
BOARD NOTICE

BOARD NOTICE 54 OF 2011

FINANCIAL SERVICES BOARD

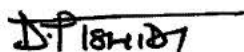
LONG-TERM INSURANCE ACT NO. 52 OF 1998:

AMENDMENT OF BOARD NOTICE 294 OF 2010: 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 amend Board Notice 294 of 2010, published in *Government Gazette* No. 33113 of 16 April 2010, by substituting the LT2010 statutory return with the LT2011 statutory return as set out in schedule.

The LT2011 statutory return consists of a quantitative and qualitative part. The quantitative part is set out in Annexure A of the schedule and the qualitative part is 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 2011, 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

ANNEXURE A

LT2011

Page 1 of 76

LONG-TERM INSURANCE ACT (NO. 52 OF 1998)
LONG-TERM QUANTITATIVE RETURN
ABC LIFE INSURANCE LIMITED

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 END OF PERIOD UNDER REVIEW
 FINAL PRINTOUT DATE

10/10/1/000/8
 12/31/2011
 3/7/2011 8:34

INDEX OF STATEMENTS AVAILABLE TO PUBLIC

Statement no.	Description	No. of pages	Issue date
A	Management Information		
A1	Registration information	1	2003
A2	Addresses & particulars of key persons	1	2000
A3	Directors & members of audit committee	1	2011
B	Data Summary		
B1	Summary of premiums & benefits	1	2003
B2	Premiums received & outstanding	1	2011
B3	Benefits paid & provided for	1	2011
B4	Summary of long-term business in force	1	2011
B5	Movement in long-term business in force	1	2007
B6	Analysis of movements	1	2011
B10	Information relating to claims, credit life policies and distribution channels	1	2011
C	Statutory Valuation Method		
C1	Statutory valuation method of assets	1	2011
C2	Summary of Statutory valuation method of assets and liabilities	1	2011
C2.1	Liabilities	1	2011
C3	Free assets and Capital Adequacy Cover	1	2003
C3.2	Projected Excess Assets and Capital Adequacy Cover	1	2011
D	Financial Statements		
D1	Statement of Financial Position	1	2011
D3	Analysis of issued preference shares & debentures	1	2008
D4	Statement of Comprehensive Income	1	2011
E	Details in respect of Assets		
E1	Cash & balances & deposits	1	2003
E2	Securities & loans	1	2003
E3	Debentures, loan stocks & other securities	1	2003
E4	Debtors (Claims against persons and entities)	1	2003
E5	Shares, units & depository receipts	1	2011
E6	Immovable property	1	2003
E7	Mortgages over immovable property, including participation bonds	1	2003
E8	Fixed assets	1	2000
E9	Comparison of Statutory & Shareholders assets	1	2000
E10	Related party transactions	1	2003
E11	Spread of domestic assets (including foreign assets deemed to be domestic)	1	2011
F	Futures & Options		
F1	Derivatives	1	2011

LT2011

Page 2 of 76

LONG-TERM INSURANCE ACT (NO. 52 OF 1998)
LONG-TERM QUANTITATIVE RETURN
ABC LIFE INSURANCE LIMITED

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 END OF PERIOD UNDER REVIEW
 FINAL PRINTOUT DATE

10/10/1/000/8
 12/31/2011
 3/7/2011 8:34

INDEX OF STATEMENTS NOT AVAILABLE TO PUBLIC

Statement no.	Description	No. of pages	Issue date
B	Data Summary		
<u>B7</u>	Expense analysis	1	2011
<u>B8</u>	Investment experience analysis	1	2011
<u>B9</u>	Experience analysis	1	2011
C	Statutory Valuation Method		
<u>C4</u>	Statutory valuation method of net policy liabilities	1	2011
<u>C5</u>	Capital adequacy requirement before management action	1	2011
<u>C6</u>	Capital adequacy requirement and management action	1	2011
<u>C7</u>	Analysis of surplus	1	2011
<u>C8</u>	Dividend test	1	2008
<u>C9</u>	Reinsurance	1	2011
<u>C10.1</u>	Statutory valuation method of the liabilities of individual business	4	2011
<u>C10.2</u>	Statutory valuation method of the liabilities of group business	4	2011
E	Details in respect of Assets		
<u>E12</u>	Banking Institution Exposure	1	2011
<u>E13</u>	Other Institution Exposure	1	2011
H	Questionnaires & Reports		
<u>H1</u>	Summary of SVM assets and liabilities	1	2006
<u>H2</u>	Free assets and capital adequacy cover	1	2006
<u>H2.1</u>	Free assets and capital adequacy cover of underfunded cells	1	2006
<u>H3</u>	Certificate given by directors	1	2006
I	Stress & Scenario Tests		
<u>I1</u>	Single factor stress tests on statutory surplus	1	2011
<u>I2</u>	Economic Scenario stress on statutory surplus	1	2011
<u>I3</u>	Single factor stress tests on statutory surplus	1	2011

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement A1 REGISTRATION INFORMATION of ABC Life Insurance Limited as at the end of the financial period 31/12/2011			
1	2	3	4

1. DESCRIPTION

Regulators Ref: #REF!

Registrar of Long-term Insurance reference number
End of financial period (yyyy/mm/dd)
Name of long-term insurer

10/10/1/000/8
12/31/2011
ABC Life Insurance Limited

Number of months in financial period under review

12

2. TYPES OF POLICIES

CERTIFICATE OF REGISTRATION AS AN INSURER ISSUED BY THE REGISTRAR

- ☐ Assistance
☐ Disability
☐ Fund
☐ Health
☐ Life
☐ Sinking Fund

Certificate number

Conditions imposed¹ (Y/N)

3. NAMES OF CONTACT PERSONS

3.1 PUBLIC OFFICER

Initials and surname of Public Officer
Initials and surname of contact person regarding the return

Did person change since previous year (Y/N)
Did person change since previous year (Y/N)

3.2 AUDITOR

Name of first firm
Initials and surname of Responsible Partner

Did person change since previous year (Y/N)
Did person change since previous year (Y/N)

Name of second firm
Initials and surname of Responsible Partner

Did person change since previous year (Y/N)
Did person change since previous year (Y/N)

3.3 ACTUARY

Name of Statutory Actuary
Name of employer/company of Statutory Actuary

Did person change since previous year (Y/N)
Did person change since previous year (Y/N)

Name of Alternate Statutory Actuary
Name of employer/company of Alternate Statutory Actuary

Did person change since previous year (Y/N)
Did person change since previous year (Y/N)

AUDITORS (initial)

Notes:

1 Conditions imposed on an insurer are available from the Registrar on request.

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

10/12/100008
3/12/2011 8:34

Statement A2 ADDRESSES & PARTICULARS OF KEY PERSONS of ABC Life Insurance Limited as at the end of the financial period 31/12/2011			
1	2	3	4

1. HEAD OFFICE AND PUBLIC OFFICER

1.1 HEAD OFFICE OF LONG-TERM INSURER IN RSA

Telephone (including area code)
Fax (including area code)
website
e-mail

Physical address

Postal address

1.2 PUBLIC OFFICER

Initials and surname
Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

1.3 PERSON COMPLETING THE RETURN

Initials and surname
Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

1.4 CONSUMER COMPLAINTS PERSON

Initials and surname
Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

2. AUDITORS

2.1 FIRST AUDITOR (Responsible Partner)

Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

Physical address

Postal address

2.2 SECOND AUDITOR (Responsible Partner)

Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

Physical address

Postal address

3. ACTUARIES

3.1 STATUTORY ACTUARY

Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

Physical address

Postal address

3.2 ALTERNATE STATUTORY ACTUARY

Telephone (including area code)
Fax (including area code)
Cellphone
e-mail

Physical address

Postal address

AUDITORS (initial)

LT2011

Page 5 of 76

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/10000

FINAL PRINTOUT DATE

3/1/2011 9:24

Statement A3 DIRECTORS, MANAGING EXECUTIVES AND MEMBERS OF AUDIT COMMITTEE of ABC Life Insurance Limited as at the end of the financial period 31/12/2011					
Initials & Surname	Date appointed	Date resigned	Highest academic qualification	Position held ¹	Independent / Not Independent
1	2	3	4	5	6

1. DIRECTORS:

Executive

*					
*					
*					
*					
*					
*					
*					
*					

Non-executive

*					
*					
*					
*					
*					
*					
*					
*					

Alternate

*					
*					
*					
*					
*					
*					
*					
*					

2. MANAGEMENT EXECUTIVES

*					
*					
*					
*					
*					
*					
*					
*					

3. MEMBERS OF AUDIT COMMITTEE:

*					
*					
*					
*					
*					
*					
*					
*					
*					
*					
*					

AUDITORS (initial) _____

Notes:

¹ Examples include: Chairman, Vice-chairman, Non-executive, Managing Director etc.

SHEET REFERENCE NUMBER

B01-89-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement B1 SUMMARY OF PREMIUMS AND BENEFITS of ABC Life Insurance Limited as at the end of the financial period 31/12/2011		
DESCRIPTION 1	IN RSA TOTAL R'000 2	IN & OUTSIDE RSA TOTAL R'000 3

1. GROSS PREMIUMS RECEIVED & OUTSTANDING¹

Assistance	0	0
Disability	0	0
Fund	0	0
Health	0	0
Life	0	0
Sinking Fund	0	0
TOTAL GROSS PREMIUMS	0	0

2. NET PREMIUMS RECEIVED & OUTSTANDING¹

Assistance	0	0
Disability	0	0
Fund	0	0
Health	0	0
Life	0	0
Sinking Fund	0	0
TOTAL NET PREMIUMS	0	0

3. GROSS BENEFITS PAID & PROVIDED FOR

Assistance	0	0
Disability	0	0
Fund	0	0
Health	0	0
Life	0	0
Sinking Fund	0	0
TOTAL GROSS BENEFITS	0	0

4. NET BENEFITS PAID & PROVIDED FOR

Assistance	0	0
Disability	0	0
Fund	0	0
Health	0	0
Life	0	0
Sinking Fund	0	0
TOTAL NET BENEFITS	0	0

AUDITORS _____

Notes:

1 Premium income includes money received in respect of "investment contracts".

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

B02-99-A
 10/10/1/000/8
 3/7/2011 8:34

Statement B2 PREMIUMS RECEIVED AND OUTSTANDING by ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION	IN RSA					IN & OUTSIDE
	CURRENT YEAR					RSA
	TYPE OF BUSINESS				TOTAL	TOTAL
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000	R'000	CURRENT YEAR R'000
1	2	3	4	5	6	7

1. GROSS PREMIUMS RECEIVED & OUTSTANDING¹

1.1 INDIVIDUAL

Recurring	0	0	0	0	0	0
Non-recurring	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

1.2 GROUP

Pension fund	0	0	0	0	0	0
Medical scheme	0	0	0	0	0	0
Other	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

TOTAL GROSS PREMIUMS

0	0	0	0	0	0	0
---	---	---	---	---	---	---

2. NET PREMIUMS RECEIVED & OUTSTANDING¹

2.1 INDIVIDUAL

Recurring	0	0	0	0	0	0
Non-recurring	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

2.2 GROUP

Pension fund	0	0	0	0	0	0
Medical scheme	0	0	0	0	0	0
Other	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

TOTAL NET PREMIUMS

0	0	0	0	0	0	0
---	---	---	---	---	---	---

ACTUARY _____

AUDITORS (initial) _____

Notes:

- 1 Premium income includes money received in respect of "investment contracts".

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

903-99-A
19/10/2009
3/7/2011 8:34

Statement B3 BENEFITS PAID AND PROVIDED FOR by ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION 1	IN RSA CURRENT YEAR TYPE OF BUSINESS				IN & OUTSIDE RSA TOTAL CURRENT YEAR	
	Investments R'000 2	Risk R'000 3	Annuities R'000 4	Universal Life R'000 5	TOTAL R'000 6	TOTAL CURRENT YEAR R'000 7
1. GROSS BENEFITS PAID & PROVIDED FOR¹						
1.1 INDIVIDUAL						
DEATH	0	0	0	0	0	0
DISABILITY						
Income benefit	0	0	0	0	0	0
Lump sum benefit	0	0	0	0	0	0
HEALTH	0	0	0	0	0	0
MATURITY	0	0	0	0	0	0
ANNUITY	0	0	0	0	0	0
WITHDRAWAL BENEFITS						
Surrenders	0	0	0	0	0	0
Other	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0
1.2 GROUP						
DEATH	0	0	0	0	0	0
DISABILITY						
Income benefit	0	0	0	0	0	0
Lump sum benefit	0	0	0	0	0	0
HEALTH	0	0	0	0	0	0
MATURITY	0	0	0	0	0	0
ANNUITY	0	0	0	0	0	0
WITHDRAWAL BENEFITS						
Pension fund	0	0	0	0	0	0
Other	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0
TOTAL GROSS BENEFITS	0	0	0	0	0	0
2. NET BENEFITS PAID & PROVIDED FOR¹						
2.1 INDIVIDUAL						
DEATH	0	0	0	0	0	0
DISABILITY						
Income benefit	0	0	0	0	0	0
Lump sum benefit	0	0	0	0	0	0
HEALTH	0	0	0	0	0	0
MATURITY	0	0	0	0	0	0
ANNUITY	0	0	0	0	0	0
WITHDRAWAL BENEFITS						
Surrenders	0	0	0	0	0	0
Other	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0
2.2 GROUP						
DEATH	0	0	0	0	0	0
DISABILITY						
Income benefit	0	0	0	0	0	0
Lump sum benefit	0	0	0	0	0	0
HEALTH	0	0	0	0	0	0
MATURITY	0	0	0	0	0	0
ANNUITY	0	0	0	0	0	0
WITHDRAWAL BENEFITS						
Pension fund	0	0	0	0	0	0
Other	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0
TOTAL NET BENEFITS	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

Notes:

1 Monies paid in respect of "investment contracts".

LT2011

Page 9 of 76

SHEET REFERENCE NUMBER

B04-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement B4 SUMMARY OF LONG-TERM BUSINESS IN FORCE by ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION	IN RSA					IN & OUTSIDE
	CURRENT YEAR					TOTAL
	TYPE OF BUSINESS				TOTAL	CURRENT
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000	R'000	YEAR R'000
1	2	3	4	5	6	7

1. INDIVIDUAL**1.1 RECURRING PREMIUM BUSINESS**

Number of policies	0	0	0	0	0	0
Number of members - grouped individual business	0	0	0	0	0	0
Net annualised premiums R'000	0	0	0	0	0	0
Policy liabilities R'000 ¹	0	0	0	0	0	0

1.2 NON-RECURRING PREMIUM BUSINESS

Number of policies	0	0	0	0	0	0
Number of members - grouped individual business	0	0	0	0	0	0
Policy liabilities R'000 ¹	0	0	0	0	0	0

2. GROUP

Number of schemes					0	0
Number of members					0	0
Net annualised premiums R'000	0	0	0	0	0	0
Scheme liabilities R'000 ¹	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

Notes:

- 1 Policy liabilities or scheme liabilities net of approved reinsurance only and schedule 3 adjustments.

