

No. 387

7 April 2009

FINANCIAL SERVICES BOARD

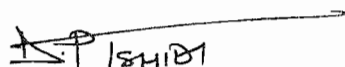
LONG-TERM INSURANCE ACT NO. 52 OF 1998:

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

C02-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

3/16/2009 14:06

Statement C2
SUMMARY OF STATUTORY VALUATION METHOD OF ASSETS AND LIABILITIES
of
as at the end of the financial period 31/01/2008

DESCRIPTION	IN RSA & DEEMED TO BE IN RSA CURRENT YEAR								IN & OUTSIDE RSA	
	TYPE OF BUSINESS						Shareholders	TOTAL	TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR
	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market related	Other				
	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

Cash & Deposits	0	0	0	0	0	0	0	0	0	0
Fixed interest	0	0	0	0	0	0	0	0	0	0
Equities & Convertible debentures	0	0	0	0	0	0	0	0	0	0
Property	0	0	0	0	0	0	0	0	0	0
Collective investment schemes	0	0	0	0	0	0	0	0	0	0
Fixed Assets	0	0	0	0	0	0	0	0	0	0
Current Assets	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	0	0	0	0	0	0	0	0	0	0

2. LIABILITIES

Linked liabilities	0	0	0	0	0	0	0	0	0	0
Non-linked liabilities	0	0	0	0	0	0	0	0	0	0
Current liabilities	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	0	0	0	0	0	0	0	0	0	0

3. EXCESS ASSETS

0	0	0	0	0	0	0	0	0	0
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4. CAPITAL ADEQUACY REQUIREMENT

10,000	10,000	10,000
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5. FREE ASSETS

(10,000)	(10,000)	(10,000)
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ACTUARY _____

AUDITORS _____

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

C04-99-A

No number available

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									
DESCRIPTION	IN RSA							IN & OUTSIDE RSA	
	CURRENT YEAR							TOTAL	TOTAL
	TYPE OF BUSINESS							CURRENT YEAR	PREVIOUS YEAR
	With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000	TOTAL R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10

1. INDIVIDUAL**1.1 LINKED LIABILITIES**

Total linked liabilities	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

1.2 NON-LINKED LIABILITIES

Basic liabilities (including vested bonuses)

• Prospective valuation	0	0	0	0	0	0	0	0	0
• Retrospective valuation	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0
AIDS Reserve	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	0	0	0	0	0
Other Reserves (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0
Discretionary margins (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

TOTAL INDIVIDUAL

0	0	0	0	0	0	0	0	0	0
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2. GROUP**2.1 LINKED LIABILITIES**

Total linked liabilities	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

2.2 NON-LINKED LIABILITIES

Basic liabilities (including vested bonuses)

• Prospective valuation	0	0	0	0	0	0	0	0	0
• Retrospective valuation	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0
AIDS Reserve	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	0	0	0	0	0
Other Reserves (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0
Discretionary margins (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

TOTAL GROUP

0	0	0	0	0	0	0	0	0	0
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TOTAL LINKED POLICY LIABILITIES

0	0	0	0	0	0	0	0	0	0
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TOTAL NON-LINKED POLICY LIABILITIES

0	0	0	0	0	0	0	0	0	0
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TOTAL POLICY LIABILITIES

0	0	0	0	0	0	0	0	0	0
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ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

