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#### **BOARD NOTICE**

#### BOARD NOTICE

#### **BOARD NOTICE 134 OF 2012**

#### SHORT-TERM INSURANCE ACT NO. 53 OF 1998:

## AMENDMENT OF BOARD NOTICE 55 OF 2011: 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 amend Board Notice 55 of 2011, published in *Government Gazette* No. 34119 of 18 March 2011, by substituting the ST2011 statutory return (i.e. annual and quarterly) with the ST2012 statutory return as set out in the schedule.

Further hereto, I hereby notify, in terms of section 35(1) of the Short-term Insurance Act, 1998, that every short-term insurer shall furnish the Registrar –

- (a) within a period of four months after the expiration of each financial year with an audited statutory return and a copy of its financial statements relating to its business; and
- (b) within a period of one month after the expiration of each quarter of its financial year with a statutory return relating to its business.
- (c) The aforementioned statutory returns must be submitted in an electronic format and in a A4 paper copy format.

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 2012, and applies in respect of the full financial period that ends on the aforementioned date.

STISHUM DP TSHIDI

Registrar of Short-term Insurance

### **SCHEDULE**

## SHORT-TERM INSURANCE QUARTERLY RETURN

#### FINANCIAL SERVICES BOARD - REGISTRAR OF SHORT-TERM INSURANCE

#### SHORT-TERM INSURANCE QUARTERLY RETURN IN TERMS OF SECTION 35 OF THE STIA,1998

THE PRESCRIBED RETURN MUST BE SUBMITTED BY ALL INSURERS REGISTERED TO TRANSACT SHORT-TERM INSURANCE BUSINESS IN TERMS OF THE SHORT-TERM INSURANCE ACT, 1998.

FOR THE SAKE OF CONSISTENCY AND COMPLETENESS OF STATISTICAL INFORMATION COMPILED FROM THE RETURNS, IT IS ESSENTIAL THAT INSURERS COMPLETE ALL ITEMS WHICH SHOULD OR CAN BE COMPLETED. NO ITEMS MAY BE DELETED AND OTHER ITEMS INSERTED IN THE PLACE THEREOF.

#### DISCI AIMER:

This spreadsheet was designed by the Financial Services Board and it may be copied.

However, the Financial Services Board accepts no responsibility for any loss or damage arising from its use, nor for any decision made by the insurer based on information or calculations made by, or obtained from the spreadsheet.

#### INFORMATION REGARDING THE QUARTERLY RETURN

This return does not have to be audited.

This return will not be available for public inspection. However, this does not prevent the Financial Services Board from making available the aggregate figures for the industry in its entirety.

This return must be submitted within 30 days of the end of the quarter to which it relates.

#### HOW TO COMPLETE AND SUBMIT THE QUARTERLY SPREADSHEET:

- 1. The spreadsheets must be completed in Excel.
- 2. The return is cumulative from the start of the insurer's financial year to the latest quarter end.
- 3. This return consists of six sheets with "Prudential" relating to financial matters, "Spreading of assets" relating to the kind and spread of assets as contemplated in Section 30 of the Act, "CAR & IBNR Calculation" relating to IBNR calculation and the capital adequacy requirement calculation and "Directors, Officers and Auditors" to the statutory information on the directors, executive management, public officer and the auditors.
- 4. Income and expenditure figures should exclude value added tax (VAT).
- 5. All figures should be rounded off to the nearest thousand rand.
- 6. An originally signed copy of the return must be submitted, even if it is a nil return, to Insurance Prudential Department, Financial Services Board, Rigel Park, Riverwalk Office Park Block B, 41 Matroosberg Road, Ashlea Gardens Ext 6
- 7. The electronic copy of the return must be e-mailed to: <a href="mailto:insurance.prudential@fsb.co.za">insurance.prudential@fsb.co.za</a>
- 8. This information page need not be printed.

### NOTE:

ONLY SHADED AREAS, e.g.  REQUIRE FIGURES OR INFORMATION TO BE ENTER! WHERE APPLICABLE. ALL OTHER AREAS (PROTEC' CELLS) WILL CONTAIN AUTOMATIC CALCULATIONS INFORMATION OR DATA OR MUST REMAIN BLANK.	TED
AREAS (CELLS).	CILD

THE RETURN MUST BE PRINTED AND SUBMITTED, EVEN IF NIL.

FINANCIAL SERVICE	ES BOARD.					SHORT-TERM IN:	SURANCE ACT 1998 (ACT) - SECTION 35	#VA	LUE!
	NAME OF INSU	URER:			Insurance Compa	ny Limited			
RETURN FOR THE F Number of months i		d under review		2012/09/30 12		2012/12/31			
This Quarter	iii iiiiaiiciai perioc	u under review	,	Q2					
Prepared by :							Telephone No. and ext.		
OPERATING STATE	MENT - TOTAL					R'000		This	Previous
								quarter	quarter
Gross premiums writt	ten Domestic					0	ASSETS	end R'000	end R'000
L .	Foreign					0:	Cash		0
Reinsurance	Proportional					0	Krugerrands Balances with banks	D 0	
	Non-proportional					0	Gilts	0	0
Net premiums written						0	Outstanding premiums	Q	
	Domestic Foreign					0	Reinsurance deposits Long term policies-linked	0	
			0%		Retained		Long term policies-non linked	0	0
	Premiums earne					0.	Mortgage bonds	······································	
То	{ LESS: Claims					0	Debentures	<u>0</u>	
agree with	{ Commission { Expenses					0		0	
B,C,D	{ Expenses	mouned					- Unquoted	0	
totals	Underwriting s	surplus				0	•	D	
							Land & buildings	D	
	ADD: Investme					0	Fixed assets	D	
	Realised invest	tment surplus				Q	Other assets	0	
Sub total :			0%		of n.p.w.	0	(1) TOTAL ASSETS		0 0
Unrealised investmen	nt surplus				<b>-</b>		Foreign Asset (Included in total assets)		
Any other income/(ex						0			
Contingency Reserve	e decrease/(incr.)					0	LIABILITIES		
Defect to := "==						•			
Before taxation LESS: Est. taxation (	Current + def \					0	Unearned premium provision	0	·
LLOG. LSt. taxation (	Dividends declar	ed				0	Outstanding Claims	0	
						Reduction to the American Co.	IBNR	Ö	
INCREASE/(DECR.)	IN SURPLUS ASS	SETS				0	Unexpired risk provision	0	
							Due to insurers & reinsurers	0	
NET UNDERWRITIN	IC DECIII TO DEC	CI ASS D'00	20				Reinsurance deposits Bank overdrafts	0	
NET UNDERWITTIN	IG RESULTS FER	( CLA33 - K 00	,,,				Provision for taxation		
	(A)	(B)	(C)	(D)	(E)	(F)	Provision for deferred tax	0	0
	Premiums	Retention	Claims	Commission	Expenses	Underwr.	Contingent liabilities	0	
	written	%	incurred	1		surplus	Other (Specify):	0	
Property	0.	0%	-:-:	1	0	1 · · · · · · · · · · · · · · · · · · ·		0	
Transportation	0	0%	· · · · · · · · · · · · · · · ·		0				4
Motor		0%	0.						
Accident & Health	0	0%	0		0		(2) TOTAL LIABILITIES		
Guarantee	0	0% 0%	0		0		Foreign liabilities incl in total liabilities	0	0
Liability Engineering	0	0%	0						
Miscellaneous	0	0%	0						
TOTALS	0	0%	0	0		0			
Note: Net premium	s earned = (C)+(D	D)+(E)+(F)							
		, , , , ,				T	_		
AUTOMATIC CALCULATIONS:			% Claims	% Commission/	% Expenses/	% Underwr.			
Percentages to			incurred/	written	written	surplus/			
premiums>			earned			written			
Property			0.0%						
Transportation Motor			0.0%						
Accident/Health			0.0%						
Guarantee			0.0%	0.0%	0.0%	0.0%			
Liability			0.0%				3		
Contract/Engineer			0.0%						
Miscellaneous OF TOTALS			0.0%						
0									
Spreading of Asset Does the insurer cur if yes furnish the foll Total domestic Asse Total domestic liabili Individual excess Aggregate excess Surplus of overall ad	rrently comply with lowing information ets ities	ı:		ts as contempl	ated in terms of S	30 of Act	R'000 0 10000 0 0 -10000	N	
	PUE	BLIC OFFICER					DATE		
	PUE	BLIC OFFICER					DATE		

CAPITAL ADEQUACY I of ABC Insurance Cor 2012/12/3	npany Limited	
1	2	3
DESCRIPTION	World-wide R'000	In RSA R'000
1. CAPITAL ADEQUACY REQUIREMENT (i) MCR	10 000	10 000
Absolute minimum requirement	10 000	10 000
Operating Expenses (Per reporting period)	10 000	10 000
Annualised Operating Expenses	0	0
Premium Income (net of all reinsurance)		-
12 months preceding previous financial year end		
12 months emmediately preceding the calculation		
Statutory approved different MCR (If applicable)		TANAN AND AND THE PROPERTY OF
Date of statutory approval for different MCR (If Applicable-YY/MM/DD)	1	
(ii) SCR	0	0
BSCR	-	-
Insurance Risk Capital		
Market Risk Capital		
Credit Risk Capital		
Operational Risk Capital (OP)	-	· -
BasicOP	-	-
Operational Risk Capital (OPprovisions)		
Operational Risk Capital (OPpremium)		
(iii) CAPITAL ADEQUACY REQUIRMENT (CAR)	10 000	10 000
2. NET ASSETS: STATUTORY BASIS		
(i)Total Assets	0	0
(ii) Less: Total Liabilities	[12:14:15:15:15:15:15:15:15:15:15:15:15:15:15:	0
(iii) Sub total: Net Assets	0	0
Less: Capital Adequacy Requirement [per 1(iii)]	10 000	10 000
SURPLUS / SHORTFALL OF ASSETS	-10 000	-10 000
Net assets as a % of net premiums (current year)	0.0%	0.0%
CAR Cover	0.00	0.00

		9	IBNR I Inited	To gi cai				
			2012/12/31					
		2	3	4	5	9	7	8
NOIEGION	Financial year end	2012 Q2	2011 02	2010 Q2	2009 02	2008 Q2	2007 Q2	
DESCRIPTION OF THE PROPERTY OF	Development Year	0	-	2	3	4	2	
IBNR Factors Per Business Class								_
				Factors per de	Factors per development period			
1 Accident and Health		2.67%	1.12%	0.26%	0.10%	0.07%	%90:0	
2 Engineering		6.62%	2.90%	1.92%	1.67%	1.60%	1.58%	
3 Guarantee		16.32%	2.00%	1.78%	0.86%	0.60%	0.53%	
		12.49%	4.47%	1.65%	%99.0	0.31%	0.19%	
5 Miscellaneous	A STATE OF THE STA	7.18%	1.17%	0.25%	0.11%	%60:0	0.08%	
6 Motor		3.43%		%60:0	0.04%	0.03%	0.03%	
7 Property		5.98%		0.15%	0.04%	0.03%	0.02%	
8 Transportation	erita (ama ana arita) anisti (amis anima) perimana penganjan (penganjan) penganjan (penganjan)	7.20%	1.31%	0:30%	0.12%	0.09%	%60:0	
			12 months	gross eamed pre	12 months gross eamed premium immediately preceding	receding		Gross IBNR reserve
Gross ibnk per business class		2012 02	2011 02	2010 02	2009 02	2008 Q2	2007 Q2	per business class
9 Accident and Health			,					
10 Engineering	The second secon			1	•		-	•
11 Guarantee				-	•	1	i	•
12 Liability		,		•	-	-		
13 Miscellaneous	Same disconnection of the second seco					1		•
14 Motor	in ball the contract of the co						•	
15 Property		ı		-	-	-		
16 Transportation	And the second		•		•			•
17 Green IBMB recome nor development period	poriod					,	1	
Closs IBNR leserve per development								
18 Gross IBNR Reserve								
			12 month	s not earned prem	12 months not earned premium immediately preceding	popular		Net IBNR reserve
Net IBNR per business class			1	o ilor carrioa bi ci	d financial			per business class
The second secon	enclared engineering the enterprise for a second	2012 Q2	2011 Q2	2010 Q2	2009 Q2	2008 Q2	2007 Q2	Current Year
19 Accident and Health					•			
20 Engineering	minimum constitution of the constitution of th							
21 Guarantee								-
22 Liability 2.2. Miscellaneous	maken mengalaman dan menangkan dan sebagai		•				,	
24 Motor			-					1
25 Property				•		1		-
26 Transportation				1		•		
27 Net IBNR reserve per development period	t period	•	•	-				•
28 Net IBNR Reserve								
		Domestic R'000	Foreign R'000	Total R'000				
29 Statutory approved different IBNR		0	0	0				

