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Vol. 526

Pretoria, 7 April 2009

No. 32078

GOVERNMENT GAZETTE, 7 APRIL 2009

2 No. 32078

GOVERNMENT NOTICES

DEPARTMENT OF FINANCE

No. 386

7 April 2009

FINANCIAL SERVICES BOARD

SHORT-TERM INSURANCE ACT NO. 53 OF 1998:

AMENDMENT OF BOARD NOTICE 80 OF 2008: RETURNS TO REGISTRAR

- I, Dube Phineas Tshidi, Registrar of Short-term Insurance, acting in terms of section 35(1) of the Short-term Insurance Act, 1998 (Act No. 53 of 1998), hereby amends Board Notice 80 of 2008, published in *Government Gazette* 31282 of 5 September 2008, by –
- (a) substituting Statement B1, Statements E1 and E5 and Statements G4.1, G4.2, G4.3, and G4.4 of the Annual Statutory Return for the Statements set out in the Schedule; and
- (b) repealing Statements G4.5 and G4.6 of the Annual Statutory Return.

This Notice takes effect on the date of publication thereof and applies to every registered short-term insurer whose financial year ends on or after 1 January 2009, and applies in respect of the full financial year preceding the end of the financial year referred to above.

181181 P.Z

DP TSHIDI

Registrar of Short-Term Insurance

SCHEDULE

SHEET REFERENCE MUNICIPAL

Page 1 of 1

PUBLIC STATEMENT

FINAL PRINTOUT DATE												2009/03/15 14 17
STATEMENT B1 GROSS UNDERWRITING RESULTS of ABC insurance Company Limited as at the end of financial period 31/12/2009												
						NT YEAR					PREVIO	US YEAR
				DOMES	TIC AND FOREIGN CO	OMBINED						
DESCRIPTION	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	FOREIGN ONLY	DOMESTIC AND FOREIGN COMBINED	FOREIGN ONLY
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R 1000	R'000
	2	3	4	5	- 6	7	8	9	10	11	12	13
								-1				
Unearned premiums - opening Direct premiums written:	1	0	0	0				0 0		0	0	
2.1 Inclusive of refunded premiums	<u> </u>	. 0	0					ol c		0	0	0
2.2 Less: Refund of premiums	1	0	- 0	0				0 0		0	0	
3 Reinsurance premiums inwards:	1	0	- 0					0		0	0	
3.1 Proportional		0	0	0	0			0		0	0	
3.2 Non proportional		0	0	0	0							
4 Premiums in respect of portfolio transfers								ammuni	ппппп	hmmmi	ппппп	mmmi a
5 Other		0	Ó	0	0	0		0		0	0	0
							•					
6 Uneamed premiums - closing		0	0,	0	0	0		0 0		0	0	0
7 PREMIUMS EARNED		0	0,	0	0			0		0	0	0
8 Outslanding claims - Opening		0	0	0				00		0	0	0
9 IBNR - Opening			0	0				0 0		0	0	
10 Claims paid			0	0				00			0	
11 Other		<u> </u>	0		0	0		o c	į (0	0	0
		- I								1.		
12 Outstanding claims - Closing	ļ	0	0	0				0 0		.0	0	0
IBNR - Closing		<u> </u>	0	0	0	0		ol <u> </u>		0		0
		- 1										
13 CLAIMS INCURRED		0	0	0	0	0		0 0	(0	0	0]
		<u> </u>	-1					.1	_			
14 Gross commission paid on direct premiums	<u> </u>	0	0					0 0		-		
15 Gross commission paid on reinsurance premiums inwards 16 DAC on direct premiums	<u> </u>	0	0					0 0			0	
17 DAC on reignuscone orabilities love whe	L	0	0	0				0 0			. 0	
18 Gross commission incurred on direct premiums		0	0					0 0			0	
19 Gross commission incurred on reinsurance premiums inwards	· — —	0	0					0 0			0	
20 EYPENSES		0	0					ol o			- 0	
20 CA CHOCO								-1				
21 GROSS RESULT: PROFIT/(LOSS)		0	0	0	0	0		0 0		0	0	0
22 Gross commission paid as % of premium written	0%	0%	0%	0%	0%	0%	09	6 0%	0%	0%	0%	0%
23 Gross commission incurred as % of premium earned	0%	b 0%	0%	0%	0%	0%	09	6 0%	0%	0%	0%	0%
	C											
IF the period to which the figures in this return apply, is NOT TWELVE MONTHS, furnish the following foures which are required in terms of Schedule 2 to Domestic Foreign												
The notiving ignores which are required in terms of schedule 210 United to Folego, The Act for the calculation of the IBNR and contingency reserve: R000 R000												
24 Gross premiums written (direct premiums and reinsurance inwan	ds)		.,,		-							
for the Iwelve month period preceding the date of this return:			0									
25 Domestic reinsurance including Lloyds's (i.r.o. these premiums)			0	0	4							
26 Foreign reinsurance (i.r.o. these premiums)			0]	0]							
											AUDITORS	

SHEET REFERENCE NUMBER

PUBLIC STATEMENT

Page 1 of 1

FINAL PRINTOUT DATE 2009/03/16 14 17 STATEMENT E1 **CASH & BALANCES & DEPOSITS** of ABC Insurance Company Limited as at the end of financial period 31/12/2009 DESCRIPTION OF NAME OF INSTITUTION CURRENT YEAR PREVIOUS YEAR INVESTMENT (e.g. Current Account, Fixed DEEMED TO BE IN INCOME OUTSIDE Deposit, Bankers IN RSA INCOME IN RSA **OUTSIDE RSA** TOTAL VALUE TOTAL VALUE % of total habilities RSA RSA Acceptance, Negotiable (Investments of the same kind with a bank may be grouped) Certificate of Deposit, Promissory Notes) R'000 R'000 R'000 R'000 R'000 R'000 R'000 3 4 5 6 10 1. CASH Notes & coins Bank notes & coins 0 0 0 0% Krugerrands Coins 0 0 0% SUBTOTAL 0.0% 0 0 0 4 2. BANKS (Specify in supporting statement E1 1) 0 0 0 0% 5 3. CORPORATION FOR PUBLIC DEPOSITS Deposits 0 0 0% 6 4. LAND & AGRICULTURAL BANK Deposits 0 0 0% 5. MARGIN DEPOSITS Margin deposits Margin deposits 0 0 0% On approved foreign derivatives 0 0 0% 9 TOTAL CASH & BALANCES & DEPOSITS 0 0 0 0.0%

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No. 32078

GOVERNMENT GAZETTE, 7 APRIL 2009

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TOTAL

STATEMENT ES

SHARES, UNITS & DEPOSITORY RECEIPTS of ABC Insurance Company Limited

as at the end of financial period 31/12/2009

	CURRENT YEAR						PREVIOUS YEAR		
DESCRIPTION	IN RSA	DEEMED TO BE IN	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE	TOTAL VALUE	TOTAL VALUE	% of total liabilit	
	R'000	R'000	R'000	R'000	R'000	R'000	FI'000		
1	2	3	4	5	- 6	7	8	9	
SPES (excl those in property co's, associated co's & asset-holding int LISTED: Oil & Gas Producers	termed	0 0				0	0		
Oil Equipment & Services		0 0		(<u> </u>	0		
Chemicals		0 0		(-		0		
Forrestry & Paper		0 0	0		·		0		
Industrial Metals		0 0	0	(<u> </u>		0		
Mining		0 0	0		0		0		
Construction and Materials		0 0	0				0		
Aerospace & Defence		00	0	(<u></u>				
General Industrials		0 0	0		0		0		
Electronic and Electircal Equipment		0 0	0						
Industrial Engineering		0 0	0				0		
Industrial Transportation		0 0	0			C	0		
Support Services		0 0	0		<u> </u>		0		
Automobiles and Parts		0 0	. 0		0		0		
Beverages		0 0	0		0		0		
Food Producers		0 0	0		0		0	<u> </u>	
Household Goods		0 0	0				0		
Leisure Goods		0 0	0				0		
Personal Goods		0 0	C	1				<u> </u>	
Tobacco		0 0	0		. 0	(0		
Healthcare Equipment and Services		0 0	0		0		0		
Pharmaceuticals & Biotechnology		0 0			0	- (
Food & Drug Retailers		0 0			0		0		
General Retailers	-	0 0	- 0		0		0		
Media		0 0	- 0		0				
Trayel & Leisure		0 0			0				
Fixed Line Telecommunications		0 0) (
Mobile Telecommunications		0 0							
Electricity		0 0							
Gas, Water & Multiutilities		0 0							
Banks		0 0					01		
Nonlife Insurance (Short-term)		0 0			0		0		
Life Insurance (Long-term)		0 0			0 0		0		
Real Estate					0 0		0		
General Financial		0 0			0 0				
Equity Investment instruments		0 0					0		
Non-equity Investment Instruments		0 0					0		
Software & Computer Services		0 0		1	0 0		0		
Technology Hardware & Equipment		0 0	<u> </u>				<u> </u>		
Development Capital		0 0	`		0 0				
Venture Capital				1					
		0 0			0 0		n i)	
Exchange Traded Funds		0 0	1		0 0		0		
Corporate Debt	-	0			0 0		0) (
Preference Shares		0 0			0 0	 			
Other Securities		0 0			0 0	 	· .	0	
Alternative Exchange		0						<u> </u>	
UNLISTED (Specify in supporting statement E5.1)	1	OI () (H	0) (JI	U	4	

