Page 20 of 32

	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%?			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	RWOO		Collateral Type		Credit Ratir
	BUSINESS	R7000	ROOD	RVOO		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	RYOO	ROOD	RWOO		Collateral Type		Credit Ratir
Local	BUSINESS	RYOO	ROOD	Rooo		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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8.6 Are you satisfied that the insurer's reinsurances are adequately apread?
" If "NO", provide particulars.

LT2011

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ONFIDENTIAL	STATEMENT NOT	AVAIL A	BLE TO PL	BI

EGISTR	EFERENCE NUMBER LAR OF LOND-TERM INSURANCE REFERENCE NUMBER RITOUT DATE RITOUT D		G7-99- 10/10/1000 3/7/2011 8:5
	Statement G7		
	REINSURANCE ARRANGEMENTS		A REPLY
37	of ABC Life Insurance Limited		
200	as at the end of the financial period 31/12/2011		
8. O	verall reinsurance strategy		
	Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. The strategy m descriptive document containing explanations and details on at least the following:	ust be a	
8.1	The company's key objective when placing reinsurance : Gain access to capital Protection of statutory solvency Technical support Other		
	If other, please state your key objective below.		
8.2	The method of selecting reinsurers: Capital Ratings Maximum exposure across the program Technical support	59	
	☐ Other approved processes If you have selected the last option, please state the method used below.		
		23 San 324 May 1995	
8.3	What factors were considered in determining your company's: Net retention per life:	+	
	Retantion on your quota share programmes:		
	Amount of catastrophe cover to be purchased:	1 3 N N	-
	Any other factors used to determine the total level of reinsurance required:		y U
8.4	The maximum loss that the board would be willing to accept from any one-loss event: Amount in R'900:		
	Please state the criteria that were used to determine this amount.		
1			
	Any further issues that are considered relevant to the company's strategy should also be included in the section below:		
	S S S S S S S S S S S S S S S S S S S	Ø = [₩]	
19			
5252			
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.		

SHEET REFERENCE NUMBER

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
Q7-46-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER	10/10/1/900
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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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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	17명이 보면 하는 경에 되었다면 하는 것이 얼마나 되었다면 하는 것이 되었다면 하는데 하는데 하는데 하는데 하는데 하는데 하는데 되었다면 하는데 하는데 없다면 하는데 없다.
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 없다.	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))			
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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	as beneau	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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•			Lagranger-same	100 100 100 100 100 100 100 100 100 100		
•				man and a section of the	renting to the service of	
•						
•						
•						
•		i				
•			VIII.			

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	20,	*
CHAIRMAN		DIRECTOR
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FLON	Number 10-term diburance reference number	ONFIDENTIAL STATEMENT NO	910 1010
er De	Statement G10.1 CROSS BORDER OPERATIONS: SADC BRANCHES / SU of ABC Life insurance Limited as at the end of the financial period 31/12/201	1 to 9 to	water water
_	Description	Branch	Subsidiary
	s the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	N N	N
	te the total number of branches / subsidiaries ase complete aggregate information in this table. The freefloating columns: need to be completed	i per individual branch or subsid	iary
	Description	Branch - R'000	Subsidiary - R'00
	al assets in respect of all brenches / subsidiaries al liabilities in respect of all branches / subsidiaries		
Tat	al gross premium income in respect of all branches / subsidieries		
Reg	al net premium income in respect of all branches / subsidiaries Julatory capital adequacy requirement (as per rome junisdiction) in respect or all branches /		
Re	sidiaries pulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches /		
	sidiaries ase complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subsid	iary
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CONFIDENTIAL STATEMENT	NOT AVAILABLE TO PUBLIC	

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

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

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AUDITORS (initial)

Page 29 of 32

OUT DATE	CE NUMBER		7.000	10r 3/7
	CROSS BORDER OPER of ABC	Statement G10.3 TATIONS - SADC OTHER Life Insurance Limited the financial period 31/1		
order Operations other than	branch business or busines	s conducted in a subsidiar	y that is operated in the SA	DC region
	ss border insurance services (office or SADC subsidiary in tail in 2 below)			
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CONCIDENTIAL	STATEMENT NOT	AVAII ADI	E TO DIES IC

OF LONG-TERM INSURANCE REFERENCE	E NUMBER			G10,3-86 10/10/1000
OUT DATE		and the second second		3/7/2011 8
工事 罗 (日		Statement G10.3 RATIONS - SADC OTHER		92
	A CONTRACTOR OF THE PROPERTY O	Life Insurance Limited		
N. S. Ney Co.	as at the end of	the financial period 31/1:	2/2011	
Has your company made use in another SADC country? (if yes, please provide full det	5 km k 1944 (1967) (1964) 1964 (1965) KANDAN ANDARA (1967) 1964)	ided by an insurer, a person o	or any other entity located	
Name of the SADC country entity is/ar		Give a description of	f the outsourcing services the	at has been acquired
orracy toron	0.004.00			
	The state of the s			
		other interest held directly or i cated in another SADC count		
(if yes, please provide full del			•	
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Name	%	Name	%	where the person or entity
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		5% of the shares or any other	interest in a foreign	
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		Insurance Limited	PATIONS.	
		financial period 31/12/2011		7,046
on on cross border operations other t	han branch business or business	conducted in a subsidiary in ar	nother country than a SADC co	untry
as the insurer provided cross border insu	rance services (e.g. sold policies) to	persons (not other insurers) other	than a non-SADC brench	
and non-SADC subsidiery in enother could yes, please provide full detail in 2 below	try then a SADC country?			
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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
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is/are located	business written	NAMES OF THE PARTY	written	business written
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#7	Profession C	ROSS BORDER OPERATIO of ABC LI	NS - NON-SADC OTHER OPER le insurance Limited e financial period 31/12/2011	ATIONS	
	Name of person or entity hole of the shares or any interest di	ling 25% or more ractly in the insurer	Name the person or entire of the shares or any interest	erest indirectly in the	Name of country where the person entity is located
	Name	*	Name	%	Chair is manual
W yes	please provide full detail in 16 below) Name of insurer(s) in which ye 25% or more of the shares or	our company holds any other interest	Name of the insurer(s) is holds 25% or more of the		Name of SADC country where the
	directly Name	%	interest it Name		insurer is located
	directly	*	interest is	directly	
	directly	*	interest is	directly	
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AUDITORS (Initial)