		SPRE	READ OF DOMESTIC ASSETS (INCLUDING FOREIGN ASSETS DEEMED TO BE DOMESTIC) of ABC Insurance Company Limited 2012/12/31	ESTIC ASS	ETS (INCLU of ABC Insi	ETS (INCLUDING FOREIGN ASSETS of ABC Insurance Company Limited 2012/12/31	IGN ASSET pany Limite	S DEEMED	TO BE DOI	IESTIC)	
	2	8	4	2	9	7	8	6	10	11	12
	0000	Domestic	ADD Assets	LESS		Maximum	Maximum admissible for each item of this statement	or each item nt		NOTE - ITEMS 4 + 5, 13 + 14	
Domestic assets must exceed the following :	2000	assets and foreign	of asset- holding	Individual	Subtotals:	Per	Percentages	Total	Admitted for each item	Admitted values are the lesser of the individual or the total amounts	
1 Domestic liabilities plus capital adequancy	10 000	deemed to	intermediari es and	e.g. Banks, debtors,	less			liabilities *	of the	in the previous column	R'000
		be domestic per	linked	investments	excesses	Per reg. 3	Dispensatio	greater of the 2	column or		
3 Total domestic liabilities plus capital adequacy requirements	10 000	statement E9	policies	property		to the Act	ns given	percentage s	subtotal)	Items 4+5: Individual	
<b>4</b> 5		R'000	R'000	R:000	R'000	%	%	R'000	R'000	1 otal Admitted	0
6 1. Mortgage bonds		0	0	0	0	%0.0	%0.0	0	0	Items13+14: Individual	0
		0	0	0	0	%0.0	%0.0	0	0	Total	0
8 3. Any other debtors*	en manatananan'a jerhara majajana atau jer	0	0	0	0		%0.0	0	0	Admitted	0
		0	0	0	0	25.0%	%0.0	2 500	0		
10 4. Shares - Ordinary, and convertible debentures - Domestic	res - Domestid	0	0		0	20.0%	0.0%	5 000	0	CALCII ATION OF EI IBTHER EXCESSES AND FINAL ADMITTED	
		0	0	0	0	40.0%	%0.0	4 000	0	VALUES	
		0	0	0	0	65.0%	%0.0	6 500	0		R'000
13 6. Listed securities+shares - Foreign, deemed to be Dom.	I to be Dom.	0	0	0	0	15.0%	%0.0	1 500	0	1 If Items 6+14+18+20 exceed 15% of liabilities, the excess is	0
		0	0	0	0			0	0		
		0	0	0	0	10.0%	0.0%	1 000	0	2 if the admitted value of items 1 to 12	
	and the second s	0	0	0	0	2.0%	%0.0	200	0	exceeds 70.0%	
	control forms and an anomal anomal and an anomal and an	0	0	0	0	2.0%	%0.0	200	0	of total domestic liabilities, the excess is	0
	AND THE RESERVE AND THE PERSON NAMED IN COLUMN	0	0	0	0	2.5%	0.0%	250	0		
19 12. Investment policies-non linked		0	0	0	0			O	O	3. Overall admitted assets:	
20 Total of items 1 to 19		0	0	0	0	70.0%	0.0%	12 750	0	Total of the previous column, less 1 and 2 above	
21 13 Margin deposits - Domestic		0	0	0	0	2.5%	0.0%	250	0	4 Surplus of overall admitted assets over total domestic liabilities	-10 000
	Domestic	0		0	0	2.5%	0.0%	250	0		
23 Sub total		0		0	0	2.5%	%0.0	250	0		
24 15 Cash		0	0	0	0			0	0		
		0	0	0	0	10.0%	%0.0	1 000	0		
		0	0	0	0			0	0		
27 18. Bank balances+deposits - Foreign, deemed to be Dom.	ed to be Dom.	0		0	0	15.0%	%0.0	1 500	0	DATE OF ANY DISDENSATION COANTED SOM	
28 19. Securities - Domestic	etic		0 0	0 0	5 0	15.0%	%00	1 500	0	SPREADING REQUIREMENTS	
	250	0		0	0				0	1	
	market in the second control of the second c							_			
31 Overall total		0	0	0	O			_	ס		

## SHORT-TERM INSURANCE ANNUAL QUANTITATIVE RETURN (ST2012)

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#### SHORT-TERM INSURANCE ACT (NO. 53 OF 1998) **SHORT-TERM QUANTITATIVE RETURN** ABC INSURANCE COMPANY LIMITED

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

10/10/0/8 2012/01/31 4/4/2012 9:39

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B2	Underwriting	REINSURANCE UNDERWRITING RESULTS	1	2.0	2011-01-01
В3	Underwriting	STATEMENT REPEALED			2008-01-01
B4	Underwriting	GROSS AND REINSURANCE PREMIUM ANALYSIS	1	3.0	2012-01-01
B5	Underwriting	NET UNDERWRITING RESULTS	1	3.0	2012-01-01
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E7 E8	Assets Assets	DERIVATIVES	1	2.0	2011-01-01
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#### SHORT-TERM INSURANCE ACT (NO. 53 OF 1998) **SHORT-TERM QUANTITATIVE RETURN** ABC INSURANCE COMPANY LIMITED

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

10/10/0/8 2012/01/31 2012/04/04 09:39

Statement	Section	Description	No. of pages	Version	Issue/Amendment date
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J10	Reinsurance	REINSURANCE DETAILS REGARDING ENGINEERING	1	1.0	2006-01-01
J11	Reinsurance	REINSURANCE DETAILS REGARDING MISCELLANEOUS	1	1.0	2006-01-01
K1	Stress & Scenario tests	SINGLE FACTOR STRESS TESTS ON STATUTORY SURPLUS	1	2.0	2012-01-01
K2	Stress & Scenario tests	SINGLE FACTOR AND SCENARIO TESTS ON STATUTORY SURPLUS	1	2.0	2012-01-01

Total number of pages for confidential statements 26

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	SHORT-TERM INSURANCE ACT (NO. SHORT-TERM QUANTITATIVE R ABC Insurance Company Limite	ETURN	
REGISTRAR OF SHORT-TERM I END OF PERIOD UNDER REVIE FINAL PRINTOUT DATE	NSURANCE REFERENCE NUMBER W		10/10/0// 2012/01/3 2012/04/04 09:3
	VALIDATION TOOL		
Reference	Description	Amount R'(000) Where Applicable	Indicator
1. General checks  Are the following sections com  1. Statement A1, cell E11  2. Statement A1, cell E12  3. Statement A1, cell E13  4. Statement A1, cell E15  5. Statement A1, cell E32  7. Statement A1, cell E32  7. Statement A1, cell E33  8. Statement A1, cell E36  9. Statement A1, cell E39  10. Statement A1, cell E39  11. Statement A1, cell E42  11. Statement A1, cell E43	pleted on Statement A1? Insurance reference number End of financial period Name of short-term insurer Number of months in financial period under review Certificate number Initials and surname of Public Officer Initials and surname of contact person regarding the return Initials and surname of Chairperson Initials and surname of Chairperson Initials and surname of Chief Executive Officer Name of first Audit Firm Initials and surname of Responsible Partner of the Audit Firm	10/10/0/8 2012/01/31 ABC Insurance Company Limited 12 0 0 0 0 0	OK OK OK OK Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete Incomplete
2. Total Gross Premiums	Written		
From Statement B1  1. Statement B1, cell E16  2. Statement B1, cell E19  4. Statement B1, cell E23	Direct premiums written Reinsurance premiums inwards Other Gross Premiums Written	0 0 0 0	OK
From Statement B4 1. Statement B4, cell G17  From Statement B5 1. Statement B5, cell F19	Gross Premiums Written  Gross Premiums Written	0	OR
3. Total Reinsurance Pren From Statement B2	niums	T	
Statement B2, cell G15     Statement B2, cell G19	Reinsurance premiums paid Other Total Reinsurance Premiums	0 0	
From Statement B4 1. Statement B4, cell G34	Total Reinsurance Premiums	0	OK
From Statement B5  1. Statement B5, cell F20	Total Reinsurance Premiums	0	
4. Proportional Reinsuran From Statement B2	ce Premiums		
1. Statement B2, cell G17	Proportional Reinsurance Premiums	0	
From Statement B4 1. Statement B4, cell G21 2. Statement B4, cell G28	Domestic: Proportional Foreign: Proportional Proportional Reinsurance Premiums	0 0	OK
5. Non Proportional Reins From Statement B2	surance Premiums		
1. Statement B2, cell G18	Non Proportional Reinsurance Premiums	0	
From Statement B4  1. Statement B4, cell G23  2. Statement B4, cell G25  3. Statement B4, cell G26  4. Statement B4, cell G30  5. Statement B4, cell G32  6. Statement B4, cell G33	Domestic: Expiring at year end Domestic: Expiring after year end - The part relating to this year end Domestic: Expiring after year end - The part relating to next year Foreign: Expiring at year end Foreign: Expiring after year end - The part relating to this year Foreign: Expiring after year end - The part relating to next year Non Proportional Reinsurance Premiums	0 0 0 0 0 0	OK

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	SHORT-TERM INSURANCE ACT (N SHORT-TERM QUANTITATIVE ABC Insurance Company Li	RETURN	
REGISTRAR OF SHORT-TERM I END OF PERIOD UNDER REVIE FINAL PRINTOUT DATE	NSURANCE REFERENCE NUMBER W		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION TOOL		
Reference	Description	Amount R'(000) Where Applicable	Indicator
6. Net Premiums Written From Statement B5  1. Statement B5, cell F21	Net Premiums Written	Constitution (page 100) is distributed by the first first of the foreign the first of the first	
From Statement B4 1. Statement B4, cell G35	Net Premiums Written	0	ОК
From Statement F1  1. Statement F1, cell E13	Net Premiums Written	0	
7. Net Earned Premiums: From Statement B5 1. Statement B5, cell F26	Total  Net Earned Premiums: Total		
	Net Earned Premiums Q2 Net Earned Premiums Q3	0 0 0 0 0	ОК
7.1 Net Earned Premiums:	Property		
From Statement B5 1. Statement B5, cell G26	Net Earned Premiums: Property	0	
Statement D1.1, cell AE3     Statement D1.1, cell AE3     Statement D1.1, cell AE3	5 Net Earned Premiums Q1 6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Property	000000000000000000000000000000000000000	ОК
7.2 Net Earned Premiums: From Statement B5	Transport		
1. Statement B5, cell H26	Net Earned Premiums: Transport	0	
Statement D1.2, cell AE3     Statement D1.2, cell AE3     Statement D1.2, cell AE3	5 Net Earned Premiums Q1 6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Transport	000000000000000000000000000000000000000	ОК
7.3 Net Earned Premiums: From Statement B5	Motor		
Statement B5, cell I26  From Statement D1.3     Statement D1.3, cell AE3     Statement D1.3, cell AE3     Statement D1.3, cell AE3     Statement D1.3, cell AE3	Net Earned Premiums: Motor  5 Net Earned Premiums Q1 6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Motor	0 0 0 0 0	ОК
7.4 Net Earned Premiums:	Accident and Health		
Statement D1.4, cell AE3     Statement D1.4, cell AE3     Statement D1.4, cell AE3	Net Earned Premiums: Accident and Health  5 Net Earned Premiums Q1 6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Accident and Health	0 0 0 0 0 0	OK
7.5 Net Earned Premiums:	Liability		

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	SHORT-TERM INSURANCI SHORT-TERM QUAN ABC Insurance Co	TITATIVE RETURN	
REGISTRAR OF SHORT- END OF PERIOD UNDER FINAL PRINTOUT DATE	TERM INSURANCE REFERENCE NUMBER REVIEW		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATIO	N TOOL	
Reference	Description	Amount R'(000) Where Applicable	Indicator
From Statement B5 1. Statement B5, ce	L26 Net Earned Premiums: Liability		0
2. Statement D1.5, o 3. Statement D1.5, o	cell AE35 Net Earned Premiums Q1 cell AE36 Net Earned Premiums Q2 cell AE37 Net Earned Premiums Q3 cell AE38 Net Earned Premiums Q4 Total Net Earned Premiums: Liability		0 0 0 0

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		SHORT-TERM INSURANCE ACT (NO. SHORT-TERM QUANTITATIVE RI ABC Insurance Company Limite	ETURN	
END	STRAR OF SHORT-TERM II OF PERIOD UNDER REVIE L PRINTOUT DATE	NSURANCE REFERENCE NUMBER N		10/10/0/8 2012/01/31 2012/04/04 09:39
		VALIDATION TOOL		
	Reference	Description	Amount R'(000) Where Applicable	Indicator
7.6	Net Earned Premiums:	Engineering		
From	Statement B5  1. Statement B5, cell M26	Net Earned Premiums: Engineering	0	
	Statement D1.6  1. Statement D1.6, cell AE3  2. Statement D1.6, cell AE3  3. Statement D1.6, cell AE3  4. Statement D1.6, cell AE3	6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Engineering	0 0 0 0	ОК
7.7 From	Net Earned Premiums: Statement B5	Guarantee		
	Statement B5, cell K26  Statement D1.7	Net Earned Premiums: Guarantee	0	
TOIT	Statement D1.7, cell AE3:     Statement D1.7, cell AE3:     Statement D1.7, cell AE3:     Statement D1.7, cell AE3:     Statement D1.7, cell AE3:	6 Net Earned Premiums Q2 7 Net Earned Premiums Q3	0 0 0 0 0	OK
7.8 Erom	Net Earned Premiums: Statement B5	Miscellaneous	T	
70111	Statement B5, cell N26	Net Earned Premiums: Miscellaneous	0	
	Statement D1.8  1. Statement D1.8, cell AE3: 2. Statement D1.8, cell AE3: 3. Statement D1.8, cell AE3: 4. Statement D1.8, cell AE3:	6 Net Earned Premiums Q2 7 Net Earned Premiums Q3 8 Net Earned Premiums Q4 Total Net Earned Premiums: Miscellaneous	0 0 0 0 0	ОК
8. 8.1	Unearned Premium Pro- Domestic And Foreign	vision		
8.1.1	Statutory Basis (net of a Statement B5	pproved reinsurance)		
	<ol> <li>Statement B5, cell F23</li> <li>Statement B5, cell F24</li> </ol>	Unearned Premium Provision Cash-back provision - closing Total	0	
FIOIII	Statement D2  1. Statement D2, cell O19	Unearned Premium Provision	0	OK
From	Statement D3 1. Statement D3, cell G18	Unearned Premium Provision	0	
	Statement E9 1. Statement E9, cell E41	Unearned Premium Provision	0	
<b>8.1.2</b> From	Accounting Basis (net of Statement C2	f all reinsurance)		
	Statement C2, cell D58     Statement C2, cell D32	Gross provision for unearned premiums Minus: Reinsurers' share of provision for unearned premiums Unearned Premium Provision	0 0 0	ок
From	Statement E9 1. Statement E9, cell H41	Unearned Premium Provision	0	

