that will not endanger the financial soundness of the insurer, bearing in mind, amongst other things, the following:	
 The expected experience of the insurer as regards the mortality and morbidity rates; actual and expected costs; lapses and surrenders; all guarantees and options provided for in such business; the expected net investment return on future investments; the standards applied in the underwriting of risks; the arrangements made as regards reinsurance; the reasonable benefit expectations of policyholders; the expected return on the capital invested in new business in the form of new business strain? If "NO", the statutory actuary must provide the steps that will be taken to rectify this position. 	
INVESTMENTS	
4. Did the statutory actuary satisfy himself/herself of the suitability of the assets of the insurer at the valuation date and the insurer's current investment policy in relation to the nature of the insurer's liabilities? If "NO", provide details.	
5. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of future exchange rate fluctuations? If "NO", provide details.	
6. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of the current use of derivative instruments such as futures and options?	
• If "NO", provide details.	

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

Page 2 of 2

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

G05-99-A No number available 3/16/2009 14:06

Statement G5 REPORT in respect of FINANCIAL SOUNDNESS of as at the end of the financial period 31/01/2008

AUDITORS (initial)

RE

 If "NO", provide steps that will be taken to rectify this position. 	
REINSURANCE ARRANGEMENTS	
 8. Have the nature and spread of the insurer's reinsurance arrangements and the possible impact of non-performance of such reinsurance been considered by the statutory actuary? If "YES" provide details on what the statutory actuary considered regarding the nature and spread of the insurer's reinsurance arrangements to determine the possible impact of non-performance of such reinsurance? If "NO", provide reasons why it has not been considered. 	
9. Were only approved reinsurances used to reduce liabilities?If "NO", provide details.	
GENERAL	
10. Is the statutory actuary satisfied with the following, bearing in mind the financial soundness of the insurer?	
(a) The way that linked business is handled with particular regard to any guarantees given in respect of such business. * If "NO", provide details.	
(b) Dividends payable to and profits reserved for shareholders. • If "NO", provide details.	
(c) The adequacy of the insurer's capital and reserves in view of the insurer's marketing plans and expected new business. • If "NO", provide details.	
11. Are there any other matters the (alternate) statutory actuary would like to comment on that are not covered elsewhere in this report? If "YES", provide details.	
STATUTORY ACTUARY DATE	

Page 1 of 3

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G14-99-A No number available 3/16/2009 14:06

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[DISCRET	IONAR	Y PART	ICIPAT	ON PR	ODUC	TS REP	ORT I	SSUED	BY T	IE DII	RECT	OR
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PRINTO	DUT DATE	No number avai 3/16/2009 1
	Statement G14	
	DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS	
	of as at the end of the financial period 31/01/2008	
		35 ¹ 25.253
	ve you issued a PPFM for the first time during the period under review? (Refer to section 46(2) of the Act)	
	ES, answer the question below:	
•	s the PPFM been compiled in accordance with the FSB's Directive 147? If "NO", provide full details why not.	
D:-I		
	you change an existing PPFM during the period under review? ES, answer the questions below:	
We	re there any changes in the Principles of Financial Management?	
If Y	ES, answer the questions below: Please provide details of the changes that were made	
		_
ii.	Provide the reasons for the changes	
	- Tovide the reasons for the changes	
iii. •	Were the changes approved by the board? If "NO", provide full details why not.	
iv.	What were the effects of the changes? (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)	
	(note groups are uncoded uncodenly, give a direct explanation of the effect of each of each of each	_
.,	Please state why you consider the changes to be fair.	
V.	riease state why you consider the changes to be fail.	_
	·	
vi.	Have the policyholders been informed of the changes?	
•	If "NO", provide reasons why not.	
•	If "YES", provide the method of communication used and attach a copy thereof.	
víí.	When were the policyholders informed? (give the date(s))	
		7
viii	When were the changes effective? (give the date(s))	
VIII.	Then here the changes encoure: (give the date(s))	-