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

B05-99-A

10/10/1/000/8

3/7/2011 8:34

Statement B5 MOVEMENT IN LONG-TERM BUSINESS IN FORCE of ABC Life Insurance Limited as at the end of the financial period 31/12/2011				
DESCRIPTION	IN RSA			IN & OUTSIDE RSA
	CURRENT YEAR			TOTAL CURRENT YEAR
	TYPE OF BUSINESS		TOTAL	
	Non-recurring <i>No. of policies</i>	Recurring <i>No. of policies</i>		
1	2	3	4	5

1. INDIVIDUAL

NUMBER OF POLICIES AT START OF FINANCIAL YEAR	0	0	0	0
plus: New policies	0	0	0	0
less: Death claims	0	0	0	0
Disability terminations	0	0	0	0
Health terminations	0	0	0	0
Maturity claims	0	0	0	0
Surrenders	0	0	0	0
Lapses	0	0	0	0
Transfers i.t.o. the Act	0	0	0	0
Policies expired	0	0	0	0
Adjustments: Specify				
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
•	0	0	0	0
NUMBER OF POLICIES AT END OF FINANCIAL YEAR	0	0	0	0

2. GROUP

NUMBER OF SCHEMES AT START OF FINANCIAL YEAR	0	0
plus: New schemes	0	0
less: Terminations	0	0
Transfers i.t.o. the Act	0	0
Adjustments: Specify		
•	0	0
•	0	0
•	0	0
•	0	0
NUMBER OF SCHEMES AT END OF FINANCIAL YEAR	0	0

ACTUARY _____

AUDITORS (initial) _____

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

B06-99-A
 10/10/1000/6
 3/7/2011 8:34

Statement B6 ANALYSIS OF MOVEMENTS OF ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION	IN RSA					IN & OUTSIDE
	CURRENT YEAR					RSA
	TYPE OF BUSINESS				TOTAL	TOTAL CURRENT YEAR
	TYPE OF BUSINESS					
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000	R'000	R'000
1	2	3	4	5	6	7

1. NEW BUSINESS**INDIVIDUAL - NEW ISSUES****RECURRING BUSINESS**

Number of policies	0	0	0	0	0	0
Net annualised premium R'000	0	0	0	0	0	0

NON-RECURRING BUSINESS

Number of policies	0	0	0	0	0	0
Net premium received R'000	0	0	0	0	0	0

2. SURRENDERS**INDIVIDUAL****RECURRING BUSINESS**

Number of policies	0	0	0	0	0	0
Net annualised premium R'000	0	0	0	0	0	0

NON-RECURRING BUSINESS

Number of policies	0	0	0	0	0	0
--------------------	---	---	---	---	---	---

3. LAPSES**INDIVIDUAL RECURRING BUSINESS****NUMBER OF POLICIES**

First year	0	0	0	0	0	0
Second year	0	0	0	0	0	0
Third year and older	0	0	0	0	0	0
Total	0	0	0	0	0	0

NET ANNUALISED PREMIUM R'000

First year	0	0	0	0	0	0
Second year	0	0	0	0	0	0
Third year and older	0	0	0	0	0	0
Total	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

B07-99-A

10/10/1/000/8

3/7/2011 8:34

Statement B7 EXPENSE ANALYSIS of ABC Life Insurance Limited as at the end of the financial period 31/12/2011							
DESCRIPTION	IN RSA						IN & OUTSIDE
	CURRENT YEAR						TOTAL
	TYPE OF BUSINESS					TOTAL	CURRENT YEAR
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000	Other R'000	R'000	YEAR R'000
1	2	3	4	5	6	7	8

1. ACTUAL EXPENSES INCURRED**1.1 ACQUISITION EXPENSES**

Individual business selling expenses	0	0	0	0		0	0
• Recurring	0	0	0	0		0	0
• Non-recurring	0	0	0	0		0	0
Group business selling expenses	0	0	0	0		0	0
Issuing & underwriting expenses	0	0	0	0		0	0
• Recurring	0	0	0	0		0	0
• Non-recurring	0	0	0	0		0	0
Other	0	0	0	0		0	0
SUBTOTAL	0	0	0	0		0	0

1.2 OPERATING EXPENSES¹

Individual business	0	0	0	0		0	0
• Renewal	0	0	0	0		0	0
• Claims handling expenses	0	0	0	0		0	0
Group	0	0	0	0		0	0
Other: <i>Specify</i>							
• Asset management fees	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
Shareholders' expenses					0	0	0
SUBTOTAL	0	0	0	0	0	0	0

1.3 OTHER EXPENSES

•	0	0	0	0		0	0
•	0	0	0	0		0	0
•	0	0	0	0		0	0
SUBTOTAL	0	0	0	0		0	0

TOTAL	0	0	0	0	0	0	0
--------------	---	---	---	---	---	---	---

ACTUARY _____

AUDITORS (initial) _____

Notes:

1 Operating expenses for the calculation of MCAR and includes all expenses in respect of "investment contracts".

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

805-50-A
 10/10/2008
 3/7/2011 8:34

Statement B0						Sheet 1 of 1
INVESTMENT EXPERIENCE ANALYSIS						
of ABC Life Insurance Limited						
as at the end of the financial period 31/12/2011						
DESCRIPTION	IN RSA					IN & OUTSIDE TOTAL CURRENT YEAR R'000
	CURRENT YEAR					
	TYPE OF BUSINESS				TOTAL R'000	
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000		
1	2	3	4	5	6	7

ACTUAL EXPERIENCE

Period in months over which experience (i) is monitored

12

1. INDIVIDUAL

Asset value at start ¹	0	0	0	0	0	0
Net cashflows	0	0	0	0	0	0
Net investment growth ²	0	0	0	0	0	0
Asset value at end ¹	0	0	0	0	0	0
Investment yield	0%	0%	0%	0%	0%	0%

Bonuses declared		
Vested bonuses		0.0%
Non-vested bonuses		0.0%
TOTAL		0.0%

Maturity yield			
Single-premium policies			
5-year policy	0.0%	0.0%	0.0%
10-year policy	0.0%	0.0%	0.0%
15-year policy	0.0%	0.0%	0.0%
Recurring-premium policies			
5-year policy	0.0%	0.0%	0.0%
10-year policy	0.0%	0.0%	0.0%
15-year policy	0.0%	0.0%	0.0%
Method of calculation			

2. GROUP

Asset value at start ¹	0	0	0	0	0	0
Net cashflows	0	0	0	0	0	0
Net investment growth ²	0	0	0	0	0	0
Asset value at end ¹	0	0	0	0	0	0
Investment yield	0%	0%	0%	0%	0%	0%

Bonuses declared		
Vested bonuses		0.0%
Non-vested bonuses		0.0%
TOTAL		0.0%

3. SHAREHOLDERS

Asset value at start ¹	
Net cashflows	
Net investment growth ²	
Asset value at end ¹	
Investment yield	

0	0
0	0
0	0
0	0
0%	0%

ACTUARY _____

AUDITORS (initial) _____

Notes:

- 1 Assets reflected as per section 30 of the Long-term Insurance Act of 1998 - the Statutory Valuation Method.
 2 Net investment growth includes realised and unrealised capital appreciation/depreciation.

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

808-09-A
 13/12/2009
 3/7/2011 8:34

DESCRIPTION	ASSURANCE			ANNUITIES			
	Actual Death Strain	Expected Death Strain	A/E %	Underwriting profit/Loss	Actual Death Strain	Expected Death Strain	Underwriting profit/Loss
	R'000	R'000		R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8

1. MORTALITY EXPERIENCE

1.1 INDIVIDUAL

Gross	0	0	0%		0	0	0%
Net	0	0	0%		0	0	0%

1.2 GROUP

Gross	0	0	0%		0	0	0%
Net	0	0	0%		0	0	0%

Experience rated schemes 0 0

2. MORBIDITY EXPERIENCE

2.1 INDIVIDUAL

	LUMP SUM DISABILITY				INCOME DISABILITY			
	Actual Strain	Expected Strain	A/E %	Underwriting profit/Loss	Actual Strain	Expected Strain	A/E %	Underwriting profit/Loss
	R'000	R'000		R'000	R'000	R'000		R'000
Gross	0	0	0%		0	0	0%	
Net	0	0	0%		0	0	0%	

2.2 GROUP

Gross	0	0	0%		0	0	0%	
Net	0	0	0%		0	0	0%	

Experience rated schemes 0 0

3. SURRENDER EXPERIENCE

3.1 INDIVIDUAL

	Actual Strain	Expected Strain	A/E %	Actual Surrender Rate	Expected Surrender Rate	A/E %
	R'000	R'000		%	%	
Amounts paid	0	0	0%	0%	0%	0%

4. LAPSE EXPERIENCE (Individual)

	Actual Lapse Rates	Expected Lapse Rates	A/E %
	%	%	
4.1 First year lapses	0%	0%	0%
4.2 Second year lapses	0%	0%	0%
4.3 Third year and older	0%	0%	0%

5. YEAR OF LAST MORTALITY & MORBIDITY INVESTIGATION

yyy

6. YEAR OF LAST EXPENSE INVESTIGATION

yyy

7. YEAR OF LAST LAPSE INVESTIGATION

yyy

8. YEAR OF LAST SURRENDER INVESTIGATION

yyy

9. EXPECTED EXPERIENCE BASIS USED

Current premium basis/Valuation basis/Other

ACTUARY _____

AUDITORS (initial) _____

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

1/02/05 A
 10/10/2008
 37/05/11 8:34

Statement B10
 INFORMATION RELATING TO CLAIMS, CREDIT LIFE POLICIES AND DISTRIBUTION CHANNELS
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

1. NET BENEFITS PAID & PROVIDED FOR

DESCRIPTION	IN & OUTSIDE RSA									
	Claims reported		Claims finalised		CLAIM INFORMATION Claims rejected and withdrawn		Claims paid		Claims outstanding	
	Number	R'000	Number	R'000	Number	R'000	Number	R'000	Number	R'000
1	2	3	4	5	6	7	8	9	10	11
Death	0	0	0	0	0	0	0	0	0	0
Disability	0	0	0	0	0	0	0	0	0	0
Health	0	0	0	0	0	0	0	0	0	0
TOTAL NET BENEFITS	0	0	0	0	0	0	0	0	0	0

2. CREDIT LIFE

DESCRIPTION	IN & OUTSIDE RSA			
	INFORMATION			
	Net Premiums R'000	Claims Paid R'000	Commission R'000	Other Expenses R'000
1	2	3	4	5
TOTAL	0	0	0	0

2. CREDIT LIFE

DESCRIPTION	IN & OUTSIDE RSA									
	Claims reported		Claims finalised		CLAIM INFORMATION Claims rejected and withdrawn		Claims paid		Claims outstanding	
	Number	R'000	Number	R'000	Number	R'000	Number	R'000	Number	R'000
1	2	3	4	5	6	7	8	9	10	11
TOTAL	0	0	0	0	0	0	0	0	0	0

4. CREDIT LIFE

DESCRIPTION	IN & OUTSIDE RSA			
	CLAIM INFORMATION - MAIN REASON FOR CLAIMS			
	Death %	Unemployment %	Disability & Other %	
1	2	3	4	
TOTAL	0%	0%	0%	

5. RETRENCHMENT / JOB LOSS COVER

DESCRIPTION	R'000
1	2
Premiums Received	0
Expense Allocations	0
Liabilities under unmatured policies	0
Claims Paid	0

6. LSM 1 - 6 BUSINESS DISTRIBUTION

DESCRIPTION	% of Gross Premiums
1	2
Funeral Policies	0%
Credit Policies	0%
Life Policies	0%
Mortgage Protection	0%
Disability	0%
Other	0%
TOTAL	0%

7. DISTRIBUTION CHANNELS

DESCRIPTION	INDIVIDUAL	GROUP
	% of Gross Premiums	% of Gross Premiums
1	2	3
Mail Marketing	0%	0%
In-House Agents	0%	0%
Independent Brokers	0%	0%
Direct Marketing	0%	0%
Tele-Sales	0%	0%
Other Method: specify		
*	0%	0%
*	0%	0%
TOTAL	0%	0%

PUBLIC OFFICER _____

AUDITORS (initials) _____

STRUCTURAL VALUATION METHODS OF ASSETS																
IN ISA & OUTSIDE TO BE IN ISA																
CURRENT YEAR																
TYPE OF BUSINESS																
DESCRIPTION	IN ISA										TOTAL VALUE		CURRENT YEAR		IN A OUTSIDE ISA	
	Linked FUND	Investment Performance related FUND	Overseas FUND	Discretionary Participation FUND	Non profit FUND	Discretionary Participation FUND	Linked FUND	Investment Performance related FUND	Non profit FUND	Discretionary Participation FUND	Universal Life FUND	Linked FUND	Investment Performance related FUND	Non profit FUND	Discretionary Participation FUND	Universal Life FUND
POLYHOLDERS																
CASH & DEPOSITS																
FIXED INTEREST																
Public Sector																
Non-convertible debentures																
Other																
EQUITIES & CONVERTIBLE DEBENTURES																
Linked																
Other																
PROPERTY																
Direct property holdings																
Indirect property holdings																
COLLECTIVE INVESTMENT SCHEMES																
Money market																
Equities																
Property																
Other																
FIXED ASSETS																
Property																
Other																
OTHER GROUPS & SUNDRIES (OWNERS CL 1)																
TOTAL GROUPS & SUNDRIES (OWNERS CL 1)																
DEFERRED TO BE IN THE ISA																
FORWARD RECORDED																
Cash & deposits																
Equities and Collective Investment Schemes																
TOTAL DEFERRED TO BE IN THE ISA																
TOTAL POLYHOLDERS																
SHARHOLDERS																
IN THE ISA																
CASH & DEPOSITS																
FIXED INTEREST																
Public Sector																
Non-convertible debentures																
Other																
EQUITIES & CONVERTIBLE DEBENTURES																
Linked																
Other																
PROPERTY																
Direct property holdings																
Indirect property holdings																
COLLECTIVE INVESTMENT SCHEMES																
Money market																
Equities																
Property																
Other																
FIXED ASSETS																
Property																
Other																
OTHER GROUPS & SUNDRIES (OWNERS CL 1)																
TOTAL GROUPS & SUNDRIES (OWNERS CL 1)																
DEFERRED TO BE IN THE ISA																
FORWARD RECORDED																
Cash & deposits																
Equities and Collective Investment Schemes																
TOTAL DEFERRED TO BE IN THE ISA																
TOTAL SHARHOLDERS																
TOTAL ASSETS																
ACTUARY																
AUDITORS																

[illegible]

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

CO-49-A
 18/03/2011
 3/2/2011 8:34

Statement 02 SUMMARY OF STATUTORY VALUATION METHOD OF ASSETS AND LIABILITIES OF ABC Life Insurance Limited AS AT 31 March 2011 (Financial Period 2010/2011)														
DESCRIPTION	IN RSA & DEEMED TO BE IN RSA													IN R
	CURRENT YEAR													TOTAL CURRENT YEAR
	TYPE OF BUSINESS													
	Linked	Investment	Guaranteed	Discretionary	Non profit	Discretionary	Linked	Investment	Non profit	Discretionary	Universal Life	Shareholders	TOTAL	
	R'000	Performance related R'000	R'000	Participation Features R'000	R'000	Participation Features R'000	R'000	Performance related R'000	R'000	Participation Features R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

1. ASSETS

Cash & Deposits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fixed Interest	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Equities & Convertible Debentures	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Property	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Collective Investment Schemes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fixed Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2. LIABILITIES

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

3. EXCESS ASSETS

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------	----------

4. CAPITAL ADEQUACY REQUIREMENT

10,000	10,000
--------	--------

5. FREE ASSETS

(10,000)	(10,000)
----------	----------

ACTUARY _____

AUDITORS _____

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

.01-88-A
 10/10/1/000/8
 3/7/2011 8:34

DESCRIPTION	CURRENT YEAR	
	IN RSA	IN & OUTSIDE RSA
	TOTAL	TOTAL
	R'000	R'000
1	2	3

1. VALUE OF LIABILITIES UNDER UNMATURED POLICIES *in:*

1.1 Assistance	0	0
1.2 Disability	0	0
1.3 Fund	0	0
1.4 Health	0	0
1.5 Life	0	0
1.6 Sinking Fund	0	0
SUBTOTAL	0	0

2. OTHER INSURANCE LIABILITIES

2.1 Claims & provision for claims intimated but unpaid	0	0
2.2 Provision for unintimated claims	0	0
2.3 Balances due to insurers and reinsurers	0	0
2.4 Deposits held on behalf of reinsurers	0	0
2.5 Provision for taxation	0	0
2.6 Provision for deferred taxation ¹	0	0
2.7 Debentures/mortgages	0	0
2.8 Linked units/loan stock	0	0
2.9 Bank overdrafts	0	0
2.10 Creditors	0	0
2.11 Amounts due to holding companies	0	0
2.12 Amounts due to fellow subsidiaries	0	0
2.13 Amounts due to subsidiaries	0	0
2.14 Other: Specify	0	0
•	0	0
•	0	0
•	0	0
•	0	0
SUBTOTAL	0	0

3. TOTAL LIABILITIES²

0	0
---	---

ACTUARY _____

AUDITORS _____

Notes:

- Provision for deferred taxation for capital gains on policyholders assets should be included in the value of unmatured policies
- To agree with total liabilities as stated in statement C2

SHEET REFERENCE NUMBER

C03-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement C3 EXCESS ASSETS AND CAPITAL ADEQUACY COVER of ABC Life Insurance Limited as at the end of the financial period 31/12/2011		
DESCRIPTION	CURRENT YEAR	
	IN & DEEMED TO BE IN THE RSA	IN & OUTSIDE RSA
	TOTAL R'000	TOTAL R'000
1	2	3

1. ASSET COVER

Value of total assets (transfer from C2)	0	0
Value of total liabilities (transfer from C2)	0	0
Excess Assets Over Liabilities	0	0
Capital Adequacy Requirement (transfer from C6)	10,000	10,000
Free Assets (After CAR)	(10,000)	(10,000)
CAR Cover	0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0
Non-distributable reserves	0	0
Distributable reserves	0	0
Other: (Specify in supporting statement C3.1)	0	0
TOTAL	0	0