E05-99 A

PUBLIC STATEMENT 2009/04/07 11 43

STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance Company Limited
se at the end of financial period 21/13/2000

		as at the end of	financial period 31/1	2/2009				
	CURRENT YEAR					PREVIOUS YEAR		
DESCRIPTION	IN RSA	DEEMED TO BE IN	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE	TOTAL VALUE	TOTAL VALUE	% of total habilities
	R 000	R 000	R 000	R 000	R'000	R'000	R'000	
1	2	3	4	5	6	77	8	9
2. SHARES IN PROPERTY COMPANIES								
Unlisted ordinary (Specify in supporting statement E5 1)		0	0		0		0	0.0%
Unlisted preference (Specify in supporting statement E5 1,		0.	0	0	0		0	0.0%
TOTAL		0	0	0	0		0	0.0%
3. SHARES IN RELATED PARTIES								
Unlisted ordinary (Specify in supporting statement E5.1)		0	0	0	0		0	0.0%
Unlisted preference (Specify in supporting statement E5.1)		0	0	0	0		0	0.0%
TOTAL		0	0	0	0		0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES ⁵								
UNLISTED ORDINARY (Specify in supporting statement E5.1)		0	0		0		0	0.0%
UNLISTED ORDINARY (Specify in supporting statement E5.1) UNLISTED PREFERENCE (Specify in supporting statement E5.1)		0	0	0	0		0	0.09
TOTAL		0	0	0	0	(0	0.0%
5. DEPOSITORY RECEIPTS								
Listed		0	0	0	0		0	0.0%
TOTAL		0	0		0		0	0.0%
6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES								
Units in money market funds		0	0.		0		0	0.0%
Units in collective investment schemes in property shares		0 0	0	(0		0	0.0%
Linked units & units in collective investment schemes								
Listed		0 0	0		0		0	0.09
Unlisted (Specify in Supporting statement E5 1)		0 0	0		0		0	0.09
TOTAL		0 0	0		0		0	0.09
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS		0 0	0		0 0		0	0.09
							<u> </u>	

AUDITORS___

Page 1 of 2

SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

E NUMBER ATE	CONFIDENTIAL STATEMENT	NOT AVAILABLE TO PUE				
Statement G4.1 CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY of ABC Insurance Company Limited as at the end of financial period 31/12/2009						
Description	Branch	Subsidiary				
es the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ? te the total number of branches / subsidiaries	N	N				
ase complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subsidiar	у				
Description	Branch - R'000	Subsidiary - R'000				
Description	Brailcri - R 000	Subsidiary - R 000				
al liabilities in respect of all branches / subsidiaries		-				
al gross premium income in respect of all branches / subsidiaries						
al net premium income in respect of all branches / subsidiaries guiatory capital adequacy requirement ("as per nome junsdiction) in respect of all branches"						
guiatory capital adequacy requirement (as per nome junisdiction) in respect of all branches /						
osidiaries guiatory capital adequacy réquirement (as per host jurisdiction) In respect of all branches /	-					
osidiaries lase complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subsidiar	v				
and complete aggregate minimation in the table. The modificating columns from to be completed	por marriada dianan di dadaran	,				
eadly describe the branch's / subsidiary's internal controls, including comprehensive and regular re ce and indicate the Board of the insurer's assessment of the overall effectiveness of these contro		sidiary and its head				
scribe the Board of the insurer's assessment of the overall financial position of the branch / subsid	diary					
to both of the branch of appropriate of the order manual product of the branch of the	,					
s the branch / subsidiary been subject to regulatory inspection or investigation and if, please furni-	sh full details?					
, , , , , , , , , , , , , , , , , , , ,						
	•					

ST2008 Page 2 of 2 G4 1-99-A SHEET REFERENCE NUMBER CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC FINAL PRINTOUT DATE Statement G4.1 CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY of ABC Insurance Company Limited as at the end of financial period 31/12/2009 State the scope of the activities of the branch / subsidiary and its role within the insurance group 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 DATE OFFICER_

AUDITORS (initial)

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SHEET REFERENCE NUMBER

G4.2-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE		2009/04/07 12:
	Statement G4.2	26%
	CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY	
	of ABC Insurance Company Limited	
	as at the end of financial period 31/12/2009	*\ \$\.\

	Description	Branch	Subsidiary
1	Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction?	N 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 subsidia	ry
_			
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 gross premium income in respect of an branches / subsidiaries	-	
	Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement as per nome jurisdiction) in respect of all branches /		
		1	
	subsidiaries		
	Regulatory capital adequacy requirement (as per host jurisdiction) in respect of all branches /		
	Please complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subsidia	rv
	, <u></u>	,	•
_			
Э	Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular re		sidiary and its head
	office and indicate the Board of the insurer's assessment of the overall effectiveness of these control	systems.	
		•	
		-	
	1		
			,
4	Describe the Board of the insurer's assessment of the overall financial position of the branch / subsid	iarv.	
			1
ε.	Han the branch / subsidings been subject to requisite subjection as investigation and if all the facilities	h full detaile?	
5	Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish	n run detans?	

Page 2 of 2 G4 2 99-A

SHELT REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2009/04/07 12:59

FINAL PRINTOUT DATE

Statement G4.2
CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY

	of ABC Insurance Company Limited as at the end of financial period 31/12/2009					
3	State the scope of the activities of the branch / subsidiary and its role within the insurance group					
,	Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external audit. Ple 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)					

Page 1 of 3

	TOUT DATE		Statement G4.3	<u> </u>	2009/03/15				
		CROSS BORDER OPE	RATIONS - SADC OTHER	OPERATIONS					
			surance Company Limite						
		as at the end	of financial period 31/12/2	2009					
s B	order Operations other than	branch business or busines	ss conducted in a subsidian	that is operated in the SAD	C region				
1 Has the insurer provided cross border insurance services to persons other than a SADC branch office or SADC N									
Has the insurer provided cross border insurance services to persons other than a SADC branch affice or SADC subsidiary in one or more SADC jurusdictions? (if yes, please provide full detail in 2 below)									
	Name of the SAD Country	Total liabities in respect of	Total assets in respectof the	Total gross premium income	Total net premium inco				
2.	where person(s) is/are	the business written	business written	of the business written	of the business writte				
	located	R'000	R'000	R'000	R'000				
		- Lines and							

3.	Has the business referred to intermediaries or through the (please give full details)		tly with the insurer or was it so e?	ourced through independent					
3.	intermediaries or through the			ourced through independent					
	intermediaries or through the			ourced through independent					
	intermediaries or through the (please give full details)	insurer's own marketing forc	e? 						
	intermediaries or through the (piease give full details) Has the insurer provided cros	insurer's own marketing forces	e?						
	intermediaries or through the (please give full details)	insurer's own marketing forces ss border insurance services vards reinsurance business) i	e?						
	intermediaries or through the (please give full details) Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det	insurer's own marketing forces as border insurance services vards reinsurance business) i tail in 5 below)	other than those provided thron another SADC country?	ough a branch office or					
	intermediaries or through the (piease give full details) Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, piease provide full det	insurer's own marketing forces by border insurance services vards reinsurance business) it aif in 5 below) Total liabities in respect of	other than those provided thron another SADC country?	rugh a branch office or [
	intermediaries or through the (piease give full details) Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, piease provide full details) Name of the SAD Ccountry where person(s) is/are	insurer's own marketing forces ss border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written	e? other than those provided thron another SADC country? Total assets in respectof the business written	ough a branch office or [Total gross premium income of the business written	of the business writte				
	intermediaries or through the (piease give full details) Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, piease provide full det	insurer's own marketing forces so border insurance services vards reinsurance business) it fail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	rugh a branch office or [Total net premium inco of the business writte R'000				
	intermediaries or through the (piease give full details) Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, piease provide full details) Name of the SAD Ccountry where person(s) is/are	insurer's own marketing forces ss border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written	e? other than those provided thron another SADC country? Total assets in respectof the business written	ough a branch office or [Total gross premium income of the business written	of the business writte				
	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det Name of the SAD Ccountry where person(s) is/are located	insurer's own marketing forces so border insurance services vards reinsurance business) it fail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	ough a branch office or [Total gross premium income of the business written	of the business writte				
	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det	as border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det	insurer's own marketing forces by border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det	insurer's own marketing forces by border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
	Has the insurer provided crossubsidiary to insurers (i.e. inw (if yes, please provide full det Name of the SAD Ccountry where person(s) is/are located	insurer's own marketing forces by border insurance services wards reinsurance business) if the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	ough a branch office or [Total gross premium income of the business written R'000	of the business writte				
	Has the insurer provided crossubsidiary to insurers (i.e. inw (if yes, please provide full det Name of the SAD Ccountry where person(s) is/are located	as border insurance services wards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte R'000				
	Has the insurer provided crossubsidiary to insurers (i.e. inw (if yes, please provide full det Name of the SAD Ccountry where person(s) is/are located	insurer's own marketing forces by border insurance services wards reinsurance business) if the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
١.	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full del Name of the SAD Ccountry where person(s) is/are located	insurer's own marketing forces border insurance services vards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
·.	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det Name of the SAD Ccountry where person(s) is/are located Has the business referred to	insurer's own marketing forces by border insurance services wards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				
3. 3.	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full del Name of the SAD Ccountry where person(s) is/are located	insurer's own marketing forces by border insurance services wards reinsurance business) if tail in 5 below) Total liabities in respect of the business written R'000	other than those provided thron another SADC country? Total assets in respectof the business written R'000	Total gross premium income of the business written R'000	of the business writte				