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G14-99-A

No number available 3/16/2009 14:06

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE

Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS

-		of as at the end of the financial period 31/01/2008	
	ix.	Have you received any queries/complaints/objections from policyholders regarding the changes? If "YES", provide details or a summary thereof.	
b)	We	re there any changes in the Practices of Financial Management?	
	If Y	ES, answer the questions below: Please provide details of the changes that were made	
		rease provide details of the changes mat were made	
	ü.	Provide the reasons for the changes	
			\neg
	iii.	Were the changes approved by the board?	
	e	If "NO", provide reasons why not.	
	iv.	What were the effects of the changes?	
		(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)	
			7
	٧.	Have the policyholders been informed of the changes?	
	9	If "NO", provide reasons why not.	
	•	If "YES", provide the method of communication used and attach a copy thereof.	
3.	Do a	all discretionary participation policyholders (new and existing) have access to the full PPFM? If "NO", provide reasons why not.	
	•	If "YES", explain how they have access.	
4.	ls th	ere a charge for third parties to receive a full printed copy of the PPFM?	
		If "YES", disclose the relevant charge.	
5.	Do a	all new DPP policyholders receive a summary (or a full version) of the PPFM together with their policy contracts?	
	•	If "NO", provide full details.	
6.	Are	existing DPP policyholders made aware of the existence of the PPFM?	
	9	If "NO", provide full details. If "YES", describe how they have been made aware of this and attach a copy of any information that was sent	
		to the policyholders.	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

	OF LONG-TERM INSURANCE REFEREN	NCE NUMBER					No number a
PRINTO	UT DATE						3/16/200
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Do y	you have a DPC? If "NO", provide reasons ai	nd describe the alte	rnative governand	ce structure that	is used.	[
(Initi	ase provide the details of the ials & Surname, Date appoi ition held in Insurer (if applic	nted, Date resigned				PC,	
	Initials & Surname	Date appointed	Date resigned	Highest academic qualification	Position held in DPC	Position held in insurer (if applicable)	
	Titalo d Comano	Bate appointed	Date resigned	quamication	5,0	(ii applicable)	
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_	cribe how you have checked	d dheat are a second as a	SAL AL - DDEM	the entent to other	iah way haya aan	aliad with the DDI	-M
Des	cribe now you have checked	that you comply w	ith the PPFM and	the extent to wh	iich you have con	ipiled with the FF1	r IVI.
l							
			CHAIRMAN			DIRECTOR	
		STATU	TORY ACTUARY	-	P	UBLIC OFFICER	
		Δ	UDITORS (initial)			DATE	

Page 1 of 2

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G15.1-99-A No number available 3/16/2009 14:06

Description	Branch	Subsidiary
oes the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	Y	N
state the total number of branches / subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed p	 er individual branch or subsidial	ny
Description	Branch - R'000	Subsidiary - R'00
otal assets in respect of all branches / subsidiaries		
otal liabilities in respect of all branches / subsidiaries		
otal gross premium income in respect of all branches / subsidiaries		
otal net premium income in respect of all branches / subsidiaries legulatory capital adequacy requirement (as per nome jurisdiction) in respect of all branches /		
ubsidiaries		
legulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches / ubsidiaries		
lease complete aggregate information in this table. The freefloating columns need to be completed pe	er individual branch or subsidiar	y
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roadly describe the branch's / subsidiary's internal controls, including comprehensive and regular rep		osidiary and its head
ffice and indicate the Board of the insurer's assessment of the overall effectiveness of these control s	ystems.	
escribe the Board of the insurer's assessment of the overall financial position of the branch / subsidia	ry.	
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escribe the Board of the insurer's assessment of the overall financial position of the branch / subsidia	ny.	
escribe the Board of the insurer's assessment of the overall financial position of the branch / subsidial position of the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish		

State the scope of the activities of the branch	/ subsidiary and its role wit	thin the insurance group.		Page 2 of 2	
					_
Indicate whether the host jurisdiction requires	that the branch / subsidian	v be subject to external a	dit. Please be specific whethe	r or not an audit firm	
that is different to the audit firm of the insurer	undertakes the audit and a	ilso provide name of that	audit firm.		
		•			
	CHAIRMAN		DIRE	CTOR	
	PUBLIC OFFICER			DATE	
ALIDI	TORS (initial)				
Addi		-			
·					

Page 1 of 2

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G15.2-99-A No number available 3/16/2009 14:06

FINAL PRINTOUT DATE

Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction? 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	Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction? 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 so the complete aggregate information in this table. The freefloating columns need to be completed per individual branch or so the complete aggregate information in this table. The freefloating columns need to be completed per individual branch or so the complete aggregate information in this table. The freefloating columns need to be completed per individual branch or so the complete aggregate information in this table. The freefloating columns need to be completed per individual branch or so the complete aggregate information in this table. The freefloating columns need to be completed per individual branch or so the complete the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branchfice and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	
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	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?		
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	mas the branch / subsidiary been subject to regulatory inspection or investigation and it, please furnish full details /	