3. COMMITMENTS & CONTINGENT LIABILITIES

0

4. ENCUMBRANCE OF ASSETS (Specify in supporting statement C3.1)

0

5. WAIVING BY CREDITORS OF CERTAIN RIGHTS: (Specify in supporting statement C3.1)

0

ACTUARY _____

AUDITORS (initial) _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement C3.1 (supporting statement to C3) EXCESS ASSETS AND CAPITAL ADEQUACY COVER of ABC Life Insurance Limited as at the end of the financial period 31/12/2011		
DESCRIPTION	CURRENT YEAR	
	IN & DEEMED TO BE IN THE RSA	IN & OUTSIDE RSA
	TOTAL R'000	TOTAL R'000
1	2	3

2. EXCESS ASSETS REPRESENTED BY:

Other: Specify

•	0	0
•	0	0
•	0	0
•	0	0
•	0	0
TOTAL	0	0

4. ENCUMBRANCE OF ASSETS: Specify

•	0
•	0
•	0
•	0
•	0
TOTAL	0

5. WAIVING BY CREDITORS OF CERTAIN RIGHTS: Specify

•	0
•	0
•	0
•	0
•	0
TOTAL	0

ACTUARY _____

AUDITORS (initial) _____

SHEET REFERENCE NUMBER

.02-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

PROJECTED EXCESS ASSETS AND CAPITAL ADEQUACY COVER OF ABC Insurance Limited for the next financial year		
DESCRIPTION	CURRENT YEAR	
	IN & DEEMED TO BE IN THE RSA	IN & OUTSIDE RSA
	TOTAL R'000	TOTAL R'000
1	2	3

1. ASSET COVER

Value of total assets	0	0
Value of total liabilities	0	0
Excess Assets Over Liabilities	0	0
Capital Adequacy Requirement	0	0
Free Assets (After CAR)	0	0
CAR Cover	0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0
Non-distributable reserves	0	0
Distributable reserves	0	0
Other:	0	0
TOTAL	0	0

ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

C04-08-A
 13/01/2011
 3/7/2011 8:34

Statement C4 STATUTORY VALUATION METHOD OF NET POLICY LIABILITIES of ABC Life Insurance Limited as at the end of the financial period 31/12/2011													
DESCRIPTION	IN RSA & DEEMED TO BE IN RSA CURRENT YEAR												IN & OUTSIDE RSA
	TYPE OF BUSINESS												TOTAL CURRENT YEAR
	Investments				Risk		Annuities				Universal Life	TOTAL	TOTAL CURRENT YEAR
	Linked R'000	Investment Performance related R'000	Guaranteed R'000	Discretionary Participation Features R'000	Non profit R'000	Discretionary Participation Features R'000	Linked R'000	Investment Performance related R'000	Non profit R'000	Discretionary Participation Features R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. INDIVIDUAL													
1.1 LINKED LIABILITIES													
Total linked liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	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	0	0	0	0
* Retrospective valuation	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	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	0	0	0	0
Discretionary margins (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL INDIVIDUAL	0	0	0	0	0	0	0	0	0	0	0	0	0
2. GROUP													
2.1 LINKED LIABILITIES													
Total linked liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	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	0	0	0	0
* Retrospective valuation	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
AIDS Reserve	0	0	0	0	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	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	0	0	0	0
Discretionary margins (Specify in supporting statement C4.1)	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GROUP	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL LINKED POLICY LIABILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL NON-LINKED POLICY LIABILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL POLICY LIABILITIES	0	0	0	0	0	0	0	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

REGISTRAR DE LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

17011 8:34

Statement C4.1 (Supporting statement to C4)
STATUTORY VALUATION METHOD OF NET POLICY LIABILITIES
 of APC Life Insurance Limited
 as at the end of the financial period 31/12/2011

ACTUARY

AUDITORS (initial)

SHEET REFERENCE NUMBER
 REGISTRATION OF LONG-TERM INSURANCE REFERENCE NUMBER
 FINAL REPORT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
 02/04/11
 13/04/2011
 3/2011 2:24

CAPITAL ADEQUACY REQUIREMENT BEFORE MANAGEMENT ACTION of ABC Life Insurance Limited as at the end of the financial period 31/12/2011														
DESCRIPTION	IN RSA & DEEMED TO BE IN RSA												IN & OUTSIDE RSA TOTAL CURRENT YEAR R000	
	CURRENT YEAR													
	TYPE OF BUSINESS						Accrued							TOTAL
	Linked R000	Investment Performance related R000	Guaranteed R000	Discretionary Participation Features R000	Non profit R000	Discretionary Participation Features R000	Linked R000	Investment Performance related R000	Non profit R000	Discretionary Participation Features R000	Universal Life R000			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)														
LAPSE RISK	0	0	0	0	0	0	0	0	0	0	0	0	0	
SURRENDER RISK	0	0	0	0	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	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	0	0	0	0	
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)														
LAPSE RISK (a)	0	0	0	0	0	0	0	0	0	0	0	0	0	
SURRENDER RISK (b)	0	0	0	0	0	0	0	0	0	0	0	0	0	
FLUCTUATION RISK														
• Mortality (c)	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Morbidity (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Medical (e)	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Expenses (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Annuity mortality (d)	0	0	0	0	0	0	0	0	0	0	0	0	0	
ASSUMPTION RISK														
• Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0	0	0	0	0	
INVESTMENT RISK														
• Resilience risk (g)	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Embedded Investment Derivatives Component	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Worse investment risk (g)	0	0	0	0	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	0	0	0	0	
CREDIT RISK (h)	0	0	0	0	0	0	0	0	0	0	0	0	0	
NEGATIVE BONUS STABILISATION RESERVE	0	0	0	0	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	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	0	0	0	0	
Adjustment factor	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
OCAR	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. MAXIMUM OF ITEM 1 AND ITEM 2 ¹														
	0	0	0	0	0	0	0	0	0	0	0	0	0	

ACTUARY _____

AUDITORS (initials) _____

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

57-5800-1

57-5800-1

NONOXYCENE

WUOLLEY, R. M.

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE:

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 B?)

Statutory minimum

Approved minimum

0.3% of gross policyholder liabilities

Minimum Capital Adequacy Requirement (MCAR)

Capital Adequacy Requirement (after management action)

ACTUARY

0	0
0	0
10,000	10,000
0	0
0	0
10,000	10,000
10,000	10,000

AUDITORS (initials)

LT2011

Page 27 of 76

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

C07-98-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

ANALYSIS OF SURPLUS	
GRAND LIFE INSURANCE LIMITED	
Annual Report for the financial year ended 31/12/2010	
DESCRIPTION	TOTAL VALUE CURRENT YEAR
	R'000
1	2

1. DISCLOSED EXCESS ASSETS (brought forward) 0

2. INDIVIDUAL LIFE OPERATING PROFIT/LOSS

2.1 New business	0
2.2 Alterations	0
2.3 Change in valuation basis	0
• Changes in methodology	0
• Changes to non-economic assumptions	0
• Changes to economic assumptions	0
2.4 Release of margins	0
• Compulsory margins	0
• Discretionary margins	0
2.5 Investment experience	0
2.6 Mortality experience	0
2.7 Morbidity experience	0
2.8 Expense experience	0
2.9 Early withdrawals	0
2.10 Tax	0
2.1 Adjustment to asset values	0
2.1 Other (Specify in supporting statement C7.1)	0
2.1 Unexplained	0
SUBTOTAL	0

3. GROUP LIFE OPERATING PROFIT/LOSS

3.1 New business	0
3.2 Change in valuation basis	0
• Changes in methodology	0
• Changes to non-economic assumptions	0
• Changes to economic assumptions	0
3.3 Release of margins	0
• Compulsory margins	0
• Discretionary margins	0
3.4 Investment experience	0
3.5 Group assurance underwriting experience	0
• Mortality experience	0
• Morbidity experience	0
3.6 Group annuity underwriting experience	0
3.7 Expense experience	0
3.8 Early withdrawals	0
3.9 Tax	0
3.10 Adjustment to asset values	0
3.1 Other (Specify in supporting statement C7.1)	0
3.1 Unexplained	0
SUBTOTAL	0

4. SHAREHOLDERS

4.1 Investment experience	0
4.2 Adjustment to capital	0
4.3 Expenses	0
4.4 Income from subsidiaries	0
4.5 Dividends paid	0
4.6 Tax	0
4.7 Adjustment to asset values	0
4.8 Other (Specify in supporting statement C7.1)	0
4.9 Unexplained	0
SUBTOTAL	0

5. TOTAL PROFIT/LOSS 0

6. DISCLOSED EXCESS ASSETS (to correspond with C3) 0

ACTUARY _____

AUDITORS (Initial) _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

10/10/170008
3/7/2011 8:34

DESCRIPTION	TOTAL VALUE CURRENT YEAR
	R'000
1	2

Other: Specify

TOTAL	0

Other: *Specify*

STOTAL	0
--------	---

Other: *Specify*

[illegible][illegible]

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

C08-00-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement C8 DIVIDEND TEST of ABC Life Insurance Limited as at the end of the financial period 31/12/2011		
DESCRIPTION	CURRENT YEAR	
	IN & DEEMED TO BE IN THE RSA	IN & OUTSIDE RSA
	TOTAL R'000	TOTAL R'000
1	2	3

1. ADJUSTED VALUE OF ASSETS

Value of assets (transfer from C2)	0	0
plus: Gross dividends paid i.r.o. the year	0	0
TOTAL	0	0

2. ADJUSTED VALUE OF LIABILITIES

Total liabilities (transfer from C2)	0	0
TOTAL	0	0

3. EXCESS RESERVES

less:	0	0
MAX (a,b)	10,000	10,000
a. ISSUED SHARE CAPITAL plus NON-DISTRIBUTABLE RESERVES (transfer from C3)	0	0
b. 100% OF CAPITAL ADEQUACY REQUIREMENT (transfer from C2)	10,000	10,000

4. MAXIMUM DIVIDEND BEFORE CONSIDERING SPREADING

(10,000)	(10,000)
----------	----------

Surplus of overall admitted assets over total non-linked liabilities (transfer from E11)

(10,000)	(10,000)
----------	----------

5. MAXIMUM DIVIDEND AFTER CONSIDERING SPREADING

(10,000)	(10,000)
----------	----------

less: Actual dividend paid/payable iro the period under review

0	0
---	---

6. RETAINED DISTRIBUTABLE SURPLUS

(10,000)	(10,000)
----------	----------

ACTUARY _____

AUDITORS (initial) _____

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

CSD-05-A

10/01/2009

3/22/2011 0:34

SUMMARY C2 REINSURANCE of ABC Life Insurance Limited as at the end of the financial period 31/12/2011														
DESCRIPTION	IN RSA & DEEMED TO BE IN RSA												IN & OUTSIDE RSA	
	CURRENT YEAR												TOTAL R'000	TOTAL CURRENT YEAR R'000
	TYPE OF BUSINESS													
	Investments				Risk		Annuities							
Linked R'000	Investment Performance related R'000	Guaranteed R'000	Discretionary Participation Features R'000	Non profit R'000	Discretionary Participation Features R'000	Linked R'000	Investment Performance related R'000	Non profit R'000	Discretionary Participation Features R'000	Universal Life R'000	TOTAL R'000			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1. INCOME														
Gross premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	0	0	0	0	0	
less: Reinsurance premiums paid & outstanding														
• Approved	0	0	0	0	0	0	0	0	0	0	0	0	0	
• Non-approved	0	0	0	0	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	0	0	0	0	
Reinsurance commission received & outstanding	0	0	0	0	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	0	0	0	0	
less: Reinsurance recoveries	0	0	0	0	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	0	0	0	0	
3. LIABILITIES														
Gross policy liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0	
less: Deduction for approved reinsurances	0	0	0	0	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	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 _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER
 REFERENCE OF LONG-TERM INSURANCE REFERENCE NUMBER
 FIRM REPORT DATE

C10.1-09-A
 1/10/2010
 1/20/10/10

Statement C10.1
 STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESSES
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

1. VALUATION OF LIABILITIES

	Assumption is weighted/representative	Weighting factor	Investments				Risk			Annuities				Universal Life
			Linked	Investment Performance related	Guaranteed	Discretionary Participation Features	Non profit	Discretionary Participation Features	Other	Linked	Investment Performance related	Non profit	Discretionary Participation Features	
			R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1. Overview														
	Method													
	Average outstanding term of liabilities (in months)													
	Central Discount rate													
2. Discount rates														
	Individual policyholders' fund													
	Untaxed policyholders' fund													
	Company policyholders' fund													
	Corporate fund													
3. Future bonus rates														
	Vesting - On Sum Assured													
	Vesting - On bonuses													
	Non-vesting													
	Total													
4. Lapse rates														
	First year													
	Second year													
	Third year and thereafter													
5. Surrender rate														
	Recurring premium policies													
	Single premium policies													
6. Mortality tables used														
	Assurance													
	Basic													
	Adjustment													
	Annuities													
	Basic													
	Adjustment													
	Paid in claim													
	Basic													
	Adjustment													
	Other													
	Basic													
	Adjustment													
7. Morbidity tables used														
	Lump sum disability													
	Basic													
	Adjustment													
	Income disability													
	Basic													
	Adjustment													
	Sickness													
	Basic													
	Adjustment													
	Other													
	Basic													
	Adjustment													
8. Dread disease tables used														
	Basic													
	Adjustment													
9. Initial expenses														
	Recurring premium policies													
	Single premium policies													

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

C10 1-85-A

10701000

Standard C10.1
STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
of ABC Ltd, your firm's Client
at the end of the financial year 2013/2014

16. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, 4 decimals)

Rates with provision for the extra mortality from HIV/AIDS					
Age next at valuation date	Assurance				
	Male		Female		
	Smoker	Non-smoker	Smoker	Non-smoker	
20	0.0000	0.0000	0.0000	0.0000	
25	0.0000	0.0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	0.0000	
40	0.0000	0.0000	0.0000	0.0000	
45	0.0000	0.0000	0.0000	0.0000	
50	0.0000	0.0000	0.0000	0.0000	
55	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0.0000	0.0000	
65	0.0000	0.0000	0.0000	0.0000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0.0000	0.0000	
80	0.0000	0.0000	0.0000	0.0000	
85	0.0000	0.0000	0.0000	0.0000	
90	0.0000	0.0000	0.0000	0.0000	
95	0.0000	0.0000	0.0000	0.0000	
100	0.0000	0.0000	0.0000	0.0000	

INVESTMENT NUMBER
 REGISTRATION OF LONG-TERM INSURANCE REFERENCE NUMBER
 FIRST PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

016 14984
 10/10/2009
 3/20/11 1:34

Statutaire C10.1
 STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESS
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

17. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, 4 decimals)

Age next at valuation date	Rates with no provision for the extra mortality from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

18. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS			
	Male		Female	
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with provision for the extra mortality from HIV/AIDS					
	Male		Female		Non-smoker	
	Smoker	Non-smoker	Smoker	Female	Non-smoker	
20	0.0000	0.0000	0.0000		0.0000	
25	0.0000	0.0000	0.0000		0.0000	
30	0.0000	0.0000	0.0000		0.0000	
35	0.0000	0.0000	0.0000		0.0000	
40	0.0000	0.0000	0.0000		0.0000	
45	0.0000	0.0000	0.0000		0.0000	
50	0.0000	0.0000	0.0000		0.0000	
55	0.0000	0.0000	0.0000		0.0000	
60	0.0000	0.0000	0.0000		0.0000	
65	0.0000	0.0000	0.0000		0.0000	
70	0.0000	0.0000	0.0000		0.0000	
75	0.0000	0.0000	0.0000		0.0000	
80	0.0000	0.0000	0.0000		0.0000	
85	0.0000	0.0000	0.0000		0.0000	
90	0.0000	0.0000	0.0000		0.0000	
95	0.0000	0.0000	0.0000		0.0000	
100	0.0000	0.0000	0.0000		0.0000	

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS					
	Male		Female		Non-smoker	
	Smoker	Non-smoker	Smoker	Female	Non-smoker	
20	0.0000	0.0000	0.0000		0.0000	
25	0.0000	0.0000	0.0000		0.0000	
30	0.0000	0.0000	0.0000		0.0000	
35	0.0000	0.0000	0.0000		0.0000	
40	0.0000	0.0000	0.0000		0.0000	
45	0.0000	0.0000	0.0000		0.0000	
50	0.0000	0.0000	0.0000		0.0000	
55	0.0000	0.0000	0.0000		0.0000	
60	0.0000	0.0000	0.0000		0.0000	
65	0.0000	0.0000	0.0000		0.0000	
70	0.0000	0.0000	0.0000		0.0000	
75	0.0000	0.0000	0.0000		0.0000	
80	0.0000	0.0000	0.0000		0.0000	
85	0.0000	0.0000	0.0000		0.0000	
90	0.0000	0.0000	0.0000		0.0000	
95	0.0000	0.0000	0.0000		0.0000	
100	0.0000	0.0000	0.0000		0.0000	

