# 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.

DF TSHIDI

Registrar of Long-Term Insurance

SCHEDULE

# ANNEXURE A

LT2011

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# 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

Statement no.	Description	No. of pages	Issue date
Α	Management Information		
A1	Registration information	1	2003
A2	Addresses & particulars of key persons	1	2000
<u>A3</u>	Directors & members of audit committee	1 ]	2011
В	Data Summary		
<u>B1</u>	Summary of premiums & benefits	1	2003
B2	Premiums received & outstanding	1	2011
B3	Benefits paid & provided for	1	2011
<u>B4</u>	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
С	Statutory Valuation Method		
C1	Statutory valuation method of assets	1 1	2011
C1 C2 C2.1 C3	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		
<u>D1</u>	Statement of Financial Position	1	2011
D3	Analysis of issued preference shares & debentures	1	2008
D4	Statement of Comprehensive Income	1	2011
			2011
E	Details in respect of Assets		
E1 E2	Cash & balances & deposits	1	2003
<u>E2</u>	Securities & loans	1	2003
E3 E4	Debentures, loan stocks & other securities	1	2003
<u>E4</u>	Debtors (Claims against persons and entities)	1	2003
<u>E5</u>	Shares, units & depository receipts	1	2011
<u>E6</u>	Immovable property	1	2003
<u>E7</u>	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
<u>E11</u>	Spread of domestic assets (including foreign assets deemed to be domestic)	1	2011
F	Futures & Options		
<u>F1</u>	Derivatives	1	2011

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# 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 AV	/AILABLE TO PUBLIC		
Statement no.	Description		No. of pages	Issue date
В	Data Summary			-
B7	Expense analysis		1	2011
<u>B8</u>	Investment experience analysis		1	2011
B7 B8 B9	Experience analysis		1	2011
С	Statutory Valuation Method			
	Statutory valuation method of net policy liabilities		1	2011
C4 C5 C6 C7 C8 C9	Capital adequacy requirement before management action	•	1	2011
C6	Capital adequacy requirement and management action		1	2011
<u>C7</u>	Analysis of surplus		1	2011
<u>C8</u>	Dividend test	20002 1 - 101 1	1	2008
<u>C9</u>	Reinsurance		1	2011
C10.1	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 E12 E13	Details in respect of Assets Banking Institution Exposure Other Institution Exposure		1 1	2011 2011
Н	Questionnaires & Reports			
<u>H1</u>	Summary of SVM assets and liabilities		1	2006
<u>H2</u>	Free assets and capital adequacy cover		1	2006
H2.1	Free assets and capital adequacy cover of underfunded cells	***	1	2006
<u>H3</u>	Certificate given by directors	*	1	2006
. 1	Stress & Scenario Tests			
  1	Stress & Scenario Tests Single factor stress tests on statutory surplus		1 1	2011
1 11 12 13			1 1	2011 2011

AUDITORS (initial)

INAL P	RINTOLIT DATE			3/7/2011 8
	a de la composição de la	tatement A1	(4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
		ATION INFORMA fe Insurance Lir		
	as at the end of th			
3	<u> </u>	2	3	4
. DES	SCRIPTION		Regulator	rs Ref: #RE
	Registrar of Long-term Insurance reference number	10/10/1/000/8		
	End of financial period (yyyy/mm/dd)	12/31/2011		
	Name of long-term insurer	ABC Life Insu	rance Limited	
	Number of months in financial period under review	12		
. TYF	PES OF POLICIES	CERTIFICAT	E OF REGISTRATION AS AN INSURER ISSUED B	Y THE REGISTRA
]	Assistance			
]	Disability			
]	Fund			
]	Health			
]	Life	<del></del>		
]	Sinking Fund			
	Certificate number		Conditions imposed <sup>1</sup> (Y/N)	
. NAI	MES OF CONTACT PERSONS			
	3.1 PUBLIC OFFICER			
	Initials and surname of Public Officer		Did person change since previous year (Y/N)	F
	Initials and surname of contact person regarding the return		Did person change since previous year (Y/N)	1111
	3.2 AUDITOR			7-67-7-19-063-65
	Name of first firm		Did person change since previous year (Y/N)	10000000
	Initials and surname of Responsible Partner		Did person change since previous year (Y/N)	
	Name of second firm		Did person change since previous year (Y/N)	
	Initials and surname of Responsible Partner		Did person change since previous year (Y/N)	
	3.3 ACTUARY	800-W-000-00		
	Name of Statutory Actuary	1 m-7-13	Did person change since previous year (Y/N)	
	Name of employer/company of Statutory Actuary		Did person change since previous year (Y/N)	
	Name of Alternate Statutory Actuary	T	Did person change since previous year (Y/N)	14.

Notes:

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

8

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER		12	TOMONOOUS
FRANCOU DATE	Stateme ADDRESSES & PARTICULA of ABC Life Insur as at the and of the finance	ARS OF KEY PERSONS	M/7/01 834
1. HEAD OFFICE AND PUBLIC OFFICER			
1.1 HEAD OFFICE OF LONG-TERM INSURER IN RSA		1.2 PUBLIC OFFICER	
Telephone (including area code)		Initials and surname	
Fax (including area code)		Telephone (including area code)	
website		Fax (including area code)	
e-mail		Cellphone e-mail	A A Maria
Physical address	Postal address	1.3 PERSON COMPLETING THE RETURN	
		Initials and surname	
1884 1018 188 188 188 188 188 188 188 188 18	100 P 100 SE SE	Telephone (including area code)	
	4-11-11-11-11-11-11-11-11-11-11-11-11-11	Fax (including area code)	
The second secon		Cellphone e-mail	
		1.4 CONSUMER COMPLAINTS PERSON	
		Initials and surname	<u></u>
		Telephone (including area code)	
		Fax (including area code) Celiphone	
		e-mail	
2. AUDITORS			
2.1 FIRST AUDITOR (Responsible Partner)		2.2 SECOND AUDITOR (Responsible Partner)	
Telephone (including area code)		Telephone (including area code)	
Fax (including area code) Cellphone		Fax (including area code) Cellphone	
e-mail		e-mail	
Physical address	Postal address	Physical address	Postal address
Physical address	Postal address	Privaical audiess	rostal accress
3. ACTUARIES			
3.1 STATUTORY ACTUARY		3.2 ALTERNATE STATUTORY ACTUARY	
Telephone (including area code)		Telephone (including area code)	
Fax (including area code) Cellphone		Fax (including area code) Cellphone	
e-mail		e-mail	
Physical address	Postal address	Physical address	Postal address
t 13 arend antica and	1 partie and also	1 Harris more care	1 Maries would have
	102.1		
		AUDITORS (ini	tial)

Page 5 of 76

NTOUT DATE	e de la companya de	Statement A3			97700
Ol Color	RECTORS, MANAGING E	XECUTIVES AND M	EMBERS OF AUDIT COMMITT	BE.	
SACTOR OF THE ACTION	of.	ABC Life Insurance	Limited	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Initials & Sumame	Date appointed	Date registed	Highest academic qualification	Position held <sup>1</sup>	Independent / Not Indepen
rindas a Sarriante	2	3	riighest academic qualification	5	6
- Control of the Cont					<u> </u>
CTORS: cutive					
		The state of the s	I		
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executive			,	- 1 - 1 - 1 - 1 - 1 CO	
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27 - 77 - 74 HORAN					
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	mmy	1			
AGEMENT EXECUTIVES		1	4		
			e de 2000.		
				Maria - Maria - Maria - Maria	
BERS OF AUDIT COMMITTEE:		'			
The second secon					
				A STATE OF THE STA	
		1		— J.W. John Hame	
			mile - Egen again - July 2		
					3 1/4 /
		1			

Notes:

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

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SHEET HEFERENCE NUMBER		801-89-
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER		10/10/1/000
FINAL PRINTOUT DATE	ALTERNATION OF THE PROPERTY OF	3/7/2011 8:3
	, Slatement B1	
SUMMARYC	F PREMILINS AND BENEFITS	the second secon
of ABC	Life Insurance Limited	
Se et the out of	f the floancial period 31/12/2011	
	to se institute papies entrances.	Markey Alberta Carrier
	IN RSA	IN & OUTSIDE RSA
DESCRIPTION	TOTAL	TOTAL
00 - 1	R'000	R'000
1	2	3
		**************************************
1. GROSS PREMIUMS RECEIVED & OUTSTANDING*		**
Assistance	0	
Disability	0	
Fund	0	0
Health	0	0
Life	0	Ö
Sinking Fund	0	0
TOTAL GROSS PREMIUMS	0	
120		
2. NET PREMIUMS RECEIVED & OUTSTANDING1		
Assistance	0	0
Disability	0	0
Fund	0	0
Health	0	
Life	0	0
Sinking Fund	0	0
TOTAL NET PREMIUMS	0	0
A COOSE PENETITE DAID & PROMPED COD		
3. GROSS BENEFITS PAID & PROVIDED FOR		
Assistance Disability	0	0
	0	0
Fund Health	0	9
	0	0
Life	0	
Sinking Fund	0	<u>0</u>
TOTAL GROSS BENEFITS	0	0
4. NET BENEFITS PAID & PROVIDED FOR		
Assistance	01	
Disability	0	Ö
Fund	0	- 0
Health	0	
Life	0	
Sinking Fund	0	0
TOTAL NET BENEFITS	0	
TOTAL NET BENEFITS		

AUDITORS

Notes:

<sup>1</sup> Premium income includes money received in respect of "investment contracts".

AUDITORS (initial)

RINTOUT DATE	Si	atement B2	resident to	02.5		3/7/2011
	PREMIUMS RECE	IVED AND OU	TSTANDING			
		e Insurance Li	化有种基础 医克里特氏系统性神经病性病病 计算机 反射			
	as at the end of the		30 31/12/2011	A Samuel Francisco		IN & OUTSIE
			IN RSA			RSA
DESCRIPTION	7 1986	TYPE OF B	CURRENT YEAR			TOTAL
	Investments R'000	Risk R'000	Annuities R'000	Universal Life R'000	TOTAL R'000	CURRENT YEAR R'000
1	2	3	4	5	6	7
Recurring Non-recurring	0	0	0	0	0	
OSS PREMIUMS RECEIVED & OUTSTAI 1.1 INDIVIDUAL	IDING					
				The second secon		au au
Non-recurring SUBTOTAL	0	0	0	0	0	
SOBIOTAL		- 01				
1.2 GROUP	VC 211/211 F14/47-101		MUTTONS LPANNERS			
Pension fund	0	0	0	0	0	
Medical scheme	0	0	0	0	0	
Other	0	0	0	0	. 0	
SUBTOTAL	0	0	0	0	0	
TOTAL GROSS PREMIUMS	0	0	0]	0[	Ö	
F PREMIUMS RECEIVED & OUTSTANDI	NG <sup>1</sup>				*	
					1	
A 4 INDIVIDUAL	0	01	01	01	0	
2.1 INDIVIDUAL			0	0	0	
Recurring	n l				0	
Recurring Non-recurring	0		0	0 1		
Recurring	0	0	0	0		
Recurring Non-recurring			0	0	i	
Recurring Non-recurring SUBTOTAL	0	0	0	0	i	
Recurring Non-recurring SUBTOTAL  2.2 GROUP	0	0			1	, v
Recurring Non-recurring SUBTOTAL  2.2 GROUP Pension fund	0	0	0	0	i	

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

Notes:

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903-99-A SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INBURANCE REFERENCE NUMBER 10/10/1/000/8 FINAL PRINTOUT DATE 3/7/2011 0:34 Statement B3
BENEFITS PAID AND PROVIDED FOR by ABC Life insurance Limited
as at the end of the financial period 31(12/2011 IN & OUTSIDE RSA INRSA CURRENT YEAR DESCRIPTION TOTAL CURRENT TYPE OF BUSINESS TOTAL YEAR Investments Rick Universal Life Annuities R1000 R'000 R'000 R'000 R'000 R'000 1. GROSS BENEFITS PAID & PROVIDED FOR 1.1 INDIVIOUAL 0 0 0 0 0 DEATH DISABILITY income benefit 0 Lump sum benefit HEALTH 0 MATURITY ANNUITY WITHDRAWAL BENEFITS 0 Surrendera OTHER SUBTOTAL 1.2 GROUP 0 01 oT 0 DEATH 0 0 DISABILITY 0 Income benefit 0 Lump sum benefit 0 HEALTH MATURITY ANNUITY WITHDRAWAL BENEFITS 0 0 0 Pension fund 0 Other 0 SUBTOTAL. 0 0 TOTAL GROSS BENEFITS 0 0 0 2. NET BENEFITS PAID & PROVIDED FOR 2.1 INDIVIDUAL 0 0 0 0 0 0 DEATH DISABILITY income benefit Lump sum benefit HEALTH 0 MATURITY 0 0 ANNUITY 0 0 WITHDRAWAL BENEFITS 0 Surrenders 0 Other 0 OTHER 0 0 SUBTOTAL 2.2 GROUP 0 01 0 0 0 DEATH DISABILITY 01 income benefit 0 0 0 0 Lump sum benefit HEALTH 0 0 0 MATURITY 0 0 0 ANNUITY WITHDRAWAL BENEFITS 0 0 0 Pension fund Other 0 0 0 0 SUBTOTAL 0 0 0 0 0 0 TOTAL NET BENEFITS

AUDITORS (initial)

ACTUARY	

LT2011

FINAL PRINTOUT DATE

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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B04-99-A

10/10/1/000/8 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

	IN RSA					IN & OUTSIDE	
DESCRIPTION		CURRENT YEAR					
West of the Contract of the Co		TYPE OF BUSINESS					
	Investments R'000	Risk <i>R'000</i>	Annuities R'000	Universal Life R'000	TOTAL 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 <sup>1</sup>	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 <sup>1</sup>	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 <sup>1</sup>	0	0	0	Ó	0	. 0

ACTUARY		

# Notes:

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

ACTUARY \_\_\_\_

EET REFERENCE NUMBER SISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER AL PRINTOUT DATE				805-99- 10/10/1/000/ 3/7/2011 8:3
	Statement 85			
	LONG-TERM BUSINESS			
of AB	IC Life insurance Limite	d		
as at the end	of the financial period 3	1712/2011		
		IN RSA		IN & OUTSIDE RSA
		CURRENT YEAR		TOTAL CURRENT
DESCRIPTION	TYPE OF BU		TOTAL	YEAR
.40	Non-recurring	Recurring	8151161751	
	No. of policies	No. of policies	No. of policies	No. of policies
	2	3	4	5
NUMBER OF POLICIES AT START OF FINANCIAL YEAR	0	0	0	
plus: New policies		0	0	0
less: Death claims	0	- 0	0	0
Disability terminations 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	01	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
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

AUDITORS (initial)

ACTUARY \_\_\_\_

SHEET REFERENCE NUMBER						806-99-/
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER						10/10/1/000/
FINAL PRINTOUT DATE		that the same of the works are the				3/7/2011 8:34
	ANALYSIS ( Oraniciae)	apent 86 Je lydviekisky Jethance I mio	S ed.	Tagging 4		
	as at the edd of the fi	sancial period.	31/12/2014	al alternative and aller		
			IN RSA			IN & OUTSIDE RSA
DESCRIPTION	and the second		URRENT YEAR			TOTAL
	IYE	E OF BUSINESS			TOTAL	CURRENT
	Investments	TYPE OF BI	Annuities	Universal Life	TOTAL	YEAR
	R'000	R'000	R'000	R'000	R'000	R'000
	2	3	4	5	6	7
1. NEW BUSINESS				<u>-</u>		
INDIVIDUAL - NEW ISSUES RECURRING BUSINESS	40-945		eV		**	
Number of policies	0	0	0	0	0	0
Net annualised premium R'000	0	0	0	0	0	0
NON-RECURRING BUSINESS	720 100 100 100 100 100 100 100 100 100 1		20 - 70 - WILLIAM		Liegalay Addiso-yea	
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					er eret er	
Number of policies	0	0	0	0	0	0
ACCORDANGE AND ACCORD						
3. LAPSES INDIVIDUAL RECURRING BUSINESS NUMBER OF POLICIES						
First year	01	0	0	0	0	0
Second year	0	0	ō	0	0	Ö
Third year and older	0	Ö	0	Ó	Ō	0
Total	0	0	0	0	0	0
NET ANNUALISED PREMIUM R'000			1			
First year	0	0	. 0	0	0	0
	0	0	0	0	0	0
Second year	The state of the s					
Second year Third year and older Total	0	0	0	0	0	0

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER 10/10/1/000/8 FINAL PRINTOUT DATE 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 IN RSA IN & OUTSIDE DESCRIPTION CURRENT YEAR TOTAL TYPE OF BUSINESS CURRENT TOTAL Other Investments Risk Annuities Universal Life YEAR R'000 R'000 R'000 R'000 R'000 R'000 R'000 1. ACTUAL EXPENSES INCURRED 1.1 ACQUISITION EXPENSES Individual business selling expenses Recurring Non-recurring Group business selling expenses Issuing & underwriting expenses Recurring Non-recurring Other SUBTOTAL 1.2 OPERATING EXPENSES<sup>1</sup> Individual business Renewal Claims handling expenses Group Other: Specify Asset management fees Shareholders' expenses SUBTOTAL 1.3 OTHER EXPENSES SUBTOTAL TOTAL AUDITORS (initial) ACTUARY

## Notes:

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

ET REFERENCE NUMBER			CORPIO	ENTIAL STATEME	III IIII NESOLI	805-00-
ISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER L PRINTOUT DATE						10/10/1/000 3/7/2011 6:3
fig. 1.45 years	St.	etement B8	6.72	ACMINING A	O MARKET LI	131 6 86 4 54
TO BE STORE AND A SECOND	INVESTMENT E					
		insurance Lin				The state of the state of
Selection of the select	as state and of the	financial gerio				
			IN RSA			IN & OUTSIDE
DESCRIPTION			URRENT YEAR			TOTAL
	Investments	TYPE OF BI	Annuities	Universal Life	TOTAL	CURRENT
	R'000	R'000	R'000	R'000	R'000	ROOD
1	2	3	4	5	8	7
25-25-30-1-0-25-25-25-25-3-3-3-3-3-3-3-3-3-3-3-3-3-3	Mar Comment					
TUAL EXPERIENCE						
2 222 2						
Period in months over which experience (i) is	monitored					12
1. INDIVIOUAL						
Asset value at start <sup>1</sup>	0	0	0	0	0	0
Net cashflows	0	0	0	0	. 0	0
Net investment growth <sup>2</sup>	0	0	0	0	0	0
Asset value at end1	0	0	0	0	. 0	0
Investment yield	0%	0%	0%	0%	0%	0%
Bonuses declared Vested bonuses		r	0.0%			
Non-vested bonuses			0.0%			
TOTAL			0.0%			
	460					
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	0.001	0.001	0.50/			
5-year policy	0.0%	0.0%	0.0%			
10-year policy 15-year policy	0.0%	0.0%	0.0%			
Method of calculation	0.076	0.076	0.0%			
2. GROUP						
120						
Asset value at start	0	0	0	0	0	0
Net cashflows	0	0	0	0	0	0
Net investment growth	0	0	0	0	0	0
Asset value at end	0	0	0	0	0	0
Investment yield	0%	0%	0%	0%	0%	0%
Bonuses declared						
Vested bonuses			0.0%			
Non-vested bonuses	<del></del>		0.0%			
TOTAL			0.0%			
3. SHAREHOLDERS						
					900	
Asset value at start <sup>1</sup>				E	0	0
Net cashflows		Transport Committee			0	0

AUDITORS (Initial

ACTUARY\_

Net investment growth<sup>2</sup> Asset value at end<sup>1</sup> Investment yield

- 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.