C05-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

3/16/2009 14:06

Statement C5 CAPITAL ADEQUACY REQUIREMENT BEFORE MANAGEMENT ACTION of as at the end of the financial period 31/01/2008									
DESCRIPTION	IN RSA CURRENT YEAR TYPE OF BUSINESS						IN & OUTSIDE RSA		TOTAL PREVIOUS YEAR R'000
	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market related	Other	TOTAL	TOTAL CURRENT YEAR	
	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
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)									
LAPSE RISK	0	0	0	0	0	0	0	0	0
SURRENDER RISK	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
TCAR	0	0	0	0	0	0	0	0	0
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)									
LAPSE RISK (a)	0	0	0	0	0	0	0	0	0
SURRENDER RISK (b)	0	0	0	0	0	0	0	0	0
FLUCTUATION RISK									
Mortality (ci)	0	0	0	0	0	0	0	0	0
Morbidity (cii)	0	0	0	0	0	0	0	0	0
Medical (ciii)	0	0	0	0	0	0	0	0	0
Expense (f)	0	0	0	0	0	0	0	0	0
Annuitant mortality (d)	0	0	0	0	0	0	0	0	0
ASSUMPTION RISK									
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0
INVESTMENT RISK									
Resilience risk (gi)	0	0	0	0	0	0	0	0	0
- Embedded Investment Derivatives Component	0	0	0	0	0	0	0	0	0
Worse investment risk (gii)	0	0	0	0	0	0	0	0	0
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0
CREDIT RISK (h)	0	0	0	0	0	0	0	0	0
NEGATIVE BONUS STABILISATION RESERVE	0	0	0	0	0	0	0	0	0
OTHER RISKS: (i) Specify									
Operational risk	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	0	0	0	0
•	0	0	0	0	0	0	0	0	0
IOCAR	0	0	0	0	0	0	0	0	0
Adjustment factor	100%	100%	100%	100%	100%	100%	100%	100%	100%
OCAR	0	0	0	0	0	0	0	0	0
3. MAXIMUM OF ITEM 1 AND ITEM 2¹	0	0	0	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

Notes:

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

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

CO6-99-A
No number available
3/16/2006 14:12

Statement C6 CAPITAL ADEQUACY REQUIREMENT AFTER MANAGEMENT ACTION of as at the end of the financial period 31/01/2008									
DESCRIPTION	IN RSA CURRENT YEAR						IN & OUTSIDE RSA		
	TYPE OF BUSINESS						TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR	
	With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000			
1	2	3	4	5	6	7	8	9	10

1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)

LAPSE RISK	0	0	0	0	0	0	0	0	0
SURRENDER RISK	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
TCAR	0	0	0	0	0	0	0	0	0

2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)

LAPSE RISK (a)	0	0	0	0	0	0	0	0	0
SURRENDER RISK (b)	0	0	0	0	0	0	0	0	0
FLUCTUATION RISK									
Mortality (c)	0	0	0	0	0	0	0	0	0
Morbidity (cii)	0	0	0	0	0	0	0	0	0
Medical (cii)	0	0	0	0	0	0	0	0	0
Expense (f)	0	0	0	0	0	0	0	0	0
Annuity mortality (d)	0	0	0	0	0	0	0	0	0
ASSUMPTION RISK									
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0
INVESTMENT RISK									
Resilience risk (g)	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Component	0	0	0	0	0	0	0	0	0
Worse investment risk (gii)	0	0	0	0	0	0	0	0	0
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0
CREDIT RISK (h)	0	0	0	0	0	0	0	0	0
NEGATIVE BONUS STABILISATION RESERVE	0	0	0	0	0	0	0	0	0
OTHER RISKS: (i) Specify									
Operational risk	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	0	0	0	0
•	0	0	0	0	0	0	0	0	0
IOCAR	0	0	0	0	0	0	0	0	0
Adjustment factor	100%	100%	100%	100%	100%	100%	100%	100%	100%
OCAR	0	0	0	0	0	0	0	0	0

3. CALCULATING THE CAPITAL ADEQUACY REQUIREMENT

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
Statutory minimum	10,000	10,000	10,000
Approved minimum	0	0	0
Minimum Capital Adequacy Requirement (MCAR)	10,000	10,000	10,000
Capital Adequacy Requirement (after management action)	10,000	10,000	10,000

ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

C09-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

3/16/2009 14:06

Statement C9 REINSURANCE of as at the end of the financial period 31/01/2008									
DESCRIPTION	IN RSA							IN & OUTSIDE RSA	
	CURRENT YEAR							TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR
	TYPE OF BUSINESS						TOTAL		
1	With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000	R'000	R'000	R'000
	2	3	4	5	6	7	8	9	10

1. INCOME

Gross premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	0
less: Reinsurance premiums paid & outstanding									
• Approved	0	0	0	0	0	0	0	0	0
• Non-approved	0	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	0