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SHEET	RÉFERENCE	NUMBER
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G4 3-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

		~
FINAL	PRINTOUT	DAIL

		surance Company Limite of financial period 31/12/		
Has your company placed rei (if yes, please provide full det		surer in another SADC count	ry	
Name of the SAD Ccountry 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 exposi amount R'000
_				_
		-		
Has your company provided of (if yes, please provide full det		surer in another SADC countr	y?	
Name of the SADC count		Give a descript	on of the outsourcing service	s being provided
		_		
			-	
				-
				-
	of outsourcing services prov	eided by an insurer, a person o	or any other entity located	
in another SADC country?		ided by an insurer, a person (or any other entity located	
in another SADC country? (if yes, please provide full det	ail ın 12 below)	ided by an insurer, a person (or any other entity located	
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or		or any other entity located	at has been acquired
in another SADC country? (if yes, please provide full det	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country	ail in 12 below) where insurer(s), person or			at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar Confirm whether or not 25% 6	where insurer(s), person or re located	Give a description of	of the outsourcing services that	at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar Confirm whether or not 25% or in your company, is owned by	where insurer(s), person or re located	Give a description of	of the outsourcing services that	at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar Confirm whether or not 25% 6	where insurer(s), person or re located	Give a description of	of the outsourcing services that	at has been acquired
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det	where insurer(s), person or re-located or more of the shares or any or a foreign person or entity local in 14 below)	Give a description of a description of the country	of the outsourcing services that the outsourcing services the outsourcing services that the outsourcing services services the outsourcing services services the outsourcing services services the outsourcing services services services services services services services se	
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar Confirm whether or not 25% or in your company, is owned by	where insurer(s), person or re-located or more of the shares or any or a foreign person or entity local in 14 below)	Give a description of a description of the country	of the outsourcing services that	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services the outsourcing services that the outsourcing services the outsourcing services the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services the outsourcing services that the outsourcing services the outsourcing services the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou
in another SADC country? (if yes, please provide full det Name of the SADC country entity is/ar entity is/ar Confirm whether or not 25% of in your company, is owned by (if yes, please provide full det Name of person or entity h	where insurer(s) person or re located or more of the shares or any or a foreign person or entity local in 14 below) olding 25% or more of the	Give a description of a description of the control	of the outsourcing services that the outsourcing services that the outsourcing services the outsourcing service	Name of SADC cou

'Page 3 of 3

SHEET REFERENCE NUMBER

G4.3-99-A
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
2009/09/16 14:17

FINAL PRINTOUT DATE

	Statement G4.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS of ABC Insurance Company Limited as at the end of financial period 31/12/2009									
5.	Does your company directly consurer located in another SA (if yes, please provide full det	DC country?	5% of the shares or any other	interest in a foreign						
6.	Name of person or entity h	olding 25% or more of the	Name the person or entity	holding 25% or more of the	Name of SADC country					
	Name	%	Name	%	where the person or entity is					
					-					
	_	-								
			a fragery gas followed by appropriate and appr							
7. 8.	Is your company party to a joi (if yes, please provide full det		ated in another SADC country							
		CHAIR PUBLIC OFFICER		DIRECTOR						
		AUDITORS (initial)								

Page 2 of 2

EET REFERENCE NUMBER				CONFIDENTIAL STATEME	G4 4-99-A ONT NOT AVAILABLE TO PUBLIC 2009/03/16 14 1			
Statement G4.4 CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS of ABC Insurance Company Limited as at the end of financial period 31/12/2009								
9. Has your company		ourcing services to an insurer in a co		_				
10. inst		country where rentity is/are located		Give a description of the outsourcin services being provided	g			
11. Has your compan country that is not (if yes, please pro	a SADC country		nsurer, a person or any other entity	located in another				
12. insu		country where or entity is/are located		Give a description of the outsourcin services being provided	9			

	r entity located i	ore of the shares or any other intere n another country that is not a SADO 14 below)		company, is owned by				
		ity holding 25% or more rest directly in the insurer	of the shares or any interest indirectly in the whe		Name of country where the person entity is located			
Nan	ne	%	Name	%	critity is tocated			
country that is not (if yes, please pro-	a SADC country vide full detail in	16 below)						
	more of the sha	hich your company holds ares or any other interest actly	holds 25% or more of interest	in which your company the shares or any other indirectly	Name of SADC country where the insurer is located			
Nam	ne	%	Name	%				
		767 At 1118						
					- 1100			
7. Is your company p		inture with an insurer located in a co	untry that is not a SADC country?					
8.	_							
		CHAIR		DIRECTOR				
				•				
		AUDITORS (initial)						

No. 387 7 April 2009

FINANCIAL SERVICES BOARD

LONG-TERM INSURANCE ACT NO. 52 OF 1998:

AMENDMENT OF BOARD NOTICE 81 OF 2008: RETURNS TO REGISTRAR

I, Dube Phineas Tshidi, Registrar of Long-term Insurance, acting in terms of section 36(1) of the Long-term Insurance Act, 1998 (Act No. 52 of 1998), hereby amends Board Notice 81 of 2008, published in *Government Gazette* No. 31207 of 5 September 2008, by –

- (a) substituting Statements C2, C4, C5, C6 and C9, Statements E5 and E11 and Statements G3, G5, G14, G15.1 to G15.4 of the Annual Statutory Return for the Statements set out in Annexure A of the Schedule:
- (b) repealing Statements G15.5 and G15.6 of the Annual Statutory Return; and
- (c) substituting the Quarterly Return for the Quarterly Return set out in Annexure B of the Schedule.

This Notice takes effect on the date of publication thereof and applies to every registered long-term insurer whose financial year ends on or after 1 January 2009, and applies in respect of the full financial year preceding the end of the financial year referred to above.

DP TSHIDI

Registrar of Long-Term Insurance

SCHEDULE

Page 1 of 1

SHEET REFERENCE NUMBER										C02-99-A
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER										No number available
FINAL PRINTOUT DATE			Statement	C2				_		3/16/2009 14:06
st president St	JMMARY OF STA	TUTORY VA			SETS AND	LIABILITIES				
the state of the s	1.6			Aa V			· /			
A STATE OF THE STA		at the end	of the financia		1/2008			•		73
	IN RSA & DEEMED TO BE IN RSA							IN & OUT	SIDE RSA	
			TYPE OF E	CURREN	IT YEAR				TOTAL	TOTAL
DESCRIPTION	L			03114233	1				CURRENT	PREVIOUS
2233.41.11311	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market related	Other	Shareholders	TOTAL	YEAR	YEAR
	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
1. ASSETS										
Cash & Deposits	(0.000 (0.000)	0	0.1	0	0	0	0	0	0	0
Fixed interest	0	0	0	0	0	0	0	0	0	0
Equities & Convertible debentures	0			0	0	0	0	0	0	
Property	0	0		0	0	0	0	0	0	
Collective investment schemes Fixed Assets	.:::::::::::::::::::::::::::::::::::::	0		0	0	0	0	0	0	
Current Assets		0		D	0	0	0	0	0	
Other	0	0		o l	0	0	0		0	
					1					
TOTAL ASSETS	C			0	0	C	0			9
2. LIABILITIES										
Linked liabilities	0			0:	0	0		0		
Non-linked liabilities	0	0		0 (:	0	0		0	0	
Current liabilities Other	0	0		0	0	0		0	0	
Office				-	-		,			
TOTAL LIABILITIES			0	ol	0	(0	0		9
3. EXCESS ASSETS)	0 0	0]	0	(0	C		q
4. CAPITAL ADEQUACY REQUIREMENT								10,000	10,000	10,000
5. FREE ASSETS								(10,000)	(10,000	(10,000)
ACTUARY									AUDITORS	