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

10/10/1/000/8

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE HUMBER

				Autor				
<b></b>			erenental)	Mais Lighted etiod Min Schin				
	Sweet Sweethern Leaders	ASSURA	INCE			ANNUIT	1ES	Section 1995
DESCRIPTION	Actual Death Strain	Expected Death Strain	A/E %	Underwriting profit/Loss	Actual Death Strain	Expected Death Strain	A/E %	Underwriting profit/Loss
	R'000	R1000		R'000	R'000	R'000		R'000
	2	3	4	5	- 6	7	8	9
1. MORTALITY EXPERIENCE								
1.1 INDIVIDUAL					. 0		00/	1
Gross Net	0	0	0%		0	0	0%	
1,2 GROUP					ACT   11   11   11   11   11   11   11			W.
Gross	0	01	0%	T .	0	01	0%	l
Net	0		0%		0		0%	
Experience rated schemes				0	1 *			
							New York	- N - 1V - 001V
2. MORBIDITY EXPERIENCE		LUMP SUM D	SABILITY			INCOME DIS	ABILITY	
	Actual Strain	Expected Strain	A/E %	Underwriting profit/Loss	Actual Strain	Expected Strain	A/E %	Underwriting profit/Loss
2,1 (NON/IDUAL	R1000	R'000	5-4370210	R'000	R'000	R'000	######################################	R'000
Gross	0	0	0%		0	0	0%	Account of the second
Net	0	01	U%.			<u> </u>	0%	l
2.2 GROUP	8 0 m			28 S				
Gross Net	0	0	0%	·	0	0	0%	
Not		<u> </u>				<u> </u>	076	
Experience rated schemes				0	L			
3. SURRENDER EXPERIENCE								
	Actual Strein	Expected Strain	A/E %	Actual Surrender Rate	Expected Surrender Rate	A/E %		
3.1 INDIVIDUAL	R'000	R1000		*	%			
Amounts paid	0		0%			0%		
	Actual Lapse Rates	Expected Lapse Rates	A/E %					
4. LAPSE EXPERIENCE (Individual)	nates %	**************************************	74L A	li 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%	le .				
5. YEAR OF LAST MORTALITY & MORBIDIT	TY INVESTIGATION							YYYY
6. YEAR OF LAST EXPENSE INVESTIGATIO	)N							yyyy
7. YEAR OF LAST LAPSE INVESTIGATION								yyyy
8. YEAR OF LAST SURRENDER INVESTIGA	TION				100		1	
B. EXPECTED EXPERIENCE BASIS USED			-174V-48 (201)		Current premium	besis/Valuation basis	/Other	
				7000	The state of the s			

BHEET REFERENCE MUNDER REGISTRAK OF LONG-TERM INTURANCE REFERENCE HUMBER										FOR-901
FINAL PRINTOUT DATE		RE-ORMATI	ON RELATING TO	Statement   DLAUMS   CREDIT LUFE of ABC LUFE Insuran to Sud of the financia	310 POLICIES AND DE ICO LIMBO	STRIBUTION CHAN	NEX.S			27720(11.6.34
1. NET BENEFITS PAID & PROVIDED FOR	La company de		ap at t	he end of the financia	i parted 31/12/2011	Land of the				
1, REI BEREFITS PAD & PROVIDED FOR						TSIDE RSA				
DESCRIPTION	Cisima	reported	Claim	s finalised	Claims rejects	FORMATION ad and withdrawn	Clair	ns paid	Cialms	outstanding
	Number	R'000	Number	R'000	Number	R'000	Number	R'000	Number	R'000
Death	2 0	3 0	4 0	5 0	6 0	7		9	10	5 0
Olsability	0	0	0	0		)	0		0	0 0
Health TOTAL NET BENEFITS	0			0			0			0 0
			A				decision —			
2. CREDIT LIFE	Υ	IN A OUT	SIDE RSA		1					
DESCRIPTION		INFOR	MATION							
İ	Net Premiums R'000	Claims Paid R'000	Commission R'000	Other Expenses R'000						
1	2	3	4	5						
TOTAL		0		0	I					
3. CREDIT LIFE										
DESCRIPTION					IN & OU CLAM IN	TRIDE RSA FORMATION			· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION	Claims	reported		s finalised	Ciaims rejecte	od and withdrawn	Clair	ns paid		outstanding
1	Number 2	R'000	Number 4	R'000	Number 6	R'000	Number	R'000	Number 10	R'000
TOTAL	0	0		0	0	0 0	0		0	0 0
4. CREDIT LIFE				_						
DESCRIPTION	CLAM INFORM Death	IN & OUTSIDE RSA MATION - MAIN REASC Unemployment	Disability & Other							
1	2	3	4							
TOTAL.	0%	0%	09	6						
6. RETRENCHMENT / JOB LOSS COVER	T	1								
DESCRIPTION	R'000	]								
Premiuma Received	2 0	1								
Expense Allocations	0	1								
Liabilities under unmatured policies Claims Paid	0	-								
		•								
6. LSM 1 - 6 BUSINESS DISTRIBUTION		1								
DESCRIPTION	% of Gross Premiums									
Funeral Policies	2 0%	1								
Credit Policies	0% 0% 0% 0% 0%									
Life Policies  Mortgage Protection	6%									
Disability	0%									
Other TOTAL	0%									
		4								
7. DISTRIBUTION CHANNELS	INDIVIDUAL	GROUP	1							
DESCRIPTION		% of Gross Premiums	1							
	2	3	-							
Mull Marketing	0%	0%								
in-House Agents Independent Brokers	0%	0%	1				41.			
Direct Marketing	0%	096 096								
Tele-Sales Other Method: specify		PARTECULAR STATE	1							
The state of the s	6%	0% 0%	1							
TOTAL.	0% 0%	0%	i							
15/74	Un	V75	4							

					A AND A SECOND S	H KRA & SITHE							MA DUTS DE PSA	DE RSA
ACT DE CONTRACTOR						TYPE OF BUSINESS	100					TOTAL VALUE	TOTAL VALUE	ARRETT BACKONG
DESCRIPTION 1	1 baked Reco	Amedinan Performance metal RR900	Overwheed R7000	Discrintonery Participation Femansa Arbeit	Non proff p	Discensionary Participation Fusions Procedury	Private A	Performance related Aroco S	Man profit	Discretionary Participation Features R000	Processed Life	. R300	CLIABRENT YEAR	CAAR RY000 15
LETHOLDERS IN THE SIGN					l									
D WITEREST					0		0		0					
Non-convertible debertuites		0 0	00	00	00	90	00	00	05	80	00	0	00	
EQUATION & CONVERTIBLE DESCRIPTIONS LIMITARY		0			0	0	0		0				0	
and the state of t						0							•	
Divide properly housings included properly housings house the work to be a properly		00	00	00	00	00	00	00	00	00	00	0 0	0	
West March Schemes					0	0	0						d	
Equitors		000	000	00	00	00	000	00	00	٥٥٠	00	0 0	001	
FOLE DASSETS					00	00	00						0 0	
de l'a als la suppositing statement C1. ()		0 0		111111111111111111111111111111111111111	00	o o	0	A STATE OF THE PARTY OF	1377237	0 0			0	
DOTAL IN THE RISA DEFINED TO BE IN THE NISA					0	10	7						0	
COUNTRIES					0	0	0	0.0	0					
Equiles and Colection Investment Schemes		000	0 0	001	000	0 0		o	000		000	000	0	
CRS CAST						00	0	0	0					
CASH & DEPOSITIE											15 S. S. S.	6	0	0
DINTEREST Public Sector	53555					The second second	-					0		0
Non-convertible dependants	and the second						WALL MARKS THE					00	00	60
CONVERTIBLE DEBINITURES								-				0	0	0
PROPERTY	The street control		-						And the second s	AAL-PROPERTY PROBESSION OF LAND SEC.		0		0
Direct property haldings indend property haldings												60	00	00
LECTIVE INVESTMENT SCHEMES Money match												0		0
			100									0 0		00
Other Other												0.0		0
SETS.												0		000
city is supporting attention CT. II								The second second		The state of the s		0	*******	0
DEFENDE TO BE IN THE PISA FOREIGN PIECOSMISED CARD A SHOWER														-
terest instruments									month of the state	Parent		00		00
SE IN THE RSA.	The second secon				-								000	000
		100	0	10	ю	0	6	6	0	0		o o		0
				Contract of the contract of th	The state of the s									
1													AUOTORS	

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ASSETS BACKING CAR 15 TOTAL VALUE CURRENT YEAR AUDITORS Discretionary Participation Features R'200 Non prefit Investment
Performance related
R000 Proces

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No. 34118

BHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM MISUS TOTAL CURRENT YEAR DESCRIPTION Discretionary Investment Performance TOTAL Participation Features Linked related R'000 R'000 R'000 P'000 R1000 1. ASSETS Cash & Deposits
Phost Interest
Equilies & Conventible Debentures
Property
Collective Investment Schemes
Pixed Assets
Circent Assets
Other Assets TOTAL ASSETS 2. LIABILITIES Linked Babilities Non-linked Babiliti Other TOTAL LIABILITIES 3. EXCESS ASSETS 4. CAPITAL ADEQUACY REQUIREMENT 5. FREE ABSETS ACTUARY AUDITORS\_

PRINTOU	LONG-TERM INSURANCE REFERENCE NUMBER FOATE		10/10/1 3/7/201
	and the second s	one 2142091	(基)
·	To a service of the s		
		013112201	
AT MARKET BOX		CURREN	
	DESCRIPTION	IN RSA	IN & OUTSIDE RS
	DESCRIPTION	TOTAL	TOTAL
		R'000	R'000
		2	3
	F LIABILITIES UNDER UNMATURED POLICIES iro:		
1.1	Assistance	0	
1.2	Disability	0	
1.3	Fund	0	
1.4	Health	0	<del></del>
1.6	Life Sinking Fund	0	
	FOTAL	0	
306	TOTAL:	<b>U</b>	
THER II	ISURANCE LIABILITIES		- 10
2.1	Claims & provision for claims intimated but unpaid	0	
2.2	Provision for unintimated claims	Ö	The state of the s
2.3	Balances due to insurers and reinsurers	0	
2.4	Deposits held on behalf of reinsurers	0	
2.5	Provision for taxation	0	
2.6	Provision for deferred taxation <sup>1</sup>	0	- Committee of the State of the
2.7	Debentures/mortgages	0	
2.8	Linked units/loan stock	Ö	
2.9	Bank overdrafts	Ö	
	Creditors	0	10 E
2.11		0	
2.12	Amounts due to fellow subsidiaries	Ö	300
	Amounts due to subsidiaries	0	1 1000
2.14	Other: Specify		50 - 25/04/2 - MODULPHAY - WA
10000000		0	44.41
		0	
		0	o continue e sectoriame
		0	J
SUB	TOTAL	0	111
		serre series in comment weeks.	**************************************
JTAL L	ABILITIES <sup>2</sup>	0	
TUARY		AUDITORS	
T0.50 (0.00 T/o			

- 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

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SHEET REFERENCE NUMBER

C03-99-A 10/10/1/000/8

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER 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 **CURRENT YEAR** IN & DEEMED TO BE IN THE IN & OUTSIDE RSA DESCRIPTION RSA TOTAL TOTAL R'000 R'000 1. ASSET COVER Value of total assets (transfer from C2) Value of total liabilities (transfer from C2) **Excess Assets Over Liabilities** 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 0 Non-distributable reserves 0 Distributable reserves Other: (Specify in supporting statement C3.1) 0 TOTAL 0 0 3. COMMITMENTS & CONTINGENT LIABILITIES 0 4. ENCUMBRANCE OF ASSETS (Specify in supporting statement C3.1) 5. WAIVING BY CREDITORS OF CERTAIN RIGHTS: (Specify in supporting statement C3.1)

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	***************************************	 	_

AUDITORS (initial)

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE		3/7/2011 8:34
EXCESS ASSETS AND CA of ABC Life In	orting statement to C3) APITAL ADEQUACY COVER surance Limited ancial period 31/12/2011	
	CURRENT Y	FAR
DESCRIPTION	IN & DEEMED TO BE IN THE	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
TOTAL	0	0
4. ENCUMBRANCE OF ASSETS: Specify		0
		0
•		0
•		0
TOTAL		0
5. WAIVING BY CREDITORS OF CERTAIN RIGHTS: Specify		
•		0
		0
•	96 3	
•		0
		0
		the state of the s

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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.02-99-A 10/10/1/000/8

3/7/2011 8:34

A SPOUL CAEDIEX (SS) A SE AND CAEDEA ARB A SPOUL CAEDIEX (SS) A SE AND CAEDEA ARB A SPOUL CAEDIEX (SA SE AND CAEDEA) ARB A SPOUL CAEDIEX (SA SE AND CAEDEA) ARB A SPOUL CAEDIEX (SA SE AND CAEDEA) ARB A SPOUL CAEDIEX (SA SE AND CAEDIEX (SA SE AND CAEDEA) ARB A SPOUL CAEDIEX (SA SE AND CAEDIEX	ECUACY COVERS				
	CURRENT YEAR				
DESCRIPTION	IN & DEEMED TO BE IN THE RSA	IN & OUTSIDE RSA			
	TOTAL R'000	TOTAL R'000			
1	2	3			

# 1. ASSET COVER

FINAL PRINTOUT DATE

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

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

CD4-99-A 10/10/1/000/R

			STATUT	ORY VALUATION OF ABO	Statement C ON METHOD OF CLife Insurance of the financial	4 NET POLICY LI & Limited period 31/12/201	ABILÍTIES.						
	***			11.5000		IN RSA & DEEME	D TO BE IN RSA						RSA RSA
				*****		TYPE OF BUSINESS	IT YEAR				т		
DESCRIPTION OF THE PROPERTY OF					State of Section			100 OLD - 000000					799974000
DESCRIPTION	- 1100 - 1110	Inves	iments		F	tisk		Anni	uities		[ I	TOTAL	TOTAL CURRENT YE
	Linked R'000	Performance related	Guaranteed	Discretionary Participation Features R'000	Non profit	Discretionary Participation Features R'000	Linked R'000	Investment Performance related R000	Non profit	Discretionary Participation Features R'000	Universal Life	R'000	R'000
	2	R'000	R7000	H UUU	R'000	7	RUGG	9	10	11	R'000	13	14
DIVIDUAL		-				1		1	10	1 "	<u> </u>	13	1 14
1.1 LINKED LIABILITIES													
Total linked liabilities	0	0	0	0	0	0	0	0	0	0	0	(	0
Negative rand reserves	0	0					0		0				0
Deferred Tax	0	0			0	0	0		0	0	0		0
SUBTOTAL LINKED LIABILITIES	0	0	0		0	0	0	0	0	0	0		0
1.2 NON-LINKED LIABILITIES Basic liabilities (including vested bonuses)  • Prospective valuation	0	0	. 0	1 6		1 01	0	1 0			. 01		1
* Retrospective valuation	0	0			0				0				)
Non-vested bonuses	0	0					0		0			-	
Supplementary benefits	0	0				0	0	0	0				)
Bonus stabilisation reserves	0	0			0		0	0	0				
Embedded Investment Derivatives Reserve	0	0		0	0		0	0	0		0		1
Other Reserves (Specify in supporting statement C4.1)	.0.			0		0.	0	0.	0.	0.	0	-	120000000000000000000000000000000000000
Discretionary margins (Specify in supporting statement C4.1)	0.					D.	D		D	D	0		10000000
Deferred Tax SUBTOTAL NON-LINKED LIABILITIES	0	0		0	0		0		0				0
TOTAL INDIVIDUAL	0	0	0	0	0	0	0	0	. 0	0	0		
ROUP 2.1 LINKED LIABILITIES Total Inked Sabilities	01	0	0			1 01			0	1 0	01		T.
Negative rand reserves	0	ō					0		0				
Deferred Tax	0	0					0		0				
SUBTOTAL LINKED LIABILITIES	Ō	0					0		0				
2.2 NON-LINKED LIABILITIES Besic liabilities (including vested bonuses)  * Prospective valuation	0	0		Ι 0	l 0	1 01		1 0	0	1 0	01		01
* Retrospective valuation	0	0							0				
Non-vested bonuses	0	0							0				il -
Supplementary benefits	0	0					0		0				
Bonus stabilisation reserves	0	0					0		0			-	
AIDS Reserve	0	0					0		0				
Embedded Investment Derivatives Reserve	Ó	0	0	0	0	0	0		0	0	0		0
Other Reserves (Specify in supporting statement C4.1)	0	Ů.	0		0	0	0	0	0		0		1 (100)
Discretionary margins (Specify in supporting statement C4.1)	0	•	0	• • • • • •	0	0.	0	0.0000000000	-:-:- Q				
Deferred Tax SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	. 0		0		0	0	0		0
TOTAL GROUP	0	0		0		0			0		0		1
TOTAL LINKED POLICY LIABILITIES	(6	0	I 0	T 0	j	1 01	0	1 0	8	7 0	01		1
TOTAL NON-LINKED POLICY LIABILITIES	0	0				0	0	0	0			(	
AL POLICY LIABILITIES	0	0					0	0	0				0

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC RECISTRAR OF LONG-YERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE 3/7/2011 6:34 Statement 24.1 (supporting retriament to CU)
STATITION VALIATION SECTION OF NET FOLICY CARRITIES:

of ARC Life Insurance Limited
as at los and of the Insurance Limited
IN RSA & DEEMED TO BE IN RSA IN & OUTSIDE RSA CURRENT YEAR TYPE OF BUSINESS DESCRIPTION TOTAL CURRENT Discretionary Participation Features R'000 TOTAL YEAR Discretionary Investment Discretionary investment Universal Life Linked Performance Guaranteed Participation Participation Linked Performance Non profit related R1000 Features R'000 Features related R'000 R'000 R'000 R'000 R'000 R1000 R'000 R'000 1. INDIVIDUAL Other Reserves: Specify SUBTOTAL Discretionary Mergins: Specify SUBTOTAL 2. GROUP Other Reserves: Specify 0 0 SUBTOTAL Discretionary Margins: Specify 0 SUBTOTAL

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AUDITORS (initial)

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC COMPA

Page 25ct 78

	1111			CAPITAL ADEQU	ACY REQUIREMEN	en ca It before Manage uranco Limited	MENT ACTION			(A) (基) (基)	NO PERMIT		
	a di di			(de t	of ABC Life has fire and of the fice	ocial puriou 31/12/20	11.						
				33.5		IN RSA & DEEME							IN & OUTSIDE RS
					TYPE OF	CURREN BUSINESS	TEAR						-
DESCRIPTION		knyestr	ments		R	uk	2008	Annuk	ies				TOTAL CURRENT Y
AMDRIANCE TIP SURECTE	Linked	Investment Performance related	Guaranteed	Discretionary Participation	Non profit	Discretionary Participation	Linked	Investment Performance related	Non profit	Discretionary Participation	Universal Life	TOTAL	TOTAL CORRENT TO
	R1000	R1000	R1000	Festures R'000	R7000	Postures RODO	R'000	R000	R1000	Features R'000	ROOO	F1000	R1000
1	2	3	4	5	6	7	8	3	10	11	12	13	14
RANNATION CAPITAL ADEQUACY REQUIREMENT (TCAR)													
LAPSE RISK		0 0						0 0	0				0
SURRENDER RISK		0 0	. 0	0	0	0		0 0	. 0	0	0		0.1
DTHER 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	- 6			
		0 0						0 0					
TCAR		01 01	0	0	. 0	C.I.		01 01	. 0	0	01		0
RDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)													
LAPSE RISK (a) SURRENDER RISK (b)		0 0	0					0 0	0				
		0 0	0	0	0	0	1000	0 0	. 0	0	0]		
FLUCTUATION RISK													
Mortalty (ci)		0 0	. 0		0	0		0 0	0		0		0
Morbidity (cli)		0 8	0		0			0 0		0	0		
Medical (cil)		0 0						0 0	0				0
Expense (f)		0 0				0		0 0		0			0
Annuitant mortality (d)		0] 0]	0	0	0	0	100100000	0 0		0	0		11
ASSUMPTION RISK													
Mortsity, moroidity & medical (e)		0 0	0	0	0	0		0 0	0	0	0		
INVESTMENT RISK				,	May 7 (Fig.								
Resilence risk (gl)		0 0	0					0 0	. 0				
- Embedded Investment Derivatives Component		0 0	. 0		0			0 0	0	0			
Worse investment risk (gil)		0 0						0 0		0			)
Max (resilience risk, worst investment return risk) (g)		0 0	0	0	0	0		0 0		0	0		
CREDIT RISK (h)										,	,		
NEGATIVE BONUS STABILISATION RESERVE		0 0	0					0 0	0				0
		0 0	. 0			0		0 0		0	0)		
OTHER RISKS: (i) Specify				,									
Dperational 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				
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		.,											
IOCAR		0 0	0					0 0	0				
Adjustment fector	100		100%				100		100%			100	
OCAR		0 0	0	0	0	0		0 0	0	0	0	101100	0
AXIMUM OF ITEM LAND ITEM 2'		01 01	0	0	0	0	The Control of	0 0	0	0	0 1	Carlotte Committee Co	