2. BENEFITS PAID AND PROVIDED FOR

Gross benefits paid & provided for (to correspond with B3)	0	0	0	0	0	0	0	0	0
less: Reinsurance recoveries	0	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

Gross policy liabilities	0	0	0	0	0	0	0	0	0
less: Deduction for approved reinsurances	0	0	0	0	0	0	0	0	0
Net policy liabilities (to correspond with C4)	0	0	0	0	0	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	0

ACTUARY _____

AUDITORS _____

SHEET REFERENCE A, J2000
 HEADLINE OF THIS STATEMENT AND REFERENCE NUMBER
 DATE, END OF DATE

EXCLUDING DERIVATIVE EXPOSURE
 1, 2, 3, 4
 For number available
 SECTION 14.02

Statement E5 SHARES, UNITS & DEPOSITORY RECEIPTS held by as at the end of the financial period 31/01/2008								
DESCRIPTION	CURRENT YEAR					TOTAL VALUE	PREVIOUS YEAR TOTAL VALUE	% of total liabilities
	IN RSA R'000	DEEMED TO BE IN RSA R'000	INCOME IN RSA R'000	OUTSIDE RSA R'000	INCOME OUTSIDE RSA R'000			
1	2	3	4	5	6	7	8	9
1. SHARES (excluding those in property co's, associated co's & asset-holding intermediaries)								
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%
Forestry & 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 & Defense	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%
Luxury 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 & Multi-utilities	0	0	0	0	0	0	0	0.0%
Banks	0	0	0	0	0	0	0	0.0%
Non-life 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%
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 INTERMEDIARIES¹								
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	0	0	0	0	0	0	0	0.0%
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 _____

LT2009 - Published version

Page 1 of 1

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

E11:99-A
No number available
3/16/2009 14:06

Statement E11 SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA of as at the end of the financial period 31/01/2008										
DESCRIPTION	Total assets	Linked assets	Non-linked assets	ADD: Assets of asset-holding intermediaries & investments in linked products	LESS: Individual excesses e.g. banks, debtors, investments & properties	SUBTOTALS Assets held, less individual excesses	Maximum admissible for each item of this statement			Admitted for each item (the lesser of column (10) or column (7))
	R'000	R'000	R'000	R'000	R'000	R'000	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	R'000
1	2	3	4	5	6	7	%	%	10	11
1 Mortgage bonds	0	0	0	0	0	0	-	-	-	-
2 Non-convertible debentures	0	0	0	0	0	0	-	-	-	-
3 Any other debtors	0	0	0	0	0	0	-	-	-	-
SUBTOTAL	0	0	0	0	0	0	25%	0%	2,500	0
4 Shares - listed ordinary, convertible debentures & collective investment schemes	0	0	0	0	0	0	-	-	0	0
5 Shares - unlisted - Domestic	0	0	0	0	0	0	5%	0%	500	0
SUBTOTAL	0	0	0	0	0	0	75%	0%	7,500	0
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
7 Policyholders' loans	0	0	0	0	0	0	95%	0%	9,500	0
8 Policies with other long-term insurers	0	0	0	0	0	0	-	-	0	0
9 Property investments	0	0	0	0	0	0	25%	0%	2,500	0
10 Related party(ies) & associated companies	0	0	0	0	0	0	5%	0%	500	0
11 Computer equipment	0	0	0	0	0	0	5%	0%	500	0
12 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	250	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	24,750	0
13 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	250	0
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	2.5%	0%	250	0
SUBTOTAL	0	0	0	0	0	0	2.5%	0%	250	0
15 Cash	0	0	0	0	0	0	100%	-	0	0
16 Kruggerands	0	0	0	0	0	0	10%	0%	1,000	0
17 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
19 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0
20 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
21 Outstanding Premiums	0	0	0	0	0	0	-	-	0	0
SUBTOTAL OF ITEMS 13 to 21	0	0	0	0	0	0				0
TOTAL	0	0	0	0	0	0				0

DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:

Total Liabilities (transferred from statement C2)
Less: Linked liabilities (transferred from statement C2)
Plus: CAR (transferred from statement C6)
Plus: Asset-holding intermediaries' liabilities
Total Non-linked Liabilities