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	SHORT-TERM INSURANCE AC SHORT-TERM QUANTITA ABC Insurance Compar	TIVE RETURN	
REGISTRAR OF SHORT-TERM IN END OF PERIOD UNDER REVIEV FINAL PRINTOUT DATE	NSURANCE REFERENCE NUMBER N		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION TO	OOL	
Reference	Description	Amount R'(000) Where Applicable	Indicator
8.2 Domestic			
8.2.1 Statutory Basis (net of a From Statement B5	pproved reinsurance)		
<ol> <li>Statement B5, cell F23</li> <li>Statement B5, cell F24</li> <li>Statement B5, cell O23</li> <li>Statement B5, cell O24</li> </ol>	Unearned premiums - closing Cash-back provision - closing Minus: Foreign only UPP closing Minus: Foreign only Cash-back closing Unearned Premium Provision	0 0 0 0 0	OK
From Statement D3  1. Statement D3, cell E18	Unearned Premium Provision	0	
From Statement E9 1. Statement E9, cell F41	Unearned Premium Provision	0	
9. Outstanding Claims Res 9.1 Domestic And Foreign	serve		
9.1.1 Statutory Basis (net of a	pproved reinsurance)		
From Statement B5  1. Statement B5, cell F33	Outstanding Claims Reserve	0	
From Statement D3 1. Statement D3, cell G28	Outstanding Claims Reserve	0	ОК
From Statement E9 1. Statement E9, cell E42	Outstanding Claims Reserve	0	
9.1.2 Accounting Basis (OCR	+ IBNR net of all reinsurance)		
From Statement C2  1. Statement C2, cell D60  2. Statement C2, cell D33	Gross outstanding claims Minus: Reinsurers' share of outstanding claims Total Outstanding Claims Reserve	0 0 0	
From Statement E9 1. Statement E9, cell H42 2. Statement E9, cell H43	Outstanding Claims Reserve IBNR Total Outstanding Claims Reserve	0 0 0	OK
From Statement D1 1. Statement D1, cell Q121 2. Statement D1, cell Q125	Outstanding claims provisions made at end of this year IBNR provisions made at end of this year Total Outstanding Claims Reserve	0 0 0	
9.2 Domestic			
9.2.1 Statutory Basis (net of a From Statement B5	pproved reinsurance)		
Statement B5, cell F33     Statement B5, cell O33	Outstanding claims - Closing total Minus: Outstanding claims - Closing Foreign Outstanding Claims Reserve	0 0	
From Statement D3 1. Statement D3, cell E28	Outstanding Claims Reserve	0	OK
From Statement E9 1. Statement E9, cell F42	Outstanding Claims Reserve	0	
10. IBNR Reserve 10.1 Domestic And Foreign			
10.1.1 Statutory Basis (net of a	approved reinsurance)		
From Statement B5  1. Statement B5, cell F34	IBNR Reserve	0	
From Statement D3 Statement D3, cell G43	IBNR Reserve	0	ОК

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		T-TERM INSURANCE ACT (NO. 5 HORT-TERM QUANTITATIVE RE ABC Insurance Company Limited	TURN	
REGISTRAR OF SHORT- END OF PERIOD UNDER FINAL PRINTOUT DATE	TERM INSURANCE REFERENCE REVIEW	NUMBER		10/10/0/8 2012/01/31 2012/04/04 09:39
		VALIDATION TOOL		
Reference	Description		Amount R'(000) Where Applicable	Indicator
From Statement E9 1. Statement E9, ce	II E43 IBNR Reserve			0

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	SHORT-TERM QUANTITA	ATIVE RETURN	
SHORT-TERM QUANTITATIVE RETURN ABC Insurance Company Limited  EEGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER END OF PERIOD UNDER REVIEW  FINAL PRINTOUT DATE  VALIDATION TOOL  Reference  Description  Amount Fig000 Finence Application  Print (1900) Finence Application  Reference  Description  Reference  Reference  Description  Reference  Reference  Description  Reference  Reference  Reference  Description  Re	10/10/0/8 2012/01/31 2012/04/04 09:39		
ABC Insurance Company Limited   10			
Reference	Description	R'(000)	Indicator
	STEAR OF SHORT-TERM INSURANCE REFERENCE NUMBER   101-1008   201-2004-04 09:39		
	pproved reinsurance)		
<ol> <li>Statement B5, cell F34</li> </ol>	Minus: IBNR - closing Foreign	0	
	IBNR Reserve	0	OK
1. Statement E9, cell F43		0	
	n		
	Unexpired Risk Provision	0	OK
	Unexpired Risk Provision	0	OK
		Γ	
Statement B5, cell F30     Statement B5, cell F31	Salvages and recoveries	0	ок
	Claims Paid: Total	0	
Statement B5, cell G30     Statement B5, cell G31  From Statement D1.1	Salvages and recoveries Claims Paid: Property	0 0	ОК
1. Statement D1.1, cell P44	Claims Faid. Property	0	
	ation		
1. Statement B5, cell H30	Salvages and recoveries	0	ОК
	Claims Paid: Transportation	0	
1. Statement B5, cell I30	Salvages and recoveries	0	ОК
	Claims Paid: Motor	0	,

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	SHORT-TERM INSURANCE SHORT-TERM QUANTI ABC Insurance Com	ITATIVE RETURN	
REGISTRAR OF SHORT-TERM II END OF PERIOD UNDER REVIEV FINAL PRINTOUT DATE	SURANCE REFERENCE NUMBER	,,	10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION	I TOOL	
Reference	Description	Amount R'(000) Where Applicable	Indicator
13.5 Claims paid: Accident a	nd Health		
From Statement B5 1. Statement B5, cell J30 2. Statement B5, cell J31	Claims and claims expenses paid Salvages and recoveries Claims Paid: Accident and Health	0 0	ОК
From Statement D1.4  1. Statement D1.4, cell P44	Claims Paid: Accident and Health	0	
13.6 Claims paid: Guarantee			
From Statement B5 1. Statement B5, cell K30 2. Statement B5, cell K31	Claims and claims expenses paid Salvages and recoveries Claims Paid: Guarantee	0 0	ОК
From Statement D1.7  1. Statement D1.7, cell P44	Claims Paid: Guarantee	0	
13.7 Claims paid: Liability			
From Statement B5 1. Statement B5, cell L30 2. Statement B5, cell L31	Claims and claims expenses paid Salvages and recoveries Claims Paid: Liability	0 0	OK
From Statement D1.5  1. Statement D1.5, cell P44	-	0	
13.8 Claims paid: Engineeria From Statement B5	<u>og</u>		
Statement B5, cell M30     Statement B5, cell M31	Claims and claims expenses paid Salvages and recoveries Claims Paid: Engineering	0 0 0	ОК
From Statement D1.6 1. Statement D1.6, cell P44	Claims Paid: Engineering	0	
13.9 Claims paid: Miscellane	pous		
From Statement B5 1. Statement B5, cell N30 2. Statement B5, cell N31	Claims and claims expenses paid Salvages and recoveries Claims Paid: Miscellaneous	0 0 0	ок
From Statement D1.8  1. Statement D1.8, cell P44	Claims Paid: Miscellaneous	0	
14. Claims incurred			
From Statement B5  1. Statement B5, cell F36	Net claims incurred	0	
2. Statement B5, cell F34 3. Statement B5, cell F29	Closing IBNR Opening IBNR Claims Incurred: Total	000000000000000000000000000000000000000	ОК
From Statement D1 1. Statement D1, cell P45	Claims Incurred: Total	0	
14.2 Claims incurred: Prope	rty.		
From Statement B5  1. Statement B5, cell G36  2. Statement B5, cell G34  3. Statement B5, cell G29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Property	0 0 0 0	OK
From Statement D1.1  1. Statement D1.1, cell P45	Claims Incurred: Property	0	

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	SHORT-TERM INSURANCE A SHORT-TERM QUANTITA ABC Insurance Compa	ATIVE RETURN	
REGISTRAR OF SHORT-TER END OF PERIOD UNDER RE FINAL PRINTOUT DATE	M INSURANCE REFERENCE NUMBER /IEW		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION T	OOL	
Reference	Description	Amount R'(000) Where Applicable	Indicator
14.3 Claims incurred: Tra	ansportation		
From Statement B5 1. Statement B5, cell H3 2. Statement B5, cell H3 3. Statement B5, cell H2 From Statement D1.2	6 Net claims incurred 4 Closing IBNR	0 0 0	ок

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	SHORT-TERM INSURANCE ACT (NO. 5 SHORT-TERM QUANTITATIVE RE ABC Insurance Company Limited	TURN	
REGISTRAR OF SHORT-TERM IN END OF PERIOD UNDER REVIEV FINAL PRINTOUT DATE	NSURANCE REFERENCE NUMBER N		10/10/0/8 2012/01/3 <sup>2</sup> 2012/04/04 09:39
	VALIDATION TOOL		
Reference	Description	Amount R'(000) Where Applicable	Indicator
14.4 Claims incurred: Motor			
From Statement B5 1. Statement B5, cell I36 2. Statement B5, cell I34 3. Statement B5, cell I29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Motor	0 0 0 <b>0</b>	ОК
From Statement D1.3 1. Statement D1.3, cell P45	Claims Incurred: Motor	. 0	
14.5 Claims incurred: Accide	ent and Health		
From Statement B5  1. Statement B5. cell J36  2. Statement B5, cell J34  3. Statement B5, cell J29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Accident and Health	0 0 0 0	ОК
From Statement D1.4  1. Statement D1.4, cell P45	Claims Incurred: Accident and Health	0	
14.6 Claims incurred: Guara From Statement B5	ntee		
1. Statement B5, cell K36 2. Statement B5, cell K34 3. Statement B5, cell K29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Guarantee	0 0 0 <b>0</b>	ОК
From Statement D1.7  1. Statement D1.7, cell P45	Claims Incurred: Guarantee	0	
14.7 Claims incurred: Liabili From Statement B5	ty	<del>i</del>	
1. Statement B5, cell L36 2. Statement B5, cell L34 3. Statement B5, cell L29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Liability	0 0 0 0	OK
From Statement D1.5 1. Statement D1.5, cell P45	Claims Incurred: Liability	0	
14.8 Claims incurred: Engine From Statement B5	eering		
1. Statement B5, cell M36 2. Statement B5, cell M34 3. Statement B5, cell M29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Engineering	0 0 0 0	oĸ
From Statement D1.6  1. Statement D1.6, cell P45	Claims Incurred: Engineering	0	
14.9 Claims incurred: Misce.	llaneous		
1. Statement B5 2. Statement B5, cell N36 3. Statement B5, cell N29	Net claims incurred Closing IBNR Opening IBNR Claims Incurred: Miscellaneous	0 0 0 0	OK
From Statement D1.8 1. Statement D1.8, cell P45	Claims Incurred: Miscellaneous	0	
15. Assets 15.1 Total Assets			
15.1.1 Statutory Basis			
From Statement E9 1. Statement E9, cell E31	Total Assets	0	

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	SHORT-TERM INSURANCE SHORT-TERM QUANTI ABC Insurance Com	TATIVE RETURN	
REGISTRAR OF SHORT- END OF PERIOD UNDER FINAL PRINTOUT DATE	TERM INSURANCE REFERENCE NUMBER REVIEW		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION	TOOL	
Reference	Description	Amount R'(000) Where Applicable	Indicator
From Statement F1 1. Statement F1, cel	<u>E27</u> Total Assets		OK

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	SHORT-TERM INSURANCE ACT (NO. SHORT-TERM QUANTITATIVE RI ABC Insurance Company Limite	ETURN	
REGISTRAR OF SHORT-TERM I END OF PERIOD UNDER REVIE FINAL PRINTOUT DATE	NSURANCE REFERENCE NUMBER W		10/10/0/8 2012/01/31 2012/04/04 09:39
	VALIDATION TOOL		
Reference	Description	Amount R'(000) Where Applicable	Indicator
15.1.2 Accounting Basis			
From Statement E9  1. Statement E9, cell H31	Total Assets	0	
From Statement C2  1. Statement C2, cell D38  2. Statement C2, cell D32  3. Statement C2, cell D33  4. Statement C2, cell D34	Total Assets Minus: Reinsurers' share of provision for unearned premiums Minus: Reinsurers' share of outstanding claims Minus: Deferred acquisition costs Total Assets	0 0 0 0	OK
15.2 Cash & Balances & Dep	oosits		
From Statement E9  1. Statement E9, cell E16  2. Statement E9, cell E24  3. Statement E9, cell E17  From Statement E1	Cash Balances and deposits with banks Krugerrands Cash & Balances & Deposits	0 0 0	OK
1. Statement E1, cell L26	Cash & Balances & Deposits	0	
15.3 Securities & Loans			
From Statement E9 1. Statement E9, cell E25	Securities & Loans	0	01/
From Statement E2 1. Statement E2, cell K38	Securities & Loans	0	OK
15.4 Debentures, Loan Stock	ks & Other Securities		
From Statement E9  1. Statement E9, cell E26	Debentures, Loan Stocks & Other Securities	0	
From Statement E3 1. Statement E3, cell J32	Debentures, Loan Stocks & Other Securities	0	OK
15.5 Debtors			
From Statement E9  1. Statement E9, cell E27	Debtors	0	01/
From Statement E4  1. Statement E4, cell M31	Debtors	0	OK

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#### SHORT-TERM INSURANCE ACT (NO. 53 OF 1998) SHORT-TERM QUANTITATIVE RETURN **ABC Insurance Company Limited** REGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER 10/10/0/8 END OF PERIOD UNDER REVIEW 2012/01/31 FINAL PRINTOUT DATE 2012/04/04 09:39 **VALIDATION TOOL** Amount Reference Description R'(000) Indicator Where Applicabl Shares, Depository Receipts & Units 15.6 rom Statement E9 1. Statement E9, cell E28 Shares, Depository Receipts & Units 0 OK From Statement E5 1. Statement E5, cell L85 Shares, Depository Receipts & Units 0 Land and Buildings From Statement E9 1. Statement E9, cell E29 Land and Buildings 0 OK From Statement E6 1. Statement E6, cell D50 Land and Buildings 0 15.8 Fixed Assets From Statement E9 1. Statement E9, cell E30 0 **Fixed Assets** OK From Statement E7 1. Statement E7, cell E23 Fixed Assets 0 Total Liabilities 16.1 Statutory Basis From Statement E9 1. Statement E9, cell E47 **Total Liabilities** 0 OK From Statement F1 1. Statement F1, cell E28 **Total Liabilities** 0 16.2 Accounting Basis From Statement E9 1. Statement E9, cell H47 Total Liabilities 0 From Statement C2 1. Statement C2, cell D70 Total Liabilities 0 OK Statement C2, cell D32 Statement C2, cell D33 Minus: Reinsurers' share of provision for unearned premiums 0 Minus: Reinsurers' share of outstanding claims Minus: Deferred acquisition costs 4. Statement C2, cell D34 **Total Liabilities**

<sup>\*</sup> Click on the cell reference (column B) to be diverted to the relevant cell in the Statutory Return