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

C101484
10/10/2010
3/20/11 P.34DIRECT REFERENCE NUMBER
REGISTRATION OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL POINT-OUT DATE

STATUTORY VALUATION METHOD OF THE LIABILITIES OF INDIVIDUAL BUSINESSES
2010/11 Life Insurance Schedule
as at the end of the financial period 30/12/2011

19. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS				
	Income disability				
	Male	Non-smoker	Smoker	Female	Non-smoker
20	0.0000	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000	0.0000

20. SAMPLE DREAD DISEASE RATES FOR STANDARD LIVES (4 decimals)

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS				
	Dread Disease				
	Male	Non-smoker	Smoker	Female	Non-smoker
20	0.0000	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000	0.0000

ASSUMPTIONS MADE / EXPLANATORY NOTES

Age next at valuation date	Rates with provision for the extra morbidity from HIV/AIDS				
	Income disability				
	Male	Non-smoker	Smoker	Female	Non-smoker
20	0.0000	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000	0.0000

Age next at valuation date	Rates with no provision for the extra morbidity from HIV/AIDS				
	Dread Disease				
	Male	Non-smoker	Smoker	Female	Non-smoker
20	0.0000	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000	0.0000

STATUTORY ACTUARY

AUDITORS (initial)

[illegible][illegible]

LT2011

Page 37 of 76

COMPENSATION STATEMENT NOT AVAILABLE TO PUBLIC
 (This document is confidential)

17. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (4 decimals)

17. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (4 decimals)

Age next birthday	Rates with no provision for the extra mortality from 18/1/2013			
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

18. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (4 decimals)

Age next birthday	Rates with no provision for the extra mortality from 18/1/2013			
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

19. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (4 decimals)

Age next birthday	Rates with no provision for the extra mortality from 18/1/2013			
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next birthday	Rates with no provision for the extra mortality from 18/1/2013			
	Smoker	Non-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

L72011

Page 38 of 70

FACTS REFERENCE NUMBER
 REFERENCE OF CASE (1998) INSURANCE COMPANY NUMBER
 THE INSURANCE COMPANY

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
 CH-1004
 INFORMATION

18. SAMPLE ULTIMATE BENEFIT RATES FOR STANDARD LIVES (4 decimally)

Age next birthday	Rates with no reserves for the entire insurable term (100%)			
	Single	Male	Female	Non-Resident
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

20. SAMPLE DEATH DISEASE RATES FOR STANDARD LIVES (4 decimally)

Age next birthday	Rates with no reserves for the entire insurable term (100%)			
	Single	Male	Female	Non-Resident
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

ASSUMPTIONS MADE / EXPLANATORY NOTES

Age next birthday	Rates with no reserves for the entire insurable term (100%)			
	Single	Male	Female	Non-Resident
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

Age next birthday	Rates with no reserves for the entire insurable term (100%)			
	Single	Male	Female	Non-Resident
20	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
65	0.0000	0.0000	0.0000	0.0000
70	0.0000	0.0000	0.0000	0.0000
75	0.0000	0.0000	0.0000	0.0000
80	0.0000	0.0000	0.0000	0.0000
85	0.0000	0.0000	0.0000	0.0000
90	0.0000	0.0000	0.0000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

STATUTORY ACTIVITY

AUDITORS (NAME)

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

D01-80-A
 10/10/2008
 3/7/2011 8:34

Statement B14 STATEMENT OF FINANCIAL POSITION of ABC Life Insurance Limited as at the end of the financial period 31/12/2011		
DESCRIPTION 1	CURRENT YEAR	
	IN & DEEMED TO BE IN THE RSA TOTAL R'000 2	IN & OUTSIDE RSA TOTAL VALUE R'000 3

1. ASSETS

Insurance business assets (excluding other business assets)	0	0
Disregarded assets:		
Premiums		
• Outstanding	0	0
• Debited to agents/brokers	0	0
• Deferred instalments	0	0
• SUBTOTAL	0	0
Expenses		
• Admin, organisation & business extension	0	0
• Prepaid	0	0
• Deferred	0	0
• SUBTOTAL	0	0
Amounts outstanding for longer than 12 months	0	0
Goodwill or items of similar nature	0	0
Other	0	0
Other business assets (not in respect of insurance business)	0	0
TOTAL ASSETS	0	0

2. EQUITY & LIABILITIES

EQUITY		
Issued ordinary share capital	0	0
Preference share capital	0	0
SUBTOTAL	0	0
Share premium account		
• Issued ordinary share capital	0	0
• Preference share capital	0	0
• SUBTOTAL	0	0
Retained Earnings	0	0
• Retained Earnings as per Statement of Changes in Equity before Dividends	0	0
• Dividends Paid as per Statement of Changes in Equity	0	0
Reserves: Specify		
•	0	0
•	0	0
•	0	0
•	0	0
•	0	0
TOTAL EQUITY	0	0
LIABILITIES		
Liabilities arising from Insurance Contracts	0	0
Financial Liabilities	0	0
Other Liabilities: Specify		
•	0	0
•	0	0
•	0	0
•	0	0
•	0	0
Other business liabilities (not in respect of insurance business)	0	0
TOTAL LIABILITIES	0	0

AUDITORS _____

SHEET REFERENCE NUMBER

D03-89-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement D3 ANALYSIS OF ISSUED PREFERENCE SHARES & DEBENTURES of ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
ANALYSIS OF INSTRUMENT	Amount authorised		Amount obtained through issue R'000	Amount payable on redemption R'000	DIVIDEND/INTEREST	
	Nominal R'000	Share premium R'000			In-arrear R'000	In future R'000
1	2	3	4	5	6	7

1. PREFERENCE SHARE CAPITAL

REDEEMABLE/NON-CONVERTIBLE:

• Within 1 - 3 years	0	0	0	0	0	0
• Within 3 - 5 years	0	0	0	0	0	0
• Within 5 - 7 years	0	0	0	0	0	0
• Within 7 - 10 years	0	0	0	0	0	0
• Within 10 - 15 years	0	0	0	0	0	0
• After 15 years	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

2. DEBENTURES

REDEEMABLE/NON-CONVERTIBLE:

• Within 1 - 3 years	0	0	0	0	0	0
• Within 3 - 5 years	0	0	0	0	0	0
• Within 5 - 7 years	0	0	0	0	0	0
• Within 7 - 10 years	0	0	0	0	0	0
• Within 10 - 15 years	0	0	0	0	0	0
• After 15 years	0	0	0	0	0	0
SUBTOTAL	0	0	0	0	0	0

AUDITORS _____

LT2011

Page 41 of 76

SHEET REFERENCE NUMBER

D04-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement D4
STATEMENT OF COMPREHENSIVE INCOME
of ABC Life Insurance Limited
as at the end of financial period 31/12/2011

DESCRIPTION	Total Value Current Year R'000
1	2

1. REVENUE

Insurance Premiums	0
Premium Revenue from Investment Contracts transferred to Insurance Contracts	0
Reinsurance Premiums	0
Net Insurance Premiums	0
Investment income - Total	0
• Interest, dividends & rentals	0
• Realised gains / (losses) on disposals	0
• Unrealised gains / (losses)	0
Other Income (specify)	0
•	0
•	0
•	0
•	0
•	0
•	0
TOTAL REVENUE	0

2. EXPENSES

Claims and Policyholder benefits under insurance contracts	0
Insurance Claims recovered from reinsurers	0
Change in Policyholder Liabilities	0
• Insurance Contracts	0
• Investment Contracts with discretionary participation features	0
• Applicable to reinsurers	0
Fair value adjustment on policyholder liabilities under investment contracts	0
Acquisition costs	0
General Marketing and Administration Expenses	0
Other Expenditure (specify)	0
•	0
•	0
•	0
•	0
•	0
TOTAL EXPENSES	0
PROFIT BEFORE TAXATION	0
Taxation	0
TOTAL EARNINGS	0

AUDITORS

LT2011

Page 42 of 76

EXCLUDING DERIVATIVE EXPOSURE

SHEET REFERENCE NUMBER

E01-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement E1 CASH & BALANCES & DEPOSITS held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011								
NAME OF INSTITUTION (Investments of the same kind with a bank may be grouped)	DESCRIPTION OF INVESTMENT (e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit)	CURRENT YEAR					TOTAL VALUE R'000	% 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	10
1. CASH								
• Bank notes & coins	Notes & coins	0	0	0	0	0	0	0.0%
• Krugerrands	Coins	0	0	0	0	0	0	0.0%
SUBTOTAL		0	0	0	0	0	0	0.0%
2. BANKS (Specify in supporting statement E1.1)								
		0	0	0	0	0	0	0.0%
3. CORPORATION FOR PUBLIC DEPOSITS								
	Deposits	0	0	0	0	0	0	0.0%
4. LAND & AGRICULTURAL BANK								
	Deposits	0	0	0	0	0	0	0.0%
5. MARGIN DEPOSITS								
		0	0	0	0	0	0	0.0%
TOTAL CASH & BALANCES & DEPOSITS		0	0	0	0	0	0	0.0%

AUDITORS _____

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

EXCLUDING DERIVATIVE EXPOSURE

E02-99-A

10/10/1000/6

3/7/2011 8:34

Statement E2 SECURITIES & LOANS held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011							
DESCRIPTION	CURRENT YEAR					TOTAL VALUE	% of total liabilities
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA		
	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	9
1. SECURITIES & LOANS ISSUED OR GUARANTEED BY							
Central government of the Republic	0	0	0	0	0	0	0.0%
A Minister of the Republic	0	0	0	0	0	0	0.0%
Provincial government of the Republic	0	0	0	0	0	0	0.0%
Local authority of the Republic	0	0	0	0	0	0	0.0%
Other utilities of the Republic	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
RAND WATER BOARD	0	0	0	0	0	0	0.0%
LAND & AGRICULTURAL BANK (excluding deposits in E1)	0	0	0	0	0	0	0.0%
SA TRANSPORT SERVICES	0	0	0	0	0	0	0.0%
ESKOM	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0.0%
2. SECURITIES & LOANS APPROVED BY REGISTRAR							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E2.1)	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
3. RECOGNISED SECURITIES OUTSIDE RSA							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E2.1)	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
4. SECURITIES & LOANS OUTSIDE RSA OTHER THAN RECOGNISED							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E2.1)	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
TOTAL SECURITIES & LOANS	0	0	0	0	0	0	0.0%

AUDITORS _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

EXCLUDING DERIVATIVE EXPOSURE

10/10/1000/8
3/7/2011 8:34

Statement E2.1 (supporting statement to E2) SECURITIES & LOANS held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011							
DESCRIPTION 1	CURRENT YEAR					TOTAL VALUE R'000 7	% of total liabilities 9
	IN RSA R'000 2	DEEMED TO BE IN RSA R'000 3	INCOME IN RSA R'000 4	OUTSIDE RSA R'000 5	INCOME OUTSIDE RSA R'000 6		
1. UNLISTED SECURITIES & LOANS APPROVED BY REGISTRAR							
•	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	0	0	0.0%
SUBTOTAL	0		0	0	0	0	0.0%
2. UNLISTED RECOGNISED SECURITIES OUTSIDE RSA							
•		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%
SUBTOTAL		0	0		0	0	0.0%
3. UNLISTED SECURITIES & LOANS OUTSIDE RSA OTHER THAN RECOGNISED							
•			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%
SUBTOTAL			0	0	0	0	0.0%

AUDITORS _____

LT2011

Page 46 of 76

EXCLUDING DERIVATIVE EXPOSURE

SHEET REFERENCE NUMBER

E03-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement E3 DEBENTURES, LOAN STOCKS & OTHER SECURITIES held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011							
DESCRIPTION	CURRENT YEAR					TOTAL VALUE R'000	% of total liabilities
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA		
	R'000	R'000	R'000	R'000	R'000		
1	2	3	4	5	6	7	9
1. PROPERTY COMPANIES:							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0	0	0.0%
TOTAL - Property companies	0	0	0	0	0	0	0.0%
2. RELATED PARTIES:							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0	0	0.0%
TOTAL - Related parties	0	0	0	0	0	0	0.0%
3. ASSET-HOLDING INTERMEDIARIES:							
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0	0	0.0%
4. OTHER COMPANIES:							
LISTED	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0	0	0.0%
TOTAL - Other companies	0	0	0	0	0	0	0.0%
TOTAL DEBENTURES, LOAN STOCKS & OTHER SECURITIES	0	0	0	0	0	0	0.0%

AUDITORS _____

10/10/1/000/8

3/7/2011 6:34

Statement E3.1 (supporting statement to E3)
DEBENTURES, LOAN STOCKS & OTHER SECURITIES
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

AUDITORS

LT2011

Page 46 of 76

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

EXCLUDING DEBENTURES, MORTGAGE BONDS, OUTSTANDING PREMIUMS AND DERIVATIVE EXPOSURE

E04-95-A
 10/10/1/000/8
 3/1/2011 8:34

Statement E4 DEBTORS (Claims against persons and entities) of ABC Life Insurance Limited as at the end of the financial period 31/12/2011									
DESCRIPTION	CURRENT YEAR							TOTAL VALUE	% of total liabilities
	Any overdue capital & interest repayments	Owing at the end of this year	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA AND DEEMED TO BE IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000		
1	2	3	4	5	6	7	8	9	11
1. PROPERTY COMPANIES (Specify in supporting statement E4.1)									
SECURED	0	0	0	0	0	0	0	0	0.0%
UNSECURED	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0.0%
2. RELATED PARTIES (Specify in supporting statement E4.1)									
SECURED	0	0	0	0	0	0	0	0	0.0%
UNSECURED	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0.0%
3. ASSET-HOLDING INTERMEDIARIES (Specify in supporting statement E4.1)									
	0	0	0	0	0	0	0	0	0.0%
4. OTHER DEBTORS (Specify in supporting statement E4.1)									
SECURED	0	0	0	0	0	0	0	0	0.0%
UNSECURED	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0.0%
5. POLICYHOLDER LOANS									
	0	0	0	0	0	0	0	0	0.0%
6. CLAIMS AGAINST LT INSURERS ITO POLICIES (Specify in supporting statement E4.1)									
	0	0	0	0	0	0	0	0	0.0%
TOTAL DEBTORS	0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

EXCLUDING DEBENTURES, MORTGAGE BONDS, OUTSTANDING PREMIUMS AND DERIVATIVE EXPOSURE

10/10/2008
3/7/2011 8:34

Statement E4.1 (supporting statement to E4) DEBTORS (Claims against persons and entities) of ABC Life Insurance Limited as at the end of the financial period 31/12/2011											
DESCRIPTION	DETAILS OF SECURITY FURNISHED	Rate of interest %	CURRENT YEAR							TOTAL VALUE	% of total liabilities
			Any overdue capital & interest repayments	Owing at the end of this year	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA AND DEEMED TO BE IN THE RSA	OUTSIDE RSA	INCOME OUTSIDE RSA		
1	2	3	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	13
1. PROPERTY COMPANIES: Specify											
SECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
UNSECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
2. RELATED PARTIES: Specify											
SECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
UNSECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
3. ASSET-HOLDING INTERMEDIARIES: 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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
4. OTHER DEBTORS: Specify											
SECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
UNSECURED											
•		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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%
5. CLAIMS AGAINST LT INSURERS ITO POLICIES: 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%
SUBTOTAL			0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

Statement E4.2(supporting statement to E4)
DEBTORS (Claims against persons and entities)
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

DESCRIPTION	PERIOD OUTSTANDING					% of total liabilities
	BETWEEN 30 - 60 DAYS	BETWEEN 60 - 90 DAYS	LESS THAN ONE YEAR	ONE YEAR AND LONGER	TOTAL VALUE	
	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7
1. DEBTORS: 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%
SUBTOTAL			0	0	0	0.0%
2. OUTSTANDING PREMIUMS: 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%
SUBTOTAL	0	0			0	0.0%

AUDITORS _____

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

EXCLUDING DERIVATIVE EXPOSURE
 E05-09-A
 10/10/2008
 31/12/2011 E24

Statement E5
SHARES, UNITS & DEPOSITORY RECEIPTS
 held by ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