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AUDITORS (India)

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM HISURANCE REFERENCE NUMBER PIKAL PRINTOUT DATE IN RBA & DEEMED TO BE IN RSA CURRENT YEAR TYPE OF BUSINESS IN A OUTSIDE RISA DESCRIPTION Annuities TOTAL CURRENT YEAR TOTAL Discretionary Participation Features R000 Investment Universal Life Participation Features Linksd Non profit Performance related Feetures R'000 R'000 RYDOO R1000 1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR) LAPSE RISK SURRENDER RISK OTHER RISKS: Specify TCAR 2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR) LAPSE RISK (a) SURRENDER RISK (b) FLUCTUATION RISK Mertally (c)
Morbiday (ci)
Morbiday (ci)
Medical (cis)
Experse (f)
Annullant mortally (d)
ASSUMPTION RISK Mortality, morbidity & medical (e) INVESTMENT RISK 01 Realizens risk (g)

- Embeddied investment Derivatives Component
Worse investment risk (gs)
Max (resistence risk worst investment return risk) (g) CREDIT RISK (N) NEGATIVE BONUS STABILISATION RESERVE OTHER RISKS (6) Specify Operational risk IOCAR Adjustment factor 100% 100% 100% 100% 1. CALCULATING THE CAPITAL ADEQUACY REQUIREMENT Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2)) Capital Assiguacy resourcement before prescribed minimums ; 13 Weeks of speciffing seprenaes (from atelement B7). Statutory minimum Approved minimum 0.3% of gross policyholder skelffels. Minimum Capital Adequacy Requirement (MCAR). Capital Adequacy Requirement (after management schon). 10,000 10,000 10,000

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# CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

	AR OF LONG-TERM INSURANCE REFERENCE NUMBER INTOUT DATE	3772
1	Constraint of the North Cons	
	as at the enters the Transferred to	de la companya di salah di sa
•		
	DECORIBION	TOTAL VALUE CURRI
	DESCRIPTION	YEAR
		R'000
_	1	2
į	CLOSED EXCESS ASSETS (brought forward)	
N	IVIDUAL LIFE OPERATING PROFIT/LOSS	
-	New business	
'n	Alterations	
•	Change in valuation basis  * Changes in methodology	
	Changes to non-economic assumptions	
	Changes to economic assumptions	
F	Release of margins	
	* Compulsory margins	
i	Discretionary margins nvestment experience	
	nvestment experience  fortality experience	
N	Morbidity experience	
E	xpense experience	
E	arly withdrawals	
	Tax	
	Adjustment to asset values	
	Other (Specify in supporting statement C7.1)  Jnexplained	<u> </u>
	SUBTOTAL	— <u>v — 1811—2014 — — — — — — — — — — — — — — — — — — — </u>
3		<del></del>
	OUP LIFE OPERATING PROFIT/LOSS	·
	New business	
١	Change in valuation basis  Changes in methodology	
	Changes to non-economic assumptions	
	Changes to economic assumptions	
F	Release of margins	88.7°
	Compulsory margins	
7	Discretionary margins	
1	nvestment experience Group assurance underwriting experience	
•	* Mortality experience	
	Morbidity experience	
(	Group annuity underwriting experience	
E	Expense experience	
	arly withdrawals	
-	Fax Adjustment to asset values	
	Other (Specify in supporting statement C7.1)	233000000000000000000000000000000000000
į	Jnexplained	
5	SUBTOTAL	
	AREHOLDERS	
6	nvestment experience	
	Adjustment to capital Expenses	
	ncome from subsidiaries	And the second distribution in the Conference of the Second Secon
	Dividends paid	
	Tax	
	Adjustment to asset values	
-	Other (Specify in supporting statement C7.1)	
	Jnexplained	
	SUBTOTAL	
7	TAL PROFIT/LOSS	

AUDITORS (initial)

LT2011

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	MENT NOT AVAILABLE TO PUBLIC
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE	10/10/1/000/8 3/7/2011 8:34
Statement C7.1 (supporting statement to ANALYSIS OF SURPLUS of ABC Life Insurance Umited	
as at the end of the financial period 31/12/	2011
DESCRIPTION	TOTAL VALUE CURRENT YEAR
	R'000
1	2
2. INDIVIDUAL LIFE OPERATING PROFIT/LOSS Other: Specify	
. And the second	
SUBTOTAL	0
3. GROUP LIFE OPERATING PROFIT/LOSS	
Other: Specify	
•	
SUBTOTAL	0
4. SHAREHOLDERS	
Other: Specify	S
***************************************	
at an analysis of the second s	
SUBTOTAL	0
5. SIGNIFICANT ITEMS	
ALL	
New York Control of the Control of t	
·	
	212
	25 TA 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
•	- 7,500
•	
ACTUARY AUDITORS (	initial)

ACTUARY

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

AUDITORS (initial)

# STAATSKOERANT, 18 MAART 2011

SHEET REFERENCE NUMBER C08-00-A 10/10/1/000/8 REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER 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 **CURRENT YEAR** IN & DEEMED TO BE IN IN & OUTSIDE RSA DESCRIPTION THE RSA TOTAL TOTAL R'000 R'000 1. ADJUSTED VALUE OF ASSETS Value of assets (transfer from C2) 0 plus: Gross dividends paid i.r.o. the year TOTAL 2. ADJUSTED VALUE OF LIABILITIES Total liabilities (transfer from C2) TOTAL 3. EXCESS RESERVES 0 0 less: 10,000 10,000 MAX (a,b) a. ISSUED SHARE CAPITAL plus NON-DISTRIBUTABLE RESERVES (transfer from C3) b. 100% OF CAPITAL ADEQUACY REQUIREMENT (transfer from C2) 10.000 10,000 4. MAXIMUM DIVIDEND BEFORE CONSIDERING SPREADING (10,000)(10,000)(10:000) (10.000)Surplus of overall admitted assets over total non-linked liabilities (transfer from E11) 5. MAXIMUM DIVIDEND AFTER CONSIDERING SPREADING (10,000)(10,000)less: Actual dividend paid/payable iro the period under review **6. RETAINED DISTRIBUTABLE SURPLUS** (10,000)(10,000)

GOVERNMENT GAZETTE,

8

**MARCH 2011** 

0

SHEET REFERENCE MARKER

FRIME PRINTOUT DATE

1. INCOME

. Approved

SUBTOTAL

Non-approved

REGISTRAR OF LONG-TERM INSURANCE REFERENCE MUMBER

DESCRIPTION

Net premiums received & outstanding to correspond with 82) Reinsurance commission received & outstanding

Gross premiums received & outstanding to coreless: Reinsurance premiums paid & outstanding

BENEFITS PAID AND PROVIDED FOR Gross benefits paid & provided for (to correspond with 83)	0.1	0	01	0.1	0.1	0.1	0.1	0.	0.1	01	0.1	0.1	0
less; Reinsurance recoveries	o o	o l	0	o l	ő	Ö	0	ő	ol o	Ö	0	- ŏl	Ö
Net benefits paid 8 provided for to correspond with 82)	0	0	0	0	0	0	0	0	0	0	0	0	0

0

0

0

Non profit

R'000

IN RSA & DEEMED TO BE IN RSA

**CURRENT YEAR** 

Linked

R'000

0

Annuities

0

R'000

0

0

0

0

Participation

Festures

R'000

11

Performance

related

R'000

TYPE OF BUSINESS

Discretionary

Participation

Features

R'000

## 4. GROSS POLICY LIABILITIES FOR LEVY PURPOSES

less: Deduction for approved reinsurances

Net policy liabilities no correspond with C4)

Gross policy liabilities loss:
Gross policy liabilities under pension funds
Gross policy liabilities under provident funds
Gross policy liabilities under provident funds
Gross policy liabilities under retirement annuities
Gross policy liabilities under provident funds

ACTUARY	TUARY	

Discretionary

Participation

Features

R'000

0

Investments

0

0

R'000

0

Performance

related

R'000

Linked

R1000

0

0

0

0

AUDITORS

ID GET HEFERENCE NEARNER REGIETRAR OF LIDNO-TERM MISU

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

10 1974

1000 1000

1000 1000 Statuspier Valuation Method of the Laboraties of Incandola, Blassu, St. of ARCLES between Littles of Incandola, Blassu, St. of ARCLES between Littles of the Teach of the Teach period 21/12/2011.

JATION OF LIAE	SILITES .				Investm	inus	· · · · · · · · · · · · · · · · · · ·		Risk	-	-		nnuities		
		Assumption is weightedrepresentative	Weighting factor	Linked	Investment Performance related	Gustantoed	Discretionary Participation Features	Non profit	Discretionary Participation Features	Other	Linked	Investment Performance related	Non profit	Discretionary Participation Features	Universal Li
Overview				R'000	R'000	R*090	R'900	R'000	RYOU	R'000	R1000	R100	R1000	RYGO	A7000
	* Method														
	Average outstanding lerm of liabilities (in months)     Central Discount rate	Pary													SY/SYLVANIA
Discount rate	•												THE STATE OF THE S		
	Individual policyholders' fund Unbased policyholders' fund									20.000000000000000000000000000000000000					
	* Untawed policyholders' fund													1	
	Company policyholders' fund				The State of the S	V-1									20021111111
1 10	Corporate fund														
Future bonus	rates			3		2					1			201102	
	* Veeting - On Sum Assured										-				
	* Vesting - On bonuses														
	* Non-vesting						-				-	2 1/1/22/2009			
	* Total			ř						24.00	-				
Lapse retes							-				-		-		
	First year						-				-	The second second			
	* Second year		1				+			Laboratoria	-				
Surrender rab	* Third year and thereafter		-				1				-	-			
	* Recurring premium policies						+				+		_		
	* Single premium policies		-		-						<del> </del>	-			
Mortality table	Single peemium puicaes		<del></del>				-				+				
	* Assurance	9	1		1		1				1			1	
			1				1				1				
	Basic Adjustment		<del>                                     </del>				1				+				
	* Annulies						+				-			1	17714747
	Basic		<del>                                     </del>		-						+	2111111111			-110
	Adjustment		- t								<del>                                     </del>			i	
	* PHI in claim	ner vær		The second second	0		1				1		1000		
	Basic				es entrement a		1				1				11111
	Adjustment						i				1				-
	* Other							1000							
	Basic			-									Í		
	Basic Adjustment										1				
Morbidity tabl											1				
	* Lump sum disability	16					1				1		1	1	
	Resic							00-1	30.0000000	Service -					
	Adjustment														
	* Income disability				240 5				£77271927)	8					
	Basic										1			1	
	Adjustment											2111			
	* Sickness														
	Basic	020202021311-014431-1	1						2000	Marie III					CCC (2007)
	Adjustment					0.476					1			1	2000
	• Other										-				-
	Basic			<del></del>	1		<b></b>	- 3			-	a ,			
	Adjustment		-								-				
Dread disease					4		-				-				
	Besic										-				
	Adjustment			gerseen neman name			-				-				
Initial expense					-						-				
	Recurring premium policies				-		-				-	-			
	Single premium policies	THE STATE OF THE PROPERTY OF THE STATE OF TH	1				1			2-12-11	1		1		

OFFICE CAPE									production and the second		100
			Staturouni C10,1	Action to be neglected	enter of the first of the	To the second		104 (144)	A PROPERTY		4 10 50
	1000	STATIFICALLY VALLEA	TION METHOD OF THE LIABIL	ITIES OF INDIVIDUAL BUSE	EDS-17		71.070.5			<b>网络</b> 西斯斯州一	
The control of the co			of ABC Life measures Li	miles	All Section 184 617		To the				20.0
	A Character (Care		at the end of the ferencial post	od91/12/29(5	The state of the state of	recommendation by the first to					
				A CONTRACTOR OF THE PARTY OF TH					A CONTRACTOR OF THE PARTY OF TH	NAME AND ADDRESS OF THE OWNER, TH	
. Recurring expenses per annum	1	18	II II	1	1	1	1 1		E 7	18 2	1
* Recurring premium policies			Ti E				1		<u> </u>		
Per policy expenses										1	
Percentage of premium Percentage of fund value						The second of th			The second second		
Percentage of fund value	Account to the second s							2 2 miles			
* Single premium policies	1100000 1000										
Per policy expenses							P. A.				
Percentage of fund value							1				
* Disability income policies in payment - per policy expense							n fer				
* Annuities in payment - per policy expense	The second second										
Paid-up policies - per policy expense			2000								
* Other: Specify								Marine Charles			
Claim expenses							1 — 1				
* Rand amount per claim											-
* % of claim amount											-
Expense inflation							-				
Management charges			4				-				
* % of investment earnings							1				
* % of capital growth								Variable			3100
* % of asset values											
* Other. Specify								C-0-27-51			
Tax rate assumption							1				-
* Individual policyheidens' fund							1			Commence of the last of the la	
Untaxed policyholders fund							-			District Control	
Company policyhoklere' fund							-				
Corporate fund		200 April - 2011/200									
Other							-				

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

A	Assurance					
Age next at valuation date	M	alo		Female		
Assir anot dears	Smoker	Non-amoker	Smoker	Non-amoker		
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	0.0006	0.0000	0.0000	0,0000		
55	0.0000	0.0000	0.0000	0,6000		
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	222222	Asse	ntauce	
date	M	ale	Fe	male
Uace	Smoker	Nen-smoker	Smoker	Non-smoker
20	0.0000	0.0000	0,0000	0.0000
26	0,0000	0,0000	0.0000	6,0000
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	E 0000	0.0000	0.0000	0.0000

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

1	Rates with	o provision for the ext	ra mortality from HIV Vonuties	AIDS
Age next at valuation date	М	ale		Female
Variation date	Smoker	Non-smoker	Smoker	Non-emoker
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	9.0000
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 decisions)

	Katos wang	the with no provision for the extra morbidity from 16VfASDS  Lump sum disability			
Age next at valuation date	W	ale	Femalo		
V6000001 0000	Smaker	Non-emoker	Sesaker	Non-emoker	
20	0.0000	0.0000	0.0000	0.0000	
25	6.0000	0,0000	0.0000	0.0000	
30	0.0000	0.0000	0.0000	0.0000	
35	0.0000	0.0000	0.0000	8.0000	
40	0.0000	0.0000	0,0000	9.0000	
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	9,0000	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	

	Roles with	provision for the extra mortality from Hi	V/AIDS		
Age next at valuation date	M	ale /	Female		
clease	Smokes	Non-amoker	Smoker	Non-smake	
20	0.0000	0.0000	0.0000	0,000	
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	
56	0.0000	0.0000	0.0000	0.0000	
60	0.0000	0.0000	0,0000	0.0000	
65	0.0000	0.0000	0.0000	0.9000	
70	0.0000	0.0000	0.0000	0.0000	
75	0.0000	0.0000	0,0000	0.0000	
80	0.0000	0.0000	0.0006	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	

	Rates with	provision for the extra morbidity from H	TVIAIDS on disability	
Age hout at valuation date	M	late I Liprisp and	Female	
gate ]	Smoker	Non-emaker	Smoker	Non-smoke
20	0.0009	0,0000	0.0000	0,0000
25	0.0000	0.0000	0.0000	9.0000
30	0.0000	0,0000	0.0000	0.0000
35	0,0000	0.0000	0,0000	9,8000
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	0.9000
65	0,0000	0.0000	0,0000	0.0000
70	0.0000	0.0000	0.0000	0,9000
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

STAATSKOERANT, 18 MAART 2011

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC CO. 45.A. NUTRICOS MICH. STATEMENT NOT AVAILABLE TO PUBLIC CO. 45.A. NUTRICOS MICH. STATEMENT STATE

SHILT REPERENCE WARREN RESISTANCE FLONG-TENN MIQURANCE PEPTURENCE NUMBER

ANALYTIN'S VALUE TO BE ANALYTICAL TO SHARE THE 
# 19. SAMPLE ULTIMATE MORBIDITY RATES FOR STANDARD LIVES (4 decimals.)