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#### PUBLIC STATEMENT

STATEMENT A REGISTRATION INFORMATION of ABC insurance Company Limited as at the end of financial period 31/01/2012 3 4  1. DESCRIPTION Register of Short-term insurance reference number End of financial period (diffinallyyy) 21/20/013 End of financial period (diffinallyyyy) 21/20/013 End of financial period (diffinallyyyyy) 21/20/013 End of financial period (diffinallyyyyy) 21/20/013 End of financial period (diffinallyyyyy) 21/20/013 End of financial period (diffinallyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy	ger (23 min) 1923		
1			4
1. DESCRIPTION		· · · · · · · · · · · · · · · · · · ·	
End of financial period (dd/mm/yyyy) Last Statutory Return	2012/01/31 2012		
Number of months in financial period under review	12		
	CERTIFICATE O	F REGISTRATION AS AN INSURER ISSUED BY THE REGISTRAR	
Transportation Motor Accident and health Guarantee Liability Engineering			
Certificate number		Conditions imposed <sup>1</sup> (Y/N)	
3.1 PUBLIC OFFICER Initials and surname of Public Officer Initials and surname of contact person regarding the return  3.2 CHAIRPERSON (CHAIR) Initials and surname of Chairperson  3.3 CHIEF EXECUTIVE OFFICER Initials and surname of Chief Executive Officer  3.4 AUDITOR Name of first firm Initials and surname of Responsible Partner  Name of second firm Initials and surname of Responsible Partner  3.5 ACTUARY Name of Statutory Actuary Name of employer/company of Statutory Actuary		Did person change since previous year (Y/N)  Did person change since previous year (Y/N)	
4. SHAREHOLDERS  Are all the shareholders holding more than 25% of the issued shares	s, the same as the previous year? (Y/N)		
5. TURNOVER If non-insurance business was conducted furnish the annual turnove	r of that business (R'000)		
6. NUMBER OF PEOPLE EMPLOYED			
		AUDITORS	i

Nates:

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FINAL PRINTOUT DATE		A Commence of the Commence of	[3] (20404 09)
	STATEMI ADDRESSES & PARTICUL of ABC Insurance (	ARS OF KEY PERSONS	
	as at the end of financi		
1	2	3	4
1. HEAD OFFICE AND PUBLIC OFFICER			
1.1 HEAD OFFICE OF SHORT-TERM INSURER IN RSA		1.2 PUBLIC OFFICER	
Telephone (including area code) Fax (including area code) website e-mail		Initials and surname Telephone (including area code) Fax (including area code) Cellphone e-mail	
Physical address	Postal address	1.3 PERSON COMPLETING THE RETURN	
		Initials and surname Telephone (including area code) Fax (including area code) Celiphone e-mail	
2. AUDITORS		1.4 CONSUMER COMPLAINTS PERSON	
2.1 FIRST AUDITOR (Responsible Partner)  Telephone (including area code) Fax (including area code) Cellphone e-mail		Initials and sumame Telephone (including area code) Fax (including area code) Cellphone e-mail	
Physical address	Postal address	2.2 SECOND AUDITOR (Responsible Partner)	
·		Telephone (including area code) Fax (including area code) Cellphone e-mail	
		Physical address	Postal address
3. ACTUARIES			
3.1 STATUTORY ACTUARY		3.2 ALTERNATE STATUTORY ACTUARY	
Telephone (including area code) Fax (including area code) Cellphone e-mail		Telephone (including area code) Fax (including area code) Cellphone e-mail	
Physical address	Postal address	Physical address	Postal address
		AUDITC	ors -
		Addition	

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#### PUBLIC STATEMENT

AUDITORS \_\_\_\_

FINAL PRINTOUT DATE				7-m	2012/04/04 09:39
		STATEMENT			
DIRECTORS, MAN	IAGEMENT EXE	CUTIVES AN	D MEMBERS OF AUDIT COMM	IITTEE	
		surance Com			
	as at the end	of financial p	eriod 31/01/2012		
Initials & Surname	Date appointed	Date resigned	Highest academic qualification	Position held <sup>1</sup>	Independent/Not
1	2	3	4	5	Independent 6
		3	4	5	0
1. DIRECTORS:					
Executive					
•	,				
•				***************************************	
	<u> </u>				
**************************************	<u> </u>			**************************************	
	<del> </del>				
•					
•					
Non-executive					
•					
	-	ļ			
•					
	-				
•	<u> </u>				
•					
				·	
Alternate					
	<u> </u>				
•	<del> </del>				
•					
•					
•	<u> </u>				
2. MANAGEMENT EXECUTIVES	<u> </u>	L			
•					
•					
•					
AMERICAN MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY A	<u> </u>				
	-	-			
	-	-			
•					
•					
3. MEMBERS OF AUDIT COMMITTEE:		1			T
***************************************	-	<del> </del>			
	-			-	
	1	<b> </b>			
			-		
•					
•	ļ				
		-			
		<del> </del>			
	<b></b>	<del>                                     </del>			

Notes:

<sup>1</sup> Examples include: Chairman, Vice-chairman, Non-executive, Managing Director etc.

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#### PUBLIC STATEMENT

			of ABC I	STATEMENT B1 UNDERWRITING R nsurance Company d of financial perio	Limited d 31/01/2012					
						NT YEAR				
				DOMES	TIC AND FOREIGN CO	MBINED				
DESCRIPTION	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	FOREIGN ONLY
	R'000	R1000	R1000	R1000	R000	R1000	R1000	R'000	R'000	R1000
1	2	3	4	5	6	7	8	9	10	11
	o				0	T		0	1 0	
1 Unearned premiums - opening	- 0	0					0	0		
1a Unearned premiums opening - Cash back	0									
2 Direct premiums written:	0	0					0	0		
2.1 Inclusive of refunded premiums	0	0					0	0		
2.2 Less: Refund of premiums	0	0					0	0		
3 Reinsurance premiums inwards:		0					0	0		
3.1 Proportional	0	0	0				0	0		
3.2 Non proportional	0	.0		(	0	0		0		0
5 Other	0	. 0	0	(	0	0	0	0	0	0
6 Uneamed premiums - closing	0	0	0		0	0	0	0	0	0
6a Unearned premiums closing - Cash back	0	0	0		0	0	0	0	C	0
7 PREMIUMS EARNED  8 Outstanding claims - Opening	0	0	0		0	0	0	0	0	0
9 IBNR - Opening	0	0					0	0		
10 Claims and claims expenses paid	0	0					0	0		
10a Salvages and recoveries	0	0					0	0		
11 Other	0	0	0	(	0	0	0	0	0	0
12 Outstanding claims - Closing	ol	0		1 0		l ol	ol	0	1 0	1 0
13 IBNR - Closing	0	. 0	0	(	. 0	0	0	0		0
				***************************************	-					
14 CLAIMS INCURRED	0	0	0		0	0	0	0	0	0
15 Gross commission paid on direct premiums	n n	0	0		0	0	0	0	0	l 0
		0					0	0		
16 Gross commission paid on reinsurance premiums inwards 21 EXPENSES		0					0	0		
21 EXPENSES	- 0)	0			<u> </u>	<u> </u>		U	L	
22 GROSS RESULT: PROFIT/(LOSS)	ol	0	0		0	l ol	ol	0	0	Ι ο
23 Gross commission paid as % of premium written	0%	0%	0%	09	0%	0%	0%	0%	0%	0%
24 Gross commission incurred as % of premium earned	0%	0%	0%	09	0%	0%	0%	0%	0%	0%
25 Gross estimated ultimate loss ratio	0%	0%		09	0%	0%	0%	0%	0%	0%
IF the period to which the figures in this return apply, is NOT TWELL the following figures which are required in terms of Schedule 2 to the Act for the calculation of the IBNR reserve: Gross permiums witten (fleet permiums and reinsurance inwards)	VE MONTHS, furnish		Domestic R'000	Foreign R'000						
26 Gross premiums written (direct premiums and reinsurance inwards) for the twelve month period preceding the date of this return:			0	,	ī					
27 Domestic reinsurance including Lloyds's (i.r.o. these premiums)			0		1					
28 Foreign reinsurance (i.r.o. these premiums)			ň		1					

AUDITORS \_\_\_\_

15 REINSURANCE RESULT: (PROFIT)/LOSS

ST2012

SHEET HOPE SENCE NUMBER PUBLIC STATEMENT STATEMENT B2
REINSURANCE UNDERWRITING RESULTS
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012 CURRENT YEAR DOMESTIC AND FOREIGN COMBINED DESCRIPTION FOREIGN ONLY Total R'000 Unearmed reinsurance premiums - opening
 Unearmed premiums opening - Cash back
 Reinsurance premiums paid :
 2.1 Proportional
 2.2 Non proportional
 Other 4 Unearned reinsurance premiums - closing
4 Unearned premiums closing - Cash back 5 REINSURANCE PREMIUMS EARNED 6 Outstanding R/I claims - Opening
7 IBNR - Opening
8 Reinsurance claims made
8a Salvages and recoveries
9 Other 10 Outstanding R/I claims - Closing 11 IBNR - Closing 12 REINSURANCE CLAIMS INCURRED 13 COMMISSION RECOVERED
14 EXPENSES RECOVERED 

0 AUDITORS

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STATEMENT B4
GROSS AND REINSURANCE PREMIUM ANALYSIS
of ABC insurance Company Limited
as at the end of financial period 3101/2012

PUBLIC STATEMENT

	F	RISKS WITHOUT U	JPP AT YEAR END					RISKS WITH UPP	AT YEAR END			
DESCRIPTION	MONTHLY E	MONTHLY BUSINESS RISK		RISKS EXPIRED AT YEAR END		CONSTANT RISKS		NG RISKS	DECREASING RISKS		UNEVEN RISKS	
	Domestic R'000	Foreign R'000	Domestic R'000	Foreign R'000	Domestic R'000	Foreign R'000	Domestic R'000	Foreign R'000	Domestic R'000	Foreign R'000	Domestic R'000	Foreig . R'000
11	3	4	5	6	7	8	9	10	9	10	11	12
I. GROSS PREMIUMS WRITTEN		n l	0		n	0	n	ol	. 0	١		
. GROSS PREMIUMS WRITTEN	01	- 01	01	01	- 0	- 0			. 01			
REINSURANCES:												
1 Domestic (including Lloyd's):												
2.1.1 Proportional	0	0	0	0	0	0	0	0	0	0	0	
2.1,2 Non-Proportional												
2.1.2 (a) Expiring at Year end	0	0	0	0	0	0	0	0	0	0	0	
2.1.2 (b) Expiring After Year End:												
- The part relating to this Year	0	0	0	0	0	0	0	0	0	0	0	
- The part relating to next year	0	0	0	0	0	0	0	0	0	0	0	
2 Foreign:												
2.2.1 Proportional	0	0	0	0	0	0	0	0	0	0	0	
2.2.2 Non-Proportional:												
2.2.2 (a) Expiring at Year end	0	0	0	0	0	0	0	0	0	0	0	
2.2.2 (b) Expiring After Year End:												
The part relating to this Year	0	0	0	0	0	0	0	0	0	0	0	
The part relating to next year	0	0	0	0	0	. 0	0	0	0	0	0	
3. TOTAL REINSURANCES	0	01	0	0	0	0	0	0	0	0	0	****
NET PREMIUMS	0	0]	0]		01	<u>ol</u>	0	0	01	01		
. REINSURANCES:												
5.1 Security in respect of foreign reinsurance	0	0	0	0	0	0	0	0	0	0	0	

AUDITORS \_\_\_\_

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ROT KOTERBROOK NUMBER									PUE	BLIC STATEMEN
AN PROPERTY.			NET UN of ABC In:	STATEMENT B5 DERWRITING RES surance Company of financial period	Limited 31/01/2012					6 Politike
	CURRENT YEAR									
H	DOMESTIC AND FOREIGN									
DESCRIPTION	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	FOREIGN ONLY
·	R'000	R1000	R1000	R'000	R1000	R1000	R1000	R 1000	R1000	R1000
1	2	3	4	5	6	7	8	9	10	11
	0	0	ol	0	ol	0	ol	0	0	
1 Unearned premiums - opening  a Unearned premiums opening - Cash back	0	0	0	0		0	0	0	0	
a Orientied premiums opening - Cash Dack	<u> </u>				<u>v</u> I					
2 Premiums written - Gross	0	ol	0	0	0	0	0	0	0	
3 Reinsurance	0	0	0	0	0	0	0	0	0	
Net Net	0	0	0	0	0	0	0	0	0	
5 Other	0	0	0	0		0	0	0	. 0	
8 Unearned premiums - closing	0	0	. 0	0		0		0	0	
a Uneamed premiums closing - Cash back	0]	0	0	0	0	0	0	0	0	
7 NET EARNED PREMIUMS	0	0	0	0	0	0	0	0	0	
8 Outstanding claims - Opening	0	ol	ol	0	0	0	0	ol	0	
9 IBNR - Opening	0	0	0	0		0	0	0	0	
Claims and claims expenses paid	0	0	0	0		0	0	0	0	
a Salvages and recoveries	0	0	0	0	0	0	0	0	0	
1 Other	0	0	0	0		0	0	0	0	
2 Outstanding claims - Closing	0	0	0	0		0	0	0	0	
3 IBNR - Closing	0	0	0	0	0	0	0	0	0	
4 NET CLAIMS INCURRED	0]	0	0	0	0	0	0	0	0	
	ol	0	ol		ol	0	ol	0	0	
5 COMMISSIONS 6 EXPENSES	0	0	0	0		0	0	0	0	
- Lines					LL	<del>-</del> 1				***************************************
7 NET RESULT: PROFIT/(LOSS)	0	0	0	0	0	0	0	0	0	
3 CLAIMS RATIO (claims incurred as % of earned premium)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.
ESTIMATE OF ULTIMATE LOSS RATIO	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
D COST RATIO (commission + expenses as % of written premium)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0
1 COMBINED RATIO (claims+comm+exp as % of earned premium)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.
2 RETENTION RATIO (net premiums as % of gross premiums)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.
23 OPERATING RATIO	0%] (	(claims + commission +	expenses less total inve	stment income as % o	f eamed premium)				[	0

AUDITORS

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SHEET REFERENCE NUMBER

PUBLIC STATEMENT

AL PRINTOU	T ()ATF			-						7812/04/04 0
					STATEMENT E					
			SU	MMARY OF BUSIN			SURERS			
				of AB	C Insurance Comp	any Limited				
				as at the	end of financial pe	riod 31/01/2012				
		Gross premium on	Gross premium on	Average Gross	Average contract	Number of policies	Number of policies		Average gross	Average net clair
	DESCRIPTION	policies renewed	new policies	Premium per policy	period per policy	at the beginning of	at the end of the	Number of claims	claims amount	amount
				(per month)		the financial year	financial year	reported	R'000	R'000
		R'000	R'000	R'000	Months 5		7			10
	11	2	3	4	5	6		8	9	10
4 8	4.	0	0	0	0	0	0	l ol		1
1 Prope		0			0				0	
2	Personal	0			0					
3	Corporate	0			0					
4	Commercial	1 0	0	0	0	10	10	UU		<u> </u>
C T		0	0	ol	0	0	0	ol	0	
6 Trans		0			0					
7	Personal	0			0					
8	Corporate									
9	Commercial	0	0	0	0	0	0	0		<u> </u>
						T =	T			т
1 Motor		0								
2	Personal	0			0					
3	Corporate	0			0					
4	Commercial	0	0	0	0	0	0	0		1
							T	l ol		
	ent & health	0			, 0					
7	Personal	0			0					
8	Corporate	0			0					
9	Commercial	0	0	0	0	0	0	0	<u>C</u>	<u> </u>
							T			
1 Guara		0			0					
2	Personal	0			0				0	
3	Corporate	0			0				0	
4	Commercial	0	0	0	0	0	0	0	0	<u>'</u>
						T	Γ		0	
6 Liabili		0			0					
7	Personal	0			0					
8	Corporate	0			0				0	
9	Commercial	0	0	0	0	0	0	. 0		Ц
1 Engin		0			0				0	
2	Personal	0			0					
3	Corporate	0			0				0	
4	Commercial	0	0	0	0	0	0	0	0	Ц
										Т
6 Misce		0			0				0	
7	Personal	0			0				0	
8	Corporate	0			0				0	
9	Commercial	0			0				0	
1 TOTAL		0	0	0	0	0	0	0	0	1