DESCRIPTION 1	CURRENT YEAR					TOTAL VALUE R'000 7	% of total liabilities 9
	IN RSA R'000 2	DEEMED TO BE IN RSA R'000 3	INCOME IN RSA R'000 4	OUTSIDE RSA R'000 5	INCOME OUTSIDE RSA R'000 6		
1. SHARES (excl those in property co's, associated co's & asset-holding intermediaries)							
LISTED :							
Oil & Gas	0	0	0	0	0	0	0.0%
Basic Materials	0	0	0	0	0	0	0.0%
Industrials	0	0	0	0	0	0	0.0%
Consumer Services	0	0	0	0	0	0	0.0%
Telecommunications	0	0	0	0	0	0	0.0%
Technology	0	0	0	0	0	0	0.0%
Healthcare	0	0	0	0	0	0	0.0%
Consumer Goods	0	0	0	0	0	0	0.0%
Financials	0	0	0	0	0	0	0.0%
Real Estate	0	0	0	0	0	0	0.0%
Alternative Exchange (AIEEx)	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E5.1)	0	0	0	0	0	0	0.0%
TOTAL	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%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0.0%
TOTAL	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%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES⁴							
UNLISTED ORDINARY (Specify in supporting statement E5.1)	0	0	0	0	0	0	0.0%
UNLISTED PREFERENCE (Specify in supporting statement E5.1)	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0.0%
5. DEPOSITORY RECEIPTS							
Listed	0	0	0	0	0	0	0.0%
TOTAL	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%
Units in collective investment schemes in property shares	0	0	0	0	0	0	0.0%
Linked units & units in collective investment schemes							
Listed	0	0	0	0	0	0	0.0%
Unlisted (Specify in Supporting statement E5.1)	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0.0%
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS	0	0	0	0	0	0	0.0%

AUDITORS _____

EXCLUDING DERIVATIVE EXPOSURE

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/01/0000

FINAL PREPARED DATE

3/2/2011 #34

Statement E5.1 (supporting statement to E5)
SHARES, UNITS & DEPOSITORY RECEIPTS
 held by ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

DESCRIPTION 1	CURRENT YEAR					TOTAL VALUE R'000 7	% of total liabilities 9
	IN RSA R'000 2	DEEMED TO BE IN RSA R'000 3	INCOME IN RSA R'000 4	OUTSIDE RSA R'000 5	INCOME OUTSIDE RSA R'000 6		
1. SHARES (excluding those in property companies, related parties and asset-holding intermediaries)							
(i) UNLISTED ORDINARY SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
(ii) UNLISTED PREFERENCE SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
2. SHARES IN PROPERTY COMPANIES							
(i) UNLISTED ORDINARY SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
(ii) UNLISTED PREFERENCE SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
3. SHARES IN RELATED PARTIES							
(i) UNLISTED ORDINARY SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
(ii) UNLISTED PREFERENCE SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES							
(i) UNLISTED ORDINARY SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
(ii) UNLISTED PREFERENCE SHARES:							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%
6. UNLISTED LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES							
•	0	0	0	0	0	0	0.0%
•	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0.0%

AUDITORS

EXCLUDING DERIVATIVE EXPOSURE

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

E06-09-A
 10/07/2009
 3/1/2011 8:34

Statement E6 IMMOVABLE PROPERTY held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011												
LOCATION & DESCRIPTION	Aggregate cost of land and buildings and of improvements R'000	Book value R'000	Amount of encumbrances R'000	Value by independent valuator R'000	CURRENT YEAR							% of total liabilities
					Gross income in RSA R'000	Gross income outside RSA R'000	Gross rental R'000	Expenses R'000	IN RSA R'000	OUTSIDE RSA R'000	TOTAL VALUE R'000	
1	2	3	4	5	6	7	8	9	10	11	12	14
1. UNDEVELOPED LAND (Specify in supporting statement E6.1)	0	0	0	0	0	0	0	0	0	0	0	0.0%
2. COMMERCIAL PROPERTY (Specify in supporting statement E6.1)	0	0	0	0	0	0	0	0	0	0	0	0.0%
3. INDUSTRIAL PROPERTY (Specify in supporting statement E6.1)	0	0	0	0	0	0	0	0	0	0	0	0.0%
4. AGRICULTURAL PROPERTY (Specify in supporting statement E6.1)	0	0	0	0	0	0	0	0	0	0	0	0.0%
5. RESIDENTIAL & OTHER PROPERTY (Specify in supporting statement E6.1)	0	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL IMMOVABLE PROPERTY	0	0	0	0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

EXCLUDING DERIVATIVE EXPOSURE
10/10/2010
30/12/2011 8:28

Statement E6.1 (supporting statement to E6)
IMMOVABLE PROPERTY
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

LOCATION & DESCRIPTION	Year acquired	Aggregate cost of land and buildings and of improvements R'000	Book value R'000	Amount of encumbrances R'000	Valuation by independent valuator		CURRENT YEAR							% of total liabilities
					Year of valuation	Value R'000	Gross income in RSA R'000	Gross income outside RSA R'000	Gross rental R'000	Expenses R'000	IN RSA R'000	OUTSIDE RSA R'000	TOTAL VALUE R'000	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. UNDEVELOPED LAND: 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	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%
TOTAL		0	0	0		0	0	0	0	0	0	0	0	0.0%
2. COMMERCIAL PROPERTY: 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	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%
TOTAL		0	0	0		0	0	0	0	0	0	0	0	0.0%
3. INDUSTRIAL PROPERTY: 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	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%
TOTAL		0	0	0		0	0	0	0	0	0	0	0	0.0%
4. AGRICULTURAL PROPERTY: 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	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%
TOTAL		0	0	0		0	0	0	0	0	0	0	0	0.0%
5. RESIDENTIAL & OTHER PROPERTY: 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	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%
TOTAL		0	0	0		0	0	0	0	0	0	0	0	0.0%
TOTAL IMMOVABLE PROPERTY		0	0	0		0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

EXCLUDING DERIVATIVE EXPOSURE

SHEET REFERENCE NUMBER

E07-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 9:34

Statement E7
MORTGAGES OVER IMMOVABLE PROPERTY, INCLUDING PARTICIPATION BONDS
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

DESCRIPTION	Other encumbrances		CURRENT YEAR					TOTAL VALUE	% of total liabilities
	Ranking concurrently	Ranking prior	Arrears more than 6 months	Additional security furnished	Outstanding balance	IN RSA	OUTSIDE RSA		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	11
1	2	3	4	5	6	7	8	9	
1. MORTGAGES									
UNDEVELOPED LAND: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
COMMERCIAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
INDUSTRIAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
AGRICULTURAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
RESIDENTIAL & OTHER PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
TOTAL MORTGAGES	0	0	0	0	0	0	0	0	0.0%
2. PARTICIPATION BONDS									
UNDEVELOPED LAND: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
COMMERCIAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
INDUSTRIAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
AGRICULTURAL PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
RESIDENTIAL & OTHER PROPERTY: <i>Specify</i>	0	0	0	0	0	0	0	0	0.0%
TOTAL PARTICIPATION BONDS	0	0	0	0	0	0	0	0	0.0%
TOTAL MORTGAGES & PARTICIPATION BONDS	0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

EXCLUDING DERIVATIVE EXPOSURE

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

10101/0006
3/7/2011 8:34

Statement E7.1 (supporting statement to E7)
MORTGAGES OVER IMMOVABLE PROPERTY, INCLUDING PARTICIPATION BONDS
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

DESCRIPTION	Most recent valuation R'000	Other encumbrances		CURRENT YEAR					TOTAL VALUE R'000	% of total liabilities
		Ranking concurrently R'000	Ranking prior R'000	Arrears more than 6 months R'000	Additional security furnished R'000	Outstanding balance R'000	IN RSA R'000	OUTSIDE RSA R'000		
1	2	3	4	5	6	7	8	9	10	12
1. MORTGAGES										
UNDEVELOPED LAND: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
COMMERCIAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
INDUSTRIAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
AGRICULTURAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
RESIDENTIAL & OTHER PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
2. PARTICIPATION BONDS										
UNDEVELOPED LAND: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
COMMERCIAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
INDUSTRIAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
AGRICULTURAL PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%
RESIDENTIAL & OTHER PROPERTY: Specify										
*	0	0	0	0	0	0	0	0	0	0.0%
*	0	0	0	0	0	0	0	0	0	0.0%
SUBTOTAL	0	0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

SHEET REFERENCE NUMBER

E08-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement E8
FIXED ASSETS
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

[illegible]

AUDITORS

SHEET REFERENCE NUMBER

E09-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement E9 COMPARISON OF STATUTORY & SHAREHOLDERS ASSETS held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011				
DESCRIPTION 1	Supporting statement 2	IN & OUTSIDE RSA		
		Statutory values	Values per financial statements	Differences ¹
		R'000 3	R'000 4	R'000 5

1. ASSETS

Cash & Balances & Deposits	E1	0	0	0
Securities & Loans	E2	0	0	0
Debentures, Loan stocks & Other securities	E3	0	0	0
Debtors	E4	0	0	0
Shares, Depository receipts & Collective Investment Schemes	E5	0	0	0
Immovable property	E6	0	0	0
Mortgages & participation bonds	E7	0	0	0
Fixed Assets	E8	0	0	0
Other		0	0	0

TOTAL ASSETS

0	0	0
---	---	---

AUDITORS _____

Notes:

1 Explain differences in a supplementary statement.

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1000/6

FINAL PRINTOUT DATE

3/7/2011 8:34

Statement E9.1 (Reconciliation statement)
DIFFERENCES BETWEEN LIABILITIES IN THE ACTUARIAL BALANCE SHEET, THE FINANCIAL STATEMENTS AND THE STATUTORY STATEMENTS
held by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

DESCRIPTION	Actuarial balance sheet	Financial statement balance sheet	Statutory values in statement C2	Differences between 2 and 3 ¹	Differences between 2 and 4 ¹	Differences between 3 and 4 ¹
	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7

1. POLICY LIABILITIES / LIFE FUND

•	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
SUBTOTAL FOR POLICY LIABILITIES / LIFE FUND	0	0	0	0	0	0

2. CURRENT LIABILITIES

•	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
SUBTOTAL FOR CURRENT LIABILITIES	0	0	0	0	0	0

3. CAPITAL ADEQUACY REQUIREMENT

•	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
SUBTOTAL FOR CAR	0	0	0	0	0	0

AUDITORS _____

Notes:

1 Explain differences in a supplementary statement.

Statement E10
RELATED PARTY BALANCES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

[illegible]

1. SUBSIDIARIES

SUBSIDIARIES											
1	2	3	4	5	6	7	8	9	10	11	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	0.0%	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%	0	0	0	0	0
•			0.0%	0	0	0.0%	0	0	0	0	0
SUBTOTAL			0.0%	0	0	0.0%	0	0	0	0	0

2. ASSOCIATES

[illegible]

3. HOLDING COMPANIES

[illegible]

4. OTHER RELATED PARTIES

[illegible]

AUDITORS

SHEET REFERENCE NUMBER
REGISTRATION OF LONG-TERM INSURANCE REFERENCE NUMBER
FIRM PROFILE DATE

E1149-A
R0101000
30/09/11 034

Statement E11 SPREAD OF ASSETS IN GH DEEMED TO BE IN THE RSA of ABC Life Insurance Limited as at the end of the financial period 31/12/2011										
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		Total non-linked liabilities x greater of column (6) or column (9)	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	R'000	R'000
1	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	-	-	-	-
4 Outstanding Premiums	0	0	0	0	0	0	-	-	-	-
SUBTOTAL	0	0	0	0	0	0	25%	0%	2,500	0
5 Shares - listed ordinary, convertible debentures & collective investment schemes - Domestic	0	0	0	0	0	0	-	-	0	0
6 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
7 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
8 Policyholders' loans	0	0	0	0	0	0	95%	0%	9,500	0
9 Claims against a LT insurer i.e. a LT policy	0	0	0	0	0	0	-	-	0	0
10 Property investments	0	0	0	0	0	0	25%	0%	2,500	0
11 Related parties & associated companies	0	0	0	0	0	0	5%	0%	500	0
12 Computer equipment	0	0	0	0	0	0	5%	0%	500	0
13 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	250	0
14 Any other assets	0	0	0	0	0	0	-	-	0	0
SUBTOTAL OF ITEMS 1 to 14	0	0	0	0	0	0	95%	0%	24,750	0
15 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	250	0
16 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
17 Cash	0	0	0	0	0	0	100%	-	0	0
18 Krugmands	0	0	0	0	0	0	10%	0%	1,000	0
19 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0
20 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
21 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0
22 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0
SUBTOTAL OF ITEMS 15 to 22	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 C2
Plus: Asset-holding intermediaries' liabilities
Total Non-linked Liabilities

0
0
10,000
0
10,000

NOTE - ITEMS 5 + 6 + 15 + 16 :

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

Items 5+6:	Individual	0
	Total	7,500
	Admitted	0
Items 15+16:	Individual	0
	Total	0
	Admitted	0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

R'000

- If items 5+6+7+10+11+12+13 exceed 90% of the non-linked liabilities, the excess is:
- If items 7+15+20+22 exceed 15% of the non-linked liabilities, the excess is:
- If the admitted value of items 1 to 14 exceeds: of the total non-linked liabilities, the excess is:
- Overall admitted assets:
Total of column (11) less 1, 2 & 3 above:
- Surplus of overall admitted assets over total non-linked liabilities:

AUDITORS _____

ACTUARY(initials) _____

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

10/10/10008
3/7/2011 8:34

Statement E11.1 (reconciliation statement between fair value and statutory value) SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA of ABC Life Insurance Limited as at the end of the financial period 31/12/2011				
DESCRIPTION	FAIR VALUE R'000	Sum of statements E1 to E8 R'000	Difference R'000	Explanation
1	2	3	4	5
1 Mortgage bonds	0	0	0	
2 Non-convertible debentures	0	0	0	
3 Any other debtors	0	0	0	
4 Outstanding premiums	0	0	0	
SUBTOTAL	0	0	0	
5 Shares - ordinary & convertible debentures - Domestic	0	0	0	
6 Shares - preference - Domestic	0	0	0	
SUBTOTAL	0	0	0	
7 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	
8 Policyholders' loans	0	0	0	
9 Claims against a LT insurer i.t.o. a LT policy	0	0	0	
10 Property investments	0	0	0	
11 Related party(ies) & associated companies	0	0	0	
12 Computer equipment	0	0	0	
13 Other equipment & motor vehicles	0	0	0	
14 Any other assets	0	0	0	
SUBTOTAL OF ITEMS 1 to 14	0	0	0	
15 Margin deposits - Domestic	0	0	0	
16 Margin deposits - Foreign, deemed to be domestic	0	0	0	
SUBTOTAL	0	0	0	
17 Cash	0	0	0	
18 Krugerrands	0	0	0	
19 Bank balances & deposits - Domestic	0	0	0	
20 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	
21 Government & semi-government securities - Domestic	0	0	0	
22 Government securities - Foreign, deemed to be domestic	0	0	0	
SUBTOTAL OF ITEMS 15 to 22	0	0	0	
TOTAL	0	0	0	

AUDITORS _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

102-98-A

10/10/1000/8

3/7/2011 9:34

Statement E12

BANKING INSTITUTION EXPOSURE

of ABC Life Insurance Limited

as at the end of the financial period 31/12/2011

[illegible]

AUDITORS

103-88-A
10/10/1000-8
3/7/2011 11:34

Statement E43:
OTHER INSTITUTION EXPOSURES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2014

AUDITORS

LT2011

Page 65 of 76

SHEET REFERENCE NUMBER

F01-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

**Statement F1
DERIVATIVES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011**

ASSET CLASS	Fair Value of Physicals (Excluding derivatives) being hedged	Fair value of derivatives	Derivative Profit or Loss
1	2	3	4

1. By asset class

Equities	0	0	0
Interest rate	0	0	0
Currency	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0
Subtotal	0	0	0

2. By instrument type

Forward	0	0	0
Future	0	0	0
Options	0	0	0
Swaps	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0
Subtotal	0	0	0

3. By counterparty

Exchange	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0
Subtotal	0	0	0

4. By objective / strategy

Hedging	0	0	0
Speculating	0	0	0
Other (Specify in supporting statement F1.1)	0	0	0
Subtotal	0	0	0

AUDITORS _____

LT2011

Page 66 of 76

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:34

**Statement F1.1
DERIVATIVES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011**

ASSET CLASS	Fair Value of Physicals (Excluding derivatives) being hedged	Fair value of derivatives	Derivative Profit or Loss
1	2	3	4

1. By asset class**Other**

.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
Subtotal	0	0	0

2. By instrument type**Other**

.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
Subtotal	0	0	0

3. By counterparty**Other**

.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
Subtotal	0	0	0

4. By objective / strategy**Other**

.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
.	0	0	0
Subtotal	0	0	0

AUDITORS _____

LT2011

Page 67 of 76

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

H01-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

5/15/2003 15:38

Statement H1 SUMMARY OF SVM ASSETS AND LIABILITIES of ABC Life Insurance Limited as at the end of the financial period 31/12/2011				
DESCRIPTION	IN & OUTSIDE RSA			TOTAL VALUE CURRENT YEAR
	First party cells	Third party cells	Promoter cells	
	R'000	R'000	R'000	R'000
1	2	3	4	5

1. ASSETS

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

TOTAL ASSETS

0	0	0	0
---	---	---	---

2. LIABILITIES

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

TOTAL LIABILITIES

0	0	0	0
---	---	---	---

3. EXCESS ASSETS

0	0	0	0
---	---	---	---

4. CAPITAL ADEQUACY REQUIREMENT

0	0	0	0
---	---	---	---

5. FREE ASSETS

0	0	0	0
---	---	---	---

ACTUARY _____

AUDITORS _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

H02-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

5/15/2003 15:37

Statement H2 FREE ASSETS AND CAPITAL ADEQUACY COVER of ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION	IN & OUTSIDE RSA					TOTAL VALUE CURRENT YEAR
	First party cells with CAR Cover GREATER than or equal to 1	First party cells with CAR Cover LESS than 1 ¹	Third party cells with CAR Cover GREATER than or equal to 1	Third party cells with CAR Cover LESS than 1 ¹	Promoter cell	
	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	7	8

1. ASSET COVER

Value of total assets	0	0	0	0	0	0
Value of total liabilities	0	0	0	0	0	0
Excess Assets Over Liabilities	0	0	0	0	0	0
Capital Adequacy Requirement	0	0	0	0	0	0
Free Assets (After CAR)	0	0	0	0	0	0
CAR Cover	0.00	0.00	0.00	0.00	0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0	0	0	0	0
Non-distributable reserves	0	0	0	0	0	0
Distributable reserves	0	0	0	0	0	0
Other	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

ACTUARY _____

AUDITORS _____

1 If any of the first party or third party cells have a capital adequacy requirement cover less than one, the attached supplementary statement H2.1 must be completed for each of these cells.