SHEET REFERENCE NUMBER						CONF	FIDENTIAL STAT	EMENT NOT AVAIL	ABLE TO PUBLI
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER									No number availa
FINAL PRINTOUT DATE									3/16/2009 14
			Statement C4						, ,
•	STATUT	ORY VALUATIO	METHOD OF	NET POLICY	LIABILITIES			3-9	
E .			of					, , , , , , , , , , , , , , , , , , ,	" Harry
		as at the end of	f the financial pe		908			1	
				IN RSA				IN & OUTS	SIDE RSA
			TYPE OF B	CURRENT YEAR	К			l	
DESCRIPTION				USINESS .				TOTAL	TOTAL
	With-profit	Witn-profit	Without-profit	Linked	Market related	Other	TOTAL	CURRENT YEAR	PREVIOUS YEA
	business	annuities	annuities						
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	2	3	4	5	6	7	8	9	10
1. INDIVIDUAL									
1.1 LINKED LIABILITIES					<u> </u>				_
Total linked liabilities	0	0	0		0 0	0	. 0		
Negative rand reserves	0	0	0						
Deferred Tax	0		0		0 0	0	0		
SUBTOTAL LINKED LIABILITIES	0	0			0 0	01	0	0	
4 6 NON LINKED LIADO ITICO									
1.2 NON-LINKED LIABILITIES									
Basic liabilities (including vested bonuses)					0.1	- 1			
Prospective valuation	. 0	0	0		0 0	0	0		
Retrospective valuation	0		0			0	0		
Non-vested bonuses	0	0	0		0 0	0	0		
Supplementary benefits	0	0	0		0 0	0	0		
Bonus stabilisation reserves	0	0	0			0	0		
AIDS Reserve	0		0		0 0	0	0		
Embedded Investment Derivatives Reserve	0		0		0 0	0			
Other Reserves (Specify in supporting statement C4 1)	0				0 0	0	0		
Discretionary margins (Specify in supporting statement C4 1)	0				0 0	0	0		
Deferred Tax	Ó				0 0	0	0		
SUBTOTAL NON-LINKED LIABILITIES	0	1 0			טן טן	V		<u> </u>	
TOTAL INDIVIDUAL	0	0	01		0 01	0	0	0 0	
TOTAL INDIVIDUAL		1			0 0[• • • • • • • • • • • • • • • • • • • •		<u> </u>	
2. GROUP									
2.1 LINKED LIABILITIES									
Total linked liabilities	0	0	1 01		0 0 0	0	0	01	
Negative rand reserves	0				0 0	Ö			
Deferred Tax					0 0	- 0			
SUBTOTAL LINKED LIABILITIES	0				0 0	0			
GOD TO THE ENTIRE ENTIRE TES			, ,		•1				
2.2 NON-LINKED LIABILITIES									
Basic liabilities (including vested bonuses)									
Prospective valuation	0	0	0		0 0	0	C	0	
Retrospective valuation	0				0 0	0			
Non-vested bonuses	0				0 0	ő			
Supplementary benefits	0				0 0	0			
Bonus stabilisation reserves	0				0 0	0			
AIDS Reserve	0				0 0	0			
Embedded Investment Derivatives Reserve	0				0 0	0			
Other Reserves (Specify in supporting statement C4 1)	q				0 0	0.			
Discretionary margins (Specify in supporting statement C4 1)	0				0 0	ő			
Deferred Tax	0				0	0 1			
SUBTOTAL NON-LINKED LIABILITIES	0				0 0	0			
					-, 01			, 0	
TOTAL GROUP	0	1 0	0		0 01	0		0	
		·			-, 01			- 0	
TOTAL LINKED POLICY LIABILITIES	0	T 0	0		0 01	0.1		0	
TOTAL NON-LINKED POLICY LIABILITIES	0		- 0		0 0	0			
TOTAL POLICY LIABILITIES	- 0				0 0	0			
		1	-	_	<u>-, </u>				

AUDITORS (initial)

ACTUARY____

SHEET REFERENCE NUMBER

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

WHAL STATEMENT NOT AVAILABLE TO FUBLIC
C05-99-A
No

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER									No number available		
FINAL PRINTOUT DATE			,						3/16/2009 14:06		
			Statement (No.	S _{ee} s			
**************************************	C	APITAL ADEQUAC	Y REQUIREMENT BE	FORE MANAGEM	ENT ACTION		2 2 de 1	***	77		
) 1 d	. :		of	3 1 4			4.4	1			
<i>'</i> .'	,	as at the	end of the financia	period 31/01/2008	1 :		." *'.				
				IN RSA				IN & OUT	SIDE RSA		
				CURRENT YEAR							
DESCRIPTION			TYPE OF B	USINESS				TOTAL CURRENT	TOTAL PREVIOUS		
5000Kii 115K	With-profit business	With-profit annuities	Without-profit	Linked	Market related	Other	TOTAL	YEAR	YEAR		
	,		annuities								
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000		
1	2	3	4		6	7	8	9	10		
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)											
LAPSE RISK	0	0	0	0	0	0	0	0	0		
SURRENDER RISK	0		0	0	0	0	0				
OTHER RISKS: Specify								·			
	0	0	0	0	0 1	0	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				
TCAR	0	0	0	0	0	0	0	0			
		<u>'</u>	<u> </u>								
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)											
LAPSE RISK (a)	0	0	0	0	0	0	0	0	0		
SURRENDER RISK (b)	0			0	0	0	0				
FLUCTUATION RISK				'			•				
Mortality (ci)	0		0	0	0	0	0	0	0		
Morbidity (cii)	0		0	0	0	0	0	0			
Medical (ciii)	0		0	0	0		0	0	0		
Expense (f)	0		0	0	0	0	0				
Annuitant mortality (d)	0	0	0	_0	0	0	0	0	0		
ASSUMPTION RISK											
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0		
INVESTMENT RISK											
Resilience risk (gi)	0		0	0							
- Embedded Investment Derivatives Component	0		0	0	0		0				
Worse investment risk (gii)	0			0	0		0				
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0		
ADEDIT BIOK (L)						0					
CREDIT RISK (h) NEGATIVE BONUS STABILISATION RESERVE	0			0	0						
OTHER RISKS: (i) Specify		0	U				1 0		0		
Constigued rick		0	0	01		0	0	0	1 0		
				- 0	0						
•	1 0			0	0						
<u> </u>	- 0					0	ő				
<u>:</u>					0						
•		·	,,					, ,			
IOCAR	0	0	1 01	0	0	0	0	1 0	0		
Adjustment factor	100%			100%	100%						
OCAR	- 100%			0							
		, ,	, 01						<u>, </u>		
3. MAXIMUM OF ITEM 1 AND ITEM 21		0	01	0	0	1 0	0	0	0		
S. MANINGS OF FEST FAST ITEM &			, ,,	<u> </u>			<u>, </u>				

ACTUARY ___

AUDITORS (initial)

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

ACTUARY ____

AUDITORS (initial)

SHEET REFERENCE NUMBER							CONFIDENTIAL S	STATEMENT NOT AVA	AILABLE TO PUBLIC COS-99-A
REGISTRAR OF LONG-TERM INSURANCE REFERENCÉ NUMBER									No number available
FINAL PRINTOUT DATE			Statement C	-					3/16/2009 14:12
	С	APITAL ADEQUACY			NT ACTION				
		as at the	end of the financial	period 31/01/2008 IN RSA				181.8.0017	SIDE RSA
				CURRENT YEAR				IN & 001	SIDE KSA
DESCRIPTION			TYPE OF B					TOTAL CURRENT	TOTAL PREVIOUS
DESCRIPTION	With-profit business	With-profit annuities	Without-profit annuities	Linked	Market related	Other	TOTAL	YEAR	YEAR
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	2	3	4	5	6	7	8	9	10
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)									
LAPSE RISK	0		0	0	0	0 1	0		
SURRENDER RISK	0	0	0	0]	0	0	0	0	0
OTHER RISKS: Specify			0					1 0	0]
	0		0	0	0	0	0		
·	- 0		0	0	0	- 0	0		
·	0		01	0		0	0		
•	0	0	0	0	0	0	0	0	0
TCAR	0	0	0	0	0	0	0	0	0
# CROWARY CARITAL ADDOLLARY BECUIREVENING CARD									
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR) LAPSE RISK (a)	0	T oi	01	0.1	0	0 !	0	0	0
SURRENDER RISK (b)	0		0 1	0	0	0	0		
FLUCTUATION RISK					•				
Mortality (ci)	0	0	0 (0	0	0 :	0	0	0
Morbidity (CII)	0		0	0	0	0	0		
Medical (ciii)	0		0			0	0		
Expense (1)	0		0		0	0	0		
Annuitant mortality (d) ASSUMPTION RISK	0	0	0	0	0	0	0	0	0
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0
INVESTMENT RISK			•		•	-			
Resilience risk (gi)	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Component	0		0			0	0		
Worse investment risk (gii)	0		0		0	0	0		
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0
CREDIT RISK (h)	C	0	0	0	0	0	0	0	0
NEGATIVE BONUS STABILISATION RESERVE	0					0			
OTHER RISKS: (i) Specify									
Operational risk	0		0			0	0		
4	0					0			
						0	0		
•	0					0	0		
•		, ,						1 0	
IOCAR		0	0	0	0	0		0	0
Adjustment factor	1009		100%			100%	100%		
OCAR		0	0	0	0	0	0	0	0
									_
3. CALCULATING THE CAPITAL ADEQUACY REQUIREMENT									
Capital Adequacy Requirement before prescribed minimums (maxi-	mum of items (1) and (2	2))	-						
13 Weeks of operating expenses (from statement 87)							10,000		
Statutory minimum Approved minimum							10,000		
Approved minimum Minimum Capital Adequacy Requirement (MCAR)							10,000		
Capital Adequacy Requirement (after management action)							10,000		
					_		10,000	,,,,,,	10,000