	Rates with r	o provision for the ext	ra morbidity from HR me disability	//AIDS	
Age next et	M	sie	Female		
Association delits	Smoker	Non-smoker	Smoker	Non-smoker	
20	00000	0.0000	0.0000	0.0006	
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	
80	0.0000	0.0000	0.0000	0.0000	
55	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	
50	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 DREAD DISEASE RATES FOR STANDARD LIVES (4 decimals)

4 T	ROBINS WILD D	o provision for the ext Ore	nd Disease	TAIDS
Age haid at	M	zie		Femalo
Visionapun unue	Smoker	Non-smaker	Smoker	Non-sanokei
20	0.0000	0.0000	0.0000	0.0000
25	0,0000	0.0000	0.0000	0.0000
30	0.0000	8.0000	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	0.0003	0,0000	0.0000	0.0000

ASSUMPTIONS MADE / EXPLANATORY NOTES

	Rates with	provision for the extra merbidity from H			
Age ned at valuation			disability		
date		ale	Female		
	Smoker	Non-smoker	Smoker		Non-smoke
20	0,0000	0.0000	0.0000	84 2	0.0000
25	0,0000	0.0000	0.0000	1	0.0000
30	0,0000	0.0000	0.0000	TWEET FOLLOW	0.0000
36	0,0000	0,0000	0.0000	10000	0,0000
40	0.0000	0.0000	0.0000		0.0000
45	0.0000	0.0000	0.0000		0.0000
50	0.0000	9.0000	0,000		. 0.0000
56	0,0000	0.0000	0,6000	4	0.0000
60	0.0000	0.0000	0.0000		0.0000
65	0.0000	6.0000	0.0000	8" 14 mg	0.0000
70	0.0000	0,0000	0.0000		0.0000
75	0.0000	0.0000	0.0000		0.0000
80	0.0000	9,0000	0.0000	T. Bues.	0.0000
85	0,0000	0.0000	0,0000		0.0000
90	0,000	0.0000	0.0000	7 T. C. C. C.	0.0000
Q5	0.0000	9.0000	0.0000	140	0,0000
100	0.0000	0.0000	0.0000		0.0000

Annual de la Contraction de la	HAICE WAS IN	o provision for the extra morbidity from Oread	Dhesse	
Age next at valuation	M	ste I		maly
Care	Smoker	Non-smoker	Smaker	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	0.9000	0.0000	0,0000
40	0.0000	9,0000	9,0000	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	0,000	0.0000
95	0.0000	0.0000	0.0000	0.0000
100	0.0000	0.0000	0.0000	0.0000

TATUTORY ACTUARY	AUDITORS (nutin)
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Consider Marian     C	Wheighting herior		- International										
Method  Construction of the control	Manipilary lactor		MINISTER .	The state of the s		-	See a	1		ACTAINM		-	
Market Annah Market Mar		Tabbas .	Parlements related	Outstand	Distortioning Pathdonicon Fusions	1	Discontinuary Participation Postumes	ia de	3	Parkers related	No per	Discontionary Participation Fusions	Universal Life
A A A A A A A A A A A A A A A A A A A		ATTO	K000	Aton	ŧ	į	ŧ	Kroes	8008	8	400.4	7300	/A
Court bears when the court of t													
Account of the control of the contro													
Screenbarrack  Sample residue  Sample residue  Management  Sample residue  Management  Sample													
A Company of the Comp													
Administration													
PN is date White in the control of t													
Descriptive takes used described to the control of													
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16. SAMPLE ULTIMATE MORTALITY RATES FOR STANDAND LIVES (q. 4 decimals)

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THE STATEMENT NOT AVALABLE TO PUBLIC COLORS

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HAPLE ULTRACTE MORTALITY RATES POR STANDARD LIVES (9, 4 desired

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER		107007,0000
FINAL PRINTOUT DATE		3/7/2011 6:34
Statement D4		
STATEMENT OF FINANCIAL	L'POSITION	
of ABC Life insurance	Limited	
as at the end of the financial po	riod 31/12/2011	
	CURRENT	YEAR
DESCRIPTION	IN & DEEMED TO BE IN THE	IN & OUTSIDE RSA
DESCRIPTION	RSA TOTAL	TOTAL VALUE
	2	3
Carl	- 17 Table	WO SHE I SHAW
1. ASSETS	r	
Insurance business assets (excluding other business assets)  Disregarded assets:		0
Premiums		
Outstanding	0	0
Debited to agents/brokers	0	ō
Deferred installments	0	
SUBTOTAL	0	
Expenses		
Admin, organisation & business extension     Prepaid		
Deferred		0
• SUBTOTAL		
Amounts outstanding for longer than 12 months	ol ol	
Goodwill or items of similar nature	0	0
Other	0	
Other business assets (not in respect of insurance business)	0	
2. EQUITY & LIABILITIES EQUITY Issued ordinary share capital		
Preference share capital		
SUBTOTAL		
Share premium account		
Issued ordinary share capital	0	0
Preference share capital		0
SUBTOTAL		
Retained Earnings	0	0
<ul> <li>Retained Earnings as per Statement of Changes in Equity before Dividends</li> <li>Dividends Paid as per Statement of Changes in Equity</li> </ul>	0	- 0
Reserves: Specify		
•	0	0
	0	0
	0	. 0
	0	0
TOTAL FOLIMA	0	0
TOTAL EQUITY LIABILITIES	0	0
Liabilities arising from Insurance Contracts	01	.0
Financial Liabilities	i i	ŏ
Other Liabilities: Specify		
•	0	- 0
	0	0
·	0	<u> </u>
	Š Š	0
Other business liabilities (not in respect of insurance business)	0	- O
TOTAL LIABILITIES	0	0
estrosen unitario en 1900 (1900)	Toronto de la companya della companya della companya de la companya de la companya della company	

AUDITORS

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

D03-99-A 10/10/1/000/8 3/7/2011 8:34

Page 40 of 76

	MANYSS OF IS	SUED PREFEREN	ICE SHARES & D	EPENTURES		
		of ABC Life Insur	CONTRACTOR OF THE PARTY OF THE	· 的复数克朗克斯克斯克尔克斯克尔斯尔克斯克尔克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯	1.00	
		e end of the finance tauthorised	Amount obtained	Amount payable	DIVIDENDA	INTEREST
ANIAL VOIC OF INICIPALITY						
ANALYSIS OF INSTRUMENT	Nominal R'000	Share premium R'000	through issue R'000	on redemption R'000	In-arrear R'000	In future

### 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	Ö	0	0

#### 2. DEBENTURES

REDEEMABLE/NON-CONVERTIBLE:

REDECIMABLE/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

<b>AUDITORS</b>	

Page 41 of 76

D04-99-
10/10/1/000/
3/7/2011 8:3
<b>《西班通日本》(西西斯)</b>
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Total Value Current Year
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SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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#### **EXCLUDING DERIVATIVE EXPOSURE**

E01-99-A 10/10/1/000/8

#### 3/7/2011 8:34 FINAL PRINTOUT DATE Statement E1 CASH & BALANCES & DEPOSITS held by ABC Life Insurance Limited as at the end of the financial period 31/12/2011 **CURRENT YEAR** NAME OF INSTITUTION DESCRIPTION OF INVESTMENT % of total INCOME INCOME IN OUTSIDE (e.g. Current Account, Fixed Deposit, **DEEMED TO** liabilities (Investments of the same kind with a IN RSA OUTSIDE TOTAL VALUE Bankers Acceptance, Negotiable BE IN RSA RSA RSA bank may be grouped) RSA Certificate of Deposit) R'000 R'000 R'000 R'000 R'000 R'000 10 1. CASH 0 0 0.0% · Bank notes & coins Notes & coins 0 0 0 Krugerrands Coins 0 0 0 0 0 0 0.0% 0 0.0% SUBTOTAL 0 0 0 0.1 0 0 0.0% 2. BANKS (Specify in supporting statement E1.1) 0 0 0 0 0 0.0% 3. CORPORATION FOR PUBLIC DEPOSITS Deposits 0 4. LAND & AGRICULTURAL BANK 0 0 0 0 0 0 0.0% Deposits 0 0.0% 5. MARGIN DEPOSITS 0 0 0 0 0 0 0 0 0 0.0% **TOTAL CASH & BALANCES & DEPOSITS** 0

AUDITORS	

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

#### **EXCLUDING DERIVATIVE EXPOSURE**

10/10/1/000/8

	9000011

	Statement CAS held:	E N. SCHOOL ESECULARIE TO ASSE (SEE)	ding Stateme ES & DEPOS resurance Llim notal seriod 3	n( to E1) T\$ ited 1/12/2011				
NAME OF INSTITUTION	DESCRIPTION OF INVESTMENT		c	URRENT YEA	R			
(Investments of the same kind with a bank may be grouped)	(e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit)	IN RSA	DEEMED TO BE IN RSA R'000	INCOME IN RSA R'000	OUTSIDE RSA R'000	INCOME OUTSIDE RSA R'000	TOTAL VALUE	% of total
1	2	3	4	5	6	7	8	10
NKS: Specify								
		0	0	0	0	0	0	0.
		0	0	0	0	0	0	0
2 <del>************************************</del>	<u> </u>	0	0	0	0	0	0	0
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12		0	0	0	0	0	0	0
UBTOTAL	L many and the first of the contract of the co	0,	0	0	0	0	0	0

SHEET REFERENCE NUMBER

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

#### **EXCLUDING DERIVATIVE EXPOSURE**

10/10/1/000/8

		IES & LOANS			1. 14. 14.		
	held by ABC Lit is at the end of the fi						
		March Control (1997)					
DESCRIPTION	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	% of total
	R'000	R'000	R'000	R'000	R'000	R'000	100
	2	3	4	5	6	7	9
SECURITIES & LOANS ISSUED OR GUARANTEED BY	r						
Central government of the Republic	0	0	0	0	0	0	0.0
A Minister of the Republic	- 1 0	0	0	0	0		0.0
Provincial government of the Republic  Local authority of the Republic	1 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	Ö	0.0
ODIOTAL							
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
DTAL	0	0	0	0	0	0	0.0
SECURITIES & LOANS APPROVED BY REGISTRAR							
LISTED	0	0	0	0	0	0	0.0
UNLISTED (Specify in supporting statement E2.1) SUBTOTAL	0		0	0		0	0.0
SUBTUTAL	10	0				- 0	0.0
RECOGNISED SECURITIES OUTSIDE RSA						1	
LISTED	0	0	0	0	0	0	0.0
UNLISTED (Specify in supporting statement E2.1)	0	0	0	0	o.	0	0.0
SUBTOTAL	0	Ō	0	0	0	0	0.0
befordes us conscional and on							
SECURITIES & LOANS OUTSIDE RSA OTHER THAN RECOGNISED	12-1307	2010-07	52-110-5-1500	-			
LISTED	0	0	0	0	0	0	0.0
UNLISTED (Specify in supporting statement E2.1)	00	Ø.		0	****	0	0.0
SUBTOTAL	0	0	0	0	0	0	0.0
OTAL SECURITIES & LOANS	0	0	0	0	0	0	0.

#### **EXCLUDING DERIVATIVE EXPOSURE**

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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

A PRINTOUT DATE			- Carlo				3/7/2011 6
	Statement E2.1 (s SECUT held by ABC as at the end of the	HTJES & LOANS Life insurance Li	mited	mediate <b>m</b>			
	as at the said of the	imanciai period	CURRENT YEAR				
DESCRIPTION	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	15905000	INCOME OUTSIDE RSA	TOTAL VALUE	% of total
	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	9
INLISTED SECURITIES & LOANS APPROVED BY REGISTRAR					0.0000000000000000000000000000000000000	11455745-000	
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• Supplement	0		0	0	0	0	0.
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· Andrews	0		0	0	0	0	0
•	0		0	0	0	0	0
SUBTOTAL	0		0	0	0	0	0.
INLISTED RECOGNISED SECURITIES OUTSIDE RSA					,		
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Same and the same		0	0		0	0	0
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SUBTOTAL		0	0		0	0	
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INLISTED SECURITIES & LOANS OUTSIDE RSA OTHER THAN RE	COGNISED	1	0	0	0	0	0
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Samuelini ilo di sila		-	0	0	0	0	0
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		1					U.

STAATSKOERANT, 18 MAART 2011

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### **EXCLUDING DERIVATIVE EXPOSURE**

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

INAL PRINTOUT DATE			De Carlotte (1985)			NOW AND SK	3/7/2011 8:
the state of the s	BENTURES, LOAI	Selemenus Estélekses	HER SECUR	TIES			
	held by AB	e Life insurant	e Limited				
	as at the end of t	he Doand of he	ted 31/12/2015			14.00	<b>建设在10</b> 000
		1		11 920			
DESCRIPTION	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	% of total liabilities
(4)	R'000	R'000	R'000	R'000	R'000	R'000	: 2
1	2	3	4	5	6	7	9
UNLISTED (Specify in supporting statement 3.1) TOTAL - Property companies	0	0 0 0	0 0 0	0 0	0 0		0.0 0.0 0.0
Submission and restriction (souther translates of Submission).					L		0.0
. RELATED PARTIES: LISTED	0			1 0	0		
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0		0.0
TOTAL - Related parties	0	0	0	0	0	0	0.0
ASSET-HOLDING INTERMEDIARIES:							
UNLISTED (Specify in supporting statement 3.1)	0	0	0	0	0	0	0.0
OTHER COMPANIES:	10-21-72						1.13000
LISTED	0	0	0		0	0	0.0
UNLISTED (Specify in supporting statement 3.1)	0	A44444444444444	0	0	0		0.0
TOTAL - Other companies	0	0	0	<u> </u>	0	0	0.0
OTAL DEBENTURES, LOAN STOCKS & OTHER SECURITI	ES 0	0	0	0	0	0	0.0

<b>AUDITORS</b>	

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE

#### EXCLUDING DERIVATIVE EXPOSURE

				3/7/2011 5:34
D	EBENTURE heli	S, LOAN S' d by ABC L	oporting statement to E3) FOCKS & OTHER SECURITIES Ite Insurance Limited Inancial period 31/12/2011	
Ç.			CURRENT YEAR	

Application of the property of the second		1 / J			OCKS & OTHER					e in organisa e	
		1.14	hel	d by ABC Life and of the fir	Insurance Lin ancial period	nited 31/12/2011			al Tambana Partitoria		giringen.
	3. %	€		and or the h	ianciai penoa		CURRENT YEAR	4 H 4 A 5 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A 6			
DESCRIPTION	(D)ebentures, (L)oan stocks, (O)ther	Conv (Y) or (N/A)	Year of maturity	Rate of interest %	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA R'000	TOTAL VALUE	% of tot liabilitie
1	2	3	4	5	6	7	8	9	10	11	13
	7		, i					-			
JNLISTED PROPERTY COMPANIES:	1		ī	0.0%	0	0	0	0	0	0	
· · · · · · · · · · · · · · · · · · ·	1		<del>  -</del>	0.0%	0	0				0	
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				0.0%	0	0	0	0	0	0	
	7 - 7			0.0%	. 0	0	0	0	0	0	
<b>(</b> 0	4		14-0V	0.0%	0	0	0	0		0	
•			1	0.0%	0	0				0	
• SUBTOTAL	1 1		4	0,0%	0	0	0			0	
SUBTOTAL				100		1 0	] 0	0		U	-
UNLISTED RELATED PARTIES:											
•			1	0.0%	0	0	0	0	0	0	3 1
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200				0.0%	0	0	. 0	Ó	0	0	
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SUBTOTAL			1	0.076	0	0	0			Ö	
				0.				- 50	-		
UNLISTED ASSET-HOLDING INTERMEDIARIES:											
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SUBTOTAL					0	0	0	0	0	0	
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OTHER UNLISTED COMPANIES:			1	0.0%	0	0	0	0	0		0 0
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•		15	W	0.0%	0	0					
SUBTOTAL					0	0	0	0	0	0	8 9

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SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

EXCLUDING DEBENTURES, MORTGAGE BONDS, OUTSTANDING PREMIUMS AND DERIVATIVE EXPOSURE 10/10/1/000/8

		CLife Insurar	ersons and ice Limited						У//2011 8:
	is at the end o	of the financia	I period 31	/12/2011 CURRENT YEAR					
DESCRIPTION	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	TOTAL VALUE	% of total liabilities
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	500000
	2	3	4	5	6	7	8	9	11
SECURED UNSECURED SUBTOTAL  RELATED PARTIES (Specify in supporting statement E4.1) SECURED	0	0	0	0	0	o	0	0 0	0.0 0.0 0.0
UNSECURED		0.	0	0	0		0	0	0.0
SUBTOTAL	0	0		0	0	0	0	0	0.0
ASSET-HOLDING INTERMEDIARIES (Specify in supporting statement E4.1)	0	0		0	0	0	0.	0	0.0
S. OTHER DEBTORS (Specify in supporting statement E4.1) SECURED	50000000000000 <b>8</b>	0.	2.6.5.19.5.19.6.0	): <b> </b> :::::::::::::::::::::::::::::::::::		[2365062365666 <b>0</b>	<b>₽</b> 66000000000000	0	0.0
UNSECURED	0	O.		0	0		0	. 0	0.0
SUBTOTAL	0	0	0	0	0	0	0	0	0.0
POLICYHOLDER LOANS	0	0		0	0		I 0	0	0.0
. CLAIMS AGAINST LT INSURERS ITO POLICIES (Specify in supporting statement E4.1)	[:::::::::::::::::::::::::::::::::::::	0:		) 0	0	φφ	]	0	0.0
OTAL DEBTORS	Ö	T 0	6	0 0	0	0	1 0	0	0.0

<b>AUDITORS</b>	

SUBTOTAL

ITRAR OF LONG-TERM INSURANCE REFERENCE NUMBER PRINTOUT DATE	Open Special Control of the Control								o producing topical gradient description		3
	DEF	TORS (C	laims again: BC Life Ins:	ting statement of persons an orance Limited ocial period 3	d entities) 1						
		ABA 155.0			***************************************	CURRENT YEAR					
DESCRIPTION	DETAILS OF SECURITY FURNISHED	Rate of interest %	Any overdue capital & interest repayments	Owing at the end of this year	IN RSA	DEEMED TO BE	INCOME IN RSA AND DEEMED TO BE IN THE RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	% o liab
			R'000	R1000	R'000	R'000	R'000	R'000	R'000	R'000	
	2	3	4	5	6	7	8	9	10	11	-
OPERTY COMPANIES: Specify ECURED											
John		0.0%	0	0		0 0	0	0	. 0	0	
		0.0%				0 0					
SUBTOTAL	<u> </u>	0.0%	0			0 0					
SECURED								- 1000			
1940 - 19		0.0%				0 0					
VIII	NORTH TOTAL CONTRACTOR OF THE PERSON OF THE	0.0%	0			0 0					
SUBTOTAL	L	0.0%	0			0 0					
SUBTOTAL		0.0% 0.0% 0.0%	0 0 0	0	William S	0 0 0 0 0 0 0 0	0	0	0	0	
SECURED	The state of the s	0.0%	0	01		0 0	0	0		0	
		0.0%		0	3	0 0	0	0	0	0	
SUBTOTAL	Lauri Timen, Strategic Time	0.0%	0			0 0				0	
SET-HOLDING INTERMEDIARIES: Specify				N- 1100							
		0.0%		. 0		0 0					
10011111	Linear Li	0.0%				0 0					
SUBTOTAL		J. U.U%	0			0 0					110
HER DEBTORS: Specify											
CURED	r	0.0%	1 0	1 01		0] 0	1 0	0	0	0	
100000		0.0%	0	0		0 0	0	0	0	0	
SUBTOTAL		0.0%		0		0 0	0			0	
Marine Marine - Marine	- 11/20/2			0.100225	INSOVE.					· ·	
NSECURED		0.0%	. 0	01	S	0 0	1 0	1 0	. 0	0	
		0.0%	0	0		0 0	0	.0	0	0	
CURTOTAL		0,0%	0			0 0					
SUBTOTAL	Total Control of		0	. 0]		0 0	. 0			0	
AIMS AGAINST LT INSURERS ITO POLICIES: Spec	ity						,				_
		0.0%	0	0		0 0				0	
- h		0.0%				0 0					_

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

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

DEI	tatement E4.2(suppo BTORS (Claims again of ABC Life Ins at the end of the fina	ist persons a urance Limite	nd entities) ed			17 (A)
		PER	RIOD OUTSTAND	ING		
DESCRIPTION	BETWEEN 30 - 60 DAYS	BETWEEN 60 - 90 DAYS	LESS THAN ONE YEAR	ONE YEAR AND LONGER	TOTAL VALUE	% of total liabilities
	R'000	R'000	R'000	R'000	R'000	7
manus L	2	3		5	6	
EBTORS: Specify						
.B. ORG. Opecuy		I	0	0	0	0.0
			0	Ö	0	0.0
	****	-1.2	0	0	Ö	0.0
	W.5		0	0	0	0.0
			. 0	0	ō	0.0
- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	***************************************		0	0	0	0.0
SUBTOTAL			0	0	0	0.0
	***************************************	·				
JTSTANDING PREMIUMS: Specify	0	0			l oil	0.0
JTSTANDING PREMIUMS: Specify	0 0	0	1)))			
JTSTANDING PREMIUMS: Specify		0 0				0.0
JTSTANDING PREMIUMS: Specify	0	0			0	0.0
JTSTANDING PREMIUMS: Specify	0	0			0	0.0 0.0 0.0
JTSTANDING PREMIUMS: Specify	0 0	0 0			0 0	0.0 0.0 0.0 0.0 0.0