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/0008

FINAL PRINTOUT DATE

5/15/2003 15:37

Statement H2.1 FREE ASSETS AND CAPITAL ADEQUACY COVER of ABC Life Insurance Limited as at the end of the financial period 31/12/2011						
DESCRIPTION	Name/number of cell owner	Name/number of cell owner	Name/number of cell owner	Name/number of cell owner	Name/number of cell owner	Name/number of cell owner
	TOTAL VALUE CURRENT YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE CURRENT YEAR	TOTAL VALUE CURRENT YEAR
	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7

1. ASSET COVER

Value of total assets	0	0	0	0	0	0
Value of total liabilities	0	0	0	0	0	0
Excess Assets Over Liabilities	0	0	0	0	0	0
Capital Adequacy Requirement	0	0	0	0	0	0
Free Assets (After CAR)	0	0	0	0	0	0
CAR Cover	0.00	0.00	0.00	0.00	0.00	0.00

2. EXCESS ASSETS REPRESENTED BY

Share capital	0	0	0	0	0	0
Non-distributable reserves	0	0	0	0	0	0
Distributable reserves	0	0	0	0	0	0
Other:	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

ACTUARY _____

AUDITORS _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

H03-99-A

10/10/1/000/8

5/15/2003 15:37

Statement H3
CERTIFICATE GIVEN BY DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

1. Are you satisfied that, to the best of your knowledge and belief, the information contained in Statements H1, H2 and H2.1 fairly present the underwriting results and the financial position of the Insurer and the individual cells in accordance with the books of account at the year end?

• If "NO", provide an explanation.

2. Have there been any developments after the year end, having a significant effect on the financial soundness of the insurer or any cell?

If YES, furnish details:

3. Are there any solvency relief arrangements in place between the insurer and the cell owner?

If YES, furnish details:

DIRECTOR _____

PUBLIC OFFICER _____

LT2011

Page 71 of 78

SHEET REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

REGISTER OF LONG-TERM INSURANCE REFERENCE NUMBER

01-00-A

FINA PRINTOUT DATE

10/01/2008

202011 6 14

Statement 11
SINGLE FACTOR STRESS TESTS ON STATUTORY SURPLUS
of ABC Ltd Insurance Limited
as at the end of the financial period 31/12/2011

	Statutory Valuation Basis	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R'000	R'000	R'000
1	2	3	4

1 SINGLE FACTOR STRESS TESTS
1.1 INTEREST RATE SHOCK: 50% UPWARDS SHIFT IN YIELD CURVE

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debentures, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

1.2 INTEREST RATE SHOCK: 35% DOWNWARD SHIFT IN YIELD CURVE

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debentures, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

LT2011

Page 72 of 78

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

01-08-A
 10/01/2008
 30/01/2011

Statement 11 SINGLE FACTOR STRESS TESTS ON STATUTORY SURPLUS of ABC Life Insurance Limited as at the end of the financial period 31/12/2011			
	Statutory Valuation Basis	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R'000	R'000	R'000
	2	3	4

1.3 EQUITY PRICE SHOCK: 50% DROP IN EQUITY PRICES, 30% DROP IN PRICES OF PREFERENCE SHARES

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debt securities, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depositary receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR	0	0	0
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

1.4 PROPERTY PRICE SHOCK: 30% DROP IN PROPERTY PRICES

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debt securities, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depositary receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR	0	0	0
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

LT2011

Page 73 of 78

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

61-65-A
10/12/2009
10/2011 6.34

Statement 11
SINGLE-FACTOR STRESS TESTS ON STATUTORY SURPLUS
OF ABG Life Insurance Limited
as at the end of the financial period 31/12/2011

	Statutory Valuation Base	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R1000	R1000	R1000
	2	3	4

1.8 EXCHANGE RATE SHOCK: 30% APPRECIATION IN EXCHANGE RATE

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debentures, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

1.8 EXCHANGE RATE SHOCK: 30% DEPRECIATION IN EXCHANGE RATE

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debentures, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

LT2011

Page 74 of 76

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

01-29-A

10/07/2008

30/01/2011

Statement 11 SINGLE FACTOR STRESS TESTS ON STATUTORY SURPLUS of ASCLT Insurance Limited as at the end of the financial period 31/12/2011			
	Statutory Valuation Basis	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R100	R100	R100
	2	3	4

1.7 VOLATILITY SHOCK: 15% ABSOLUTE INCREASE IN LONG - AND SHORT TERM EQUITY VOLATILITIES AND 10% ABSOLUTE INCREASE LONG - AND SHORT TERM INTERES

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debt securities, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

1.8 CREDIT RISK SHOCK: 100% INCREASE IN CAR CREDIT RISK ALLOWANCE

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debt securities, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Immovable property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
IOCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (CAR)	0	0	0
CAR COVER	0.00	0.00	0.00

ACTUARY (initial)

AUDITORS (initial)

LT2011

Page 75 of 76

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FNA PRINTOUT DATE

10245 A

10/01/2008

20081113

ECONOMIC SCENARIO STRESS TEST SUMMARY			
	Statutory Valuation Basis	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R000	R000	R000
	2	3	4

1 ECONOMIC SCENARIO STRESS TEST

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Debt securities, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Intangible property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
GAR			
TCAR	0	0	0
TCAR	0	0	0
TCAR	0	0	0
TCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (GAR)	0	0	0
GAR COVER	0.00	0.00	0.00

ACTUARY (Initial)

AUDITORS (Initial)

LT2011

Page 76 of 76

SWIFT REFERENCE NUMBER
 REPORTED UP (100) TEST REFERENCE NUMBER
 SWIFT REFERENCE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
 IS-004
 10/01/2004
 10/01/2004

SINGLE FACTOR STRESS TEST: OBSERVATORY SURPLUS at All Class Insurance Entities as at the end of the reporting period 31/12/2011			
	Statutory Valuation Rate	Post Stress Test & Before Management Action	Post Stress Test & Post Management Action
	R100	R100	R100
	2	3	4

1 SINGLE FACTOR TESTS

1.1 MORTALITY AND MORBIDITY SHOCK 20% INCREASE IN EXPECTED RISK RATES (DECREASE FOR ANNUITIES IN PAYMENT)

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Derivatives, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Intangible property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
ICCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (ICAR)	0	0	0
CAR COVER	0	0	0

1.2 EXPENSE PER POLICY SHOCK 10% INCREASE IN MAINTENANCE EXPENSE WITH 20% INCREASE IN EXPENSE INFLATION

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Derivatives, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Intangible property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
ICCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (ICAR)	0	0	0
CAR COVER	0	0	0

1.3 WITHDRAWALS 40% INCREASE IN ASSUMPTION

Assets			
Cash & Balances & Deposits	0	0	0
Securities & Loans	0	0	0
Derivatives, Loan stocks & Other securities	0	0	0
Debtors	0	0	0
Shares, Depository receipts & Collective Investment Schemes	0	0	0
Intangible property	0	0	0
Mortgages & participation bonds	0	0	0
Fixed Assets	0	0	0
Other	0	0	0
Total Assets	0	0	0
Liabilities			
Policyholder liabilities: Linked (excluding liabilities specified below)	0	0	0
Policyholder liabilities: Non-linked (excluding liabilities specified below)	0	0	0
Bonus Stabilisation Reserve	0	0	0
Non-vested bonuses	0	0	0
Embedded Investment Derivatives Reserve	0	0	0
Discretionary Margins	0	0	0
Other liabilities	0	0	0
Total Liabilities	0	0	0
Total Excess Assets	0	0	0
CAR			
TCAR	0	0	0
MCAR	0	0	0
OCAR	0	0	0
ICCAR	0	0	0
Factor	0%	0%	0%
Capital Adequacy Requirement (ICAR)	0	0	0
CAR COVER	0	0	0

ACTUARY (initial)

AUDITORS (initial)

ANNEXURE B

LT2011

Page 1 of 32

LONG-TERM INSURANCE ACT (NO. 52 OF 1998)			
LONG-TERM QUALITATIVE RETURN			
ABC LIFE INSURANCE LIMITED			
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER		10/10/1/000/8	
END OF PERIOD UNDER REVIEW		12/31/2011	
FINAL PRINTOUT DATE		3/7/2011 8:54	
INDEX OF STATEMENTS AVAILABLE TO PUBLIC			
Statement no.	Description	No. of pages	Issue date
A	Management Information		
A1	Registration information	1	2003
G	Questionnaires & Reports		
G1	General information	3	2011
G2	Declaration by directors	1	2011
G4	Declaration by statutory actuary	1	2011
G5	Declaration by auditor(s)	1	2008

LT2011

Page 2 of 32

LONG-TERM INSURANCE ACT (NO. 52 OF 1998)
LONG-TERM QUALITATIVE RETURN
ABC LIFE INSURANCE LIMITED

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 END OF PERIOD UNDER REVIEW
 FINAL PRINTOUT DATE

10/10/1/000/8
 12/31/2011
 3/7/2011 8:54

INDEX OF STATEMENTS NOT AVAILABLE TO PUBLIC

Statement no.	Description	No. of pages	Issue/Amendment date
G	Questionnaires & Reports		
G3	Report by the Statutory Actuary	2	2011
G6	Governance and Risk Management	7	2011
G7	Reinsurance arrangements	4	2011
G8	Annual certificate of compliance by the public officer in terms of the conditional approval granted by the registrar to substitute certain compulsory annuity policies	1	2003
G9	Discretionary participation products report issued by the directors	3	2009
G10.1	Cross border operations - SADC branches / subsidiaries	1	2009
G10.2	Cross border operations - Non-SADC branches / subsidiaries	1	2009
G10.3	Cross border operations - SADC other operations	2	2009
G10.4	Cross border operations - Non-SADC other operations	2	2009

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement A1 REGISTRATION INFORMATION of ABC Life Insurance Limited as at the end of the financial period 31/12/2011			
1	2	3	4

1. DESCRIPTION

Regulators Ref:

#REF!

Registrar of Long-term Insurance reference number
 End of financial period (yyyy/mm/dd)
 Name of long-term insurer

10/10/1000/8
 12/31/2011
 ABC Life Insurance Limited

Number of months in financial period under review

12

2. TYPES OF POLICIES

CERTIFICATE OF REGISTRATION AS AN INSURER ISSUED BY THE REGISTRAR

- ☐ Assistance
☐ Disability
☐ Fund
☐ Health
☐ Life
☐ Sinking Fund

Certificate number

Conditions imposed¹ (Y/N)**3. NAMES OF CONTACT PERSONS****3.1 PUBLIC OFFICER**

Initials and surname of Public Officer
 Initials and surname of contact person regarding the return

Did person change since previous year (Y/N)
 Did person change since previous year (Y/N)

3.2 AUDITOR

Name of first firm
 Initials and surname of Responsible Partner

Did person change since previous year (Y/N)
 Did person change since previous year (Y/N)

Name of second firm
 Initials and surname of Responsible Partner

Did person change since previous year (Y/N)
 Did person change since previous year (Y/N)

3.3 ACTUARY

Name of Statutory Actuary
 Name of employer/company of Statutory Actuary

Did person change since previous year (Y/N)
 Did person change since previous year (Y/N)

Name of Alternate Statutory Actuary
 Name of employer/company of Alternate Statutory Actuary

Did person change since previous year (Y/N)
 Did person change since previous year (Y/N)

AUDITORS (initial)

Notes:

1 Conditions imposed on an insurer are available from the Registrar on request.

LT2011

Page 4 of 32

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

G01-99-A
 10/10/1000/8
 3/7/2011 8:54

Statement G1
GENERAL INFORMATION,
by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

1. Has any change been made during the year under review to the Memorandum and Articles of Association or equivalent document by which the insurer is constituted and in accordance with which it conducts its insurance business?

• If "YES", attach a certified copy of the document as amended
 Or indicate if it has already been submitted.

SHARE CAPITAL

2. Please attach a diagram of the entire group structure, showing percentages of shareholding and names of ultimate shareholders as at the end of the period under review. Include percentages at the end of the previous period in brackets.

3. Furnish the name of the body or person who controls the insurer.
 Is this the same body or person as at the end of the previous year?

• If "NO" attach details.

4. Is the body or person who controls the insurer incorporated or resident in the RSA?

• If "NO", attach details.

5. Does the insurer hold, directly or indirectly, 25% or more of the issued share capital of another company, incorporated in or outside the RSA carrying on insurance or banking business in or outside the RSA?

• If "YES", state the name(s) of the insurer(s) or bank(s) and particulars of share holding.
 Attach a copy of the latest audited accounts and balance sheet if the institution is not registered to carry on insurance or banking business in the RSA.

6. Does the insurer have shares in the holding company?

• If "YES", please provide the following:

	Number of shares	Shares as a % of the total issued shares of holding company stated
(1) Total issued shares of holding company		
(2) Total shares held by insurer and group undertakings: (Sum of (a) to (d) below)	0	0.0%
(a) Shares held in shareholders' fund (Approved under Sec 34(1)(e))		0.0%
(b) Shares held in share incentive schemes of the insurer and its subsidiaries (Approved under Sec 34(1)(e))		0.0%
(c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts (Approved under Sec 34(1)(e))		0.0%
(d) Shares held in policyholders' funds (Approved in terms of section 32(2))		0.0%
(3) Shares held by other subsidiaries of the holding company		0.0%
(4) Total number of shares held by the subsidiaries of the holding ((2) + (3))	0	0.0%

ASSETS AND LIABILITIES

7. Has there been any direct or indirect borrowing of assets?

• If "YES", attach details.

8. Has any guarantee or suretyship, otherwise than by means of an insurance guarantee policy, been given as described in sections 32 and 34 of the Act?

• If "YES", attach details.

9. Do the liabilities include all contingent liabilities, guarantees and commitments?

• If "NO", attach details.

10. Are all the assets or title thereto held by the insurer?

• If "NO", attach details.

LT2011

Page 5 of 32

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

G01-99-A
 10/10/1/000/8
 3/7/2011 8:54

Statement G1
GENERAL INFORMATION,
by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

11. Are all the assets or title thereto held in the RSA or in a manner approved by the Registrar?
 • If "NO", attach details.

12. Have you satisfied yourselves that all the requirements in Directive 126 pertaining to the approval granted to enter into agreement with the attached nominee companies have been met?
 • Attach a list of nominee companies and provide full details

13. Have any assets been encumbered?
 • If "YES", attach details.

14. Has any script been lent out by the insurer i.t.o. script lending transactions?
 • If "YES", attach details.

EXCHANGE RATE

15. Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities?
 • Attach details.

16. Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?
 • If "NO", state the amount of the mismatch in R'000.