0
0
10,000
0
10,000

AUDITORS _____

NOTE - ITEMS 4 + 5 & 13 + 14

Admitted values are the lesser of the individual, or the total amounts in the previous column

Items 4+5:	Individual	0
	Total	7,500
	Admitted	0
Items 13+14:	Individual	0
	Total	0
	Admitted	0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

R'000

1. If Items 4+5+9+10+11+12 exceed 90% of the non-linked liabilities, the excess is:

0

2. If Items 6+14+18+20 exceed 15% of the non-linked liabilities, the excess is:

0

3. If the admitted value of items 1

to 12 exceeds: 95% of the total non-linked liabilities, the excess is:

0

4. Overall admitted assets:

Total of column (11) less 1, 2 & 3 above

0

5. Surplus of overall admitted assets over

total non-linked liabilities

(10,000)

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

- 1 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
 - Individual
 - Grouped Individual
 - Group
- * 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.

- 3 Please provide the following information with regard to retrenchment/job loss cover:

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

- 4 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
Funeral Policies	0.00%
Credit Policies	0.00%
Life Insurance	0.00%
Mortgage Protection	0.00%
Disability	0.00%
Other	0.00%
TOTAL	0.00%

- 5 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 Received		Claims Rejected		Claims Paid	
Number	R'000	Number	R'000	Number	R'000

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%

- 7 Please provide the following information with regard to claims:

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

PUBLIC OFFICER _____

DATE _____

AUDITORS (initials) _____

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G05-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

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

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?

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

- 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 _____

AUDITORS (initial) _____

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Statement G14
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of
as at the end of the financial period 31/01/2008

1. Have you issued a PPFM for the first time during the period under review? (Refer to section 46(2) of the Act)

If YES, answer the question below:

- a) Has the PPFM been compiled in accordance with the FSB's Directive 147?

• If "NO", provide full details why not.

2. Did you change an existing PPFM during the period under review?

If YES, answer the questions below:

- a) Were there any changes in the Principles of Financial Management?

If YES, answer the questions below:

- i. Please provide details of the changes that were made

- ii. Provide 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.)

- v. Please state why you consider the changes to be fair.

- 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.

- vii. When were the policyholders informed? (give the date(s))

- viii. When were the changes effective? (give the date(s))

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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) Were there any changes in the Practices of Financial Management?

If YES, answer the questions below:

- i. Please provide details of the changes that were made

- ii. Provide the reasons for the changes

- iii. Were the changes approved by the board?

• 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.)

- v. 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.

3. Do 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. Is there a charge for third parties to receive a full printed copy of the PPFM?

• If "YES", disclose the relevant charge.

5. Do 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?

• 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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Statement G14
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of
as at the end of the financial period 31/01/2008

7. Do you have a DPC?

- If "NO", provide reasons and describe the alternative governance structure that is used.

Please provide the details of the members of the DPC or alternative governance structure.
 (Initials & Surname, Date appointed, Date resigned, Highest academic qualification, Position held in DPC,
 Position held in Insurer (if applicable)).

Initials & Surname	Date appointed	Date resigned	Highest academic qualification	Position held in DPC	Position held in insurer (if applicable)
•					
•					
•					
•					
•					
•					
•					
•					

8. Describe how you have checked that you comply with the PPFM and the extent to which you have complied with the PPFM.

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC OFFICER _____

AUDITORS (initial) _____

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Statement G15.1
CROSS BORDER OPERATIONS: SADC BRANCHES / SUBSIDIARIES
of
as at the end of the financial period 31/01/2008

1.

Description	Branch	Subsidiary
Does 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 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		
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?

- 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.