LT2009 - Published version		Page 2 of 2
State the scope of the activi	ties of the branch / subsidiary and its role within the insura	ance group.
Ì		
	isdiction requires that the branch / subsidiary be subject to firm of the insurer undertakes the audit and also provide na	o external audit. Please be specific whether or not an audit firm ame of that audit firm.
	<u> </u>	
	CHAIRMAN	DIRECTOR
	PUBLIC	DATE
	OT TIOLK	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

Cross Border Operations other	than branch business	<u>or business conducted</u>	in a subsidiary tha	it is operated in the	SADC region

JINI I	OUT DATE		Statement C47.0		3/16/2009
			Statement G15.3 RATIONS - SADC OTHER of of the financial period 31/6		
Bo	order Operations other than	hranch husiness or husines	es conducted in a subsidian	that is operated in the SAD	Crasian
					<u>C region</u>
		office or SADC subsidiary in	(e.g. sold policies) to persons one or more SADC jurisdiction		
	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 incom the business written R'000
			1		
	Has the insurer provided cross subsidiary to insurers (i.e. inw (if yes, please provide full deta	ards reinsurance business) in ail in 5 below)	another SADC country?		
	subsidiary to insurers (i.e. inw (if yes, please provide full deta Name of the SAD Country	ards reinsurance business) in			Total net premium incom
	subsidiary to insurers (i.e. inw (if yes, please provide full deta	rards reinsurance business) in ail in 5 below) Total liabilities in respect of	n another SADC country? Total assets in respect of the	Total gross premium income	
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Page 2 of 3

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G15.3-99-A No number available 3/16/2009 14:06

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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) 15.

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G15.3-99-A

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

3/16/2009 14:06

Statement G15.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS Statement G15.3 of as <u>at the end</u> of the financial period 31/01/2008

	ty holding 25% or more of the		olding 25% or more of the	Name of SADC country
Name	%	Name	%	where the person or entity
	joint venture with an insurer loca	ated in another SADC country?		
(if yes, please provide full of	detail in 18 below)			
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	CRC	SS BORDER OPERATION	ement G15.4 IS - NON-SADC OTHER OPE of financial period 31/01/2008		
nati	on on cross border operations other than bra	inch business or business c	onducted in a subsidiary in and	other country than a SADC cou	intry
Н	as the insurer provided cross border insurance s	services (e.g. sold policies) to p	persons (not other insurers) other	than a non-SADC branch	
	and non-SADC subsidiary in another country than	n a SADC country?			
(1)	f yes, please provide full detail in 2 below)				
Г	Name of the country	Total liabilities in	Total assets in respect	Total gross premium	Total net premium
	where person(s)	respect of the	of the business written	income of the business	income of the
	is/are located	business written		written	business written
H		R'000	R'000	R'000	R'000
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	surer's own marketing force? lease give full details)				
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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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_	<u> </u>	as at the end of the f	inancial period 31/01/2008		
	s your company placed reinsurance business ves, please provide full detail in 8 below)	with an insurer in another cour	ntry other than a SADC country?		
	Name of the country where insurer(s) is/are located	Name of the insurer/ reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000
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	Name of the country wh	ere	Giv	e a description of the outsourcin	
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cour	your company made use of outsourcing service ntry that is not a SADC country? es, please provide full detail in 12 below)	s provided by an insurer, a pe	rson or any other entity located in	another [
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a for	reign person or entity located in another country es, please provide full detail in 14 below) Name of person or entity holding 2	that is not a SADC country. 5% or more	Name the person or entity	holding 25% or more prest indirectly in the	where the perso
a for	reign person or entity located in another country as, please provide full detail in 14 below) Name of person or entity holding 2 of the shares or any interest directly	that is not a SADC country. 5% or more in the insurer	Name the person or entity of the shares or any inte insure	holding 25% or more rest indirectly in the	where the perso
a for	reign person or entity located in another country as, please provide full detail in 14 below) Name of person or entity holding 2 of the shares or any interest directly	that is not a SADC country. 5% or more in the insurer	Name the person or entity of the shares or any inte insure	holding 25% or more rest indirectly in the	where the perso
a for	reign person or entity located in another country as, please provide full detail in 14 below) Name of person or entity holding 2 of the shares or any interest directly	that is not a SADC country. 5% or more in the insurer	Name the person or entity of the shares or any inte insure	holding 25% or more rest indirectly in the	where the perso
a for	reign person or entity located in another country as, please provide full detail in 14 below) Name of person or entity holding 2 of the shares or any interest directly	that is not a SADC country. 5% or more in the insurer	Name the person or entity of the shares or any inte insure	holding 25% or more rest indirectly in the	where the perso
a for	reign person or entity located in another country as, please provide full detail in 14 below) Name of person or entity holding 2 of the shares or any interest directly	that is not a SADC country. 5% or more in the insurer	Name the person or entity of the shares or any inte insure	holding 25% or more rest indirectly in the	Name of country where the perso entity is located