AUDITORS\_\_

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

E05-9

FINAL PRINTOUT DATE					A STATE OF THE PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PA		WIZM18
	held by	Statement E5 IMTS & DEPOSITORY ABC Life Insurance	RECEIPTS Limited				
The second of th	as at the en	t of the financial perio	id 34/12/2011				
			% of total				
DESCRIPTION	IN RSA R'000	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA R*000	INCOME OUTSIDE RSA	TOTAL VALUE	liabilities
1	2	3	4	5	6	7	9
<ol> <li>SHARES (excl those in property co's, associated co's &amp; asset-holding intermediari</li> </ol>	es)			7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		0.000	
LISTED:							
Oil & Gas	0		0		0	0	0.0
Basic Materials	0		0		0 0	0	0.0
Industrials	0		0		0	0	0.05
Consumer Services	0		0		0	0	0.09
Telecommunications	0		0		0 0	0	0.05
Technology	0					0	0.01
Healthcare Control	0		0		0 0	0	0.07
Consumer Goods Financials	0		0		0 0	0	0.01
Real Estate	0		0		0 0	0	0.0
Alternative Exchange (AltEx)	0		0		0 0	0	0.09
UNLISTED (Specify in supporting statement E5.1)			0			0	0.09
TOTAL	0	0	0		0	0	0.05
2. SHARES IN PROPERTY COMPANIES Unlisted ordinary (Specify in supporting statement E5.1) Unlisted preference (Specify in supporting statement E5.1)	10000000000000000000000000000000000000		0		0 0 0 0	0	0.0
TOTAL	0	0	0		0	0	0.05
3. SHARES IN RELATED PARTIES	r				<u> </u>		
Unlisted ordinary (Specify in supporting statement E5.1)	9				0 <b>0</b>	0	0.09
Unlisted preference (Specify in supporting statement E5.1)	0		0		0 0	0	0.01
TOTAL	0	0	01		01 0		0.07
4. SHARES IN ASSET-HOLDING INTERMEDIARIES							
UNLISTED ORDINARY (Specify in supporting statement E5.1)	the second of the second of		0		0	0	0.09
UNUSTED PREFERENCE (Specify in supporting statement E5.1)			Ø		0 <b>0</b>	0	0.09
TOTAL	0	0	0		01 0		0.01
5. DEPOSITORY RECEIPTS							
Listed	0	0	0]		0	0	0.01
TOTAL	0	0	0		0 0	0	0.09
S. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES Units in money market funds	1 0	. 01	01		01 0	0	0.09
Units in collective investment schemes in property shares	0		0		0	0	0.09
Linked units & units in collective investment schemes		* · · · · · · · · · · · · · · · · · · ·		**************************************			
Listed	0	01	0		0 0	0	0.09
Unlisted (Specify in Supporting statement E5.1)	\$23655555555555555 <b>5</b>	0	σ.		o o	0	0.09
TOTAL	0		0		0 0	0	0.09
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS	0	01	0		0 0	0	0.09
490.044.044.044.045.045.045.05.05.05.05.05.05.05.05.05.05.05.05.05	The same of the sa					The same of the sa	

**AUDITORS** 

**EXCLUDING DERIVATIVE EXPOSURE** REGISTRAR OF LONG-TERM INSURANCE REFERENCE MUMBER 3/7/2011 6:34 FINAL PRINTOUT DATE Statement E5.1 (supporting statement to E5) SHARES, UNITS & DEPOSITORY RECEIPTS

Reld by ABC Life Insurance Limited as at the end of the financial period 31/12/2011 **CURRENT YEAR** % of total OUTSIDE RSA **liabilities** IN RSA DEEMED TO BE IN RSA INCOME IN RSA INCOME OUTSIDE RSA TOTAL VALUE DESCRIPTION R'000 R'000 R'000 R'000 R'000 R'000 SHARES (excluding those in property companies, related parties and asset-holding intermediaries) (i) UNLISTED ORDINARY SHARES: 0.0% 0 0.0% SUBTOTAL 0.0% (ii) UNLISTED PREFERENCE SHARES: 0.0% 0 0 0 0.0% SUBTOTAL 2. SHARES IN PROPERTY COMPANIES (i) UNLISTED ORDINARY SHARES: 0 0.0% 0 0 0 0 SUBTOTAL 0.0% (ii) UNLISTED PREFERENCE SHARES: 0.0% 0.0% SUBTOTAL 0.0% 3. SHARES IN RELATED PARTIES (i) UNLISTED ORDINARY SHARES: 0.0% 0 0 0 0.0% 0.0% (ii) UNLISTED PREFERENCE SHARES: 0 0.0% 0 0 0 0.0% SUBTOTAL 0.0% 4. SHARES IN ASSET-HOLDING INTERMEDIARIES (i) UNLISTED ORDINARY SHARES: 0.0% 0.0% SUBTOTAL 0.0% (ii) UNLISTED PREFERENCE SHARES: 0 0.0% 0 0.0% 0.0% SUBTOTAL 6. UNLISTED LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES 0.0% 0 0.0% SUBTOTAL

SHEET REFERENCE MUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

		ac	at the end of t		ance Limited period 31/12							
	Aggregate cost of land		Amount of	Value by			CURREN	IT YEAR				
LOCATION & DESCRIPTION	and buildings and of improvements R'000	Book value	encumbrances R'000	independent valuator 8'000	Gross income in RSA R'000	Gross income outside RSA R'000	Gross rental	Expenses R'000	IN RSA	OUTSIDE RSA	TOTAL VALUE	% of total
1	2	3	4	5	6	7	8	9	10	11	12	14
UNDEVELOPED LAND (Specify in supporting statement E6.1)	0	0	(	ý	0.		0.	Ď.	848888	0	0	0.0
COMMERCIAL PROPERTY (Specify in supporting statement E6.1)	D.		0	0	[:::::::::::::::::::::::::::::::::::::			0.606.66660	energe (energe)	3 <b>. [ · . · · · · · · · · · · · · · · · · </b>	0	0.
NDUSTRIAL PROPERTY (Specify in supporting statement E6.1)		, o	0	0	Ó	0.	Q.			01 q	0	0.
GRICULTURAL PROPERTY (Specify in supporting statement E6.1)	0	0	D	404.534555 <b>b</b>	d-	(o		6	600500000	<b>)</b>	0	0.
										CONTRACTOR STATE	Control of the second	1000 SEZ-

AUDITORS\_\_

STAATSKOERANT, 18 MAART 2011

GAZETTE, MARCH 

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**EXCLUDING DERIVATIVE EXPOSURE** 10/10/VOIDE REGISTRAR OF LONG-TERM DESIRANCE REFERENCE NUMBER 30720011 8:34 FINAL PRINTOUT DATE Statement £6.1 (supporting statement to £6). IMMOVABLE PROPERTY neld by ABC Life insulance Limited as at the end of the financial period 31/12/2011 CURRENT YEAR Valuation by independent valuate Aggregate cost of hard Amount of and buildings and of Book value % of total Year encumbrances Year of Gross income in Gross income acquired liabilities OUTSIDE RSA TOTAL VALUE Value Gross rontal Expenses IN RSA LOCATION & DESCRIPTION outside RSA valuation RSA R'000 R'000 R'000 R'000 R'000 R'000 R'000 R1000 R'000 R'000 1. UNDEVELOPED LAND: Specify 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% TOTAL 0.0% 2. COMMERCIAL PROPERTY: Specify 0.0% nl Ö ō Ö Ō Ō 0.0% 0.0% 0.0% 0.0% TOTAL 0.0% 3. INDUSTRIAL PROPERTY: Specify 0.0% 0.0% n 0.0% 0.0% 0.0% 0.0% 4. AGRICULTURAL PROPERTY: Specify 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% TOTAL 5. RESIDENTIAL & OTHER PROPERTY: Specify 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% TOTAL 

0 |

LT2011

TOTAL IMMOVABLE PROPERTY

AUDITORS

0.0%

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#### **EXCLUDING DERIVATIVE EXPOSURE**

10/10/1/000/8

E07-99-A

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

**TOTAL MORTGAGES & PARTICIPATION BONDS** 

0

0

3/7/2011 8:34 FINAL PRINTOUT DATE 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 Other encumbrances **CURRENT YEAR** % of total Additional DESCRIPTION Ranking Arrears more Outstanding liabilities IN RSA OUTSIDE RSA TOTAL VALUE Ranking prior security concurrently than 6 months balance. furnished R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 11 9 8 1. MORTGAGES UNDEVELOPED LAND: Specify 0 0 0 0.0% 01 0.0% COMMERCIAL PROPERTY: Specify 01 0 0.0% INDUSTRIAL PROPERTY: Specify 0 0 0 0 0 AGRICULTURAL PROPERTY: Specify 0 0 : 0 0.0% 0 0 RESIDENTIAL & OTHER PROPERTY: Specify 0.0% 0 0 0 0 0 0 0 0 0.0% **TOTAL MORTGAGES** 0 0 2. PARTICIPATION BONDS UNDEVELOPED LAND: Specify 0 0 0 0: 0 0 0 0.0% COMMERCIAL PROPERTY: Specify 0 0:1: 0 0.1 0 0.0% INDUSTRIAL PROPERTY: Specify 0 01 0 0 0 0 0.0% AGRICULTURAL PROPERTY: Specify 0 0 0 0 0 0.0% 0 0 0 1 0.0% RESIDENTIAL & OTHER PROPERTY: Specify 0 0 0.1 : Q 0 0 TOTAL PARTICIPATION BONDS 0 0 0 0 0 0 0 0.0%

0 |

0

0

0

**AUDITORS** 

0.0%

60

**EXCLUDING DERIVATIVE EXPOSURE** 

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

SUBTOTAL

3/7/2011 8:34 FINAL PRINTOUT DATE Statement E7.1 (supporting statement to E7)
AICHTGAGES OVER IMMOVABLE PROPERTY. NO LIDING PARTICIPATION BONDS
hold by ABC Life Insurance United
as at the end of the Triancial period 31/1/2/2011 Other encumbrances **CURRENT YEAR** Most recent % of total Additional DESCRIPTION valuation Ranking Outstanding Arrears more OUTSIDE RSA TOTAL VALUE Settilideal IN RSA Ranking prior security balance concurrently than 6 months furnished R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 12 1. MORTGAGES UNDEVELOPED LAND: Specify 0.0% 0 0 0 0.0% SUBTOTAL 0.0% COMMERCIAL PROPERTY: Specify 0.0% 0 0 0 0.0% SUBTOTAL 0.0% INDUSTRIAL PROPERTY: Specify 0.0% 0.0% 0.0% 0 0 0 SUBTOTAL AGRICULTURAL PROPERTY: Specify 0 0.0% 0 0 0 0 0 0 0.0% SUBTOTAL 0.0% RESIDENTIAL & OTHER PROPERTY: Specify 0 0.0% 0 0 0.0% SUBTOTAL 0.0% 2. PARTICIPATION BONDS UNDEVELOPED LAND: Specify 0.0% 0 SUBTOTAL 0.0% COMMERCIAL PROPERTY: Specify 0.0% 0 0 0.0% 0 0 0 0 0 0.0% INDUSTRIAL PROPERTY: Specify 0.0% 0 0 0 0,0% SUBTOTAL 0.0% AGRICULTURAL PROPERTY: Specify 0.0% 0.0% 0.0% 0 0 0 0 SUBTOTAL RESIDENTIAL & OTHER PROPERTY: Specify 0.0% 0.0% 0.0% 0 ō 0 0 0

AUDITORS\_\_\_

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

E08-99-A 10/10/1/000/8

3/7/2011 8:34

Statement E8
FIXED ASSETS
held by ABC Life Insurance Limited

	as	at the end of the	financial perio	od 31/12/2011			Associated by
DESCRIPTION	Acquired during the year R'000	Sold during the year	Rate of depreciation %	IN RSA R'000	OUTSIDE RSA R'000	CURRENT YEAR TOTAL VALUE R'000	% of total liabilities
1	2	3	4	5	6	7	9
1. COMPUTER EQUIPMENT	0	0	0.0%	0	0	0	0.0%
2. FURNITURE & OFFICE EQUIPMENT	0	0	0.0%	0	0	0	0.0%
3. MOTOR VEHICLES	0	0	0.0%	0	0	0	0.0%
4. OTHER: Specify							
•	0	0	0.0%	0	ō	0	0.0%
	0	0	0.0%	0	0	0	0.0%
•	0	0	0.0%	0	0	0	0.0%
•	0	0	0.0%	0	0	0	0.09
	0	0	0.0%	0	0	0	0.09
	0	0	0.0%	0	0	0	0.09
	0	0	0.0%	0	0	0	0.09
<u> </u>	0	Ö	0.0%	0	ō	0	0.0%
	0	Ö	0.0%	0	ŏ	Ö	0.0%
	0	0	0.0%	0	Ö	0	0.0%
	0	0	0.0%	0	ō	0	0.09
•	0	0	0.0%	0	0	0	0.09
Mark the second	0	0	0.0%	0	Ö	0	0.0%
	0	0	0.0%	0	0.	0	0.09
TOTAL	0	0		0	0	0	0.0%
TOTAL FIXED ASSETS	0	1 0		0	0	0	0.0%

AUDITORS \_\_\_\_\_

STAATSKOERANT, 18 MAART 2011

61

SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

E09-99-A

10/10/1/000/8

3/7/2011 8:34

Standard Sta	ife Insura	IAREHOLDER: nce Limited		
		11	N & OUTSIDE RS	Α.
DESCRIPTION	Supporting statement	Statutory values	Values per financial statements R'000	Differences <sup>1</sup>
1	2	3	4	5

### 1. ASSETS

E1	0	0	0
E2	0	0	0
E3	0.	0	0
E4	0	0	0
E5	0	0	0
E6	0	0	0
E7	0	0	0
E8	0	0	0
	0	0	0
	E3 E4 E5 E6 E7	E3 0 0 E4 0 0 E5 0 E6 0 E7 0 0	E3 0 0 0 E4 0 0 0 E5 0 0 0 E6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

### **TOTAL ASSETS**

UII	01	U

<b>AUDITORS</b>			

#### Notes:

<sup>1</sup> Explain differences in a supplementary statement.

10/10/1/000/8 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 31/42/2011

DESCRIPTION	Actuarial balance sheet	Financial statement balance sheet	Statutory values in statement C2	Differences between 2 and 3 <sup>1</sup>	Differences between 2 and 4 <sup>1</sup>	Differences between 3 and 4 <sup>1</sup>
	R'000	R'000	R'000	R'000	R'000	R'000
	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
0	0	0	0	0	0
	0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 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

VEX. 10 Not 100 Not 100 Set 1000 Set 1000 Set 1000 Not 1	0	0	0	0	0	0
	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

AL IDI	TORS	
וטטר	UNG	

#### Notes:

1 Explain differences in a supplementary statement.

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E10-88-A SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER 10/10/1/000/6 FINAL PRINTOUT DATE 3/7/2011 8:34 Related party's financial accounts Include as assets in statements E Preference Total equity TOTAL Main business Country Net asset value shares / Fair value for Inter-company Net income after Related party **EXPOSURE** Total assets RoA (assets less activity registered Holding for Section 30 Section 31 balances tax debentures / liabilities) other R'000 R'000 R'000 R'000 R'000 R'000 R'000 R'000 1. SUBSIDIARIES 0 0.0% 0.0% 0.0% 0 0.0% Ō 0.0% Ö 0 0.0% Ö Ö Ö 0 0.0% 0.0% 0.0% 0.0% 0 | 0.0% 0.0% 0.0% 0 0.0% 0 0.0% SUBTOTAL 2. ASSOCIATES 0.0% 0 0.0% 0 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0 0.0% SUBTOTAL 3. HOLDING COMPANIES 0 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% SUBTOTAL 0.0% 4. OTHER RELATED PARTIES 0.0% 0 0.0% 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% 

Speciment Str   Speciment St	SHEET RECYCLERACE HAMBER REGISTRAN OF LONG-TISM MISSIANICE SEPTREMIZ MARKER										E11-40-A 9010/1-0020			
Months   M	PAR, PROTOUT DATE	APREAD O	E ABSETS	N OR DEED	ED TO BE IN	HE RSA					270011 834 4		77	Sp
Manages boths	DESCRIPTION	Total assets	Linked	Non-linked	ADD: Assets of asset- holding intermediaries & investments in linked products	LESS: Individual excesses e.g. banks, debtors, investments & properties	Assets held, less individual excesses	per Regulation 2	Dispensation	Total non-linked liabilities x greater of column (6) or column (9)	item (the leaser of column (10) or column (7))	Admitted values	are the lesser of the indiv	vidual, or the total
Mortgage bods					R'000		R'000	%	%			. I de la constante	12/12/2014/05	
Mercinge Books		2	3_	1 4	5	6	7		9	10	1	Herns 5+6:		7,50
The convertible debentures	1 Mortoure honds	0	1 (	1 6	1 0		0					( <b>4</b>		7,50
A part of effectives												/ A	- Continues	
Substitution   Subs		0					0	-	-		2007	Herns 15+16:	Individual	1
S Shares - listed ordinary, convertible debothurus & collective investment schemes - Donnestic  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 Outstanding Premiums	0			0		. 0	10 mm - 14 mm						
\$ Shares - inted ordinary, convertible debuntants & collective investment schemes - Domestic  \$ Shares - inted ordinary, convertible debuntants & collective investment schemes - Domestic  \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUBTOTAL	0			0		0	25%	09	2,500	0			- 20
Tillated securities & shares - Foreign, deemed to be domestic   D   0   0   0   0   0   0   0   0   0	6 Shares - unlisted - Domestic	0			0		0	5%	09	500	Ö		OF FURTHER EXCESSE	
8 Polycholderin Toass	SUBTOTAL	1 0	1	4	0	1	0	75%	09	7,500	. 0			R'000
8 Polycholderin Toass	7 Listed somether & shares - Famine desmad to be demostle	1 6	T /		1 4	T	1 0	156	1 09	1 1500	1 01	E M Room CARL?	+10+11+12+14 marraed 0	MAL.
Comparison of the control of the c														
10 Properly investments														May 1
11 Related pertyleos) & sexocisied companies   0 0 0 0 0 5% 0% 500 0   2.1 filters 7-16-20-22 exceed 15% of the non-inhead liabilities, the excess is:   12 Computer equipment A motor vehicles   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0					0	25%	0%	2,500				
13 Other equipment & notor vehicles		0		0	0	0	0	5%	0%			2. If Items 7+16+	20+22 exceed 15%	
14 Any other seeds	12 Computer equipment	. 0		0			0					of the non-linked	Habilities, the	
SUBTOTAL OF ITEMS 1 to 14    0	13 Other equipment & motor vehicles								0%	250		excess is:		
15 Margin deposits - Domestic   0 0 0 0 0 0 2.5%   0% 250 0 0     16 Margin deposits - Foreign, decemend to be domestic   0 0 0 0 0 0 0 2.5%   0% 250 0 0     16 Margin deposits - Foreign, decemend to be domestic   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0														
15   Margin deposits - Foreign, deemed to be domestic   0   0   0   0   0   0   2.5%   0%   250   0   0   0   0   0   0   0   0   0	SANDARDARDARDARDARDARDARDARDARDARDARDARDARD													-
SUBTOTAL														
17 Cash  18 Krugerrands  10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												of the total non-li	nked habilities, the excess	•
16 Kragerands 19 Bark balances & deposits - Domestic 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SORIOTAL	v	-	·		· · · · · ·		2.00		1 200		] <sup>th</sup>		
19   Bank balances & deposits - Ownestic   0   0   0   0   0   0   0   0   0	17 Cesh	0		0	0	1 0	0	100%		0	0	4. Overall admits	ed assets:	
20 Bank balances & deposits - Foreign, doesnad to be domestic 0 0 0 0 0 0 15% 0% 1,500 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18 Knugerrands	0								1,000		Total of column (	11) less 1, 2 & 3 ebove	100
21 Government & semi-government securities - Domestic 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	19 Bent talances & deposits - Domestic													
22 Government accurates - Foreign, deemed to be domestic 0 0 0 0 0 0 0 15% 0% 1,500 0 0 15% 0% 1,500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	20 Bank balances & deposits - Foreign, deemed to be domestic									1,500				
SLISTOTAL OF FTEMS 15 to 22  TOTAL  DOMESTIC ASSETS MUST EXCEED THE FOLLOWING: Total Liabilities presultered from rotelenear C2) Less. Lirbod (liabilities presultered from rotelenear C2) PILLS CASS-Individual C2) PILLS Asset-holding litererrodiances C3) Plus Asset-holding litererrodiances C3) Plus CASS-Individual Liabilities Total Mon-Individual Liabilities												CABL	total non-linked liabiliti	
TOTAL.  DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:  Total Liabilities granulatived from indicatomate C2)  Plus: CAR granulatived from indicatomate C2)  Plus: CAR granulatived from indicatomate C2)  Plus: CAR granulatived from indicatomate C2)  Plus: Asset-holding intermediatries' liabilities  Total Mon-Individ Liabilities  10,000	22 Government securities - Foreign, deemed to be domestic								09	1,500				(10,00
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:  Total Liabibiles granulared from rindercons CD;  Less: Linked liabibilies promotioned constrained CD;  Plus: CAR promotional from indianance CD;  Plus: Asset-holding listermedianies' liabibiles  Total Non-Intelled Liabibiles  10,000  10,000	SUBTOTAL OF FTEMS 15 to 22		-	9	0	1 0	. 0	]			0	<u> تنسنی</u> الای		
Total Liabilities groundward from rototemant C2)  PINSCAR groundward from statemant C3)  PINSCAR groundward from indicated C3)  TOTAL NON-Anitod Liabilities  10,000	TOTAL				1 0		0	1			o			
	Total Liabilities (transferred from roteinmas C2) Less: Linked liabilities (transferred from stationard C2) Plus: CAR (transferred from stationard C8) Plus: Asset-holding interpretational C8) Plus: Asset-holding interpretational S8	10,000								AUDITORS		ACTUARY(IN)	iel)	žažnina (c. )