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LT2009 - Published version

SHEET REFERENCE NUMBER

Page 1 of 1

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

ISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER									No number availat
L PRINTOUT DATE									3/16/2009 14
			Statement C9 REINSURANCE	:	:				
			of		50			· ·	
		as at the end	of the financial p		98				
				IN RSA				IN & OUT	SIDE RSA
			TYPE OF B	CURRENT YEAR	<u> </u>			TOTAL	TOTAL
DESCRIPTION	With-profit	With-profit	Without-profit annuities	Linked	Market related	Other	TOTAL	CURRENT YEAR	PREVIOUS YEAR
	business R'000	annuities <i>R'000</i>	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10
			<u> </u>						<u> </u>
NCOME									
Gross premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	0
less: Reinsurance premiums paid & outstanding									
Approved	0	0	0	0		0	0	0	
Non-approved	0	0	0	0		0	0	0	
Net premiums received & outstanding (to correspond with B2)	0	0	0	0		0	0	0	
Reinsurance commission received & outstanding	0	0	0	0	0	0	0	0	0
BENEFITS PAID AND PROVIDED FOR Gross benefits paid & provided for (to correspond with B3) less: Reinsurance recoveries Net benefits paid & provided for (to correspond with B2)	0 0	0 0	0	0 0 0	0	0 0 0	0	0 0 0	0
IABILITIES									
Gross policy liabilities	0	0	0		0 1	Ó	0	0	T 0
less: Deduction for approved reinsurances	0			0		0	0	0	
Net policy liabilities (to correspond with C4)	- 0			0		0	0	0	
Tree policy industries to consequent with a second									
GROSS POLICY LIABILITIES FOR LEVY PURPOSES									_
Gross policy liabilities			***					0]
less:									1
Gross policy liabilities under pension funds								0	
Gross policy liabilities under provident funds								0	
Gross policy liabilities under retirement annuities								0	
Gross policy liabilities under friendly societies SUBTOTAL					~			0	
SUBTUTAL									J
TUARY								AUDITORS	j

TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS

TAATSKOERANT,

7

23

EXCLUDING DERIVATIVE EXPOSURE SHEET REFERENCE NICH BEH 6.5.964 REGISTRAR DE LOVO TRAVINCIA - LA PRESENTE A MECA FRAL PRINCOUT DATE 3/18/2009 14:05 Statement £5 SHARES, UNITS & DEPOSITORY RECEIPTS held by as at the end of the financial period 31/01/2008 PREVIOUS CURRENT YEAR YEAR % of total OUTSIDE RSA DEEMED TO BE IN BSA INCOME OUTSIDE RSA TOTAL VALUE IN RSA INCOME IN RSA habites DESCRIPTION VALUE Proce emon 1 SHARES (exci those in property cols associated cols & asset-helding intermediaries LISTED Of & Gas Producers 0 0% 0 0% Oil Equipment & Services Chemicals Forestry & Pape 00% Industral Metals
Mining
Construction and Materials
Aerospace & Defense 0.0% 0.0% 0.0% 0.0% General Industrials Electronic and Electrical Equipment Industrial Engineering Industrial Transportation Support Services Automobiles and Farts 0.0% 0.0% 0.0% 0.0% Beverages
Food Producers
Household Goods Household Goods
Lessure Goods
Personal Goods
Tobacco
Heathcare Equipment and Services Pharmaceuticals & Biotechnology Food & Drug Retailers General Retailers Media Travel & Leisure 00% Fixed Line Telecommunications Mobile Telecommunications Banks
Nonide Insurance (Short-term) 00% Life insurance (Long-term) Real Estate 0.0% 0.0% 0.0% General Financial
Equity Investment Instruments
Non-equity Investment Instruments
Software & Computer Services 00% Technology Hardware & Equipment Development Capital Development Capital
Vergue Capital
Entrarya Traded Funds
Corporate Debt
Preference Shares
Other Securities
UNILISTED (Speech) in supporting stellament £5.1)
TOTAL 0.0% 0.0% 0.0% 0.0% 0.0% SHARES IN PROPERTY COMPANIES
 Unisted ordinary (Specify in supporting statement E5 1)
 Unisted preference (Specify in supporting statement E5 1)
 TOTAL 0.0% 0.0% 0.0% 3. SHARES IN RELATED PARTIES Unisted ordinary (Specify in supporting statement E5 1)
Unisted preference (Specify in supporting statement E5 1)
TOTAL orianes in Asset-HOLDING Intermediaries*
UNILISTED ORDINARY (Specify in supporting statement E5.1)
UNILISTED PREFERENCE (Specify in supporting statement E5.1)
TOTAL 4. SHARES IN ASSET-HOLDING INTERMEDIARIES 5. DEPOSITORY RECEIPTS Lested TOTAL 6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES 0.0% Units in money market funds
Units in collective investment schemes in property shares Linked units & units in collective investment schemes Listed 0.0% 0.0% 0.0% Unlisted (Specify in Supporting statement E5 1)

0.0%

AUDITORS

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LT2009 - Published version

E11-92-A
Det switchiste
22009 14 06

NOTE - ITEMS 4 + 5 & 13 1

SMEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER										E11-99-A No number available
FINAL PRINTOUT DATE										3/16/2009 14 06
				atement E11						
	s	PREAD OF	ASSETS IN	OR DEEMED	TO BE IN THE	RSA				
				of						
		as at th	e end of th	e financial per						
				ADD:	LESS:	SUBTOTALS	Maximum admi	ssible for each ite	m of this statement	
DESCRIPTION	Total assets	Linked assets	Non-linked assets	Assets of asset- holding intermediaries & investments in linked products	Individual excesses e.g. banks, debtors, investments & properties	Assets held, less individual excesses	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	Admitted for each stem (the lesser of column (10) or column (7))
	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
1 Mortgage bonds	0 [0	0	0	0	0				
2 Non-convertible debentures	ő	0			Ö	ö			- :	
3 Any other debtors	0	0			0	0	-	-		- 1
SUBTOTAL	0	0	0	0	0	0	25%	0%	2,500	
4 Shares - listed ordinary, convertible debentures & collective investment so	0	0	0		0	0			0	
5 Shares - unlisted - Domestic	0	0				0		- 0%		- 0 1
SUBTOTAL	0	0				0		0%		0
6 Listed securities & shares - Foreign, deemed to be domestic	0	0						0%		0
7 Policyholders' loans	0.	0						0%		0
Policies with other long-term insurers Property investments	0	0						- 0%	0	0
10 Related party(ies) & associated companies	0							0%		0
11 Computer equipment	0	0						0%		- 0 1
12 Other equipment & motor vehicles	0	0						0%	250	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	24,750	0
40.14										:
13 Margin deposits - Domestic 14 Margin deposits - Foreign, deemed to be domestic	0	0								0 0
SUBTOTAL	0	0						0%		0
33,7.1.							2.070		230	
15 Cash	0	0				0			0	0
16 Krugerrands	0	0				0		0%		0
17 Bank balances & deposits - Domestic 18 Bank balances & deposits - Foreign, deemed to be domestic	0	0				0		-	0	0
19 Government & semi-government securities - Domestic	- 0	0				0		0%	1,500	0
20 Government securities - Foreign, deemed to be domestic	0	0				- ö		0%		
21 Outstanding Premiums	0	0				0			0	0
SUBTOTAL OF ITEMS 13 to 21	0	0	0	0	0	0				0
TOTAL	[0	0	0	0	0			1	0)
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING: Total Liabilities (transferred from statement C2) Less: Linked fiabilities (transferred from statement C2) Plus: CAR (transferred from latement C6) Plus: Asset-holding intermediaries' liabilities Total Non-linked Liabilities	0 0 10,000 0 10,000								AUDITORS	