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G15.4-99-A No number available 3/16/2009 14:06

	Name of insurer(s) in which 25% or more of the shares	or any other interest	Name of the insurer(s) in which holds 25% or more of the sha	res or any other	Name of SADC country where the
	directly	<u>%</u>	interest indirect	%	insurer is located
your c	ompany party to a joint venture with lease provide full detail in 18 below,	an insurer located in a country that is not	a SADC country?		
		CHAIR		DIRECTOR	
		DUBLIC OFFICED		DATE	
		FOBEIG OFFICER		DATE =	
		AUDITORS (initial)			
					•

FINANCIAL SERVI	CES BOARD.		LONG-TERM INS	SURANCE, ACT 1998 - S	ECTION 36					
UNAUDITED RETU	NAME OF INSU JRN FOR THE PER		Please select insu	urance company name TO			10/10/Refere	nce number	s/8/2	
Prepared by :				Telephone No. and e	xt.					
REVENUE ACCOL	INT - TOTAL		R'000	MOVEMENT STATIS		UAL &				
GROSS:				GROUPED INDIVIDUA	AL BUSINESS				T	R'000
	Claims paid and o	d and outstanding							Number of policies	Policy liabilities
	Ciairis paid and 0	atstanding		Beginning of financial y	ear				or policies	nabinties
NET:				New policies issued						-
	Premiums receive	d and outstanding		Policies lapsed						-
	- Recurring			Policies terminated						-
	- Non-recurring			Policies matured						-
LESS	Claims paid and o	utstanding(net)		Policies expiring Deaths and disabilities						
	- Annuities	atotanaling(not)		End of quarter						
	- Surrenders/wit	thdrawals								
1	 Other lumpsur 	ns		MOVEMENT STATIST	ICS - FUND &					
Į.	Commission(net)			GROUP BUSINESS						R'000
	Management expe	enses		-					Number	Policy
ADD:	Investment income		-	Beginning of financial y	ear				of schemes	liabilities
1	Realised investme			New schemes issued	cai					-
ļ	Unrealised investr			Schemes terminated						-
	Other income/(exp			End of quarter						
	F			-						
i	Excess of income	over expenses		INFORMATION PER C	1 ASS					
LESS	Taxation			OF BUSINESS	LAGG					R'000
	Transfer to (from)	shareholder fund	_							Managemen
LESS:	Dividends				Premiums	Premiums	Retention	Claims	Commission	
INCREASE/(DECR	EASE) IN LONG-TE	ERM FUND			(gross)	(net)		(net)	(net)	(net)
FINANCI	AL POSITION STA	TEMENT	R'000	Assistance			#DIV/0!			
FINANCI	Linked	Non-	Total	Disability			#DIV/0!			
Assets:	Linkou	linked	10.00	Fund			#DIV/0!			
Cash & Krugerrands				Health			#D1V/0!			
Balances with banks							#DIV/0!			
Gilts							#DIV/0!			
Policy loans Mortgage bonds					. 0	0	#DIV/0!		0	0
Debentures										
Claims/Debtors				AUTOMATIC				-		
Shares: Listed										
Shares Unlisted										0.00
Immovable Properties Fixed assets			0	-1	AR)					0.00
Foreign appr assets			- 0							0.00%
Total assets	0	0				me				0.00%
Liabilities:				Commission: premium i	ncome					0.00%
Policy liabilities										0.00%
Current liabilities Excess assets	0	0	0							0.00%
CAR			0							
Free Assets	0	0								
				-						
Spreading of Asse										
		the kinds and sprea	d of assets as cont	emplated in terms of S 3			Yes			
If yes furnish the foll Total domestic Non-					R'000					
Total domestic Non-		CAR			0					
Total Admitted Asse					0					
Surplus of overall as	dmitted assets over	total domestic liabil	ities		0					
FIC Compliance										
Kindly complete the	following table:									
Total Custs				Number of Customers						
Total Customers	ctly				-					
Clients sourced dire	n other accountable				1					
institutions		Exemption 4 - Prim	nary Accountable							
		Institutions								
Reported Transact	tions to Einandi-11	ntalliaans - Cart								
Number of Suspicio					-					
	una onuaum Ha				_0					
PUBLIC										
OFFICER (sign:)			DATE							