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CHAIRMAN _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

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Statement G15.2
CROSS BORDER OPERATIONS: NON - SADC BRANCHES / SUBSIDIARIES
of
as at the end of the financial period 31/01/2008

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

- 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 _____

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

Cross Border Operations other than branch business or business conducted in a subsidiary that is operated in the SADC region

1. Has the insurer provided cross border insurance services (e.g. sold policies) to persons (not other insurers) other than through a SADC branch office or SADC subsidiary in one or more SADC jurisdictions?
 (if yes, please provide full detail in 2 below)

2.	Name of the SAD 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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Statement G15.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of
as at the end of the financial period 31/01/2008

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

8.	Name of the SAD 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

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

10.	Name of the SADC country where insurer(s) 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 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)

14.	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	%	

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)

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

16.	Name of person or entity holding 25% or more of the		Name the person or entity holding 25% or more of the		Name of SADC country 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.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

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Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of
 as at the end of the financial period 31/01/2008

Information on cross border operations other than branch business or business conducted in a subsidiary in another country than a SADC country

1. Has the insurer provided cross border insurance services (e.g. sold policies) to persons (not other insurers) other than a non-SADC branch and non-SADC subsidiary in another country than a SADC country?
 (if yes, please provide full detail in 2 below)

Name of the 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 in non-SADC branch or non-SADC subsidiary) to insurers (i.e. inwards reinsurance business) in another country than a SADC country?
 (if yes, please provide full detail in 5 below)

Name of the country where insurer(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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Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of
 as at the end of the financial period 31/01/2008

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

8.	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

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)

10.	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)

12.	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)

14.	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)

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Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
of
as at the end of the financial period 31/01/2008

16.	Name of insurer(s) in which your company holds 25% or more of the shares or any other interest directly		Name of the insurer(s) in which your company holds 25% or more of the shares or any other interest indirectly		Name of SADC country where the insurer is located
	Name	%	Name	%	

17. Is your company party to a joint venture with an insurer located in a country that is not a SADC country?
 (if yes, please provide full detail in 18 below)

18.

CHAIR _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

FINANCIAL SERVICES BOARD.				LONG-TERM INSURANCE, ACT 1998 - SECTION 36			
NAME OF INSURER:		Please select insurance company name		10/10/Reference numbers/8/2			
UNAUDITED RETURN FOR THE PERIOD				TO			
Prepared by :				Telephone No. and ext.			
REVENUE ACCOUNT - TOTAL		R'000		MOVEMENT STATISTICS - INDIVIDUAL & GROUPED INDIVIDUAL BUSINESS			
GROSS:				R'000			
	Premiums received and outstanding				Number of policies	Policy liabilities	
	Claims paid and outstanding						
NET:							
	Premiums received and outstanding		0	Beginning of financial year			
	- Recurring			New policies issued			-
	- Non-recurring			Policies lapsed			-
				Policies terminated			-
				Policies matured			-
				Policies expiring			-
LESS:	Claims paid and outstanding(net)		0	Deaths and disabilities			-
	- Annuities			End of quarter		0	
	- Surrenders/withdrawals						
	- Other lumpsums						
	Commission(net)						
	Management expenses						
ADD:				MOVEMENT STATISTICS - FUND & GROUP BUSINESS			
	Investment income			R'000			
	Realised investment surplus(loss)				Number of schemes	Policy liabilities	
	Unrealised investment surplus(loss)			Beginning of financial year			-
	Other income/(expenses)			New schemes issued			-
				Schemes terminated			-
				End of quarter		0	
	Excess of income over expenses		0				
LESS:				INFORMATION PER CLASS OF BUSINESS			
Taxation				R'000			
Transfer to (from) shareholder fund					Premiums (gross)	Premiums (net)	Retention
Dividends							Claims (net)
INCREASE/(DECREASE) IN LONG-TERM FUND			0				Commission (net)
							Management expenses (net)
FINANCIAL POSITION STATEMENT				R'000			
Linked		Non-linked		Total			
Assets:							
	Cash & Krugerrands		0	Assistance			
	Balances with banks		0	Disability			
	Gifts		0	Fund			
	Policy loans		0	Health			
	Mortgage bonds		0	Life			
	Debentures		0	Sinking fund			
	Claims/Debtors		0	TOTAL			
	Shares: Listed		0	0	0	#DIV/0!	0
	Shares: Unlisted		0				
	Immovable Properties		0	AUTOMATIC			
	Fixed assets		0	CALCULATIONS:			
	Foreign appr. assets		0	CAR cover			
	Total assets	0	0	Funding level (before CAR)			
Liabilities:				Funding level (after CAR)			
	Policy liabilities		0	Management expenses: premium income			
	Current liabilities		0	Commission: premium income			
	Excess assets	0	0	Claims ratio			
	CAR		0	Retention			
	Free Assets	0	0				
Spreading of Assets							
Does the insurer currently comply with the kinds and spread of assets as contemplated in terms of S 31 of Act				Yes			
If yes furnish the following information:				R'000			
Total domestic Non-linked Assets				0			
Total domestic Non-linked liabilities and CAR				0			
Total Admitted Assets				0			
Surplus of overall admitted assets over total domestic liabilities				0			
FIC Compliance							
Kindly complete the following table:							
			Number of Customers				
Total Customers							
Clients sourced directly							
Clients sourced from other accountable institutions							
Exemption 4 - Primary Accountable Institutions							
Reported Transactions to Financial Intelligence Centre							
Number of Suspicious and Unusual Transactions reported							
PUBLIC OFFICER (sign:)							
DATE							