Notes: Reinsurers shouldn't complete this statement

AUDITORS \_\_\_\_\_

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SHEET REFERENCE NUMBER

B07-89-A
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

Statement B7
INFORMATION RELATING TO CLAIMS, CREDIT INSURANCE AND DISTRIBUTION CHANNELS
of of ABC Insurance Company Limited
as at the end of financial period 31/01/2012

1. CREDIT INSURANCE							
DESCRIPTION	IN & OUTSIDE RSA INFORMATION						
DESCRIPTION	Gross Premiums	Net Premiums					
	Written	Written	Claims Paid	Commission	Other Expenses		
	R'000	R'000	R'000	R'000	R'000		
1	2	3	4	5	6		
TOTAL	0	0	0	0	0		

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

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

4. MICRO-INSURANCE	
DESCRIPTION	% of Gross
DESCRIPTION	Premiums
1	2
Property	0%
Motor	0%
Transportation	0%
Accident & Health	0%
Liability	0%
Guarantee	0%
Miscellaneous	0%
TOTAL	0%

	PERSONAL	CORPORATE	COMMERCIAL	
DESCRIPTION	% of Gross	% of Gross	% of Gross	
	Premiums	Premiums	Premiums	
1	2	3	4	
Mail Marketing	0%	0%	09	
In-House Agents	0%	0%	0%	
Independent Brokers	0%	0%	0%	
UMA's	0%	0%	09	
Direct Marketing	0%	0%	09	
Tele-Sales	0%	0%	09	
Other method: specify	0%	0%	09	
•	0%	0%	0%	
•	0%	0%	0%	
TOTAL	0%	0%	0%	

AUDITORS (initial)

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SHEET REFERENCE NUMBER

C01-99-A

### **PUBLIC STATEMENT**

2012/04/04 09:39 FINAL PRINTOUT DATE STATEMENT C1 STATEMENT OF COMPREHENSIVE INCOME of ABC Insurance Company Limited as at the end of financial period 31/01/2012 2 Current year **DESCRIPTION** R'000 0 1 Gross written premium 0 2 Less: reinsurance written premium 0 3 Net premium 4 Less: change in unearned premium 5 Gross amount 6 Reinsurers' share 0 7 Net insurance premium revenue 0 8 Investment income 0 9 Income from reinsurance contracts ceded 0 10 Net gain/(loss) on financial assets and liabilities at fair value 0 11 Net income 0 12 Insurance claims and loss adjustment expenses 0 13 Insurance claims and loss adjustment expenses recovered 0 14 Net insurance benefits and claims 0 15 Expenses for the acquisition of insurance contracts 0 16 Other: (specify) 0 17 0 18 0 19 0 20 Expenses 0 21 Results of operating activities 0 22 Finance costs 0 23 Share of profit/(loss) of associates 0 24 Impairment charge on net investment in associate 0 25 Profit before tax 0 26 Income tax expense 0 27 Profit for the year from continuing operations

<b>AUDITORS</b>	

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SHEET REFERENCE NUMBER

C02-99-A
PUBLIC STATEMENT

STATEMENT C2	
STATEMENT OF FINANCIAL POSITION	
of ABC Insurance Company Limited	
as at the end of financial period 31/01/2012	,
1	2
DESCRIPTION	Current year
ASSETS	R'000
Non-Current Assets	0
Property & equipment	0
Intangible assets Investment property	0
Financial instruments	0
Loans advanced	0
Investment in subsidiary companies	0
Investment in associated companies	0
Goodwill	0
Current Assets	
Current investments	0
Agents' & reinsurers' balances	0
Other receivables	0
Deposits with reinsurers	0
Taxation paid in advance	0
Cash & cash equivalents	0
Other	0
Trabalant access	
Technical assets	0
Reinsurers' share of provision for unearned premiums	0
Reinsurers' share of outstanding claims  Deferred acquisition costs	0
Deferred acquisition costs	
Deferred tax assets	0
200100 tax about	<u>_</u>
TOTAL ASSETS	. 0
TOTAL AGGLIG	
EQUITY AND LIADILITIES	
EQUITY AND LIABILITIES	
Capital And Reserves	
Ordinary share capital	0
Preference share capital	0
Share premium	0
- Non-distributable reserve	0
- Distributable reserve	0
- Retained income	L
TOTAL EQUITY	0
TOTAL EQUIT	<u> </u>
Non-Current Liabilities	
Interest bearing loans	0
Non-current provisions	0
Amounts due to subsidiaries	0
Deferred taxation	0
Gross provision for unearned premiums	0
Due to cell owner	0
Gross outstanding claims	0
Deferred reinsurance commission revenue	0
Current Liabilities	p
Agents' and reinsurers' balances	0
Deposits by reinsurers	0
Other payables	0
Current provisions	0
Taxation payable	0
Deferred tax liability	0
TOTAL	
TOTAL LIABILITIES	0
TOTAL EQUITY AND LIABILITIES	0
AUDITORS	S

SHEET REFERENCE NUMBER

C03-99-A

2012/04/04 09:39

### **PUBLIC STATEMENT**

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FINAL PRINTOUT DATE

	STATEMENT	C3	
COMPARISON OF STAT	<b>FUTORY UNDERWRITING RE</b>	SULTS AND PUBLISH	ED UNDERWRITING
	of ABC Insurance Con	pany Limited	
	as at the end of financial r	period 31/01/2012	

DESCRIPTION	Statement B5 R'000	Income statement R'000	Difference R'000
1	2	3	4
1 Gross Premiums Written	0	0	0
2 Reinsurance	0	0	0
3 Net Premiums Written	0	0	0
4 Change in Unearned Premium Provision	0	0	0
5 Net Premiums Earned	0	0	0
6 Net Claims incurred	0	0	0
7 Claims paid	. 0	0	0
8 Movement on Outstanding claims	0	0	0
9 Movement on Incurred But Not Reported (IBNR)	0	0	0
10 Commission incurred/received	0	0	0
11 Management expenses	0	0	0
12 Underwriting Results	0	0	0

AUDITORS	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

AL SENTENT DATE								FIDENTIAL STATE		(0:255/0)
				ATEMENT C3.1						
		BUDGETED UND	ERWRITING RESULT			NCIAL YEAR				
				ırance Company l						
			as at the end of	f financial period						
<u></u>					CURREN					
_				DÓ	MESTIC AND FOREIG	N				
DESCRIPTION				1						FOREIGN O
	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	
		1			l					
	R'000	R1000	R000	R'000	R 1000	R1000	R'000	R'000	R1000	R1000
1	2	3	4	5	6	7	8	9	10	11
Uneamed premiums - opening	0	0		0	0	0	0	0	0	
Uneamed premiums opening - Cash back	0	0	0	0	0	0	0	0	0	
game.	<del></del>						<del>-</del>			
Premiums written - Gross	0	0	0	. 0	0	0	0	0	0	
Reinsurance	0	0	0	0	0	0	0	0	0	
Net	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0		0	
Uneamed premiums - closing	0	0	0	0	0	0	0	0		
Unearned premiums closing - Cash back	0	0	0	0	0	0	0	0	0	
NET EARNED PREMIUMS	0	0	0	0	0	0	0	0	0	
Outstanding claims - Opening	0	ol	0	0	0	0	0	0	0	
IBNR - Opening	0	0	0	0	0	0	0	0	0	
Claims and claims expenses paid	0	0	0	0	0	0	0	0	0	
Salvages and recoveries	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	
Outstanding claims - Closing	0	0	0	0	0	0	0	0	. 0	
IBNR - Closing	0	0	0	0	0	0	0	0	0	
NET CLAIMS INCURRED	0	ol	ol	0	0	0	0	0	0	
COMMISSIONS	0	0	ol	0	0	ol	0	ol	. 0	
EXPENSES -	0	0	0	0	0	0	0	0	0	
EXI EROES	<u> </u>									
NET RESULT: PROFIT/(LOSS)	0	0	0	0	0	0	0	0	0	
NET RESULT; PROFIT/(LOSS)	0	9]		<u> </u>	<u>0</u> 1	<u></u>			<u></u>	
			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
CLAIMS RATIO (claims incurred as % of earned premium)	0.0%	0.0%	0.0%]	0.0%]	0.0%	0.0%	0.0%]	0.0%	0.0%]	
ESTIMATE OF ULTIMATE LOSS RATIO	0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
<u></u>							———			
COST RATIO (commission + expenses as % of written premium)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Comm										
COMBINED RATIO (claims+comm+exp as % of earned premium)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
RETENTION RATIO (net premiums as % of gross premiums)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
OPERATING RATIO	0%	(claims + commission +	expenses less total invest	ment income as % of	eamed premium)				l l	

PUBLIC OFFICER

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SHEET REFERENCE NUMBER

C04-99-A

MEE I REPERENCE NUMBER					PUBL	IC STATEMEN 2012/04/04 09:3
INAL PRINTOUT DATE		STATEME	NT C4			2012/04/04 05:0
Δ	NALYSIS OF ISS	UED PREFEREN	CE SHARES & D	EBENTURES		
	of A	BC Insurance Co	ompany Limited			
			l period 31/01/20	12		
	Amount a		Amount obtained	Amount payable	DIVIDEND/IN	ITEREST
ANALYSIS OF INSTRUMENT	Nominal	Share premium	through issue	on redemption	In-arrear	In future
	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7
Within 3 - 5 year     Within 5 - 7 years     Within 7 - 10 years     Within 10 -15 years     After 15 years  SUBTOTAL	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	
. DEBENTURES REDEEMABLE/NON-CONVERTIBLE:						
Within 1 - 3 years	0	0	0	0	0	
• Within 3 - 5 year	0	0	0	0	0	
<ul><li>Within 5 - 7 years</li><li>Within 7 - 10 years</li></ul>	0	0	0	0	0	
Within 7 - 10 years     Within 10 -15 years	0	0	0	0	0	
After 15 years	0	0	0	0	0	
SUBTOTAL	0	0	0	0	0	

AUDITORS	

**ST2012** Page 30 of 84

SHEET REFERENCE NUMBER

C05-99-A

### **PUBLIC STATEMENT**

STATEMENT C5 STATEMENT OF CASH FLOW of ABC Insurance Company Limited as at the end of financial period 31/01/2012  1 DESCRIPTION	2
of ABC Insurance Company Limited as at the end of financial period 31/01/2012  1	
as at the end of financial period 31/01/2012	
as at the end of financial period 31/01/2012	
1	
DESCRIPTION	Comment
DESCRIPTION	Current year
	R'000
CASH FLOWS FROM OPERATING ACTIVITIES	
	0
	0
2	0
3	0
4	0
5	0
6	
7	0
Net cash generated from (used in) operating activities	0
O AOU EL OM EDOM MUTOTINO AOTIVITICO	
CASH FLOW FROM INVESTING ACTIVITIES	
8	0
9	0
10	0
11	0
12	0
13	0
Net cash generated from (used in) investing activities	0
CASH FLOW FROM FINANCING ACTIVITIES	
14	0
15	
16	
17	
18	
19	0
Net cash generated from (used in) financing activities	0
20 NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	0
	<del></del>
21 CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	0
	F
22 CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	0

PUBLIC STATEMENT | Content | Cont

Page 32 of 84

| Cuttor | C 2007 2 2007 2 3 Outstanding claims net of all reinsurances

4. Provisions made at end of this year

5. Original provisions at year ends at the top of each column. 

| Var | Country | Control | Cont Eather 2007 2008 2000 2010 2011 2012 R1000 R1000 R1000 R1000 R1000 R1000 R1000 R1000 R1000 Total stars - organic entends (1/67)
 Total stars - suppose detends (1/67)
 Total stars - suppose detends (1/67)
 Setficiance of total clean periodicis - 5 as a secretates of 8
 Setficiance of total clean secretary - 5 as a secretates of 8
 OCH - 1908 - suppose demons (2/4)
 Setficiance of COC4 - 1908 - secretary - 12 as a secretates of 51
 Setficiance of COC4 - 1908 - secretary - 12 as a secretates of 51
 Setficiance of COC4 - 1908 - secretary - 12 as a secretary - 12
 Setficiance of COC4 - 1908 - secretary - 12
 Setficiance of COC4 - 1908 - secretary - 12
 Setficiance of COC4

PUBLIC STATEMENT 
 Quarter 1
 Quarter 2
 Quarter 3
 Quarter 4
 Quarter 5
 Quarter 6
 Quarter 1
 Quarter 1
 Quarter 15
 Quarter 15
 Quarter 2
 Quarter 2
 Quarter 2
 Quarter 3
 Quarter 15
 Quarter 15
 Quarter 15
 Quarter 20
 | DEFLICATION | Control | Year Quarter Earlier years Outstanding claims not of all reinsurances
4 Provisions made at end of this year
5 Original provisions at year-ends at the top of each 0 0 0 0 0 0 8 June Lisens - organic crimine (1167.)
9 June Lisens - degree continue to the continue to the

Page 35 of 84

| Country 1 | Country 2 | Country 3 | Country 4 | Country 5 | Country 5 | Country 6 | Country 7 | Coun 2009 | Earlier 2007 2008 2009 2010 2011 2012 | PRINCE PR Outstanding claims net of all reinsurances

4. Provisions made at end of the year

5. Original provisions at year-ends at the top of each column.

Custer 1 Custer 2 Custer 3 Custer 4 Custer 5 Custer 4 Custer 5 Custer 6 Custer 7 Custer 6 Custer 7 Custer 9 Custer 9 Custer 10 Custer 11 Custer 12 Custer 13 Custer 15 Custer 15 Custer 15 Custer 15 Custer 15 Custer 17 Custer 15 Custer 17 Custer 17 Custer 17 Custer 18 Custer 17 Custer 17 Custer 18 Custer 17 Custer 17 Custer 18 Custer 19 Custer 17 Custer 19 | CVECOMENT CAMPE | CA | Control Cont Earlier 2007 2008 2000 2010 2011 2012 Proco Outstanding claims net of all reinsurances
4 Provisions made at end of this year
5 Original provisions at year-ends at the top of each column. 0 0 0 0 0 0 Claims incurred but not reported (IBNR) net of all rensurance 6. Provisions made at end of this year.
7. Original provisions at year-ends at the top of each column.