	SF				TO BE IN TH	E RSA			-				
		Plea		nsurance com									
			########	то	1900/01/00								
DESCRIPTION	Total assets	Linked assels	Non-linked assets	ADD: Assets of asset- holding intermediaries & investments in hoked products	investments &	Assets held, less individual excesses	per Regulation 2 to the Act	ssible for each ite Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	Admitted for each item (the lesser of column (10) or column (7))	NOTE - ITEMS Admitted values at total amounts in the	re the lesser of the ind	vidual, or the
	R'000	R'000	R'000	R'000	R'000	R'000	%	%	R'000	R'000		provided delanii.	1
1	2	3	4	5	6	7	8	9	10	11	items4+5	Individual	0
Montgage bonds Non-convertible debentures Any other debtors SUBTOTAL	0	0	0	0	0	0	-	- 0%	- 0	- 0	Items13+14	Total Admitted Individual Total Admitted	0
Shares - listed ordinary, convertible debentures & collective investme Shares - unlisted - Domestic	0		0					0%	0	0	CALCULATION OF ADMITTED VALUE	FURTHER EXCESS	S AND FINAL
SÚBTOTAL	0	- 0						0%		0	1		R'000
6 Listed securilies & shares - Foreign, deemed to be domestic 7 Policyholders loans 6 Policies with other long-term insurers 9 Properly investments 10 Related party(ies) & associated companies 11 Computer equipment 12 Other equipment & motor vehicles SUBTOTAL OF ITEMS 1 to 12	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	95% - 25% 5% 5% 2.5%	0% 0% 0% 0% 0% 0%	0 0 0 0 0 0 0	0 0 0 0	If Items 4+5+6+5 of the non-linked li excess is If Items 6+14+18 of the non-linked li excess is: If the admitted vi	+20 exceed 15% abilities, the	0.
 13 Margin deposits - Domestic 14 Margin deposits - Foreign, deemed to be domestic SUBTOTAL 	0	0	0 0 0		0		2.5%	0% 0% 0%	0	0	to 12 exceeds. of the total non-link excess is:	95%	0
15 Cash 16 Krugerrands 17 Bank balances & deposits - Domestic 18 Bank balances & deposits - Foreign, deemed to be domestic 19 Government & semi-government securities - Domestic 20 Government securities - Foreign, deemed to be domestic 21 Outstanding Premiums SUBTOTAL OF ITEMS 13 to 21	0 0 0 0 0 0 0	0	0 0 0 0	0 0 0	0 0 0 0	0 0 0 0	10% 100% 15% 100%	- - - - - - 0%	0 0 0 0 0 0	0 0 0	6. Surplus of o	assets.) less 1, 2 & 3 above verall admitted asset Il non-linked llabilitie	
TOTAL	0	0	0	0	0	0				0			
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING: Total Liabilities Less: Linked liabilities Plus:CAR Plus: Asset-holding intermediaries' Jiabilities Total Non-linked Liabilities	0 0 0								AUDITORS				

DIRECTORS , EXECUTIVE MANAGEMENT, PUBLIC OFFICER, ACTUARY AND AUDITORS Please select insurance company name REPORTING PERIOD 1900/01/00 TO 1900/01/0						
Full Names & Sumame	Date appointed	Date resigned	Identity/ Passport Number	Position held		
1	2	3	4	5		
DIRECTORS						
			_			
			-			
			-			
ALTERNATE DIRECTORS						
			_			
MANAGING EXECUTIVES						
-						
			_			
			-			
PUBLIC OFFICER						
als and surname						
ephone (including area code)						
(including area code)						
lphone nail						
AUDITOR						
RESPONSIBLE PARTNER						
ACTUARY						
BLIC OFFICER		DATE				