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SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA										
Please select insurance company name										
##### TO 1900/01/00										
DESCRIPTION	Total assets	Linked assets	Non-linked assets	ADD: Assets of asset-holding intermediaries & investments in linked products	LESS: Individual excesses e.g. banks, debtors, investments & properties	SUBTOTALS	Maximum admissible for each item of this statement		Admitted for each item (the lesser of column (10) or column (7))	
1	R'000	R'000	R'000	R'000	R'000	R'000	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	R'000
	2	3	4	5	6	7	8	9	10	11
1 Mortgage bonds	0	0	0	0	0	0	-	-	-	-
2 Non-convertible debentures	0	0	0	0	0	0	-	-	-	-
3 Any other debtors	0	0	0	0	0	0	-	-	-	-
SUBTOTAL	0	0	0	0	0	0	25%	0%	0	0
4 Shares - listed ordinary, convertible debentures & collective investments	0	0	0	0	0	0	-	-	0	0
5 Shares - unlisted - Domestic	0	0	0	0	0	0	5%	0%	0	0
SUBTOTAL	0	0	0	0	0	0	75%	0%	0	0
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
7 Policyholders' loans	0	0	0	0	0	0	95%	0%	0	0
8 Policies with other long-term insurers	0	0	0	0	0	0	-	-	0	0
9 Property investments	0	0	0	0	0	0	25%	0%	0	0
10 Related party(ies) & associated companies	0	0	0	0	0	0	5%	0%	0	0
11 Computer equipment	0	0	0	0	0	0	5%	0%	0	0
12 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	0	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	0	0
13 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	0	0
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	2.5%	0%	0	0
SUBTOTAL	0	0	0	0	0	0	2.5%	0%	0	0
15 Cash	0	0	0	0	0	0	100%	-	0	0
16 Krugerrands	0	0	0	0	0	0	10%	0%	0	0
17 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
19 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0
20 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
21 Outstanding Premiums	0	0	0	0	0	0	-	-	0	0
SUBTOTAL OF ITEMS 13 to 21	0	0	0	0	0	0			0	0
TOTAL	0	0	0	0	0	0			0	0

DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:

Total Liabilities	0
Less: Linked liabilities	0
Plus: CAR	0
Plus: Asset-holding intermediaries' liabilities	0
Total Non-linked Liabilities	0

AUDITORS _____

NOTE - ITEMS 4 + 5 & 13 + 14		
Admitted values are the lesser of the individual, or the total amounts in the previous column		
Items 4+5	Individual	0
	Total	0
	Admitted	0
Items 13+14	Individual	0
	Total	0
	Admitted	0
CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES		
R'000		
1 If Items 4+5+6+9+10+11+12 exceed 90% of the non-linked liabilities, the excess is: 0		
2 If Items 6+14+18+20 exceed 15% of the non-linked liabilities, the excess is: 0		
3 If the admitted value of items 1 to 12 exceeds 95% of the total non-linked liabilities, the excess is: 0		
4 Overall admitted assets. Total of column (11) less 1, 2 & 3 above: 0		
6. Surplus of overall admitted assets over total non-linked liabilities: 0		

[illegible]