Signement E11.1 (reconclus)  SPREAD DA AS  of		THE RESERVE OF THE PERSON OF T		
	SYNCORUM	antico (ro) s	EIN THE RS	
	ABL Life Insura nd of the Shane	a transfer and the contract and the contract of	CONTRACTOR OF THE PARTY OF THE	76.6
as at the e	H-EOM (H:MANIFIED	Sum of		STATE OF ST
DESCRIPTION	FAIR VALUE	statements E1 to E8	Difference	Explanation
	R'000	R'000	R'000	
1	2	3	4	5
Mortgage bonds	(0.00000000)	0	0	
Non-convertible debentures	9	0	0	
Any other debtors	0	0	0	
Outstanding premiums	o o	0	0	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
SUBTOTAL	0	0	0	
NYEOD NORTH STORM (NORTH STORM)	L			
Shares - ordinary & convertible debentures - Domestic	0	0	0	
Shares - preference - Domestic	Ο	0	0	
SUBTOTAL	0	0	0	
			0.11.10 to	
Listed securities & shares - Foreign, deemed to be domestic	0	0	0	
Policyholders' loans	0	0	0	
Claims against a LT insurer i.t.o. a LT policy	0	0	0	
Property investments	0	0	0	
Related party(ies) & associated companies	0	0	0	
Computer equipment	0	0	0	
Other equipment & motor vehicles	0	0	0	7 IIII WAXAA WAA IN AARAA
Any other assets	0.	0	0	
SUBTOTAL OF ITEMS 1 to 14	0	0	0	
March Control March Control	rance and an			
Margin deposits - Domestic	0	0	0	
Margin deposits - Foreign, deemed to be domestic	0	0	0	
SUBTOTAL	0	0	U	
Cash	[333333330 <b>0</b> ]	0	01	
Casn Krugerrands	o o	0	0	
Bank balances & deposits - Domestic	o o	0	0	
Bank balances & deposits - Foreign, deemed to be domestic	ő	0	0	
Government & semi-government securities - Domestic	0	0	0	
Government a semi-government securities - Domestic	ŏ	0	0	<del>2-2</del>
SUBTOTAL OF ITEMS 15 to 22	0	0	0	(1) (1) (1) (1) (2) (2) (1) (1) (2) (2) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2

AUDITORS

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SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

19/10/1/000/8 3/7/2011 8:34

	ing Sep <sub>e</sub> nder of the sep Sep <sub>e</sub> nder of the sep		as	BANKING IN: of ABC LI	atement E12 STITUTION EXPO a Insurance Limi e financial perioc	SURE ted					
	licen and			CURRENT	YEAR - TYPE OF I	EXPOSURE TO EAR	CH ENTITY				IN RSA
DESCRIPTION	CURRENT / CALL ACCOUNT	FIXED DEPOSITS	NEGOTIABLE CERTIFICATE OF DEPOSITS	PROMISSORY NOTES	CREDIT LINKED NOTES	SHARES & DEBENTURES	LISTED DERIVATIVES	UNLISTED DERIVATIVES	SECURITIES LENDING	COLLATERAL	TOTA EXPOSE
70	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10	11	12
G INSTITUTION EXPOSURE				N 1807						A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Nedcor Group	0	0	01	0	1 0	0	0	0	0	0	
Standard Bank Group	0		0	0		0	0	0	0	0	
Firstrand Group	0	0	0	0		0	0	0	0	0	
ABSA Group	0	0	0	0	0	0	0	0	0	0	
Investec Group	0	0	0	0	0	0	0	0	0	0	
Other SA Banks	0	0	0	, 0	0	0	0	0	0	0	Property Cold
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0		0	0	0	0	0	
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International Banks		10 1000									
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						the second secon	CONTRACTOR OF STREET				

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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BHEET REFERENCE HUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE HUMBER

AL PRINTOUT DATE			Sta	tement E43		r di Para Linda	des disesses s	y a like y standing	
经国际股份 一起 医二氏反射的现象			OTHER INST	TUTION EXPOSU	RES		4.0		
1 2 2 2 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			OF ABC LIN	Insurance Libite	d				
	Carlos de la companya	205	at the end of the	financial period.	1/12/2011	man distribution of	and the second		IN RSA
	791000					1			OUTSIDE F
DESCRIPTION	CORPORATE (LISTED)	CORPORATE (UNLISTED)	OTHER SECURITIES	MONEY MARKET EXPOSURE (NON BANKS)	USTED DERIVATIVES	UNLISTED DERIVATIVES	SECURITIES LENDING	COLLATERAL	TOTAL EXPOSU
	RYDDO	R'000	R'000	R'000	R'000	R1000	R'000	R'000	R'000
VERNMENT & QUASI GOVERNMENT	2	3	4	5	6	7	8	9	10
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TAL	0	0	0	0	0	0	0	0	
TAL SECURITIES ISSUED BY		,		Parassa				γ	¥
VERNMENT, QUASI GOVERNMENT AND	0	0	0			0	0	0	1

AUDITORS

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

F01-99-A

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

FINAL PRINTOUT DATE

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	O
Currency	Ó	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	* O
Options	0	0	j. 0
Swaps	0	0	0
Other (Specify in supporting statement F1.1)	<b>0</b>	0	0
Subtotal	0	0	0

3. By counterparty

Exchange	, 0	0	7 St. 2 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	
Subtotal	0	0	0

<b>AUDITORS</b>			

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE			3/7/2011 8:34
	Statement F1.1 DERIVATIVES Life Insurance Limited the financial period 3		
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
W 2000	0	0	0
	0	0	0
Subtotal		0	0

# 3. By counterparty

Other

4	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
	1 01	0	0
	0	0	0
	0	0	0
4	1 01	0	0
Subtotal	0	0	0

AUDITORS		

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# CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER				10/10/1/000/8 5/15/2003 15:36
FINAL PRINTOUT DATE  Stateme  Stateme  Stateme  SUMMARY OF SVM ASS  OF ABC Use insu	GHT LECT ENS AND MAEI (Chice Limited)	in losses in the second se		3/15/2003 15:35
as at the end of the finan	Galiferio	2/2011 IN & OUTS	SIDE RSA	1 4 1
DESCRIPTION	First party cells	Third party cells	Promoter cells	TOTAL VALUE CURRENT YEAR
	R'000	R'000	R'000	R'000
1	2	3	4	5
1. ASSETS	V			
Cash & Deposits	0		0	0
Fixed interest	0		0	0
Equities & Convertible debentures	0		.0	0
Property Collective investment schemes	0		0	0
Fixed Assets	0		0	0
Current Assets	0		0	0
Other	1 0		0	0
The state of the s				
TOTAL ASSETS	0	0	0	O
2. LIABILITIES				
Linked liabilities	0	0	0	0
Non-linked liabilities	0		ď	Ö
Current liabilities	0	0	0	.0
Other		0	- 0	0
TOTAL LIABILITIES	0	0	Ö	0
3. EXCESS ASSETS	0	0	0	0
4. CAPITAL ADEQUACY REQUIREMENT	0	· · · · · · · · · · · · · · · · · · ·		0
5. FREE ASSETS	0	0	0	0
ACTUARY			AUDITORS	

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

AL PRINTOUT DATE						5/15/2003 15:3				
	Statement H2 ASSETS AND CAPITAL ADEQU of ABC Life insurance Limit the end of the financial period	ed			Signal S					
		ATTEMES CONTROL TO A TOTAL AND	IN & OUT	SIDE RSA						
DESCRIPTION	First party cells with CAR Cover GREATER than or equal to 1	with CAR Cover	Third party cells with CAR Cover GREATER than or equal to 1	with CAR Cover	Promoter cell	TOTAL VALUE CURRENT YEAR				
	R'000	R'000	R'000	R'000	R'000	R'000				
1	2	3	4	5	7	8				
ASSET COVER  Value of total assets	0	0		0	0					
Value of total liabilities	0	0	0	0	0					
Excess Assets Over Liabilities	0		0	0	0					
Capital Adequacy Requirement	0	0	0	- 0	0					
Free Assets (After CAR) CAR Cover	0.00	0.00	0.00	0.00	0.00	0.0				
CAR COVER	0.00	0.00	0.00	0.00	0.00	0.0				
EXCESS ASSETS REPRESENTED BY										
Share capital	0	0	0	0	0	100)				
Non-distributable reserves	0	0	0	0	. 0					
Distributable reserves	0	0	0	0	0					
Other	0	0	0	0	0	110				
TOTAL	0	0	0	0	0					

ACTUARY	AUDITORS

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.

ACTUARY

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

**AUDITORS** 

AL PRINTOUT DATE	On the second state of the	FREE ASSETS AND O	Insurance Limited			5/15/2003 15
		as at the end of the	The second secon	The second secon		170
	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
DESCRIPTION	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
	2	3	4	5	6	7
ASSET COVER Value of total assets	0	The second secon	0	0	0	
Value of total liabilities	0		0	0	0	
Excess Assets Over Liabilities	0	0	0	0	0	
Capital Adequacy Requirement	0	0	0	0	0	
Free Assets (After CAR)	0	0	0	0		
CAR Cover	0.00	0.00	0.00	0.00	0.00	0.0
EXCESS ASSETS REPRESENTED BY						
Share capital	0	0	0	0	0	
Non-distributable reserves	0	0	0	0	0	<del>11 101 - 12 - 201 - 10 - 20 - 20 - 201</del>
	0	0	0	0	0	
Distributable reserves				0	0	
Distributable reserves Other:	0	0	U	U	Name	

# CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER	H03-99-A
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER	10/10/1/000/8
FINAL PRINTOUT DATE  GERGE BUSINESS OF THE STATE OF THE S	5/15/2003 15:37
<ol> <li>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?</li> <li>If "NO", provide an explanation.</li> </ol>	<u></u>
2. Have there been any developments after the year end, having a significant effect on the financial soundness of the insurer or any cell?	and the same same
3. Are there any solvency relief arrangements in place between the insurer and the cell owner?  If YES, fumish details:	
DIRECTOR PUBLIC OFFICER	

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AT-			ולם אינוסר פרולים פרולים
ABBATTLE FACTOR STREETS ON STATUTORY SURVELUS BY ADD STREETS ON STATUTORY SURVELUS BY ADD STREETS HOUSE			
of ABC Entriples Limited  and the and of the Treated period 31/12/2011			10.4
		Post Stress Tost	Post Stress 1
	Statutory Valuation Basis	& Before Management Action	& Post & Post Manageme Action
	F000	RIDOS	#1000 4
CTOR STRESS TESTS TEREST RATE SHOCK: 50% UPWARDS SHIFT IN YIELD CURVE			-
Assets Cash & Balances & Deposits	0		
Securities & Lonna		Ö	
Debatures, Loan stocks & Other securities Debature	0	8	
Shares, Depository receipts & Collective Investment Schemes	Ö	0	
Immovable property Mortgages & pericapation bonds	0.0	0	2.7
Fixed Assets	9	, b	1.7
Other Total Assets	a		
Total Assets Liabilities		- 5	
Policyholder liabilities. Linked (excluding liabilities specified below)	9	G G	
Policyholder liabitiler: Non-inked (excluding liabitiles specified below) Bonus Stabilisation Reserve	0	0	T. T.
Non-vasted bonuses	0.0	0	
Embedded Investment Derivatives Reserve	0	9	
Discretionary Margins Other labilities	0	0	7
Total Liabilities	01		
Fortal Liebilities	9	- 0	
Total Ercess Assets	0	0	
CAR			
TCAR	0		-
MCAR	0	0	
OCAR IOCAR	0	Ö	
Factor	0%	0%	
Capital Adequacy Requirement (CAR)	0	0	
CAR COVER	0.00	0.00	745.00
EREST RATE SHOCK: 35% DOWNWARD SHIFT IN YIELD CURVE		Perse sureposts	
Assets Cash & Balances & Deposite	F 6		
Securities & Loans	. 0	0.	
	9	0	
Debniures, Lonn stocks & Other securities			STATE OF LAND
Dobbors Shakes, Despektory repaires & Collective Investment Schemes	8	0	
Dobbors Shakes, Despektory repaires & Collective Investment Schemes	0	Q	
Dobbins Shares, Depository receipts & Collectiva Investment Schemes	0 0 0 0	0	
Dobbra. Shares, Depository receipts & Collective Investment Schemes Immovable property Mortgages & participation bonds Food Assats Other	0 0 0 0	0 0 0 0	
Dobbre Shares, Depository receipts & Collective investment Schemes Immovable property Mortgages & participation bonds Feed Assets Other Total Assets	0 0 0 0	0 0 0 0	
Dobbins Shares, Depository receipts & Collective investment Schemes Immovable property Mortgages & participation bonds Fixed Assats Other Total Assats Liebitities	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	
Dobbra. Shates, Despository receipts & Collectivis investment Schemes Immovable property Mortgages & participation bonds Facet Assats Other  Total Assats  Liabilities  United (exclusing kapities specified below) Policynoides labilities. Linked (exclusing kapities specified below)	0 0 0 0 0 0 0	0 0	
Dobbra Sharea, Depository receipta & Collectiva investment Schemes Immovable property Morigages & porkipelion bonds Feed Assats Other  Total Assets Liabilities Policynoldes liabilities: Linked (excluding liabilities specified below) Policynoldes liabilities: Non-linked (excluding liabilities specified below) Bonos Stabilities Non-linked (excluding liabilities specified below) Bonos Stabilities (Non-linked (excluding liabilities specified below)	0 0 0 0 0 0 0 0	0 0 0 0 0	
Dobbra Shares, Depository receipts & Collectiva investment Schemes Immovable property Mortgages & perklipsion bonds Fixed Assets Other  Total Assets  Liabilities Policyndoles labilities: Linked (excluding kabilities specified below) Policyndoles labilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Dinked (excluding labilities specified below) Bonus Stabilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Dinked (excluding labilities specified below)	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	
Dobbra Shares, Depository receipts & Collectiva investment Schemes Immovable property Mortgages & perklipsion bonds Fixed Assets Other  Total Assets  Liabilities Policyndoles labilities: Linked (excluding kabilities specified below) Policyndoles labilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Dinked (excluding labilities specified below) Bonus Stabilities: Non-linked (excluding labilities specified below) Bonus Stabilities: Dinked (excluding labilities specified below)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	
Dobbre Shrise, Depository receipts & Collective investment Schemes Immovable property Mortgages & participation bonds Facet Assats Other  Total Assats  Liabilities Policynoides labilities; Linked (excluding labilities specified below) Policynoides labilities; Non-linked (excluding labilities specified below) Bonus Stabilisation (searce Non-vertee bonuses Embedded investment Dervisives Reserve Discretionary Margins Other Labilities	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	
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as at the second the financial sector 34/14/2011	9 (-5	T. Carlotte	
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Capital Adequacy Requirement (CAR)	0	. 0	
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MBER TENN NEURANCE REFERENCE NUMBER	CONFIDENTIAL STATEMENT NOT AVAILABLE
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at at the end of the Thirties included in Printing	
	Post Stress Test Post
	Statutory & Before Valuation Basis Montgement Ma Action
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ANGE RATE SHOCK: 30% APPRECIATION IN EXCHANGE RATE	
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Non-vested bonuses Embedded investment Derivatives Reserve	0 0
Okcretionary Mergine Other liabilities	0 0
Total Liabilities	0 0
Total Excess Assets	0 0
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TCAR	0 6
OCAR IOGAR	0 0
Factor	0% 0%
Capital Adequacy Requirement (CAR)	0, 0
CAR COVER  ANGE RATE SHOCK: 30% DEPRECIATION IN EXCHANGE RATE	0.00
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Debentures, Loan stocks & Other securities Debtors	0 0
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Other Total Assets	01 01
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Total Excess Assets	0	0]
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CAR COVER	0.00	0.00
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Assets		
Cash & Balances & Caposits Securities & Lours	0	0
Securities à Loans Debentures, Loan stocke à Other securities	0	0
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mmovable property	0	0
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REPRESENCE MARGER THAN OF LOW-LIGHT PRANCE REFERENCE HANGER THE TOTAL TATE	COMPIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 1924 A Individual I
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287 82	8 = 161
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Cash & Balances & Deposits Securities & Loans	0 0 0
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Shares, Depository receipts & Collective Investment Schemes	
Incovable property	
Mortgages & participation bonds	
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One	
Total Assets	0 0 0
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Policyholder liabilities: Non-linked (excluding liabilities specified below)	0 0 0
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Embedded Investment Derivatives Reserve	0 9 0
Discretionary Margins	61 61
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2243-4120-2403-4403-440	
Total Excess Assets	0 0 0
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ECAN.	
THE RESERVE TO SERVE THE PARTY OF THE PARTY	
Capital Adequacy Requirement (CAR)	
CAR COVER	8.00   0.00   0.00

Page 76 of

D-461 NOTEMBER HANGER ADMITTME OF LONG-TIPM HAS		MFIDENTIAL STAT	EMENT NOT AVAI	1049440004
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3	Implement American Service Comments  And Comments & American Comments  Proced Assesses	0	9 0	6
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	Total Excess Assots			
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	Pector	0%	0%	
	Capital Adequacy Requirement (CAR)		Į į	0
	CAR COVER	0	. 0	9
1 v Symphon on	R POLICY SHOCK 10% RIGREASE IN MIANTENANCE EXPENSE WITH 20% DICREASE IN EXPENSE INFLATION			
13 au chat ru	Appels			
	Cash & Balances & Deposits Securities & Learn	0	9 6	0
	Detentures, Loan stocks & Other securities		0	8
	Cettors Strares, Depository receipts & Collectors Investment Schannes	0	. 0	Ö
	Interception property Montespee & perficiently bends	D D	9	
	Spiri Caseta Otto	- 8	9	
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	Embedded lineasmert Derbettes Reserve Discretionary Majorie  Cher liabilitie	0	0	0
		1	, D	
	Total LinkBlidge			
	Total Excess Assets			1 0
	CAR TCAR MCAR OCAR	0		01
	MCAR OCAR	2	. 0	
	DGAR Factor	0%	0%	0.0%
	Capital Adequacy Requirement (CAP)	0		
	CAR COYER	0		
13 98714784994	LS 49% INCREASE IN ASSUMPTION	<u> </u>		**************************************
Innerenta				
	Avents Cart h Belances & Dannalte Securities & Lanne	9	. 0	
	Personal Lean Princip & Other Recording	0	0	
	Shares, Depository receipts & Collective investment Schemes	- 0	0	0
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	Discretionary Marries			0
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	Total Liabilities			0
	Total Excess Assets	0		
	CAR			- A
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	locate .	0		
	Facility Capital Adequacy Requirement (CAR)	0%		1 0%
	CAR COVER	0	AUDITORS (NEW)	
ACTUARY INCIDE			AUDITORS ANDM	

## **ANNEXURE B**

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# 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

			THE SECOND STREET
Statement no.	Description	No. of pages	Issue date
Α	Management Information		
<u>A1</u>	Registration information	1	2003
	Ougstionnaires & Panarte		
G	Questionnaires & Reports		
<u>G1</u>	General information	3	2011
<u>G2</u>	Declaration by directors	1 1 1	2011
<u>G4</u>	Declaration by statutory actuary	1	2011
G5	Declaration by auditor(s)		2008

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## 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		
<u>G8</u>	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		

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DESCI	RIPTION		Regulators Re	ıf: #R
	Registrar of Long-term Insurance reference number	10/10/1/000/	8	
	End of financial period (yyyy/mm/dd)	12/31/2011		MANUTE - HOR
	Name of long-term insurer	ABC Life ins	surance Limited	
	Number of months in financial period under review	12		
TYPES	S OF POLICIES	CERTIFICA	TE OF REGISTRATION AS AN INSURER ISSUED BY TH	IE REGISTR
]	Assistance			
	Disability			
]	Fund			
]	Health			
]	Life			
]	Sinking Fund	-		
	Certificate number		Conditions imposed <sup>1</sup> (Y/N)	
. NAME	S 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		Did person change since previous year (Y/N)	Г
	Initials and surname of Responsible Partner	-	Did person change since previous year (Y/N)	
	The same of the sa		, and personal section (in the control of the contr	
	Name of second firm		Did person change since previous year (Y/N)	
	Initials and surname of Responsible Partner	1	Did person change since previous year (Y/N)	y second
	3.3 ACTUARY			
	Name of Statutory Actuary		Did person change since previous year (Y/N)	
	Name of employer/company of Statutory Actuary		Did person change since previous year (Y/N)	
	Name of Alternate Statutory Actuary		Did person change since previous year (Y/N)	
	Name of employer/company of Alternate Statutory Actuary		Did person change since previous year (Y/N)	

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

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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

- 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
(1) Total issued shares of holding company		holding company stated
(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%
Shares held in share incentive schemes of the insurer and its subsidiaries (Approved under Sec 34(1)(e))	- A	0.0%
(c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts (Approved under Sec 34(1)(e))	A	0.0%
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?	7.	Has there	been any o	direct or	indirect	borrowing or	f assets?
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- 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.