Page 37 of 84

| Custor | C 2007 2 3 4 Outstanding claims net of all reinsurances
4 Provisions made at end of this year
5 Original provisions at year-ends at the top of each column 0 0 0 0 0 0 

PURI IC STATEMENT | Control | Cont 3 Total claims reported after year of occ Outstanding claims net of all reinsurances
4 Provisions made at end of this year
5 Original provisions at year-ends at the top of er Claims incurred but not reported (IBNR) net of all reinsurance 6. Provisions made at end of the year 7. Original provisions at year-ends at the top of each column.

INSURERS - FINANCIAL YEAR CLAIMS OCCURRED (QUARTERLY) REINSURERS - UNDERWRITING YEAR CLAIMS OCCURRED (QUARTER) 

AMEET PROFESSION AND AND EN PUBLIC STATEMENT STATEMENT D2
UNEARNED PREMIUM PROVISIONS
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012 SUMMARY OF UNEARNED PREMIUM PROVISION - BASED ON GROSS PREMIUMS LESS APPROVED REINSURANCE Gross premium payable at inception/ beginning of each risk Reinsurance paid in respect of gross single/annual premium Full period of risk in Expired period of risk in months Foreign R'000 Domestic R1000 R'000 R'000 R'000 R'000 R'000 ALL RISK TYPES Reinsurance paid in respect of gross single/annual premium

Domestic Foreign R'000 R'000 Commission received on reinsurance Full period of risk in months DESCRIPTION OF DIRECT INSURANCE AND INWARD REINSURANCE Expired period of risk in months Domestic R'000 R'000 R'000 R'000 1. DOMESTIC POLICIES Prescribed method
Property
Transportation
Motor
Accident and Health
Guarantee
Liability
Engineering
Miscellaneous 1.2 Other approved method Property Transportation Motor Accident and Health Guarantee Liability Engineering Miscellaneous 14 15 16 17 18 19 20 21 0.0% 0.0% 0.0% 0 22 TOTAL - Domestic 0.0% 2.1 Prescribed method
Property
Transportation
Motor
Accident and Health
Guarantee
Liability
Engineering
Miscellaneous 2.2 Other approved method Property Transportation Motor Accident and Health Guarantee Liability Engineering 0.0% TOTAL - Foreign 0 0 0 0 0 0 0 0 0 0 40 3. ALL POLICIES 0.0%

AUDITORS \_\_\_

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SHEET REFERENCE NUMBER

D03-99-A

NTOUT DATE			BLIC STATEN 2012/04/
STATEMENT I SUMMARY OF TECHNICAI of ABC Insurance Comp as at the end of financial pe	PROVISIONS pany Limited		
	1	2	3
1. UNEARNED PREMIUM PROVISION	Domestic R'000	Foreign R'000	Total R'000
1.1 Constant risks	0	. 0	
1.2 Increasing risks	0	0	
1.3 Decreasing risks	0	0	
1.4 Uneven risks	0	0	
1.4a Cash Back	0	0	
1.5 Statutory unearned premium provision	0	0	
1.6 Security in respect of foreign reinsurance	0	0	
2. OUTSTANDING CLAIMS PROVISION	Domestic R'000	Foreign R'000	Total R'000
2.1 Gross outstanding claims	0	0	
Less: reinsurance recoveries			
2.2 Domestic reinsurance including Lloyd's	0	0	
2.3 Foreign reinsurance	0	0	
2.4 Security in respect of foreign reinsurance	0	0	
2.5 Statutory net outstanding claims	0	0	
3. CLAIMS INCURRED BUT NOT REPORTED (IBNR)	Domestic R'000	Foreign R'000	Total R'000
3.1 Gross earned premium	0	0	
3.2 Gross IBNR based on statutory method (per statement D3.2)	0	0	
3.3 Net earned premium	0	0	
3.4 IBNR based on statutory method (per statement D3.2)	0	0	
3.5 Statutory approved different IBNR	0	0	
3.6 Date of statutory approval for different IBNR (YY/MM/DD)			
3.7 Statutory IBNR (if applicable 3.5 otherwise 3.4)	0	0	
4. UNEXPIRED RISK PROVISION	Domestic	Foreign	Total
4.1 Underwriting loss, if any (Statement B5)	R'000 	R'000	R'000
4.2 The amounts which the insurer and auditors consider to be necessary for an addition	nal provision 0	0	
4.3 Total Unexpired Risk Provision	0	01	

2
_
0
N
-
တ

SHEET REFERENCE NUMBER

STATEMENT D3.1		2012/04/04 09:39
MOVEMENT ANALYSIS OF NET STATUTORY TECHNICAL PROVISIONS of ABC Insurance Company Limited as at the end of financial period 31/01/2012	ENT D3.1 TUTORY TECHNICAL PROVISIONS Company Limited sial period 31/01/2012	
		2
1. UNEARNED PREMIUM PROVISION	Current Year	Previous Year
Opening balance	0	200 1
	0	
	0 0	
	0	
Closing balance	0	
2. OUTSTANDING CLAIMS	Current Year	Previous Year
Opening balance		
	O	
	0	
	0 0	
	00	
Closing balance	0	
3. CLAIMS INCURRED BUT NOT REPORTED (IBNR)	Current Year	Previous Year
Opening balance		
	0	
	0	
	0	
Closing balance	0	
4. UNEXPIRED RISK PROVISION	Current Year R'000	Previous Year R'000
Opening balance		
	0	
	0	
	0	
	0	
	0	
CONTRACTOR OF THE CONTRACTOR O		

FIRE MET NUMBER

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1  Financial year end Description Development Year			of ABC as at the er	STATEMENT D3.2 IBNR CALCULATION of ABC Insurance Company Limited as at the end of financial period 31/01/2012	N / Limited d 31/01/2012					
	2	3	4	5	9	7	8	9 10	11	
	end 2012	2011	2010	2009	2008	2007				
	Year 0	-	2	8	4	2				
IBNR Factors Per Business Class			Factors per development period	oment period						
Accident and Health	5.67%	1.12%	0.26%	0.10%	0.07%	0.06%				
Engineering	6.62%	2.90%	1.92%	1.67%	1.60%	1.58%				
Liability	12.49%	4.47%	1.65%	0.66%	0.31%	0.19%				
Miscellaneous	7.18%	1.17%	0.25%	0.11%	%60:0	0.08%				
stor	3.43%	0.47%	%60:0	0.04%	0.03%	0.03%				
Property	5.98%	0.88%	0.15%	0.04%	0.03%	0.02%				
	-									
		Gross earne	Gross earned premium per business class per development period	class per development	Deriod		Gross IBNR reserve	Gross IBNR reserve as a percentage of premium	ge of Security in respect of foreign rehammenen	respect of
Gross IBNR per business class							per business class	(per business class)	pusiness	ss class
	2012	2011	2010	2009	2008	2007	2012	% of GEP % of GWP	WP 2012	112
ident and Health							-	%0	%0	
Engineering	•							%0	%0	
Guarantee						,	•	%0	%0	
Miscellaneous Miscellaneous							. .	%0	%0	
Motor							,	%0	%0	
Property							•	%0	%0	
Spot (auto)								0.00	0.0	
Gross earned premium	•	•	•			•	,	%0	%0	•
policial manufacture believed believed				,						
							GNO.			
		Net earned premium per business class per develonment period (Net of annovved reinsurance)	uisiness class ner devel	onment period (Net of a	noroved reinsurance)		per business class net	Net IBNR reserve		
Not IBND nor husings alses	*				(22)		of approved reinsurance	per business class	-	
LIDINI pel pusiness ciass	2012	2011	2010	2009	2008	2007	2012	% of NEP % of NWF	ΛÞ	
Accident and Health							•	%0	%0	
Engineering				1			•	%0	%0	
arantee kiik,								%0 %0	%0	
Miscellaneous						,		%0 222	%0	
Motor								%0	%0	
Property							•	%0	%0	
ansportation							•	%0	%0	
Net earned premium	•	•						%0	%0	
Net IBNR reserve per development period	•				•		•			

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HEET REFERENCE NUMBER							PUI	BLIC STATEMENT
INAL FRINT OUT DATE								2012/04/05 06:
		of Al	STATEMENT E SH & BALANCES & D 3C Insurance Compa e end of financial per	DEPOSITS any Limited				
NAME OF INSTITUTION	DESCRIPTION OF INVESTMENT			CURRENT YEAR				
(Investments of the same kind with a bank may be grouped)	(e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit,	IN RSA	DEEMED TO BE IN	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	% of total liabilities
	Promissory Notes)	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	10
1. CASH								
<ul> <li>Bank notes &amp; coins</li> </ul>	Notes & coins	0		0	0	0	0	0.0
Krugerrands	Coins	0		0	0		0	0.0
SUBTOTAL		0	0	0	0	0	0	0.0
2. BANKS (Specify in supporting statement E1.1)		0	0	0	0	0	0	0.0
3. CORPORATION FOR PUBLIC DEPOSITS	Deposits	0	0	0	0	l ol	0	0.0
4, LAND & AGRICULTURAL BANK	Deposits	0	0	0	0	0	0	0.0
5. MARGIN DEPOSITS								
SAFEX	Margin deposits	0			0	0	0	0.0
On approved foreign derivatives	Margin deposits	0	0	0	0	0		0.0
TOTAL CASH & BALANCES & DEPOSITS	ſ	0	0	0	0	0	0	0.0

AUDITORS

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KET PERERENJE NEJESER							PU	BLIC STATEMEN
NAL PRINTE UT DATE	Šī	TATEMENT E1.1	supporting statement	to E1)				2012/04/54 (9):
	-		ANCES & DEPOSITS					
			ince Company Limite	4				
			inancial period 31/01/					
NAME OF INSTITUTION	DESCRIPTION OF INVESTMENT	as at the end of the	mancial period 5 ho h	CURREN	IT VEAD			1
NAME OF INSTITUTION	DESCRIPTION OF INVESTMENT		DEEMED TO BE IN	T		INCOME OUTSIDE	T	1
(Investments of the same kind with a bank may be grouped)	(e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit, Promissory Notes)	IN RSA	RSA	INCOME IN RSA	OUTSIDE RSA	RSA	TOTAL VALUE	% of total liabilities
1	2	R'000	R'000	R'000	R'000	R'000	R'000	10
			1 4	5 1		L/		10
BANKS: Specify								
* *			0 0	l ol	0	1		0.0
			0 0				i i	0.0
•			0 0		0		0	0.0
•			0 0				0	0.0
			0 0	0	0	0	0	0.0
•			0 0		0			0.0
•			0 0		0		0	0.0
•			0 0					0.0
•			0 0		0			0.0
			0 0		0			0.0
•			0 0		0		0	0.0
•			0 0		0		0	0.0
			0 0		0		- 0	0.0
			0 0		0		- 0	0.0
			0 0		0			0.0
	-		0 0		0		0	0.0
•			0 0		0		0	0.0
•			0 0	0	0	0	0	0.0
•			0 0	0	0	0	0	0.0
			0 0	0	0	0	0	0.0
•			0 0		0		0	0,0
			0 0		0		0	0.0
•			0 0				0	0.0
•			0 0		0		0	0.0
•			0 0		0		0	0.0
			0 0		0		0	0.0
•			0 0		0		0	0.0
			0 0				0	
			0 0		0		0	
			0 0		0		0	0.0
•			0 0		. 0		0	0.0
•			0 0		0	0	0	0.0
			0 0		0		0	0.0
			0 0		0		0	
•			0 0		0		0	0.0
			0 0		0		0	0.0
•			0 0		0		0	0.0
SUBTOTAL	i		0 0	0	0	] 0		0.0

AUDITORS

19 TOTAL SECURITIES & LOANS

ST2012

SHEET REFERENCE NUMBER PUBLIC STATEMENT STATEMENT E2 SECURITIES & LOANS
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012 CURRENT YEAR DESCRIPTION DEEMED TO BE IN INCOME OUTSIDE RSA OUTSIDE RSA INCOME IN RSA TOTAL VALUE R'000 R'000 R'000 R'000 R'000 R'000 1. SECURITIES & LOANS ISSUED OR GUARANTEED BY SECURITIES & LOANS ISSUED OR GL Central government of the Republic A Minister of the Republic Provincial government of the Republic Local authority of the Republic Other utilities of the Republic SUBTOTAL 7 RAND WATER BOARD
8 LAND & AGRICULTURAL BANK (excluding deposits in statement E1.
9 SA TRANSPORT SERVICES
10 ESKOM
11 SUBTOTAL
12 TOTAL SECURITIES & LOANS APPROVED BY REGISTRAR
 LISTED
 UNLISTED (Specify in supporting statement E2.1)
 SUBTOTAL 3. SECURITIES OUTSIDE RSA LISTED
UNLISTED (Specify in supporting statement E2.1)
SUBTOTAL

AUDITORS

0.0%

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SHEET REFERENCE NUMBER						PUB	LIC STATEMEN
SML FREITCHT GATE	of Al	NT E2.1 (supporting s SECURITIES & LO/ BC Insurance Compa e end of financial peri	NS ny Limited				20 (श्रुप्तमान्त्र स्थि 3
			CURRENT YEAR				
DESCRIPTION	IN RSA	DEEMED TO BE IN RSA	OUTSIDE RSA	INCOME IN RSA	INCOME OUTSIDE RSA	TOTAL VALUE	% of total liabilitie
	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	44	5	6	7	9
1. UNLISTED SECURITIES & LOANS APPROVED BY REGISTR		γ		<del>                                      </del>	,		3
			. 0	0			0.0
			0	<u> </u>	- 0		0.0
			0		1		0.0
		0	0	Ö	Ö		0.0
		0	0	0	0		0.0
	(		0	9	0		0.0
SUBTOTAL		0	0	0	0		0.0
2. UNLISTED SECURITIES OUTSIDE RSA							
•			0	0	0		0.0
•			0	0	0		0.0
			0	0	0		0.0
2 •			0	0	- 0		0.0
3 •			0	0			0.0
5 •			0	0			0.0
6 SUBTOTAL			0	Ö	0		0.0
ACCOUNT OF THE PARTY OF THE PAR							
7 SUBTOTAL			0	0	0		0.0