	4 + 5 & 13 + 14	
Admitted values	are the lesser of the	individual, or the t
amounts in the pr	evious column	
ltems4+5:	Individual	
	Total	7
	Admitted	
Items13+14:	Individual	
	Total	
	Admitted	
	F FURTHER EXCES	SES AND FINAL
ADMITTED VALU	62	
		R'000
 If Items 4+5+6+ of the non-linked 	9+10+11+12 exceed	90%
	nabilities, the	
	rabilities, the	
excess is	8+20 exceed 15%	
excess is	8+20 exceed 15%	
excess is 2. If Items 6+14+1 of the non-linked	8+20 exceed 15%	
excess is 2. If Items 6+14+1 of the non-linked excess is;	18+20 exceed 15% liabilities, the	
excess is 2. If Items 6+14+1 of the non-linked excess is: 3. If the admitted	18+20 exceed 15% liabilities, the	
excess is 2. If Items 6+14+1 of the non-linked excess is: 3. If the admitted to 12 exceeds:	18+20 exceed 15% liabilities, the value of items 1	95%
excess is 2. If Items 6+14+1 of the non-linked excess is: 3. If the admitted to 12 exceeds: of the total non-lin	18+20 exceed 15% liabilities, the	
excess is 2. If Items 6+14+1 of the non-linked excess is: 3. If the admitted to 12 exceeds:	18+20 exceed 15% liabilities, the value of items 1	
excess is 2. If Items 6+14+1 of the non-linked excess is; 3. If the admitted to 12 exceeds; of the total non-linis; 4. Overall admitted	i8+20 exceed 15% liabilities, the value of items 1 ked liabilities, the exceed assets:	cess
excess is 2. If Items 6+14+1 of the non-linked excess is; 3. If the admitted to 12 exceeds: of the total non-lin is; 4. Overall admitte	18+20 exceed 15% liabilities, the value of items 1	cess
excess is 2. If Items 6+14+1 of the non-linked excess is; 3. If the admitted to 12 exceeds; of the total non-lin is. 4. Overall admitted Total of column (1	i8+20 exceed 15% liabilities, the value of items 1 ked liabilities, the exceed assets: 1) less 1, 2 & 3 above	e
excess is 2. If Items 6+14+1 of the non-linked excess is; 3. If the admitted to 12 exceeds; of the total non-lin is. 4. Overall admitted Total of column (1	i8+20 exceed 15% liabilities, the value of items 1 ked liabilities, the exceed assets: 1) less 1, 2 & 3 aboverall admitted assets	e s over
excess is 2. If Items 6+14+1 of the non-linked excess is: 3. If the admitted to 12 exceeds: of the total non-lin is 4. Overall admitte	i8+20 exceed 15% liabilities, the value of items 1 ked liabilities, the exceed assets: 1) less 1, 2 & 3 above	e s over

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SHEFT REFERENCE NUMBER
REGISTRAR OF LONG. ERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE

3/16/2009 14 06

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

- 1 In respect of each product being marketed and sold, provide the product name and <u>a short description</u> of the characteristics of the product as well as the premium income as a percentage of the total premium income as follows

 Product name

 - Class of business specifying

Assistance business Disability business Fund business Health business Life business

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

- Premium income (as a % of total premiums received and outstanding)
- Description of benefits payable
 Other information of relevance (e.g. reclassified closed product etc.) Specify

 Specify
- 2 Please indicate whether significant changes in the product thix or the marketing policy of your company are anticipated
- Please provide the following information with regard to retrenchment/job loss cover

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

What percen age is the contribution of each of the following classes of business to the total gross premium of your company to cusiness sold to the low income market (LSM 1-5)

	% of Gross Premiums
Funeral Polic es	0.00%
Credit Policies	0.00%
Life Insurance	0 00%
Mortgage Protection	0.00%
Disability	0.00%
Other	0.00%
TOTAL	0.00%

5 Please provide the following information with regard to credit life insurance

Net Premiums - R'000	Claims - R'000	Commission - R'000	Other Expenses - R'000
Claims settled and rejected			

Claims Received		Claims Rejected	_	Claims Paid	
Number	R'000	Number	R'000	Number	R'000
			T '		

Pnmary reasons for claims - Indicate percentage distribution

Death	Unemployment	Disability	Total
			0%

6 Which distribution channels are used and what percentage is the contribution of each to the total gross premium?

Description	Individual	Group
	% of gross premium	% of gross premium
Mail marketing	0.00%	0 00%
In-house agents	0 00%	0.00%
Independent brokers	0 00%	0.00%
Direct marketing	0 00%	0.00%
Tele-sales	0 00%	0.00%
Other method specify	0 00%	0 00%
•		
TOTAL	0.00%	0.00%

Please provide the following information with regard to claims

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

PUBLIC OFFICER	DATE
AUDITORS (initial)	

Page 1 of 2

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

G05-99-A No number available 3/16/2009 14:06

Statement G5 REPORT in respect of FINANCIAL SOUNDNESS

	of	
	as at the end of the financial period 31/01/2008	
ST	ATUTORY VALUATION METHOD	
1	Is the result of the Statutory Valuation Method favorable?	
	 If "NO", the statutory actuary must provide a detailed report. 	
2	 Does the statutory actuary expect that the result of the Statutory Valuation Method as at a date one year after the valuation date will be favorable (taking into account expected new business during the year as well as bonus and dividend declarations) without recourse to exceptional measures such as an increase in capital? If exceptional measures would be required to ensure a favorable result on the financial soundness basis as at such future valuation, particulars must be provided together with a confirmation by the insurer that such exceptional measures will be taken. 	
NE	W BUSINESS DURING THE PERIOD UNDER REVIEW	
3.	Did the statutory actuary satisfy himself/herself that new business undertaken during the period was entered into on conditions and premium rates that will not endanger the financial soundness of the insurer, bearing in mind, amongst other things, the following:	
	The expected experience of the insurer as regards the mortality and morbidity rates; actual and expected costs; lapses and surrenders; all guarantees and options provided for in such business; the expected net investment return on future investments; the standards applied in the underwriting of risks; the arrangements made as regards reinsurance; the reasonable benefit expectations of policyholders; the expected return on the capital invested in new business in the form of new business strain? If "NO", the statutory actuary must provide the steps that will be taken to rectify this position.	
INV	ESTMENTS	
4.	Did the statutory actuary satisfy himself/herself of the suitability of the assets of the insurer at the valuation date and the insurer's current investment policy in relation to the nature of the insurer's liabilities? • If "NO", provide details.	
5.	Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of future exchange rate fluctuations? * If "NO", provide details.	
6.	Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of the current use of derivative instruments such as futures and options?	
	• If "NO", provide details.	
7.	Does the insurer hold the underlying assets that determine the liability of the insurer in respect	

of linked policies in its own name or in a nominee company in terms of section 34(1) of the Act?

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

G05-99-A No number available 3/16/2009 14 06

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

If "NO", provide steps that will be taken to rectify this position.

REINSURANCE ARRANGEMENTS					
 8 Have the nature and spread of the insurer's reinsurance arrangements and the possible improf non-performance of such reinsurance been considered by the statutory actuary? • If "YES" provide details on what the statutory actuary considered regarding the nature and spread of the insurer's reinsurance arrangements to determine the possible impact of non-performance of such reinsurance? • If "NO", provide reasons why it has not been considered. 	act				
 9. Were only approved reinsurances used to reduce liabilities? If "NO", provide details. 					
GENERAL					
10. Is the statutory actuary satisfied with the following, bearing in mind the financial soundness of the insurer?	f				
(a) The way that linked business is handled with particular regard to any guarantees given in respect of such business.If "NO", provide details.					
(b) Dividends payable to and profits reserved for shareholders.If "NO", provide details.					
 (c) The adequacy of the insurer's capital and reserves in view of the insurer's marketing plans a expected new business. If "NO", provide details. 	nd				
Are there any other matters the (alternate) statutory actuary would like to comment on that an not covered elsewhere in this report? If "YES", provide details.	re				
STATUTORY ACTUARY DA	ATE				
AUDITORS (initial)					

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

G14-99-A

FINAL PRINTOUT DATE Statement G14 3/16/2009 14:06

DISCRETIONARY	PARTICIPATION PRODUCTS REPORT	ISSUED BY	THE DIREC	CTORS
		,		1. 1/2.7
	of `	^		

		DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTO	DRS	4
		of of as at the end of the financial period 31/01/2008	m ?	Service of the servic
	LJ-			
1.	Have you issued a PPFM for the first time during the period under review? (Refer to section 46(2) of the Act) If YES, answer the question below:			
a)	Has •	the PPFM been compiled in accordance with the FSB's Directive 147? If "NO", provide full details why not.		
	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:			
	i.	Please provide details of the changes that were made		
				7
	ÍI.	Provide the reasons for the changes		
]
	ii. •	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.)		
]
,	٧.	Please state why you consider the changes to be fair.		
]
	.:	Lieu the calleghelders been informed of the about 2		1
,	νi. •	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))		_
		When ware the above a Martine 2 (aims the deta(a))		1
,	VIII.	When were the changes effective? (give the date(s))		7

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

to the policyholders.

