

Page 20 of 32

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

4. Reinsurance exclusions

- | | |
|--|--|
| <p> <input type="checkbox"/> Yes
 <input type="checkbox"/> No
 <input type="checkbox"/> Don't know </p> | <p> <input type="checkbox"/> Yes
 <input type="checkbox"/> No
 <input type="checkbox"/> Don't know </p> |
|--|--|

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

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

Cancellation conditions...

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

[illegible]

- 11/11/2016

6.3 Reinsurance Assets

[illegible]

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

LT2011

Page 21 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

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

8. Overall reinsurance strategy

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

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

If other, please state your key objective below.

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

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

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

Retention on your quota share programmes:

Amount of catastrophe cover to be purchased:

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

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

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

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

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

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

LT2011

Page 22 of 32

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

Q7-88-A
10/10/1/000/0
3/7/2011 8:54

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

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 reinsurer.

- If "YES", provide particulars.

[illegible]

RELIEF ARRANGEMENT WITH CONTINGENT LIABILITIES

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

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

9.3 Have you taken into account the contingent liability(ies) referred to in the question above, in the valuation of the insurer's liabilities and are you satisfied that it is appropriately provided for?

- * Kindly provide full details whether "YES" or "NO".

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

**PUBLIC
OFFICER**

AUDITORS (Initial)

DATE _____

LT2011

Page 23 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G8-99-A

10/10/1/0008

3/7/2011 8:54

Statement G8

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

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

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

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

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

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

PUBLIC OFFICER _____

DATE _____

LT2011

Page 24 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

GB-88-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G9

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

1. Have you issued a PPFM for the first time during the period under review? (Refer to section 48(2) of the Act)

If YES, answer the question below:

- a) Has the PPFM been compiled in accordance with the FSB's Directive 147?
• If "NO", provide full details why not.

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

If YES, answer the questions below:

- a) Were there any changes in the Principles of Financial Management?
If YES, answer the questions below:
i. Please provide details of the changes that were made

- ii. Provide the reasons for the changes

- iii. Were the changes approved by the board?

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

- iv. What were the effects of the changes?

(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)

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

- vi. Have the policyholders been informed of the changes?

• If "NO", provide reasons why not.

• If "YES", provide the method of communication used and attach a copy thereof.

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

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

LT2011

Page 25 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

G9-99-A

10/10/1000/8

3/7/2011 8:54

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

- ix. Have you received any queries/complaints/objections from policyholders regarding the changes?
- If "YES", provide details or a summary thereof.

- b) Were there any changes in the Practices of Financial Management?
- If YES, answer the questions below:
- i. Please provide details of the changes that were made

- ii. Provide the reasons for the changes

- iii. Were the changes approved by the board?
- If "NO", provide reasons why not.

- iv. What were the effects of the changes?
- (If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)

- v. Have the policyholders been informed of the changes?
- If "NO", provide reasons why not.
 - If "YES", provide the method of communication used and attach a copy thereof.

3. Do all discretionary participation policyholders (new and existing) have access to the full PPFM?
- If "NO", provide reasons why not.
 - If "YES", explain how they have access.

4. Is there a charge for third parties to receive a full printed copy of the PPFM?
- If "YES", disclose the relevant charge.

5. Do all new DPP policyholders receive a summary (or a full version) of the PPFM together with their policy contracts?
- If "NO", provide full details.

6. Are existing DPP policyholders made aware of the existence of the PPFM?
- If "NO", provide full details.
 - If "YES", describe how they have been made aware of this and attach a copy of any information that was sent to the policyholders.

LT2011

Page 26 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

G9-09-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

10/10/1/000/8

FINAL PRINTOUT DATE

3/7/2011 8:54

Statement G9

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

7. Do you have a DPC?

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

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

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

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

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC OFFICER _____

AUDITORS (initial) _____

DATE _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

FINAL PRINTOUT DATE

0101-00-A

10/10/2009

3/7/2011 8:54

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

1.

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

2.

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

Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary

3. Briefly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary and its head office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.

4. Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidiary.

5. Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full details?

6. State the scope of the activities of the branch / subsidiary and its role within the insurance group.

7. Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit firm.

CHAIRMAN _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (initial) _____

LT2011

Page 28 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

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

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

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

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

3. Briefly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary and its head office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.

4. Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidiary.

5. Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full details?

6. State the scope of the activities of the branch / subsidiary and its role within the insurance group.

7. Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external audit. Please be specific whether or not an audit firm that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit firm.

CHAIRMAN _____

DIRECTOR _____

PUBLIC
OFFICER _____

DATE _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

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

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

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

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

Name of the SAD Country where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

3. Has the business referred to in 2 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?
 (please give full details)

4. Has the insurer provided cross border insurance services other than those provided through a branch office or subsidiary to insurers (i.e. inwards reinsurance business) in another SADC country?
 (if yes, please provide full detail in 5 below)

Name of the SAD Country where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

6. Has the business referred to in 5 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?
 (please give full details)

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

Name of the SAD country where insurer(s) is/are located	Name of the insurer/reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000

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

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

LT2011

Page 30 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G10.3-88-A
 10/10/2008
 3/7/2011 9:54

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

11. Has your company made use of outsourcing services provided by an insurer, a person or any other entity located in another SADC country?
 (if yes, please provide full detail in 12 below)

Name of the SADC country where insurer(s), person or entity is/are located	Give a description of the outsourcing services that has been acquired

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

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

15. Does your company directly or indirectly own more than 25% of the shares or any other interest in a foreign insurer located in another SADC country?
 (if yes, please provide full detail in 16 below)

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

17. Is your company party to a joint venture with an insurer located in another SADC country?
 (if yes, please provide full detail in 18 below)

18.

CHAIRMAN DIRECTOR PUBLIC OFFICER DATE AUDITORS (initial)

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

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

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

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

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

Name of the country where person(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

3. Has the business referred to in 2 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?
 (please give full details)

--

4. Has the insurer provided cross border insurance services (other than those in non-SADC branch or non-SADC subsidiary) to insurers (i.e. inwards reinsurance business) in another country than a SADC country?
 (if yes, please provide full detail in 5 below)

Name of the country where insurer(s) is/are located	Total liabilities in respect of the business written R'000	Total assets in respect of the business written R'000	Total gross premium income of the business written R'000	Total net premium income of the business written R'000

5. Has the business referred to in 4 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force?
 (please give full details)

--

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

Name of the country where insurer(s) is/are located	Name of the insurer/ reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000

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

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

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

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

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

LT2011

Page 32 of 32

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

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

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

14. Name of person or entity holding 25% or more of the shares or any interest directly in the insurer		Name the person or entity holding 25% or more of the shares or any interest indirectly in the insurer		Name of country where the person entity is located
Name	%	Name	%	

15. Does your company directly or indirectly own more than 25% of the shares or any other interest in a foreign insurer located in another country that is not a SADC country?
 (If yes, please provide full detail in 16 below)

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

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

18.

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____