AUDITORS \_\_\_\_\_

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	PRINTOUT DATE					PUB	LIC STATEMENT 2012/04/04 09 30
		OTH of ABC Insu	FATEMENT E3 ER SECURITIES rance Company Lim financial period 31/0	1/2012			
				CURRENT YEAR			_
	DESCRIPTION	IN	RSA	DEEMED TO BE IN	OUTSIDE RSA UNLISTED	TOTAL VALUE	% of total liabilities
		Convertible	Non-convertible				
		R'000	R'000	R'000	R'000	R'000	
	1	2	3 .	4	5	6	8
1 2 3	1. PROPERTY COMPANIES: LISTED UNLISTED (Specify in supporting statement E3.1) TOTAL - Property companies		0 0 0	<u> </u>	0 0 0		0.0° 0.0° 0.0°
- 2	2. RELATED PARTIES:						
4	LISTED		0 (		0		0.09
5	UNLISTED (Specify in supporting statement E3.1)		0 (		0		0.09
6	TOTAL - Related parties		0 (	0	0		0.09
	3. ASSET-HOLDING INTERMEDIARIES:						
7			ol (	ol ol			0.09
1	UNLISTED (Specify in supporting statement E3.1)		0	<u>'l</u>	<u>U</u>		0.07
	4. OTHER COMPANIES:						_
8	LISTED		0. (	0	0		0.09
9	UNLISTED (Specify in supporting statement E3.1)		0 (		0		0.09
10	TOTAL - Other companies		0 (	0	0		0.09
	TOTAL DEDENTURES LOAN STOCKS & OTHER SECURITIES		ol (	J 01		[	0.09
11	TOTAL DEBENTURES, LOAN STOCKS & OTHER SECURITIES		U U	0	U		0.0%

AUDITORS \_\_\_\_

| Page 49 to 16 | Page 49 to 1

AUDITORS

62 No. 35586

ST2012

PUBLIC STATEMENT

STATEMENT E4

DEBTORS (Claims against persons and entities)
of ABC Insurance Company Limited
as at the end of financial period 3/101/2012

CURRENT YEAR

DESCRIPTION

Any overdue capital & inserti repayments in this year in this year in the year of the end of inserti repayments in this year in the ye

AUDITORS \_\_\_\_\_

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ST2012 SASET REPERENCE NUMBER PUBLIC STATEMENT STATEMENT E4.1 (supporting statement to E4)
DEBTORS (Claims against persons and entities)
of ABC insurance Company Limited
as at the end of financial period 31/01/2012 DEEMED TO BE IN RSA AND DEEMED TO BE IN THE RSA DESCRIPTION DETAILS OF SECURITY FURNISHED OUTSIDE RSA TOTAL VALUE R'000 R'000 R'000 R'000 1. PROPERTY COMPANIES: Specify SECURED 1 • 2 • 3 • SUBTOTAL UNSECURED 2. RELATED PARTIES: Specify
SECURED
9
10
11
2
SUBTOTAL UNSECURED SUBTOTAL 3. ASSET-HOLDING INTERMEDIARIES: Specify 4. OTHER DEBTORS: Specify SECURED 21 • \_\_\_\_\_\_ 22 • \_\_\_\_\_ 23 • \_\_\_\_\_ SUBTOTAL UNSECURED 24 25 26 27 SUBTOTAL AUDITORS

ST2012 Page 52 of 84 SHEET REFERENCE NUMBER PUBLIC STATEMENT STATEMENT E4.2 (supporting statement to E4) DEBTORS (Claims against persons and entities)
of ABC Insurance Company Limited as at the end of financial period 31/01/2012 PERIOD Between 30 - 60 Days Between 60 - 90 Days Between 90- 180 Days Between 180 - 270 Days Between 270 - 360 Days DESCRIPTION % of total liabilities TOTAL VALUE R'000 R'000 1. DEBTORS: Specify SUBTOTAL 2. OUTSTANDING PREMIUMS: Specify SUBTOTAL

AUDITORS \_\_\_\_\_

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SHARES, UNITS & DEPOSITORY RECEIPTS   Of ABC Insurance Company Limited as at the off financial period 3/10/12012			STATEMENT B	5				
OF ABC Insurance Company Limited as at the end of financial period 31012012   CURRENT YEAR   CURRENT YEAR   CURRENT YEAR   NRSA   RSA		CHADE						
DESCRIPTION   NRA								
DESCRIPTION   NRSA   DESCRIPTION   NRSA   DESCRIPTION   NRSA   ROOD		of /	ABC Insurance Comp	any Limited				
DESCRIPTION   IN RSA	-	as at th	e end of financial ne	riod 31/01/2012				
DESCRIPTION   N RSA   DEMEMB TO GE IN RSA   RCOW			o dia di ililandia po					
NRSA   RSA   ROO   RSA   RSA   ROO   RSA   RSA   ROO   ROO				CURREN	T YEAR			]
SHARES (excl those in property on suspecting statement E5.1)   Performed states   Perfo	DESCRIPTION	IN RSA		INCOME IN RSA	OUTSIDE RSA		TOTAL VALUE	% of total liabil
SHARES (exct those in property co's, associated co's & asset-holding intermediatries)   College   Colleg								
SHARES (excl those in property cors, associated cors & asset-holding intermediaties)								
Name   Section   Section	· 1	2	3	4	5	6	7	9
Name   Section   Section								
Oil & Gas Producers Basic Nationals Basic Nationals Basic Nationals Display Supporting statement £5.1) United preference (Specify in supporting statement £5.1) United ordinary								
Basic Materials	•		0	0	ol	o	0	1
Industriale							0	
Consumer Services							0	
Telecommunications							0	
Technology								
Healthcare								<b> </b>
Consumer Goods								<b> </b>
Financials								<b> </b>
Real Estate Alternative Exchange (AIEEx) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								ļ
Alternative Exchange (AltEx)								ļ
Preference shares UNISTED (Specify in supporting statement £5.1) UNISTED (Specify in supporting statement £5.1) Unlisted preference (Specify in supporting statement £5.1) Unlisted preference (Specify in supporting statement £5.1) Unlisted ordinary (Specify in supporting statement £5.1) Unlisted preference (Specify in supporting statement £5.1) Unlisted ordinary (Specify in Specify								
Unlisted preference (Specify in supporting statement E5.1)								ļ
Unlisted preference (Specify in supporting statement E5.1)								l
SARRES IN PROPERTY COMPANIES								ļ
SHARES IN PROPERTY COMPANIES  Unlisted ordinary (Specify in supporting statement E5.1)  Unlisted ordinary (Specify in supporting statement E5.1)  Unlisted ordinary (Specify in supporting statement E5.1)  SHARES IN RELATED PARTIES  Unlisted ordinary (Specify in supporting statement E5.1)  Unlisted ordinary (Specify in supporting statement E5.1)  Unlisted preference (Specify in supporting statement E5.1)  Unlisted Unlisted Unlist in collective investment schemes  Units in collective investment schemes  Unlisted units & units in collective investment schemes  Listed  Unlisted (Specify in Supporting statement E5.1)  Unlisted								
Unlisted preference (Specify in supporting statement £5.1)								
SHARES IN RELATED PARTIES								
SHARES IN RELATED PARTIES  Unlisted ordinary (Specify in supporting statement E5.1)								
Unitsed ordinary (Specify in supporting statement £5.1)	TOTAL		0	0	0	0	0	J
Unitsed ordinary (Specify in supporting statement £5.1)	SHADES IN DELATED DAPTIES							
Unlisted preference (Specify in supporting statement £5.1)								3
SHARES IN ASSET-HOLDING INTERMEDIARIES <sup>5</sup>								
SHARES IN ASSETHOLDING INTERMEDIARIES <sup>5</sup> Unlisted ordinary (Specify in supporting statement E5 1)								l
Unitsed ordinary (Specify in supporting statement E5.1)	TOTAL		0	U U		- VE		1
Unlisted preference (Specify in supporting statement E5.1)	SHARES IN ASSET-HOLDING INTERMEDIARIES <sup>5</sup>							
Unlisted preference (Specify in supporting statement £5.1)	Unlisted ordinary (Specify in supporting statement E5.1)	-0.000 (0.000 (0.000 (0.000 (0.000 )))	9		O:	·:·:::::::::::::::::::::::::::::::::::	0	
DEPOSITORY RECEIPTS   Listed		(2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,2,	ol	0	· · · · · · · · · · · · · · · · · · ·	ο	0	
Listed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							0	
Listed								
TOTAL	DEPOSITORY RECEIPTS		·	y				7
LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES	Listed						0	
Units in money market funds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0	0	
Units in money market funds 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				-				
Units in collective investment schemes in property shares         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								a
Linked units & units in collective investment schemes         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0								
Listed         0         0         0         0         0           Unlisted (Specify in Supporting statement E5.1)         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			0	0	0	0	0	
Unlisted (Specify in Supporting statement E5.1) 0 0 0 0 0 0	Linked units & units in collective investment schemes							
	Listari						0	
								1
		100000000000000000000000000000000000000	)	01.				1
	Unlisted (Specify in Supporting statement E5.1)					0	0	

AUDITORS \_\_\_\_\_

5. UNLISTED LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES

SUBTOTAL

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SHEET REFERENCE NUMBER PUBLIC STATEMENT STATEMENT E5.1 (supporting statement to E5) SHARES, UNITS & DEPOSITORY RECEIPTS of ABC Insurance Company Limited as at the end of financial period 31/01/2012 CURRENT YEAR DESCRIPTION DEEMED TO BE IN IN RSA INCOME IN RSA OUTSIDE RSA TOTAL VALUE RSA RSA R'000 SUBTOTAL (ii) UNLISTED PREFERENCE SHARES: SUBTOTAL 2. SHARES IN PROPERTY COMPANIES (i) UNLISTED ORDINARY SHARES: SUBTOTAL (ii) UNLISTED PREFERENCE SHARES: SUBTOTAL 3. SHARES IN RELATED PARTIES
(i) UNLISTED ORDINARY SHARES: (ii) UNLISTED PREFERENCE SHARES: SUBTOTAL 4. SHARES IN ASSET-HOLDING INTERMEDIARIES
(i) UNLISTED ORDINARY SHARES: SUBTOTAL (ii) UNLISTED PREFERENCE SHARES: SUBTOTAL

AUDITORS	

												PUBLIC	STATEM
N1001 5318					TATEMENT E6 LDINGS - FREEH	OLD ONLY							201.04
				of ABC Inst	ırance Company f financial period	Limited							
	ST	ATUTORY VAL	UES AT YEAR EN	ID	VALUATION			Cost of land,				Imputed rental	Exper
LOCATION AND DESCRIPTION		This year		Previous year	INDEPENDEN		Year acquired	buildings and improvements	Book value	Amount of encumbrances	Gross income from letting	value of space occupied	includ mainten
	Total	In RSA	Outside RSA	total	Year of valuation	Value per valuator							and t
1	R'000	R1000	R1000	R1000	6	R'000	8	R1000	R1000	R000	R000	R'000	R'0
WHOLLY OWNER OCCUPIED	0	0							0			0	
	0	0							0			0	
	0	0	0	0	0	0	0	0	0	0		0	
	0	0										0	
	0	0							0			0	
	0	0				0	0	0				0	
	0	0							0			0	
				<u>v</u>	1	- 0		0		<u>_</u>	,		
WHOLLY LET	0		l 0		I 0	0		o	0	0		ı [	
	1 0	0							0			1	
	0	0	0	0					0	0	0	i l	
	0	0							0			1	
	0	0							0			i l	
	1 0	0							0			1	
	0	0							0			i t	
	0	0	0	0	0	0	0	0	. 0	0	0	1 [	
	0	0			0	0	0	0	0	0		ı l	
PARTLY OWNER OCCUPIED AND PARTLY LET	Г		Τ		1								
TARTE OF THE COOK ED ALL THE EL	ol	0	0	0	0	0	0	0	0	0	0	o	
	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0							0				
	0	0				0			0	0			
	- 9	0							0				
	0	0							0				
		0							0				
	0								0				

AUDITORS \_\_\_\_

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SHEET REFERENCE NUMBER

.

RINTOUT DATE						2012/04/04 0
	STATEME	NT F7				2012-0-40-1
EIXED	ASSETS AND SUMMAR		ASSETS			
FINED			ASSETS			
	of ABC Insurance Co					
	as at the end of financia	I period 31/01/20	12			
1	2	3	4	5	6	7
				<b>—</b>		
	51	atutory values at y	ear end	-l	Acquired during the	
FIXED ASSETS		This year		Previous year totals	year	Rate of depreciat
	Total	In RSA	Outside RSA			
	R'000	R'000	R'000	R'000	R'000	%
Computer equipment	0		Τ	0 0	0	Г
1. Computer equipment	<u> </u>			<u> </u>		L
2. Other equipment (specify)						
2. Outer equipment (appears)	0	0		0 0	0	I
	0	0		0 0		
	0	0		0 0		
	0	0		0 0	0	
3. Motor vehicles	0	0		0	0	
TOTAL FIXED ASSETS	0	0		0 0	0	
					_	
			Statutory values at	year end		
ASSETS - TRANSFERRED FROM OTHER STATEMENTS	Statement		This year			
Acces 1104101 Ethes 111011 CTATEMENT		Total	In RSA	Outside RSA		
	1	R'000	R'000	R'000		
PROPERTY INVESTMENTS						
Quoted property companies			<del>1</del>	*********	ı	
Debentures	E3	0		0		
Debtors / loans	E4	0		0		
Shares	E5	0		0		
	1.		L			
2. Unquoted property companies				. 1. ' . ' . ' . ' . ' . ' . ' . ' . ' .		
Debentures	E3	0		0		
Debentures Debtors / loans	E4	0		0		
Debentures Debtors / loans Shares	E4 E5	0		0 0		
Debentures Debtors / loans Shares 3. Units: Collective investment schemes in property shares	E4 E5 E5	0 0 0		0 0 0 0 0		
Debentures Debtors / loans Shares	E4 E5	0		0 0		