G14-99-A No number available

3/16/2009 14:06

Statement G14

		DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS	. *;
		of	
		as at the end of the financial period 31/01/2008	.*
	ix	Have you received any queries/complaints/objections from policyholders regarding the changes?	
	•	If "YES", provide details or a summary thereof	
		re there any changes in the Practices of Financial Management?	
	1 1	ES, answer the questions below. Please provide details of the changes that were made	
			_
			_
	II	Provide the reasons for the changes	
	ш	Were the changes approved by the board?	
	٠	If "NO", provide reasons why not	
	ìv.	What were the effects of the changes?	
		(If sub-groups are affected differently, give a short explanation of the effect on each sub-group.)	
			7
		_	
	٧.	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	
		n 123 , provide the method of communication used and attach a copy thereof	
3.	Do a	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 th	ere a charge for third parties to receive a full printed copy of the PPFM? If "YES", disclose the relevant charge.	
		•	
5.	Do a	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.	Аге	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	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

MEDISTRAK OF LONG-TERM INSURANCE KELEKENDE NO	MRE
FINAL PRINTOUT DATE	

3/16/2009 14:06

Statement G14 DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS

of as at the end of the financial period 31/01/2008

Do you have a DPC	3?
-------------------------------------	----

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)
•						
<u>'</u>		<u> </u>				

			ı
· <u> </u>	ļ		
ibe how you have checked that you comply with the PPFN	M and the extent to whi	ch you have complied with the l	PPFM.
			\neg
			_
CHAIF	RMAN	DIRECTO	ж
STATUTORY ACTU	JARY	PUBLIC OFFICE	:R
	nitial)		ΓE

Page 1 of 2

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SMEET PEFERENCE NUMBER
REGISTRAR OF LONG TERM INSURANCE REFERENCE NUMBER

No number available

CROSS BORDER OPERATIONS: SADE BRANCHES / SUBSIDIARIES of as at the end of the financial period 31/01/2008 Description Description Description Description Branch State the total number of branches / subsidiaries rotal liabilities in respect of all branches / subsidiaries Total liabilities in respect of all branches / subsidiaries Total agoss premium income in respect of all branches / subsidiaries Total agos premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per hosts 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 subsidiaries Regulatory capital adequacy requirement (as per hosts 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and requiar reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	Subsidiary N bsidiary - R'000
Description Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction? Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Description Total assets in respect of all branches / subsidiaries Total pross premium income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Total net premium income 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	N bsidiary - R'000
Description Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction? 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 Suit itabilities in respect of all branches / subsidiaries Total idabilities in respect of all branches / subsidiaries Total income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per nome 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	N bsidiary - R'000
Does the insurer have an off-shore branch? subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Description Total assets in respect of all branches / subsidiaries Total iliabilities in respect of all branches / subsidiaries Total income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per nome 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	N bsidiary - R'000
Does the insurer have an off-shore branch / subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Description Total assets in respect of all branches / subsidiaries Total liabilities in respect of all branches / subsidiaries Total pross premium income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Total appears adequacy requirement (as per nome 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	N bsidiary - R'000
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 Description Branch - R'000 Sulfitted in the proper in the property of all branches / subsidiaries Total ilabilities in respect of all branches / subsidiaries Total gross premum income in respect of all branches / subsidiaries Total agross premum income in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per nome 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	bsidiary - R'000
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Total liabilities in respect of all branches / subsidiaries Total gross premium income in respect of all branches / subsidiaries Total prossupremium income in respect of all branches / subsidiaries Negulatory capital adequacy requirement (as per nome 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	
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 host jurisdiction) in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per host 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	d its head
Total premium income in respect of all branches / subsidiaries Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement (as per host 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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	d its head
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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	d its head
subsidiaries Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	d its head
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 Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reporting between the branch / subsidiary an office and indicate the Board of the insurer's assessment of the overall effectiveness of these control systems.	d its head
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Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish full details?	

009 - Published version		Page 2 of 2
State the scope of the activiti	ies of the branch / subsidiary and its role within the insurance group.	
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	sdiction requires that the branch / subsidiary be subject to external audit rm of the insurer undertakes the audit and also provide name of that aud	

Page 1 of 2

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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State	le scope of the activities of the branch? subsidiary and its fole within the insurance gr	тоир.
Indicate that is d	whether the host jurisdiction requires that the branch / subsidiary be subject to exter different to the audit firm of the insurer undertakes the audit and also provide name of	rnal audit. Please be specific whether or not an audit firm f that audit firm.
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	CHAIRMAN	DIRECTOR
	CHAIRIVAN	DIRECTOR
	DIBLIC	DATE
	PUBLIC OFFICER	
	AUDITORS (initial)	

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G15 3-99-A No number available 3/16/2009 14:06

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

order Operations other them	branch husinges or burstone		4h-4 i	2
order Operations other than	branch business or busines	s conducted in a subsidiary	that is operated in the SADO	<u>c region</u>
	ess border insurance services (in office or SADC subsidiary in letail 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 inc the business write R'000
located	1, 000		17,000	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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intermediaries or through the (please give full details)	e insurer's own marketing force			
(please give full details) Has the insurer provided cross	ss border insurance services o	ther than those provided throu	igh a branch office or	
(please give full details) Has the insurer provided cross	ss border insurance services o wards reinsurance business) in	ther than those provided throu	igh a branch office or	
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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

(if yes, please provide full detail in 16 below)

G15.3-99-A

	T DATE		 <u>-</u> -		3/16/2009 14
		CROSS BORDER OPER	itatement G15.3 ATIONS - SADC OTHER	OPERATIONS	
		as at the end of	the financial period 31/	01/2008	
	as your company placed reins fyes, please provide full detail		irer in another SADC countr	у	
	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
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-					
	as your company provided out yes, please provide full detail		er in another SADC country	7	<u> </u>
N	ame of the SADC country whe	ere insurer(s) is/are located	Give a descript	tion of the outsourcing services	s being provided
-		. And the second	~		
				· · · · · · · · · · · · · · · · · · ·	
На	as your company made use of	foutsourcing services provide	ed by an insurer, a person o	r any other entity located	
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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

·	CROSS BORDER OPE	Statement G15.3 RATIONS - SADC OTHER	OPERATIONS	3/16/2009 1
	as at the end o	of f the financial period 31/0	01/2008	
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
Name	%	Name	%	where the person or entit
if upp places provide full de	etail in 18 below)			
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Page 1 of 3

NTOUT DATE				3/16/
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3	CROSS BORDER OPERATIO		RATIONS	
,	e ·	of financial period 31/01/2008	ه پښتار د معد د او د	
				. 4 %
ation on cross border operations other tha	in branch business or business o	onducted in a subsidiary in and	ther country than a SADC cour	<u>ntry</u>
Has the insurer provided cross border insura		persons (not other insurers) other	than a non-SADC branch	
and non-SADC subsidiary in another countr	y than a SADC country?			
(if yes, please provide full detail in 2 below)				
Name of the country	Total liabilities in	Total assets in respect	Total gross premium	Total net premiu
where person(s)	respect of the	of the business written	income of the business	income of the
is/are located	business written R'000	R'000	written R'000	business writter R'000
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Insurer's own marketing force? (please give full details) Has the insurer provided cross border insural (i.e. inwards reinsurence business) in anothe (if yes, please provide full detail in 5 below) Name of the country where insurer(s) is/are located Has the business referred to in 5 above been	nce services (other than those in no r country than a SADC country? Total liabilities in respect of the business written R*000	Total assets in respect of the business written	Total gross premium income of the business written R*000	business written R'000

Page 2 of 3

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

No number available 3/16/2009 14 06

Statement G15.4

	pany placed reinsurance busines	s with an insurer in another col	intry other than a SADC country?	J	
(if yes, please	provide full detail in 8 below)		,,		
	Name of the country where insurer(s)	Name of the insurer/	Type of Reinsurance	Premium Amount Ceded	Reinsurer's exposure
	is/are located	reinsurer	(Proportional or		amount
	.		Non-Proportional)	R'000	R'000
			-		
	-				
	. ~	***			
lac yeyr com	non-resulted automorphism			Г	
	pany provided outsourcing services provide full detail in 10 below)	to an insurer in a country other	than a SADC country ?	L	
	<u> </u>				
	Name of the country w insurer(s), person or entity is/		G	ve a description of the outsourcin services being provided	ng
	madrei(s), person or entity is/	are rocated		services being provided	
-					
					-
	pany made use of outsourcing service	ces provided by an insurer, a po	erson or any other entity located	n another	
ountry that is		nere		n another [ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt	nere		ve a description of the outsourcin	ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt	nere		ve a description of the outsourcin	ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt	nere		ve a description of the outsourcin	ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt	nere		ve a description of the outsourcin	ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt	nere		ve a description of the outsourcin	ng
ountry that is	not a SADC country? provide full detail in 12 below) Name of the country wt insurer(s), person or entity is/a	nere are located	Gi	ve a description of the outsourcin services being provided	ng
ountry that is figes please	not a SADC country? provide full detail in 12 below) Name of the country wt	or any other interest held direc	Gi	ve a description of the outsourcin services being provided	ng
ountry that is figer please	not a SADC country? provide full detail in 12 below) Name of the country with insurer(s), person or entity is/a	or any other interest held directly that is not a SADC country	Gi	ve a description of the outsourcin services being provided is owned by	Name of countr
ountry that is yes, please ple	not a SADC country? provide full detail in 12 below) Name of the country with insurer(s), person or entity is/4 er or not 25% or more of the shares on or entity located in another country provide full detail in 14 below) Name of person or entity holding	or any other interest held directly that is not a SADC country	ctly or indirectly in your company, Name the person or enti of the shares or any in	ve a description of the outsourcin services being provided is owned by	Name of countr where the perso
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LT2008 - Published version Page 3 of 3 CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC SHEET REFERENCE NUMBER G15 4-99-A REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER No number available Statement G15.4