AUDIT COMMITTEE

17. Has an audit committee been appointed for the insurer?
 • If "NO", attach details.

18. Did the audit committee convene during the financial period?
 • If "YES" how many times.
 • If "NO" provide full reasons why no meetings were held.

SHARE-BASED PAYMENTS

19. Please provide the liability in respect of cash-based equity share payments

DESCRIPTION OF PRODUCTS MARKETED AND SOLD

20. In respect of each product being marketed and sold, provide the product name and a short description in a separate sheet, of the character 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
 Sinking 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

LT2011

Page 6 of 32

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

G01-99-A
10/10/1/000/8
3/7/2011 8:54

Statement G1
GENERAL INFORMATION
by ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

- 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*

21. Please indicate whether significant changes in the product mix or the marketing policy of your company are anticipated.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 7 of 32

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G02-99-A

10/10/1000/8

3/7/2011 8:54

Statement G2
DECLARATION BY DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

REPORT BY THE CHAIRMAN, DIRECTOR AND PUBLIC OFFICER TO THE REGISTRAR OF LONG-TERM INSURANCE

PART I

We declare that-

- Statements C1, C1.1, C2, C2.1, C3, C3.1, C4, C4.1, C5, C6, C7, C7.1, C8, C9, D1, D3, D4, E1, E1.1, E2, E2.1, E3, E3.1, E4, E4.1, E5, E5.1, E6, E6.1, E7, E7.1, E8, E9, E9.1, E10, E11, E11.1, E12 and E13 have been completed in terms of the provisions of the Act so as to exhibit truly and fairly the trading results or, as the case may be, the financial position of the insurer according to its books and records.
- The particulars in Statements A1, A2, A3, B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, C10.1, C10.2, F1, F1.1, G1, G3, G6, G7, G8, G9 and G10.1 to G10.4 and supporting documents thereto, have been furnished in terms of the provisions of the Act and sub-ordinate legislation made thereunder and are to the best of our knowledge and belief correct and in agreement with the books and records of the insurer.

PART II: DIVIDENDS

We declare that-

- i.r.o. the financial period under review, dividends were paid / will be paid
- Dividends in Statement D1 were/will be paid i.r.o. the financial period under review, and-
 - Such amount does not exceed the maximum amount from which a dividend may be declared as calculated in Statement C8, and
- The declaration of dividends did/will not take place during the existence of a deficiency in assets or did/will not cause a deficiency in such assets, in terms of section 29 of the Act.

PART III

We declare that-

- The provisions of section 18 of the Act have been complied with regarding any terminations.
- The provisions section 29(3) of the Act have been complied with in so far as it may be applicable.
- The provisions of sections 29(4) and (5) of the Act have been observed.
- The conditions, subject to which the insurer is registered, have been adhered to.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 6 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

003-98-A
 10/10/1/0006
 3/7/2011 8:54

Statement G3
REPORT by STATUTORY ACTUARY
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

VALUATION RESULT

1. Please attach a copy of the latest PGN 103 report.

NEW BUSINESS

2. 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, including the effect of possible;
- * Anti-selection;
- * 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;
- * The expected volume of new business to be sold;

If "NO", the statutory actuary must provide the steps that will be taken to rectify this position.

INVESTMENTS

3. What did the statutory actuary do to satisfy himself/herself of the suitability of the assets of the insurer in relation to the nature of the liabilities?

In answering the question, please mention specifically the matching of the annuity book (if annuity business are written) and the matching of any embedded derivatives. If the answer refer to any report, please attached a copy of the said report.

STATUTORY VALUATION METHOD**CAR**

4. Give a description of all management actions envisaged in calculating the Capital Adequacy Requirement, with an indication of the magnitude of further management actions that can be utilised. Furthermore, separately quantify the effect of each of the management actions used to reduce the Capital Adequacy Requirement (from the figures shown in statement C5 to the figures shown in statement C6).

5. State whether the Board of Directors has been made aware of the management actions envisaged and the conditions under which the management actions would be required.

MARGINS

6. Define and quantify all explicit discretionary margins used in the statutory valuation method and give the reason(s) why they have been added. Define all implicit discretionary margins.

7. Quantify, separately for each prescribed margin, the prescribed margins used in the statutory valuation.

BONUSES

8. Was the bonus rate(s) last declared assumed for all future years? If not, please elaborate.

REPORT

9. When did/will the statutory actuary present his/her report to the Board of Directors and Management to the Board of Directors?

GENERAL

10. Please give detail of your attendance of Board meetings and attendance of subcommittee(s) of the Board.

11. What, in the opinion of the statutory actuary, are the major risks facing the insurer?

12. Were there any instances where the advice of the statutory actuary was not followed?

STATUTORY ACTUARY _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 10 of 32

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G04-99-A

10/10/2008

3/7/2011 1:54

Statement G4
DECLARATION BY THE STATUTORY ACTUARY
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

REPORT BY THE STATUTORY ACTUARY TO THE REGISTRAR OF LONG-TERM INSURANCE

PART I

I declare that-

- With regard to the financial soundness method of calculation of the value of assets and liabilities in Schedule 3 to the Act, Statements C1, C2, C3, C4, C5, C6 and E11 and supporting documents-
 - Have been prepared in accordance with the provisions of the said Schedule 3 and the guidelines issued by the Actuarial Society of South Africa in concurrence with the Registrar of Long-term Insurance.
 - Have been properly drawn up and fairly present and adequately provide for the matters dealt with therein.
 - Are to the best of my knowledge and belief correct.
- Statements B2, B3, B4, B5, B6, B7, B8, B9, C2.1 (Item 1), C7, C8, C9, C10.1, C10.2, G3, G7 and G9 including any supporting documents thereto-
 - Have been properly drawn up and fairly present the matters dealt with therein.
 - Are to the best of my knowledge and belief correct.
- The provisions of section 29 of the Act have been observed.
- I have noted the requirement of section 20(5) of the Act.
- I have noted the requirement of section 20(8) of the Act.

PART II

I hereby state that for purposes of Schedule 3 to the Act-

- I have compared the actual mortality experience of the insurer with the expected mortality experiences which would have occurred had the insured lives been subject to the rates of mortality incorporated in the mortality tables used for calculating the liabilities.
- I have compared the actual morbidity experience of the insurer with the expected morbidity experiences which would have occurred had the insured lives been subject to the rates of sickness and disability incorporated in the sickness and disability tables used for calculating the liabilities.
- I have compared the actual yield on investments which the insurer earned in the past i.r.o. all the assets in Statement C1 with the rate of interest used in calculating the liabilities.
- I have compared the actual persistency of the policy book with the persistency assumed in calculating the liabilities.
- I have compared the actual expenses of conducting the business of the insurer (including commission payments and other expenses incurred in management, marketing, administration and the collection of premiums) with the allowance for expenses made in calculating the liabilities.
- I have set out in the attached Annexure, which I have initialed for identification purposes, the periods i.r.o. which such comparisons were made, a short description of the methods used to make such comparisons and the results of such comparisons.
- I am, except where indicated otherwise on the Annexure, satisfied with the results of my investigations set out above.

PART III

I hereby state that for purposes of Regulation 5 to the Act-

- I am satisfied that the insurer complies with the Regulation

PART IV

- ☐ I have set out in the attached Annexure, which I have initialed for identification purposes, the qualifications that I have.
- ☐ I do not have any qualifications.

PART V

- I attach a valid practicing certificate issued by the Actuarial Society of South Africa.

STATUTORY ACTUARY _____

DATE _____

DATE _____

AUDITORS (initial) _____

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

GOS-29-A
10/10/16008
3/7/2011 8:58

Statement G6
DECLARATION BY AUDITOR(S)
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

INDEPENDENT AUDITOR'S REPORT TO THE REGISTRAR OF LONG-TERM INSURANCE

We have audited the following:

- \$ Statement B1 (totals of Items 1, 2, 3 and 4 of column 3 only).
- \$ Statement C1 (total assets as per column 11 only)
- \$ Statement C2 (totals of Items 1 and 2 as set out in column 11).
- \$ Statement C2.1 (column 3 Items 1.1 to 1.6 only)
- \$ Statement C9 (column 11 only, excluding the split between approved and non-approved reinsurance premiums paid and outstanding)
- \$ Statement D1 (column 3 only, excluding the detailed information provided under premiums and expenses in Item 1)
- \$ Statement D3
- \$ Statement D4 (column 2 only).
- \$ Statement E1 to E11.1
- \$ Statement F1
- \$ Statement H1 to H2.1

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

Director's Responsibility for the Return

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

Auditor's Responsibility

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

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

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

- Agreed the information contained in the statements of the Return listed in the first paragraph of this report to the books and records of the

Determined, through inspection of appropriate documentation and enquiry of the management of the insurer, whether the information contained in the statements of the Return listed in the first paragraph of this report was prepared in accordance with the provisions of sections 30, 31, 32, 33, 34 and Schedules 1 and 3 and Regulations 2 to the Act.

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

Opinion

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

Regulatory Matters

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

Restriction on Distribution or Use of the Auditor's Report

Our report is presented solely for the purposes set out in the first paragraph of the report and for the information of the Registrar of Long Term Insurance, and is not to be used for any other purpose, nor to be distributed to any other parties without our prior written permission. Our report relates only to the information and statements included in the Return specified above, and does not extend to the annual financial statements of the insurer, taken as a whole.

[Name of registered audit firm]	_____	[Name of registered audit firm]	_____
[Individual Registered Auditor's name and signature]	_____	[Individual Registered Auditor's name and signature]	_____
Registered Auditor	_____	Registered Auditor	_____
[Date of the registered auditor's report]	_____	[Date of the registered auditor's report]	_____
[Registered Auditor's address]	_____	[Registered Auditor's address]	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Section 19(5) of the Act refers to a material irregularity as defined in the Public Accountants and Auditors Act, 1991, Act 80 of 1991. This Act has been repealed by the Auditing Profession Act, 2005, Act 26 of 2005, which replaces Section 20(5) of the Public Accountants and Auditors Act with a new Section 45 dealing with Reportable Irregularities. Guidance on reporting a Reportable Irregularity can be found in the Independent Regulatory Board for Auditors Guide, *Reportable Irregularities: A guide for Registered Auditors*, issued on 30 June 2006.

LT2011

Page 12 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G06-09-A
 10/10/1000/8
 3/7/2011 8:54

Statement G6
GOVERNANCE AND RISK MANAGEMENT
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

SYSTEM OF GOVERNANCE

1. Does the insurer have a robust system of governance, risk management and controls in place which the Board of Directors are responsible for?
 * If "NO" provide details on how these areas are monitored and who is responsible for these areas.
2. Does the insurer have a well-defined and documented organisational structure with clear roles and responsibilities and appropriate segregation of duties?
 * If "NO" please explain.
3. Does the insurer have adequate processes in place to ensure that directors and management are fit and proper?
 * If "NO" please explain.
4. Is there an adequate and effective integrated assurance plan that lists major risk areas?
 * If "NO" please explain.
5. Does the insurer have a clearly defined risk appetite approved by the Board that the Board regularly measures?
 * If "NO" please explain.
6. Is there a clearly defined strategy approved by the Board of Directors that is measured, monitored and reported on regularly?
 * If "NO" please explain.
7. Does the Board of Directors have adequate knowledge and experience in the major risk areas of market, credit and insurance risk?
 * If "NO" please explain.
8. Briefly explain any material changes in the system of governance since the date of the last return.
 * Please provide details.

RISK MANAGEMENT

9. Are there adequate and effective risk management processes in place that are proportional to the scale and complexity of the business of the insurer?
 * If "NO" please explain.
10. Please rank the relative importance of the various risk categories from 1 - 7 (1=highest and 7=lowest)

• Credit risk	1
• Market risk	2
• Liquidity risk	3
• Insurance risk	4
• Operational risk	5
• Legal & Regulatory risk	6
• Strategic risk	7
11. Does the insurer have sufficient skills and resources to adequately and effectively identify, measure, manage and report the risk areas listed in the previous question?
 * If "NO" please explain.
12. List the five major risk issues that the insurer currently believes are outside its risk appetite or could have the potential to cause the insurer to move outside its risk appetite

• <input style="width: 90%;" type="text"/>
• <input style="width: 90%;" type="text"/>
• <input style="width: 90%;" type="text"/>
• <input style="width: 90%;" type="text"/>
• <input style="width: 90%;" type="text"/>
13. What are the major projects currently underway that could expose the company to major risks if these projects fail?

Project	Timeframe	Responsibility	Estimated costs
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
14. Briefly explain any material changes in the risk management system since the date of the last return.
 * Please provide details.
15. Briefly explain what new products, if any, are being planned as well as the controls over the new products.

Name of product	Features	Target market	Distribution channel
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			
• <input style="width: 95%;" type="text"/>			

LT2011

Page 13 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G06-89-A
 10/10/2008
 3/7/2011 8:54

**Statement G6
 GOVERNANCE AND RISK MANAGEMENT
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011**

16. Briefly explain if there are additional stress testing measures in place, additional to the prescribed measures?
 * Please provide details.

17. Does the internal audit function audit the risk management function?
 * If "NO" please explain.

CREDIT AND COUNTERPARTY RISKS

18. Does the insurer identify, measure, monitor and report on the credit quality of its counterparties?
 * If "NO" please explain.
19. Does the insurer monitor its exposure to counterparties for all asset types?
 * If "NO" please explain.

MARKET RISKS

20. Does the insurer identify, measure, monitor and report on its material market risk exposures?
 * If "NO" please explain.
21. Does the insurer have sufficient knowledge in market risks to adequately and effectively manage market risk exposures?
 * If "NO" please explain.
22. Briefly explain the governance process in regard to market risk, investment risk and/or asset liability matching.
 * Please provide details.

INTERNAL CONTROL

23. Is there an adequate and effective system of internal controls that is adequately documented and tested on a regular basis?
 * If "NO" please explain.
24. In all material respects, are such controls and systems based on established written policies and procedures and implemented by trained, skilled personnel, whose duties have been segregated appropriately?
 * If "NO" please explain.
25. Is the Board of Directors responsible for the systems of internal control and does the board periodically receive a report on the effectiveness of internal controls?
 * If "NO" please explain.
26. Has anything come to the attention of the directors to indicate that any material malfunction in the functioning of the aforementioned controls, procedures and systems has occurred during the period under review?
 * If "YES", provide particulars.
27. Are the insurer's internal controls and systems designed to provide reasonable assurance as to the integrity and reliability of the published financial statements?
 * If "NO" please explain.
28. Is there an independent compliance function in place?
 * If "NO" please explain.

29. Is the system subject to:-
 * internal reviews?
 * external reviews?

Y/N	Frequency of reviews
	months
	months

30. Were any material weaknesses reported?
 * If "YES", provide particulars.

INTERNAL AUDIT

31. Does the insurer have an independent Internal Audit function or similar outsourced function?
 * If "NO" please explain.
32. Does the Internal Audit function have an appropriate mandate to cover all material risk areas and has this mandate been approved by the Board of Directors?
 * If "NO" please explain.
33. To whom does the Head of internal audit report, to the Chief Executive Officer or the the Chairperson of the Audit Committee or both?
34. Does Internal Audit have the necessary skills in the audit of all major risk areas including market, credit and insurance risks?
 * If "NO" please explain.
35. Does the Internal Audit department get independently audited on a regular basis?
 * If "NO" explain.

LT2011

Page 14 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G08-09-A
 10/10/2006
 3/7/2011 8:54

Statement G6
GOVERNANCE AND RISK MANAGEMENT
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

ANTI-MONEY LAUNDERING MEASURES*Internal controls, policies and procedures*

36. Do you have clear policies, procedures and controls to deter money laundering? In particular there should be:

- a) Written procedures covering the prevention of money laundering.
- b) Designated person(s) responsible for developing, maintaining and promulgating anti-money
- c) Clear reporting lines for dealing with any suspected money laundering activities.
- * If "NO", provide particulars.

37. Do you have a designated person for communicating with law-enforcement agencies regarding any suspected money laundering ("Money laundering control officer")?

- * If "NO", provide particulars.

38. Do your written procedures cover the following requirements:

- a) To be aware of the potential risk of money laundering?
- b) To report all suspicious transactions internally?
- c) To investigate all reported suspicious transactions?
- d) To report all transactions ultimately considered suspicious to the Financial Intelligence Centre?

- * If "NO", provide particulars.

39. Does the money laundering control officer have the necessary access to systems and records to fulfill the responsibilities outlined in 37 and 38?

- * If "NO", provide particulars.

40. Do you verify, on a regular basis, compliance with policies, procedures and controls relating to money laundering activities (for example as part of internal audits)?

- * If "NO", provide particulars.

Identification procedures

41. Do you have know-your-customer requirements in place and are they applied?

- * If "NO", provide particulars.