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

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	
<ul><li>11. Are all the assets or title thereto held in the RSA or in a manner approved by the Registrar?</li><li>If "NO", attach details.</li></ul>	
<ul> <li>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?</li> <li>Attach a list of nominee companies and provide full details</li> </ul>	- 4
13. Have any assets been encumbered?  • If "YES", attach details.	
<ul> <li>14. Has any script been lent out by the insurer i.t.o. script lending transactions?</li> <li>If "YES", attach details.</li> </ul>	
EXCHANGE RATE	
15. Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities? <ul> <li>Attach details.</li> </ul>	
16. Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?	
<ul> <li>If "NO", state the amount of the mismatch in R'000.</li> </ul>	
AUDIT COMMITTEE	
<ul><li>17. Has an audit committee been appointed for the insurer?</li><li>if "NO", attach details.</li></ul>	
<ul> <li>18. Did the audit committee convene during the financial period?</li> <li>If "YES" how many times.</li> <li>If "NO" provide full reasons why no meetings were held.</li> </ul>	
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 <u>a short description</u> if the product as well as the premium income as a percentage of the total premium income, as follows:	in a separate sheet, of the characte

- - 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

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

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FINAL PRINTOUT DATE

Statement G.

GENERAL INFORMATION

by ABC Life Insurance Limited

- Premium Income (as a % of total premiums received and outstanding)
- Description of benefits payable
- Other information of relevance (e.g. reciassified, 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		10 F.M
PUBLIC OFFICER	DATE	,	
AUDITORS (initial)	192 gg	94	

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

G02-99-A 10/10/1/000/8 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

#### PARTI

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-

<ul> <li>i.r.o. the financial period under review, dividends were paid / will be paid</li> </ul>	

- 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
ALIDITORS (initial)	

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11		Page 6 o
*	CONFIDENTIAL STATEMENT NO	T AVAILABLE TO PUBLIC
SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE	4	903-89-A 10/10/1/000/6 3/7/2011 8:54
Statement G3 REPORT by STATUTORY a of ABC Life insurance L as at the end of the financial per	ACTUARY Limited	
VALUATION RESULT		1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
1. Please attach a copy of the latest PGN 103 report.	9	945 91 30
NEW BUSINESS		19
2. Did the statutory actuary satisfy himself/herself that new business undertaken during the per premium retes that will not endanger the financial soundness of the insurer, bearing in mind. *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 ret 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 busines *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.	f, amongst other things, the following:	
INVESTMENTS		
<ol> <li>What did the statutory actuary do to satisfy himself/hersalf of the suitability of the assets of to of the liabilities?</li> </ol>	the insurer in relation to the nature	βi.
In answering the question, please mention spacifically the matching of the annuity book (if a the matching of any embedded derivativas. If the answer refer to any report, please attached		
		*
STATUTORY VALUATION METHOD CAR		
<ol> <li>Give a description of all management actions envisaged in calculating the Capital Adequacy the magnitude of further management actions that can be utilised. Furthermore, separately management actions used to reduce the Capital Adequacy Requirement (from the figures shown in statement C6).</li> </ol>	quantify the effect of each of the	
5. State whether the Board of Directors has been made aware of the management actions envi	visaged and the conditions under	

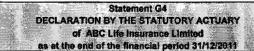
Pege 9 of 32

-	Define and quantity an explicit discretionary margins used in the statutory valuation method and give the reason(s) why they have been added.  Define all implicit discretionary margins.
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t	
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L	
	Quantify, separately for each prescribed margin, the prescribed margins used in the statutory valuation.
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) )	NUSES
	9400394
	Was the bonus rate(s) last declared assumed for all future years? If not, please elaborate.
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F	
	ORT
-	UNI .
1	When did/will the statutory actuary present his/her report to the Board of Directors and Menegement to the Board of Directors?
-	
t	
L	
E١	IERAL
1	Please give detail of your attendance of Board meetings and attendance of subcommittee(s) of the Board.
•	
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7	
	Ahet, in the opinion of the statutory actuary, are the major risks facing the insurer?
F	
-	
F	
L	
. 1	Were there any instances were the advice of the statutory actuary was not followed?
F	2 8 V
t	
	AND THE PARTY AN
	STATUTORY ACTUARY DATE
	AUDITORS (initial)

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

G04-99-A 10/10/1/000/6 3/7/2011 8:54



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

#### PARTI

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 initiated 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

AUDITORS (initial)

### PART IV

S

P

☐ 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.	
ART V	

•	l attach a valid	practicing	certificate	issued by	the Actuaria	Society of	South Africa

TATUTORY ACTUARY	DATE	DATE	
8			

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT CATE Statement G5 DECLARATION BY AUDITOR(5) of ABC Life traurance Limited
as at the end of the financial period 31/12/2011

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

- 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 C2.11 (column 3 items 1.1 to 1.6 only)
- Statement C9 (column 11 only, excluding the split between approved and non-approved reinsurance premiuma paid Statement D1 (column 3 only, excluding the detailed information provided under premiums and expenses in item 1) Statement D3 (column 2 only). Statement D4 (column 2 only). Statement E1 to E11.1 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 then 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 guidence menual for the completion of the Return; see we'll as applicable Directives issued by the Financial Services Board.

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; es 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 fishes of material misstatement of the Return, whether due to freud or error, in making those risk assessments, the auditor considers internal control relevent to the entity's preparation and presentation of the Return in order to design eudit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the softly internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting exilinates made by management, as well as evaluating the presentation of the Return.

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

Agreed the information contained in the statements of the Return listed in the first paregraph 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 end 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.

In our opinion, the above information and Schedules included in the Return of *linsert 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.

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 Lang Term Insurence, and is not to be used for any other purpose, nor to be distributed to any other perties 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 signatura] Registered Auditor	[Individual Registered Auditor's name and signature] Registered Auditor	
[Date of the registered auditor's report] [Registered Auditor's eddress]	[Date of the registered auditor's report] [Registered Auditor's address]	

<sup>\*</sup> Section 19(5) of the Act refers to a meterial irregularity as defined in the Public Accountants and Auditors Act, 1991, Act 80 of 1991. This Act has been rapsaled by the Auditing Profession Act, 2005, Act 25 of 2005, which replaces Section 20(5) of the Public Accountants end Auditors Act with a new Section 45 dealing with Reportable Irregularities. Guidance on reportal erregularity for the fround in the Independent Regulatory Scant for Auditors Guida, Reportable tragularities. A guide for Registered Auditors, Issued on 30 June 2006.

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G05-89-A 10/10/1/000/B 3/7/2011 5:54

Statement G6

	GOVERNANCE AND RISK MANAGEMENT  of ABC Life insurance Limited  as at the end of the financial period 31/12/2011
SYSTE	M 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?  ### "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 I	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
	Market risk
	Liquidity risk 3
	Insurance risk Operational risk 5
	Operational risk Legal & Regulatory risk 6
	Strategic risk
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
	•
	·
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
	•
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

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE GD6-99-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

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	a 19							
16.	<ol> <li>Briefly explain if there are additional stress testing measures in place, additional to the prescribed measures?</li> <li>Please provide details.</li> </ol>							
17.	Does the internal audit function audit the "If "NO" please explain.							
CRED	T AND COUNTERPARTY RISKS	Ø ses	6	2 2	<b>₽</b>			
16.	Does the insurer identify, measure, mo	nitor and report on the credit q	uality of its counterparties?					
19.	Does the insurer monitor its exposure to "If "NO" please explain.							
MARK	ET RISKS							
20.	Does the insurer identify, measure, mo	nitor and report on its material	market risk exposures?					
21.	Does the insurer have sufficient knowle " If "NO" please explain.	dge in market risks to adequa	tely and effectively manage r	market risk exposures?				
22	Briefly explain the governance process  * Please provide details.	in regard to market risk, inves	tment risk and/or asset liabili	ty matching.				
INTER	NAL CONTROL							
23.	Is there an adequate and effective system of the "NO" please explain.	em of internal controls that is a	dequately documented and	tested on a regular basis?				
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?  "I "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 controls, procedures and systems has a second of the systems of the s			functioning of the aforementioned				
27.	Are the insurer's internal controls and significant published financial statements?  It "NO" please explain.	ystems designed to provide re	asonable assurance as to th	e integrity and reliability of the				
28.	Is there an independent compliance fur # #NO" please explain.	action in place?		<b>3</b>				
29.	Is the system subject to:-	Y/N	Freque	ency of reviews				
	internal reviews?     external reviews?			months months				
30.	Were any material weaknesses reports " If "YES", provide particulars.	d?	4:					
INTER	NAL AUDIT		¥:					
31.								
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 aud	fit report, to the Chief Executiv	e Officer or the the Chairpen	son of the Audit Committee or both	?			
34.	Does Internal Audit have the necessary " if "NO" please explain.	skills in the audit of all major	risk areas including market,	credit and insurance risks?				
35.	Does the Internal Audit department get independently audited on a regular basis?							

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAY OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE G08-99-A 10/10/1/000/6 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

If "NO", provide particulars.

internal co.	ntrois.	policies ar	nd procedures
--------------	---------	-------------	---------------

36.	Do you have clear policies, procedures and controls to deter money laundering? In particular there should be:		
	Written procedures covering the prevention of money laundering.	Ø:	
	b) Designated person(s) responsible for developing, maintaining and promulgating anti-money		<b></b>
	<ul> <li>c) Clear reporting lines for dealing with any suspected money laundering activities.</li> <li>if "NO", provide particulars.</li> </ul>	19	
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:		2
	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.		
1921			
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		
	Be the law of the second of th		
41.	Do you have know-your-customer requirements in place and are they applied?  " If "NO", provide particulars.		
	II TO I provide parameters		
42.			
	into a business relationship?		
	If "NO", provide particulars.		
43.	Do your procedures recognise the possibility of linked once-off transactions?		
40.	* If "NO", provide particulars.		
	11 Mari S Filmino Critica College		
	Record Keeping		
44.	Do you retain records of customer identification and transactions?		
7.0	* If "NO", provide particulars.		
	77 (2000) 400 (2000) 1		
45.			
	ended?		39
	If "NO", provide particulars.	ti:	
	Recognition and reporting of suspicious transactions		
48.			
	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 particulers.		
48.	is the person appointed as "money laundering control officer" considered to be sufficiently senior		
	to command the necessary authority?		ALLESS AND TO FINE SCHOOL SECTION
	If "NO", provide particulars.		
	and the second s	•	
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?		University and the second
	CONTRACTOR OF THE CONTRACTOR PROGRAMMENT AND ADMINISTRAL PROGRAMMENT AND ADMINISTRAL CONTRACTOR OF THE		

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE G08-99-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 entl of the financial period 31/12/2011

(3)	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:	110-1 10-1 10-1 10-1
	<ul> <li>a) Policies and procedures put in place to prevent money laundering, including those for</li> </ul>	
	identification, record keeping and internal reporting?	
	b) The legal requirements, and in particular, employees' own responsibilities?	
	<ul> <li>If "NO", provide particulars.</li> </ul>	
52.	Have you provided relevant employees with training in the recognition and handling of suspicious	
	transactions?  If "NO", provide particulars.	
18167		
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.	
	<ul> <li>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</li> </ul>	
	procedures and on reporting and communication arrangements with the Financial Intelligence	
	Should Strong and Artifact Strong Str	
	If "NO", provide particulars.	
54.	Do you provide refresher training at appropriate intervals?  "If "NO", provide particulars.	
SE08/	ATIVES	
JENIY.	AUVES	
55.	Are the derivative positions in conformance with the applicable sections in the LT Insurance Act?	
56	<ul> <li>If "NO", please explain.</li> <li>Are the derivatives used for hedging purposes and efficient portfolio management only?</li> </ul>	
<b>50</b> .	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	22
	(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.	
38. (a)	With regard to derivatives:  Has the Board of Directors approved the use of derivative instruments, derivative procedures and derivative limits?	
(0)	* If "NO", give reasons.	
(b)	Are there appropriate market and credit risk limits in place?	
922	" If "NO" please explain.	
(C)	Does the Board of Directors, senior management, risk management and internal audit have sufficient knowledge in derivative	L
	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?	
5207237	* 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	
374	undertaken individually and in aggregate for its darivative 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	Tersoners and terror and terror
33.501.	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) (I)	How frequently are derivative positions marked to fair or market value?  Are adequate controls in place such that market data used to value derivatives is relevant, accurate and obtained on a timely basis	
u,	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	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

Is the plan in writing.
When was it last fully tested.
If "NO", provide an explanation.

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	St	atement	G6	
GOVE	RNANCE	AND RIS	K MANA	CEMENT
		- A	CONSTRUCTION	2006/52
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e of the	and of the	dnanci:	al norind	34/42/2014

1		as at the end of the financia	APPROXIMATION AND APPROXIMATION APPROXIMATION AND APPROXIMATION AND APPROXIMATION APPROXIMATION APPROX		
	and do models include appropriate * If "NO", provide details.	e tests for robustness of the portfoli	o to stress changing investment o	conditions?	- 85
	Over the counter derivative	s (OTC)			
(I)	Does the insurer make use of OTO " If "YES", please provide detail	C (over-the-counter) derivative instr	ruments?		
		ns to the following questions: n methods used and procedures fo	c evaluation of the counterparties	0.75	
	(ii) List the 5 largest OTC counter	그 물건의 작업생기 - 발레이탈스타이어스탈스(1987) - 경	evaluation of the counterparties.	7 ti	
	Credit Derivatives				
(m)	Does the insurer invest in credit do " if "YES", quantify as a % of to				
(n)	What is the purpose of your comp  * Provide details.	any's involvement in Credit Risk Tr	ansfer activities?		
(o)	What are your company's credit ris	sk management systems / procedu	res?		
(p)	Does your company have staff wit	h appropriate skill levels dealing wi	th Credit Risk Transfer		
	activities?  * If "NO", provide details.				
(q)	Are the controls adequate over the "If "NO", provide details.	e legal documentation in respect of	credit derivative contracts?		
(r)	Are the controls over credit derivar general?	tives the same as the governance,	risk management and control env	vironment over derivatives in	
	" If "NO", provide details.				
EDG	E FUNDS			**	
60.	Does the insurer invest in hedge fi	unds that employ leverage			110 ALC TOURS 200W
	(gross market exposure in excess				
	<ul> <li>If "YES", please indicate when</li> </ul>	ther these investments are made in	internal or external hedge		
	fund structures				
(a)		n internal hedge fund structure plea			
	Directive 143.A.i, issued 25 Febru	ance with the Long-term Insurance ary 2004	Act, as set out in		
	* If "NO", provide details.	ur, 200 i.			
(b)		uments through which the insurer i	nvest 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 liabilities these investments are based on the second of th	nation on the investments in hedge	funds in respect of the		<del></del>
	natinues trede investments are be	ioning.			
	Type of policyholder fund		ked		n-Linked
	Individual	Inside RSA - R'000	Outside RSA - R'000	Inside RSA - R'000	Outside RSA - R'000
	Retirement Funds				
	Other Institutions			7.00	
	Shareholders Funds				
NEOR	MATION, ACCOUNTING AND AD	MINISTRATION			
61,	Were there any changes to accou				
	<ul> <li>If "YES", indicate the effect in</li> </ul>	rands and provide particulars of ch	hanges.		
	Item	Period under review	Previous period (restated		
	Parameter Company	R'000	figures for comparative		
			purposes) R'000		
	Balance sheet Income statement				49
	Investor states indit				
0220			SECTION SECTIONS REPRESENT		
62.		perlenced with regard to the information	ation/accounting/administrative		
	systems during the reporting period " If "YES", provide particulars.	NO F			
1200	MC4 10	002.000020			
63.	Is a business continuance plan in "YES".	place?			
	II 165 ,				

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SMEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INBURANCE REFERENCE NUMBER

10/10/1/000

*11	GOVERNANCE AND RISK MANAGEMENT  of ABC Life insurance Limited  as at the end of the financial period 31/12/2011	
64.	Are underwriting, financial and investment results which can be relied upon for making management decisions, available to management when needed and do they indicate: How frequently these results are available? Whether these results are generally available within one month after the reporting period?  * If "NO", provide an explanation.	
CAPIT	AL AND FUNDS	
65.	Did the Issued share-capital change during the reporting period?  * If "YES", provide details.	
66.	Did the insurer issue preference shares, debentures or mortgages or other debt instruments during the period under review?  " If "YES", complete statement D3.	
67.	Is the valuation data checked for adequacy and accuracy?  If "YES", complete table below.	
	How often (describe period) By whom Date of completion of last	
	0	
	0	Y 22-114-11-11-11-11-11-11-11-11-11-11-11-11
68.	is the issuing of redeemable preference shares to supplement capital, during the following financial period, under consideration?	
69,	is the issuing of redeemable preference shares, by subsidiaries, to supplement capital, during the following financial period, under consideration?	
70.	is the issuing of debt instruments to supplement capital, during the following financial period, under consideration?	
71.	Did the insurer issue a securitised insurence instrument (e.g. catastrophe bond) during the financial period under review?  " If "YES", provide details.	
	Subsidiariea/related party(les)?	
25	Any other person?  " If "YES", provide particulars and procedures.	
73.	Are dividends on preference shares, issued by the insurer, in arrears or will such dividends be likely to be in arrears during the following financial period?	
	<ul> <li>If "YES",</li> <li>State the (likely) amount in arrears in R'000.</li> <li>Attach particulars of how and when the position will be rectified/addressed.</li> </ul>	
74.	Were preference shares, issued by the insurer, not redeemed on redemption date or will such preference shares be likely not to be redeemed during the following financial period where redemption must take place?	
	<ul> <li>If "YES",</li> <li>State the (likely) amount not redeemed in R'000,</li> <li>Attach perticulars of how and when the position will be rectified/addressed.</li> </ul>	
75.	Are any payments (interest and capital) on debt instruments, issued by the insurer, in arrears or will any payments on a debt instrument be likely to be in arrears during the following reporting period?	
	H "YES". State the (likely) amount in arrears in R'000.	40 E-
	Attach particulars of how and when the position will be rectified/addressed.	L
76.	Do holders of preference shares get voting rights:-	
	<ul> <li>If preference dividends are in arrears?</li> <li>If their shares are not redeemed on due date?</li> <li>If "YES", provide details.</li> </ul>	
77.	What is the proportion of preference share voting rights in relation to total issued shares?	
ASSE'	rs ,	
78.	Did the insurer purchase a securitised insurance instrument (e.g. catastrophe bond) during the period under review?	