CROSS BORDER OPERATIONS NON-SADC OTHER OPERATIONS of FINAL PRINTOUT DATE A STATE OF THE STA 3/16/2009 14:06 of as at the end of the financial period 31/01/2008 16 Name of insurer(s) in which your company holds Name of the insurer(s) in which your company holds 25% or more of the shares or any other Name of SADC 25% or more of the shares or any other interest country where the directly interest indirectly insurer is located Name Name Is your company party to a joint venture with an insurer located in a country that is not a SADC country? (if yes, please provide full detail in 18 below) 18. CHAIR_ DIRECTOR___ PUBLIC OFFICER_ DATE___ AUDITORS (initial)

FINANCIAL SERVI	CES BOARD.		LONG-TERM INS	URANCE, ACT 1998 - SE	CTION 36					-
NAME OF INSURER:		Please select insurance company name			10/10/Reference numbers/8/2					
	JRN FOR THE PER	HOD		TO Tolophone No. and on						
Prepared by : REVENUE ACCOU	INT - TOTAL		R'000	Telephone No. and ex		UAL &				
GROSS:				GROUPED INDIVIDUAL						R'000
	Premiums receive								Number	Policy
	Claims paid and or	utstanding		Registrate of financial val	nr.				of policies	liabilities
NET:				Beginning of financial year New policies issued	ar					
	Premiums receive	d and outstanding		Policies lapsed					ì	
	- Recurring			Policies terminated			-			
	~ Non-recurring			Policies matured Policies expiring						
LESS.	Claims paid and or	utstanding(net)		Deaths and disabilities		-				
	- Annuities			End of quarter					0	
	 Surrenders/wit Other lumpsun 			MOVEMENT STATISTIC	CS - FUND &					
	Commission(net)			GROUP BUSINESS				_		R'000
	Management expe	enses							Number	Policy
ADD:	Investment income	2		Beginning of financial year	ar				of schemes	liabilities
100.	Realised investme			New schemes issued	-1					
	Unrealised investn	nent surplus(loss)		Schemes terminated						-
	Other income/(exp	enses)		End of quarter					0	<u> </u>
	Excess of income	over expenses	0	1						
		,		INFORMATION PER CL	ASS					
	Taxation Transfer to (from) :	sharoholdar ford		OF BUSINESS	_				1	R'000 Managemen
	Dividends	snarenoider fund			Premiums	Premiums	Retention	Claims	Commission	expenses
INCREASE/(DECR	EASE) IN LONG-TE	RM FUND	0		(gross)	(net)		(net)	(net)	(net)
EINANCI	AL POSITION STA	TEMENT	R'000	Assistance			#DIV/0!			
FINANCI	Linked	Non-	Total	Disability			#DIV/0!			
Assets:		linked		Fund			#DIV/0!			
Cash & Krugerrands				Health			#DIV/0!			
Balances with banks Gilts		1		Life Sinking fund			#DIV/0! #DIV/0!			
Policy loans				TOTAL	0	0			0	0
Mortgage bonds			0							
Debentures Clarms/Debtors			0	AUTOMATIC						
Shares Listed				CALCULATIONS						
Shares Unlisted			0							
Immovable Properties Fixed assets				CAR cover Funding level (before CA	R)					0.00
Foreign appr assets			0	Funding level (after CAR						0.00%
Total assets	0	0	0	Management expenses:		ome				0.00%
Liabilities: Policy liabilities			1 0	Commission: premium in Claims ratio	come					0.00%
Current liabilities				Retention						0.00%
Excess assets	0	0								
CAR Free Assets	0	0	0							
		-		II.						
Spreading of Asse										
Does the insurer cu if yes furnish the foll		ine kinds and sprea	d of assets as conte	emplated in terms of S 31	of Act R'000		Yes			
Total domestic Non-					0]				
Total domestic Non-		CAR			0					
Total Admitted Asse Surplus of overall as		total domestic liabili	ities		0					
		domestic trabit		l	<u> </u>	1				
FIC Compliance	faller and total									
Kindly complete the	rollowing table									
				Number of Customers						
Total Customers Clients sourced dire	ectiv									
Clients sourced from	n other accountable									
institutions		Exemption 4 - Print	nary Accountable							
		Institutions								
Reported Transact										
Number of Suspicio	us and Unusual Tra	ansactions reported								
PUBLIC										
OFFICER (sign:)			DATE							·

	SP			OR DEEMEL	10 BE IN TH	E RSA							
· ·		Flea	se select II ########		1900/01/00								
			пининини	ADD:	LESS:	SURTOTALS	Maximum admi	ssible for each iter	m of this statement		NOTE - ITEMS	4 + 5 & 13 + 14	
DESCRIPTION	Total assets	Linked assets	Non-linked assets	Assets of asset- holding intermediaries 8 investments in linked products	Individual excesses e g banks, debtors, investments &	Assets held, less individual excesses	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	Admitted for each item (the lesser of column (10) or column (7))		re the lesser of the ind	dividual, or the
	R'000	R'000	R'000	R'000	R'000	R'000	%	%	R'000	R'000			
1	2	3	4	5	6	7	В	9	10	11	Items4+5	individual Totai	0
Mortgage bonds Non-convertible debentures	0	0	0			0		-	<u> </u>	-		Admitted	0
3 Any other debtors	0	0	0					-	•		Items13+14.	Individual	0
SUBTOTAL	0	0	0					0%	0		items 75 · · · ·	Total	ő
												Admitted	0
	_											FURTHER EXCESS	ES AND FINAL
4 Shares - listed ordinary, convertible debentures & collective investment			0					· .	0		ADMITTED VALUE	.S	
5 Shares - unlisted - Domestic	0	0	0					0%	0				510.00
SÜBTÖTAL	0)	0	0	[C	0	0	75%	0%	0	0,			R'000
6 Listed securities & shares - Foreign, deerned to be domestic	0	0	0		l o	i o	15%	0%		0	1 If items 4+5+6+9	9+10+11+12 exceed 9	20%
7 Policyholders' loans	0	0	0					0%			of the non-linked li		
8 Policies with other long-term insurers	0	ō	- 0		0	0	-	-	0		excess is		0
9 Property investments	0	0	0					0%	0				
10 Related party(ies) & associated companies	0	0	0					0%	0		2. If Items 6+14+18		
11 Computer equipment	0	0	0					0%	0		of the non-linked la	abilities, the	
12 Other equipment & motor vehicles	0	0	0			<u> </u>		0%	0		excess is		0
SUBTOTAL OF ITEMS 1 to 12	0	0	0		0	0	95%	0%.	0	C	3. If the admitted vi	alon of Home 1	
40 Marsia december Parrection	0	0	0	1 0	ıl o	1 0	2.5%	0%	0	0	to 12 exceeds:	959	9/.
13 Margin deposits - Domestic 14 Margin deposits - Foreign, deemed to be domestic	0	0	0					0%	- 0		of the total non-link		70)
SUBTOTAL	- 0	0	0					0%			excess is:	ed habinaes, the	0
SOBIOTAL													
15 Cash	0	0	0		0	0			0		4 Overall admitted	assets	
16 Kruperrands	0	0	0					0%	0		Total of column (11) less 1, 2 & 3 above	0
17 Bank balances & deposits - Domestic	0	0	0					-	0				
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0					0%	0			verall admitted asse	
19 Government & semi-government securities - Domestic	0		0		1 -				0		over total	al non-linked liabilitie	
20 Government securities - Foreign, deemed to be domestic	0		0				1010		0	0			0
21 Outstanding Premiums	0	0	0					- 1		0			
SUBTOTAL OF ITEMS 13 to 21	U U		0				4						
TOTAL	0	0	0	(0]			0			
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING: Total Liabilities Less: Linked liabilities Plus: CAR Plus: Asset-holding intermediaries' liabilities Total Non-linked Liabilities	0 0 0 0 0								AUDITORS				

EPORTING PERIOD	1900/01/00	то	1900/01/00			
Fuli Names & Sumame	Date appointed 2	Date resigned	Identity/ Passport Number	Position held		
DIRECTORS						
DIRECTORS						
ALTERNATE DIRECTORS						
				<u> </u>		
MANAGING EXECUTIVES			,			
			-			
PUBLIC OFFICER			_			
als and surname						
ephone (including area code) (including area code)						
lphone						
ıail						
AUDITOR RESPONSIBLE PARTNER						
RESPONSIBLE PARINER						
ACTUARY						
	- '					