42. Do you seek satisfactory evidence of the identity of a prospective customer at the time of entering into a business relationship?

- * If "NO", provide particulars.

43. Do your procedures recognise the possibility of linked once-off transactions?

- * If "NO", provide particulars.

Record Keeping

44. Do you retain records of customer identification and transactions?

- * If "NO", provide particulars.

45. Are records kept for a period of at least five years after the relationship with the customer has ended?

- * If "NO", provide particulars.

Recognition and reporting of suspicious transactions

46. Do your procedures ensure that identification of any suspicious transactions prompt further investigation?

- * If "NO", provide particulars.

47. Have you taken steps to ensure:

- a) Each relevant employee knows to which person suspicions should be reported?
- b) Is there a clear reporting chain through which those suspicions will be passed without delay to the "money laundering control officer"?

- * If "NO", provide particulars.

48. Is the person appointed as "money laundering control officer" considered to be sufficiently senior to command the necessary authority?

- * If "NO", provide particulars.

49. Has the money laundering control officer established contact with the relevant authorities and is he/she familiar with reporting procedures and requirements of the FIC Act?

- * If "NO", provide particulars.

LT2011

Page 15 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G08-98-A
10/10/1/000/8
3/7/2011 8:54

Statement G6
GOVERNANCE AND RISK MANAGEMENT
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

50. Do your procedures ensure that any suspicions reported to the money laundering control officer are properly investigated?

• If "NO", provide particulars.

Education and training

51. Have you taken appropriate measures to make employees aware of:

- a) Policies and procedures put in place to prevent money laundering, including those for identification, record keeping and internal reporting?
b) The legal requirements, and in particular, employees' own responsibilities?

• If "NO", provide particulars.

52. Have you provided relevant employees with training in the recognition and handling of suspicious transactions?

• If "NO", provide particulars.

53. Does your education and training programme take account of the following:

- a) All new employees should be provided with a general background to money laundering, the legal requirements and the need to report any suspicious transactions to the "money laundering control officer".
b) Training should be provided on factors that may give rise to suspicions and on the procedures to be adopted when a transaction is deemed to be suspicious.
c) Staff should be trained in identity verification procedures.
d) A higher level of instruction covering all aspects of money laundering procedures and legislation should be provided to supervisors and managers.
e) "Money laundering control officers" should receive training on all aspects of the legislation, regulations and internal policies. They also require training in investigation and validation procedures and on reporting and communication arrangements with the Financial Intelligence

• If "NO", provide particulars.

54. Do you provide refresher training at appropriate intervals?

• If "NO", provide particulars.

DERIVATIVES

55. Are the derivative positions in conformance with the applicable sections in the LT Insurance Act?

• If "NO", please explain.

56. Are the derivatives used for hedging purposes and efficient portfolio management only?

• If "NO", please explain.

57. Please provide full details on all derivatives currently in place and transacted since the date of the last return.

The details should include the following:

- (a) Reason for the derivative transaction
(b) How long the derivatives are going to be in place?
(c) Quantification of whether the derivatives provide a perfect hedge or whether there is residual risk or basis risk remaining.

58. If the derivative counterparty is a group entity please provide details on how it was ensured that the transaction was marked at fair value and whether independent valuations were obtained?

• If "NO", please explain.

59. With regard to derivatives:

(a) Has the Board of Directors approved the use of derivative instruments, derivative procedures and derivative limits?

• If "NO", give reasons.

(b) Are there appropriate market and credit risk limits in place?

• If "NO" please explain.

(c) Does the Board of Directors, senior management, risk management and internal audit have sufficient knowledge in derivative instruments?

• If "NO" please explain.

(d) Are the front office (execution), middle office (risk management) and back office (accounting) adequate and effective and is there adequate segregation of duties between these functions?

• If "NO" please explain.

(e) Are appropriate systems in place to enable the frequent and effective monitoring of positions and are these systems adequate to cope with the volumes and volatility of derivative transactions?

• If "NO" provide details on how these areas are monitored.

(f) Has the insurer established appropriate and independent performance measures to analyse and monitor risks of all transactions undertaken individually and in aggregate for its derivative activities?

• If "NO" provide details on how these areas are monitored.

(g) Is the insurer satisfied that sufficient control procedures have been put in place, including independent confirmation and reconciliation of positions, independent checking of prices, agreements of trading profits to accounting profit, appropriate authorisation where dealing limits have been exceeded, etc?

• If "NO", provide details.

(h) How often does internal audit reviews of derivative activities take place?

(i) How frequently are derivative positions marked to fair or market value?

(j) Are adequate controls in place such that market data used to value derivatives is relevant, accurate and obtained on a timely basis from a reliable source?

• If "NO", provide details.

(k) Are valuation models which are used for derivative instruments tested and approved and amendments to the programmes controlled

LT2011

Page 16 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G06-99-A
 10/10/2008
 3/7/2011 8:54

Statement G6
GOVERNANCE AND RISK MANAGEMENT
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

and do models include appropriate tests for robustness of the portfolio to stress changing investment conditions?

* If "NO", provide details.

Over the counter derivatives (OTC)

(i) Does the Insurer make use of OTC (over-the-counter) derivative instruments?

* If "YES", please provide details to the following questions:

- (i) A description of OTC valuation methods used and procedures for evaluation of the counterparties.
 (ii) List the 5 largest OTC counterparties.

Credit Derivatives

(m) Does the Insurer invest in credit derivative instruments?

* If "YES", quantify as a % of total liabilities

(n) What is the purpose of your company's involvement in Credit Risk Transfer activities?

* Provide details.

(o) What are your company's credit risk management systems / procedures?

* Provide details.

(p) Does your company have staff with appropriate skill levels dealing with Credit Risk Transfer activities?

* If "NO", provide details.

(q) Are the controls adequate over the legal documentation in respect of credit derivative contracts?

* If "NO", provide details.

(r) Are the controls over credit derivatives the same as the governance, risk management and control environment over derivatives in general?

* If "NO", provide details.

HEDGE FUNDS

60. Does the insurer invest in hedge funds that employ leverage

(gross market exposure in excess of capital)?

* If "YES", please indicate whether these investments are made in internal or external hedge fund structures

(a) Where investments are made in an internal hedge fund structure please confirm whether these internal hedge funds are in compliance with the Long-term Insurance Act, as set out in Directive 143.A.i, issued 25 February 2004.

* If "NO", provide details.

(b) Please provide details on the instruments through which the insurer invest in a hedge fund

Name of Hedge Fund	Operational	Description of Instruments	Hedge Fund Strategy
	In- / Outside RSA - R'000		

(c) Please provide the following information on the investments in hedge funds in respect of the liabilities these investments are backing:

Type of policyholder fund	Linked		Non-Linked	
	Inside RSA - R'000	Outside RSA - R'000	Inside RSA - R'000	Outside RSA - R'000
Individual				
Retirement Funds				
Other Institutions				
Shareholders Funds				

INFORMATION, ACCOUNTING AND ADMINISTRATION

61. Were there any changes to accounting policies?

* If "YES", indicate the effect in rands and provide particulars of changes.

Item	Period under review R'000	Previous period (restated figures for comparative purposes) R'000
Balance sheet		
Income statement		

62. Were any significant problems experienced with regard to the information/accounting/administrative systems during the reporting period?

* If "YES", provide particulars.

63. Is a business continuance plan in place?

* If "YES",

- Is the plan in writing.
- When was it last fully tested.

* If "NO", provide an explanation.

LT2011

Page 18 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G05-96-A
19/12/10008
3/7/2011 8:54

Statement G6
GOVERNANCE AND RISK MANAGEMENT
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

OUTSOURCING

79. Have any business activities been outsourced?
• If "YES", provide full details and attach outsourcing agreements/arrangements.

EXTERNAL AUDIT FINDINGS

80. Briefly list significant finding that emanated from the external audit conducted on the insurer.
• Please provide details.

FINANCIAL SOUNDNESS POSITION

81. Is there any reason to believe that the insurer will not be a going concern in the year ahead?
• If "YES", disclose and explain reasons.
82. Have there been any developments after year-end which may have a material impact on the financial soundness of the insurer?
• If "YES", provide particulars.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 19 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G7-95-A
 10/10/1000/8
 3/7/2011 8:54

Statement G7
REINSURANCE ARRANGEMENTS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

1. Catastrophe Cover – Individual life1.1 Do you have catastrophe cover protection for your Individual Life and Disability portfolios? ☐

1.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives ...

Maximum aggregate cover provided...

1.3 State the name of the reinsurer providing the cover.

1.4 List the exclusions (if any) in the catastrophe cover purchased.

2. Catastrophe Cover – Group life2.1 Do you have catastrophe cover protection for your Group Life and Disability portfolios? ☐

2.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives ...

Maximum aggregate cover provided...

2.3 State the name of the reinsurer providing the cover.

2.4 List the exclusions (if any) in the catastrophe cover purchased.

3. Surplus Reinsurance

3.1 What is the maximum sum assured per life retained by your company for both Life and Disability cover, individual and group?

Individual Life Cover

Group Life Cover

Individual Disability Cover

Group Disability Cover

3.2 Do you have systems in place to track multiple policies on the same life so as to ensure that the maximum

sum assured per life is not inadvertently exceeded?

If "NO", provide an explanation.

3.3 Name the treaty reinsurers with whom cover beyond the retained maximum is reinsured for Life and Disability cover, individual and group.

Individual Life Cover

Group Life Cover

Individual Disability Cover

Group Disability Cover

Page 20 of 32

G7-89-A
10/10/1000/B
3/7/2011 8:54

4. Reinsurance exclusions

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

5.1 Do you have any reinsurance treaty where cancellation thereof would lead to an increase (after management action) in the Capital Adequacy Requirements (CAR) of more than 15%?

5.2 If yes, please provide the name of the reinsurer and the cancellation terms and conditions of each such treaty, and whether there is any financial recourse to the reinsurer in the event of cancellation.

Cancellation conditions..

6.1 Show both the gross and net sum assured for all types of business, as per the statutory returns, split by reinsurer. State whether each reinsurer is "approved" or "non - approved" in terms of the Long-term Insurance Act.

[illegible]

- 6.2 Give the ratio of the mortality, morbidity and medical contributors to Capital Adequacy Requirement (items c, d and e referred to in Guidance Note PGN104 of the Actuarial Society of South Africa) to the ordinary capital adequacy requirement.

6.3 Reinsurance Assets

[illegible]

With reference to par 1 (b) of Schedule 3 to the Act, please give details on the use of any reinsurance in calculating the Capital Adequacy Requirement.

LT2011

Page 21 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G7-99-A
 10/10/1000/8
 3/7/2011 8:54

Statement G7
REINSURANCE ARRANGEMENTS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

8. Overall reinsurance strategy

Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. The strategy must be a descriptive document containing explanations and details on at least the following:

- 8.1 The company's key objective when placing reinsurance:
- ☐ Gain access to capital
 - ☐ Protection of statutory solvency
 - ☐ Technical support
 - ☐ Other

If other, please state your key objective below.

- 8.2 The method of selecting reinsurers:
- ☐ Capital
 - ☐ Ratings
 - ☐ Maximum exposure across the program
 - ☐ Technical support
 - ☐ Other approved processes

If you have selected the last option, please state the method used below.

- 8.3 What factors were considered in determining your company's:
 Net retention per life:

Retention on your quota share programmes:

Amount of catastrophe cover to be purchased:

Any other factors used to determine the total level of reinsurance required:

- 8.4 The maximum loss that the board would be willing to accept from any one-loss event:
 Amount in R'000:
-

Please state the criteria that were used to determine this amount.

Any further issues that are considered relevant to the company's strategy should also be included in the section below:

- 8.5 Has there been any substantial change in the nature or level of cover arranged for any of the business?
 * If "YES", provide particulars.

- 8.6 Are you satisfied that the insurer's reinsurances are adequately spread?
 * If "NO", provide particulars.

Page 22 of 32

Q7-88-A
10/10/1/0000
3/7/2011 8:54

9. Financial Relief Arrangements

- | |
|--|
| |
| |
| |
| |

[illegible]

9.2 Does the insurer have any reinsurance contract/treaty or other arrangement where a contingent liability exists?

- If "YES", please provide full details of such reinsurance or arrangements as well as the amount of the contingent liability. Kindly attach copies of the reinsurance contract/treaty or other arrangements.

- 9.3 Have you taken into account the contingent liability(ies) referred to in the question above, in the valuation of the insurer's liabilities and are you satisfied that it is appropriately provided for?
- Kindly provide full details whether "YES" or "NO".

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC
OFFICER

AUDITORS (Initial)

DATE _____

LT2011

Page 23 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G8-86-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/0008

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G8

**ANNUAL CERTIFICATE OF COMPLIANCE BY THE PUBLIC OFFICER IN TERMS OF THE CONDITIONAL APPROVAL
GRANTED BY THE REGISTRAR OF LONG-TERM INSURANCE TO SUBSTITUTE CERTAIN COMPULSORY ANNUITY POLICIES**

**of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011**

Were there any transfers that fell within the ambit of Directive 135?

I, _____ public officer of the above mentioned insurer certify that all substitutions of compulsory annuity policies from this company by any other insurer, and from other insurance companies to this company, have been conducted in accordance with the conditions attached the approval granted by the Registrar of long-term insurance in terms of section 37(2) of the Long-Term Insurance Act, 1998 in Directive 135.

All policyholders of the above mentioned insurer whose compulsory annuity policies were transferred, received substitution values which accord full recognition to their rights and reasonable benefit expectations.

All policyholders of substituted policies gave their written consent after receiving written disclosure in accordance with the conditions attached to the standing approval granted. The above mentioned insurer has retained copies of the policyholders' consent documents.

PUBLIC OFFICER _____

DATE _____

LT2011

Page 24 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

GB-88-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G9

**DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011**

1. Have you issued a PPFM for the first time during the period under review? (Refer to section 48(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))

LT2011

Page 25 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G9-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/10008

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G9
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

- 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.

LT2011

Page 26 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G9-09-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/0008

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G9

**DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011**

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) _____

DATE _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

0101-00-A

10/10/2008

3/7/2011 8:54

Statement G10.1
CROSS BORDER OPERATIONS: SADC BRANCHES / SUBSIDIARIES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

1.

Description	Branch	Subsidiary
Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction?	N	N
State the total number of branches / subsidiaries		
Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary		

2.

Description	Branch - R'000	Subsidiary - R'000
Total assets in respect of all branches / subsidiaries		
Total liabilities in respect of all branches / subsidiaries		
Total gross premium income in respect of all branches / subsidiaries		
Total net premium income in respect of all branches / subsidiaries		
Regulatory capital adequacy requirement (as per home jurisdiction) in respect of all branches / subsidiaries		
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. Briefly 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 _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 28 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10.2-06-A
 19/01/2008
 3/7/2011 8:54

Statement G10.2
GROSS BORDER OPERATIONS: NON - SADC BRANCHES / SUBSIDIARIES
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

- | | Description | Branch | Subsidiary |
|----|--|--------|------------|
| 1. | Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction? | N | N |
| | State the total number of branches / subsidiaries | | |
| | Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary | | |

- | | Description | Branch - R'000 | Subsidiary - R'000 |
|----|--|----------------|--------------------|
| 2. | Total assets in respect of all branches / subsidiaries | | |
| | Total liabilities in respect of all branches / subsidiaries | | |
| | Total gross premium income in respect of all branches / subsidiaries | | |
| | Total net premium income in respect of all branches / subsidiaries | | |
| | Regulatory capital adequacy requirement (as per home jurisdiction) in respect of all branches / subsidiaries | | |
| | Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches / subsidiaries | | |
| | Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary | | |

3. Briefly 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 _____

DATE _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10 3-88-A
 10/10/2005
 3/7/2011 8:54

Statement G10.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

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)

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)

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)

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

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)

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

LT2011

Page 30 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10.3-86-A
 10/10/2008
 3/7/2011 9:54

Statement G10.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Life Insurance Limited
as at the end of the financial period 31/12/2011

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)

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)

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
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)

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
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)

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10.4-20-A
 10/10/2009
 3/2011 4:54

Statement G10.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

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

5. Has the business referred to in 4 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)

--

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)

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)

Name of the country where insurer(s), person or entity is/are located	Give a description of the outsourcing services being provided

11. Has your company made use of outsourcing services provided by an insurer, a person or any other entity located in another country that is not a SADC country?
 (if yes, please provide full detail in 12 below)

Name of the country where insurer(s), person or entity is/are located	Give a description of the outsourcing services being provided

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

LT2011

Page 32 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10.4-90-A
 10/10/2008
 27/2011 8:54

Statement G10.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of ABC Life Insurance Limited
 as at the end of the financial period 31/12/2011

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)

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.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____