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBEI FINAL PRINTOUT DATE G06-99-A 10/10/1/000/6 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

ITS		

79. Have any business activities been outsourced?

" If "YES", provide full details and attach outsourcing agreements/arrangements.

#### **EXTERNAL AUDIT FINDINGS**

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

## FINANCIAL SOUNDNESS POSITION

		1.0	40.00	1/24
04	is there any reason to believe that the insurer will not be a going concern in the year ahead?			
01.	is there any reason to delieve that the insurer will not be a going concern in the year anead?			
	* If "YES", disclose and explain reasons.	±3		

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 (in the B	

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

BHEET REFERENCE NUMBER
REGISTRUR OF LONG-TERM INSURANCE REFERENCE NUMBER
FRIAL PRINTOUT DATE

G7-89-A 10/10/1/000/8

Statement G7
REINSURANCE ARRANGEMENTS
of ABC Life Insurance Limited

	of ABC Life Insurance as at the end of the financial	The second secon
ı. C	Catastrophe Cover – Individual life	
1.1	.1 Do you have catastrophe cover protection for your Individual Life and Disability portfolios?	
1.2	.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the	e maximum aggregate cover provided?
	Number of lives Maximum aggregate cover provided	
1.3	.3 State the name of the reinsurer providing the cover.	
1.4	.4 List the exclusions (if any) in the catastrophe cover purchased.	
	Catastrophe Cover – Group life	
2.1	2.1 Do you have catastrophe cover protection for your Group Life and Disability portfolios?	
2.2	.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the	e maximum aggregate cover provided?
	Number of lives Maximum aggregate cover provided	
2.3	.3 State the name of the reinsurer providing the cover,	
2.4	2.4 List the exclusions (if any) in the cetastrophe cover purchased.	
	Surplus Reinsurance	
3.1	.1 What is the maximum sum assured per life retained by your company for both Life and Dis individual Life Cover	ability cover, individual and group?
	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 the sum assured per life is not inadvertently exceeded? If "NO", provide an explanation.	at the maximum
3.3	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	

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	WAS NOT THE REAL PROPERTY.				(1997)			10/10/1/ 3/7/2011
		96	Stateme	nt G7 RRANGEMENTS				
Property and		COMMENTALISM STATE OF THE STATE	ABC Life insu	24.380 CHIS-1				
	Zamana A			icial period 31/1	2/2011			70
einsurance exclusio	ns							
For any insurance policy that contained in the reinsurance of "NO", give details of the ext	contract?	11.50 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10	cy contain at least	the exclusions			١	
				7000				
ancellation of reinsu	ırance							
Do you have any reinsurance	treaty where cance	ilation thereof wou	uld lead to an incre	ase (after manage	ment			
action) in the Capital Adequa if yes, please provide the nan financial recourse to the reins	acy Requirements (6 me of the reinsurer a	CAR) of more than and the cancellatio	15%?	and the first of t		er there is any	·	
Reinsurer Cancellation terms						-		<u>.</u>
Cancellation conditions	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	4:4100							
"approved" or "non - approved Reinsurer	Type of	Gross Sum Assured	Net Sum Assured	Premium paid to Reinsurers	Approved		Collaterat	
Kelladie	Business			Dinon	Reinsurance	Collateral Type	Amount R'000	Credit Ratir
Local	Business	R*000	R'000	R'000	Reinsurance (Y/N)	Collateral Type		Credit Ratir
	Business	R*000	R'000	R'000		Collateral Type		Credit Ratir
	Business	R7000	R1000	R'000		Collateral Type		Credit Ratir
	Business	R'000	RVOO	RVOO		Collateral Type		Credit Ratir
	Business	R'000	RYOO	R'000		Collateral Type		Credit Ratir
	Business	R*000	RYOO	R'000		Collateral Type		Credit Ratir
	Business	R'000	RVOO	RVOO		Collateral Type		Credit Ratis
Local	Business	R'000	ROOD	RVOO		Collateral Type		Credit Ratir
	BUSINESS	R7000	ROOD	Rooo		Collateral Type		Credit Ratir
Local	BUSINESS	RVOO	ROOD	RVOO		Collateral Type		Credit Ratir
Local	BUSINESS	RVOO	ROOD	RWOO		Collateral Type		Credit Ratir
Local	BUSINESS	RYOO	ROOD	RWOO		Collateral Type		Credit Ratir
Local	BUSINESS	RVOO	ROOD	RWOO		Collateral Type		Credit Ratir
Local	BUSINESS	RYOO	ROOD	RWOO		Collateral Type		Credit Ratir
Local	BUSINESS	RVOO	ROOD	Rooo		Collateral Type		Credit Ratir
Local	BUSINESS	R7000		R7000		Collateral Type		Credit Ratir
Foreign			0	0	(Y/N)	Collateral Type		Credit Ratir
Foreign  Give the ratio of the mortality and e referred to in Guldance	. morbidity and mec	0 lical contributors to	O Capital Adequac	0 y Requirement (ite	(Y/N)	Collateral Type		Credit Ratio
Foreign  Give the ratio of the mortality	. morbidity and mec	0 lical contributors to	O Capital Adequac	0 y Requirement (ite	(Y/N)	Collateral Type		Credit Ratie

7. Use of reinsurance in capital adequacy requirement 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.

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REGIST	reference number Rar of Long-Term insurance reference number Rintout Date		G7-99-A 10/10/1/000/B 3/7/2011 8:54
	Statement G7 REINSURANCE ARRANGEMENTS of ABC Life insurance Limited as at the end of the financial period 31/12/2	974 1011	
8. O	verall reinsurance strategy		
	Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. To descriptive document containing explanations and details on at least the following:	ne strategy must be a	
8.1	The company's key objective when placing reinsurance :  Gain access to capital  Protection of atatutory 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		39
	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:	E 23	
	Any other factors used to determine the total level of reinsurance required:		# U
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 sec	ction 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.		
8.8	Are you satisfied that the insurer's reinsurances are adequately spread?  * # "NO", provide particulars.	8 n	

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER		
INAL PRINTOUT DATE	3/7/2011 8:5	
Statement GT  REINSURANCE ARRANGEMENTS  of ABC Life insurance Limited		

#### 9. Financial Relief Arrangements

- 9.1 Were any of the following entered into?

  Financial relief reinsurance. (If "YES", complete table below)

  Reinsurance with a "clawback".

  Deposit reinsurance with a guaranteed return.

  Reinsurance contracts with recapture clauses enforceable by the reinsurar.
  - If "YES", provide particulars.

Name of reinsurers/Other parties	Effective contract arrangement date	Type of reinsurance arrangement	Reinaurance premium paid	Commission received	Amount applied to reduce actuarial liability R'000
1	2	3	4	5	6
TOTAL			0	0	

ELI	EF ARRANGEMENT WITH CONTINGENT LIABILITIES		
9.2	Does the Insurer have any reinsurance contract/treaty or other arrangement where a contingent ilability 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(les) 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	
	AUDITORS (Initial)	DATE	

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SHEET REFERENCE NUMBER

G8-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE

10/10/1/000/8

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

I	public officer of the above mentioned in	surer certify that all substitutions of compulsory annuity
[18] [18] [18] [18] [18] [18] [18] [18]	any by any other insurer, and from other insurance companie the approval granted by the Registrar of long-term insurance	17일 이번 사람들이 다른 경기를 하면 하는 것이 되었다면 하는데
91 1504 10 1506 161 161 161 161 161 161 161 161 161 1	above mentioned insurer whose compulsory annuity policies s and reasonable benefit expectations.	were transferred, received substitution values which accord
시대에 가는 사람들은 아무리를 하는 것이 모든데 하는데 하는데 하는데 하다.	stituted policies gave their written consent after receiving writed. The above mentioned insurer has retained copies of the	
PUBLIC OFFICE		DATE

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## CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G9-99-A 10/10/1/000/8

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE

ent G9

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:  Have the period in accordance with the FSB's Directive 147?  If WIO, provide full details why not.  Did you change an existing PPFM during the period under review?  If YES, answer the questions below:  Were there any changes in the Principles of Financial Management?  If YES, answer the questions below:  If YES, provide the method of communication used and attach a copy thereof.  If YES, provide the method of communication used and attach a copy thereof.  If YES, provide the method of communication used and attach a copy thereof.		DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Life Insurance Limited	
If YES, answer the question below:  If YNO, provide full details why not.  Did you change an existing PPFM during the period under review?  If YNO, provide full details why not.  Were there any changes in the Principles of Financial Management?  If YES, answer the questions below:  Please provide details of the changes that were made  III.  Provide the reasons for the changes  III.  Provide the reasons for the changes  III.  Were the changes approved by the board?  If YOC, 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.)  Please state why you consider the changes to be fair.  IV.  Please state why you consider the changes to be fair.  If YOC, provide reasons why not.  If YYES, provide the method of communication used and attach a copy thereof.  Vine were the policyholders informed? (give the date(s))			
If YES, answer the question below:  If YNO, provide full details why not.  Did you change an existing PPFM during the period under review?  If YNO, provide full details why not.  Were there any changes in the Principles of Financial Management?  If YES, answer the questions below:  Please provide details of the changes that were made  III.  Provide the reasons for the changes  III.  Provide the reasons for the changes  III.  Were the changes approved by the board?  If YOC, 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.)  Please state why you consider the changes to be fair.  IV.  Please state why you consider the changes to be fair.  If YOC, provide reasons why not.  If YYES, provide the method of communication used and attach a copy thereof.  Vine were the policyholders informed? (give the date(s))			
Has the PPFM been compiled in accordance with the FSB's Directive 147?  If 'NO', provide full details why not.  Did you change an existing PPFM during the period under review?  If YES, answer the questions below:  Were there any changes in the Principles of Financial Management?  If YES, answer the questions below:  Please provide details of the changes that were made  If 'NO', provide full details why not.  What were the effects of the changes?  (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)  Please state why you consider the changes to be fair.  VI. Please state why you consider the changes to be fair.  VI. Have the policyholders been informed of the changes?  If 'NO', provide full method of communication used and attach a copy thereof.  VI. When were the policyholders informed? (give the date(s))			
iii. Were the changes approved by the board?  if "NO", provide full details why not.  Did you change an existing PPFM during the period under review?  If "YES, answer the questions below:  If "YES, answer the questions below:  If "YES, answer the questions below:  If "NO", provide details of the changes that were made  Iii. 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.)  If "NO", provide reasons why you consider the changes to be fair.  Iv. 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.  If "YES", provide the method of communication used and attach a copy thereof.			
If YES, answer the questions below:  If YOC, provide that details of the changes  If YOC, provide full details why not.  What were the effects of the changes?  (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)  Please state why you consider the changes to be fair.  If YOC, provide she method of the changes?  If YOC, provide she method of the changes?  If YOC, provide she method of communication used and attach a copy thereof.  If YES, provide the method of communication used and attach a copy thereof.			
If YES, answer the questions below:  If YOC, provide that details of the changes  If YOC, provide full details why not.  What were the effects of the changes?  (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)  Please state why you consider the changes to be fair.  If YOC, provide she method of the changes?  If YOC, provide she method of the changes?  If YOC, provide she method of communication used and attach a copy thereof.  If YES, provide the method of communication used and attach a copy thereof.	DIA	and the second s	-
Were there any changes in the Principles of Financial Management?  If YES, answer the questions below:  i. Provide the reasons for the changes that were made  iii. Were the changes approved by the board?  If YO, provide full details why not.  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 YO, provide reasons why not.  If YES, provide the method of communication used and effact a copy thereof.  VII. When were the policyholders informed? (give the date(s))			
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))	Wer	there any changes in the Principles of Financial Management?	
iii. Were the changes approved by the board?  If "NO", provide full details why not.  What were the effects of the changes? (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)  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.  When were the policyholders informed? (give the date(s))			
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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/

7.70		DUTGHER INDURANCE REFERENCE NUMBER	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)	We	re there any changes in the Practices of Financial Management?	C The B
		ES, answer the questions below: Please provide details of the changes that were made	
	ii.	Provide the reasons for the changes	_
		er er	
	lii.	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 end 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.	
	٠	If "YES", explain how they have access.	
4.	is th	nere a charge for third parties to receive a full printed copy of the PPFM?  If "YES", disclose the relevant charge.	
5.	Do •	all new DPP policyholders receive a summary (or a full version) of the PPFM together with their policy contracts?  if "NO", provide full details.	
6.	Are	existing DPP policyholders made aware of the existence of the PPFM?  If "NO", provide full details.	
	•	If "YES", describe how they have been made aware of this and attach a copy of any information that was sent to the policyholders.	

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## CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G9-99-A 10/10/1/000/8

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	Da Ma	er beneen	a DPC?
	DO VO	u nave	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)
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CHAIRMAN		DIRECTOR
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Page 27 of 32

FLO	ce number Ding-term chourance reference number		910 1010
<i>(</i> 1	Statement G10.1  CROSS BORDER OPERATIONS: SADC BRANCHES / Sul of ABC Life Insurance Limited as at the said of the financial period 31/12/201:	365 BAD 9-	And a second
	Description	Branch	Subsidiary
	bes the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	N	N.
	ate the total number of branches / subsidiaries ease complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subsid	iary
	Description	Branch - R'000	Subsidiary - R'00
	otal assets in respect of all branches / subsidiaries otal (labilities in respect of all branches / subsidiaries		
To	otal gross premium income in respect of all branches / subsidieries		
R	otal net premium income in respect of all branches / subsidiaries aguiatory capital adequacy requirement ( as per nome jurisdiction) in respect or all pranches /		
R	sbaldiaries aguitatory capital adequacy requirement ( as per host jurisciction) in respect of all branches /		
	ibsidiaries ease complete aggregate informetion in this table. The freefloating columns need to be completed	per individual branch or subsid	iary
	readly describe the branch's / subsidiary's (memal controls, including comprehensive and regular n fice and indicate the Board of the insurer's assessment of the overall effectiveness of these contro		ubsidiary and its head
De	escribe the Board of the insurer's assessment of the overall financial position of the branch / subsi	diary.	
H	as the branch / subsidiary been subject to regulatory inspection or investigation and if, please furn	sh fuil details?	
		100 - 100 - 100 - 100	
St	ate the scope of the activities of the branch / subsidiary and its role within the insurance group.	on the second	
_			N. W. Chillian
In	dicate whether the host jurisdiction requires that the branch / subsidiery be subject to external aud at is different to the audit firm of the insurar undertakes the audit and also provide name of that au	it. Please be specific whether or dit firm.	r not an audit firm
	CHAIRMAN	DIRECTOR	
	PUBLIC	DATE	
	OFFICER		

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CONFIDENTIAL STATEMENT	NOT AVAILABLE TO PUBLIC

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		supplied the sections	me more
FINAL P	RINTOUT DATE		

G162-66-A 1970/1/000/8

Statement G10.2
CROSS BORDER OPERATIONS. NOR - SADC BRANCHES / SUBSIDIARIES
of ABC Life Insurance Ligited

	Brench	Subsidiery
Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction ?  State the total number of branches / subsidiaries	N	N N
Please complete aggregate information in this table. The freefloating columns need to be completed per in	dividual branch or subsi	diary
Total assets in respect of all branches / subsidiaries	Branch - R'000	Subsidiary - R'00
Total Habilities in respect of all branches / subsidiaries		
otal gross premium income in respect of all branches / subsidiaries		TE SEE THE ST
Total net premium income in respect of all branches / subsidiaries regulatory capital adequacy requirement ( as per nome junisdiction) in respect of all branches /		
ubsidiaries	204	August Same
Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of all branches i		
subsidiaries. Please complete aggregate information in this table. The freefloating columns need to be completed per in	distribut heach as subsi	dien
Broadly describe the branch's / subsidiery's internal controls, including comprehensive and regular reporting office and indicate the Board of the insurer's assessment of the overall effectiveness of these control system	g between the branch /	
Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidiary.		
	5275152426	
Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full	Getais?	
		-A man Marin W
State the scope of the activities of the brench / subsidiary and its role within the insurance group.		
		or not an audit firm
		or not an audit firm
		or not an audit firm
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AUDITORS (initial)

Page 29 of 32

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	CROSS BORDER OPER of ABC	Statement G10.3 TATIONS - SADC OTHER Life Insurance Limited the financial period 31/1	7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
order Operations other than	branch business or busines	s conducted in a subsidiar	ry that is operated in the SAI	OC region
	es border insurance services in office or SADC subsidiary in stall 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 in of the business with R1000
	in 2 above been placed direct a insurer's own marketing force			
Has the insurer provided cro				
	wards reinsurance business) i		Total gross premium income of the business written R'000	Total net premium in of the business wri
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OUT DATE		Service of the servic	The state of the s	37/2011 8
		Statement G10.3 ATIONS - SADC OTHER		4.
	And the second s	Life Insurance Limited		
4 Liley 95	as at the end of	the financial period 31/1:	2/2011	3 3 3
Has your company made use in another SADC country? (if yes, please provide full de	of autsourcing services provi teil in 12 below)	ided by an insurer, a person o	or any other entity located	
	where insurer(s), person or relocated	Give a description of	the outsourcing services the	at has been acquired
orrary toro	TO NOCELEG			
	or more of the shares or any o y a foreign person or entity los			<u> </u>
(if yes, please provide full de				
Name of person or entity h	nolding 25% or more of the	Name the person or entity h	rolding 25% or more of the	Name of SADC country
Name	%	Name	%	where the person or entity
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	or indirectly own more than 25	5% of the shares or any other	interest in a foreign	
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Page 31 of 32

OF LONG-TES	IM INSURANCE REFERENCE NUMBER				10' 3/1
	148		sment 010.4		A Company
	CR		IS - NON-SADC OTHER OPE Insurance Limited	RATIONS	
		as at the end of the	financial period 31/12/2011	4-14-	To de la constant
ion on cro	ss border operations other than t	ranch business or business	conducted in a subsidiary in ar	nother country than a SADC co	untox
Has the ins and non-Si	urer provided cross border insurance ADC subsidiery in another country th	services (e.g. sold policies) to an a SADC country?	persons (not other insurers) other	than a non-SADC branch	
	se provide full detail in 2 below)				
	Name of the country	Total liabilities in	Total assets in respect	Total gross premium	Total net premiur
	where person(s) is/are located	respect of the business written	of the business written	income of the business written	income of the business written
		R'000	R'000	R'000	R'000
- 11380					
las the bus	siness referred to in 2 above been pt	aced directly with the insurer or	was it sourced through independ	ent intermediaries or through the	
	m merketing force? e full details)				
las the ins	urer provided cross border insurance	services father than those in n	on-SADC branch or non-SADC so	ubsidiary) to insurers	
i.e. inward	s reinsurance business) in another co use provide full detail in 5 below)			-	
ıı yes, pıas	SECTION CONTRACTOR CONTRACTOR				
	Name of the country where insurer(s)	Total liabilities in respect of the	Total assets in respect of the business written	Total gross premium income of the business	Total net premiur income of the
	is/are located	business written	KINESE	written	business written
		R'000	R'000	R1000	R'090
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	, C	ROSS BORDER OPERATIO of ABC Li	NS - NON-SADC OTHER OPER le insurance Limited e financial period 31/12/2011	RATIONS	
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	Name	*	Name	- %	0.007 10.00000
W yes,	please provide full detail in 16 below)				
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AUDITORS (Initial)