AUDITORS		

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SHEET REFERENCE NUMBER

## E08-99-A

**PUBLIC STATEMENT** 2012/04/04 09:39 FINAL PRINTOUT DATE Statement E8 **DERIVATIVES** held by ABC Insurance Company Limited as at the end of financial period 31/01/2012 Fair Value of Physicals (Excluding Derivative Profit or Fair value of **ASSET CLASS** derivatives) being derivatives Loss hedged 4 3 1. By asset class **Equities** 0 0 Interest rate 0 0 0 Currency 0 Other (Specify in supporting statement E8.1) 0 0 0 0 Subtotal 2. By investment type 0 Forward 0 0 0 **Future** 0 0 0 Options 0 0 0 **Swaps** 0 0 Other (Specify in supporting statement E8.1) 0 0 0 Subtotal 0 3. By counterparty 0 Exchange 0 0 Other (Specify in supporting statement E8.1) 0 0 0 Subtotal 4. By objective / strategy 0 Hedging 0 0 Speculating 0 0 0 Other (Specify in supporting statement E8.1) 0 0 0 Subtotal

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

E8.1-99-A

### **PUBLIC STATEMENT**

L PRINTOUT DATE			2012/04/04 09:39
	Statement E8.1 DERIVATIVES		
held by ABC	CInsurance Company Limit	ed	
as at the end	l of financial period 31/01/2	012	
ASSET CLASS	Fair Value of Physicals (Excluding derivatives) being hedged	Fair value of derivatives	Derivative Profit or Loss
1	2	3	4
1. By asset class Other			
•	0	0	
	0	0	C
	0	0	
	0	0	
Culturated	0	0	
Subtotal	0	0	C
Other  Subtotal	0 0 0 0 0	0 0 0 0 0	(
3. By counterparty Other			
·	0	0	
	0	0	
	0	0	
	0	0	
Subtotal	0	0	
4. By objective / strategy Other •	0 0	000000000000000000000000000000000000000	
•	0	0	(
	0	0	C
Subtotal	0	0	C

AUDITORS	

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SHEET REFERENCE NUMBER

PUBLIC STATEMENT

PUBLIC STATEMENT

IAL PRINTOUT DATE						2012/04/04
ASSET	S AND LIABILITIES: COMP held by A	ABC Insurance Co	UTORY TO SHARE mpany Limited	HOLDERS' VALUES		
	as at the e	end of financial pe		VEID		
	ļ	THIS YEAR  STATUTORY VALUES PER SCHEDULE 2 OF THE ACT Values per				
DECORIDEION		STATUTORY V	ALUES PER SCHEDUI	E 2 OF THE ACT	Values per shareholders' statements	Differences
DESCRIPTION	Supporting statement number	Total	In RSA	Outside RSA		
		R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7
ASSETS						
				ol ol	o	
Cash Krugerrands					0	
			-		0	
					0	
Reinsurance deposits  Mortgage bonds					0	
				<del></del>	0	
Long term (investment) policies-linked			-		0	
Long term (investment) policies-non linked					0	
Other assets			1			
Balances and deposits with banks	E1	· C			0	
Securities and Loans	E2				0	
Other Securities	E3		<u> </u>		0	
Debtors (Claims against persons & entities)	E4			4	0	
Shares, depository receipts and units	E5		<u> </u>		0	
Land and buildings	E6				0	
Fixed assets	E7		) ::::::::::::::::::::::::::::::::::::	0	. 0	
TOTAL ASSETS		0		0	0	
LIABILITIES	F			ol ol	ol	
Due to other insurers and reinsurers					0	
Reinsurance deposits					0	
Bank overdraft				<u> </u>	0	
Provision for current and deferred taxation					0	
Contingent liabilities					0	
Other liabilities				0	0]	
Unearned premium provisions - net	D3			ά	ol	
Outstanding claims - net	D3				0	
I B N R - Claims incurred but not reported	D3		***************	***********************	0	
Unexpired risk provision	D3	ď			0	
7 TOTAL LIABILITIES		0		ol	ol	
TOTAL ENDIETHEO			<u> </u>	·1	<u> </u>	
NET ASSETS/SHAREHOLDERS' FUNDS		(	0	0	0	

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SHEET REFERENCE NUMBER

1

E09.1-99-A

### **PUBLIC STATEMENT**

4

3

2012/04/04 09:39

FINAL PRINTOUT DATE

STATEMENT E9.1 (Total)

# DIFFERENCES BETWEEN ASSETS AND LIABILITIES: COMPARISON OF STATUTORY TO SHAREHOLDERS' VALUES held by ABC Insurance Company Limited

as at the end of financial period 31/01/2012

Items with differences in statutory and shareholders' values

Statutory value

Shareholders' value

Shareholders' value

Statement E9

R'000

R'000

Correspond with difference in Statement E9

	Items with differences in statutory and shareholders' values	Cidiatory value	Charcholaers value	Statement E9
		R'000	R'000	R'000
1	•	0	0	0
2	•	0	0	0
3	•	0	0	. 0
4	•	0	0	0
5	•	0	0	0
6	•	0	0	0
7	•	0	0	0
8	•	0	0	0
9	•	0	. 0	0
10	•	0	0	0
11	•	0	0	0
12	•	0	0	0
13	•	0	0	0
14	•	0	0	0
15	•	0	0	0
16	•	0	0	0
17	•	0	0	0
18	•	0	0	0
19	•	0	0	0
20	•	0	0	0
21	Sub-total	0	0	0

AUDITORS	

ST2012 Page 61 of 84 PUBLIC STATEMENT STATEMENT E10
RELATED PARTY BALANCES
of ABC insurance Company Limited
as at the end of financial period 31/01/2012 PER SHAREHOLDERS' STATEMENTS INCLUDED AS ASSETS IN STATEMENTS E3, E4 & E5 TOTAL EXPOSURE RELATED PARTY Net income after tax Return on assets 1. Subsidiaries 3. Holding Companies
19
20
21
22
23
24
25
26
27 Total 4. Other related parties

0.0%

35 OVERALL TOTAL

o AUDITORS \_\_\_

0

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| CAST | Control | Control

AUDITORS \_\_\_\_\_

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC Statement E12

OTHER INSTITUTION EXPOSURES
of of ABC Insurance Company Limited
as at the end of financial period 310012012

CURRENT YEAR-TYPE OF EXPOSURE TO EACH ENTITY

TOTHER
SECURITIES EXPOSURE FOR MARKET LIST
BANKS ADDO
5
6

STO SMEET REPERENCE WASLES IN RSA & OUTSIDE RSA CORPORATE (UNLISTED) LISTED DERIVATIVES UNLISTED DERIVATIVES DESCRIPTION R'000 R'000 R'000 R1000 8 R'000 1
GOVERNMENT & QUASI GOVERNMENT SUBTOTAL OTHER INSTITUTIONS

TOTAL SECURITIES ISSUED BY GOVERNMENT, QUASI GOVERNMENT AND OTHER INSTITUTIONS

FINAL PRINTING DATE.												2512/\$456 05:35
				S INWARDS I of of ABC Insi as at the end of	Statement E13 INWARDS LISTED INSTRUMENTS of of ABC Insurance Company Limited as at the end of financial period 31/01/2012	ITS nited 31/2012	1					
							TYPE OF INSTRUMENTS	TRUMENTS				
. NAME OF INSTITUTION	COUNTRY	CORE BUSINESS	ORDINARY SHARES	PREFERENCE SHARES	DEBENTURES	LINKED UNITS	TRUSTS/LOAN STOCKS	EXCHANGE TRADED FUNDS	DERIVATIVES	WARRANTY	SHARE	KRUGERRAND
	0	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	1											
•			0	0	0	0	0	0	0	0	0	0
			0	0		0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0
			0	0		0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0
•			0	0	0	0	0	0	0	0	0	0
			0	0		0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0
•			0	0		0	0	0	0	0	0	0
			0	0			0	0	0	0	0	0
		1 1	0	0		0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0
•			0	0		0	0	0	0	0	0	0
•			0	0			0	0	0	0	0	0
•			0	0	0	0	0	0	0	0	0	0
•			0	0			0	0	0	0		0
			0	0	0	0	0	0	0	0	0	0
•			0	0		0	0	0	0	0	0	0
•		4	0	0		0	0	0	0	0	0	0
•			0	0	0	0	0	0	0	0	0	0
•			0	0			0	0	0	0	0	0
•			0	0	0		0	0	0	0	0	0
			0	0	0		0	0	0	0	0	0
•			0	0			0	0	0	0		0
TOTAL			0	0	0	0	o	0	0	0	0	0

.

TELEGREENCE NUMBER

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SHEET REFERENCE NUMBER

F01-00-A

PUBLIC STATEMENT

5	TATEMENT E4	
of ABC Insu	TATEMENT F1  RPLUS ASSETS, NET ASSET RATIO AND SOLVEN  Irance Company Limited  If financial period 31/01/2012	CY
1	2	3
DESCRIPTION	World-wide <i>R'000</i>	In RSA <i>R'000</i>
	R 000	K 000
CAPITAL ADEQUACY REQUIREMENT		
(i) MCR	10 000	10
Absolute minimum requirement	10 000	10
Operating Expenses (per reporting period)	0	
Annualised Operating Expenses	0	
Premium Income (net of all reinsurance)	0	
Statutory approved different MCR (If applicable)	0	
Date of statutory approval for different MCR (YY/MM/DD)		
		,
(ii) SCR	0	
(iii) CAPITAL ADEQUACY REQUIRMENT (CAR)	10 000	10
NET ASSETS: STATUTORY BASIS		
(i) Assets		
Domestic		
Domestic Foreign, deemed to be domestic		
Domestic Foreign, deemed to be domestic Total assets	0	
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities	0	
Domestic Foreign, deemed to be domestic Total assets		
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities	0	10
Domestic Foreign, deemed to be domestic Total assets  (ii) Less: Total Liabilities  (iii) Sub total: Net Assets  Less: Capital Adequacy Requirement [per 1(iii)]	10 000	
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets	0	
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets Less: Capital Adequacy Requirement [per 1(iii)] SURPLUS / SHORTFALL OF ASSETS	10 000 -10 000	-10
Domestic Foreign, deemed to be domestic Total assets  (ii) Less: Total Liabilities  (iii) Sub total: Net Assets  Less: Capital Adequacy Requirement [per 1(iii)]	10 000	-10
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets Less: Capital Adequacy Requirement [per 1(iii)] SURPLUS / SHORTFALL OF ASSETS	10 000 -10 000	-10
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets  Less: Capital Adequacy Requirement [per 1(iii)]  SURPLUS / SHORTFALL OF ASSETS  Net assets as a % of net premiums (current year)  Net assets as a % of net premiums (previous year)	10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000 -10 000	10 -10 (
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets  Less: Capital Adequacy Requirement [per 1(iii)]  SURPLUS / SHORTFALL OF ASSETS  Net assets as a % of net premiums (current year)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-10
Domestic Foreign, deemed to be domestic Total assets (ii) Less: Total Liabilities (iii) Sub total: Net Assets  Less: Capital Adequacy Requirement [per 1(iii)]  SURPLUS / SHORTFALL OF ASSETS  Net assets as a % of net premiums (current year)  Net assets as a % of net premiums (previous year)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-10

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F 1.1-99-A

SHEET REFERENCE NUMBER

FIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

AL PRINTOUT DATE			2012/0
STATEMENT F1.1			
ASSETS BACKING TOTAL LIABILITIES			
of ABC Insurance Company Limited			
as at the end of financial period 31/01/201	12		
as at the end of manner period 5110 1120 i	<u> </u>		
	Total Statutory Assets	Assets Backing	Difference
DESCRIPTION	Total Glatatory Floodic	Total Liabilities	
	(R'000)	(R'000)	(R'000)
1	2	3	4
Cash and near-cash			
Bank notes and coins (including Krugerrands)	0	0	
Credit balances, deposits (including negotiable deposits) and bills	0	0	
Foreign held credit balances, deposits (including negotiable deposits) and bills	0	0	
Public deposits	0	0	
Margin deposits on derivative instruments	0	0	
Participatory interest in a Fixed Interest Money Market scheme Fixed and variable interest securities (effective outstanding duration of less than and including 1 year)	0	.0	
Redeemable fixed and variable rate preference shares (effective outstanding duration to redemption < and including 1 year)		0	
Total:	0	0	
lota:	<u> </u>	<u> </u>	
Fixed and variable interest securities with an outstanding duration of less than (or including) 4 years			
Fixed and variable interest securities with an outstanding duration of less than (or including) 4 years  Fixed and variable interest securities (effective outstanding duration of >1 year but < and including 4 years)	O O	0	
Redeemable fixed and variable rate preference shares (effective outstanding duration to redemption >1 year but < or incl 4 years)	0	0	
Total: Fixed and variable interest securities with an outstanding duration of less than (or including) 4 years	0	0	
Total. Fixed and Variable interest securities with all observation of less than (or molecular) 4 years		<u></u>	
Fixed and variable interest securities with an outstanding duration of more than 4 years			
Fixed and variable interest securities (effective outstanding duration of >4 years)	0	0	
Redeemable fixed and variable rate preference shares (effective outstanding duration to redemption of >4 years)	0	ol o	
Participatory interest in a Fixed Interest Bond, Fixed Interest Income or Fixed Interest Varied Specialist scheme	0	0	
Non-redeemable fixed and variable rate preference shares	0	0	
Total: Fixed and variable interest securities with an outstanding duration of more than 4 years	0	0	
•			
Property			
Immovable property	0	0	
Participatory interest in a Real Estate scheme	0	0	
Total: Property	0	0	
Total: Property		<u></u>	
Equity	0	. 0	
		. 0	
Listed or unlisted ordinary shares	0		
Listed or unlisted depository receipts	0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock	0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares	0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme	0 0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares	0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme	0 0	0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme	0 0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity	0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity Other	0 0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity Other Motor vehicles, furniture and office equipment	0 0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity  Other Motor vehicles, furniture and office equipment Claims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange	0 0 0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity  Other Motor vehicles, furniture and office equipment Claims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange Over the counter (OTC) instruments	0 0 0	0 0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity  Other Motor vehicles, furniture and office equipment Claims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange Over the counter (OTC) instruments Any other assets held outside of the Republic	0 0 0 0 0 0	0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity  Other Motor vehicles, furniture and office equipment Claims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange Over the counter (OTC) instruments Any other assets held outside of the Republic Premium debtors	0 0 0 0 0 0	0 0 0 0 0 0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Eguity  Other Motor vehicles, furniture and office equipment Calims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange Over the counter (OTC) instruments Any other assets held outside of the Republic	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	
Listed or unlisted depository receipts Listed or unlisted loan stock Compulsory convertible preference shares Participatory interest in an Equity or Asset Allocation scheme Total: Equity  Other Motor vehicles, furniture and office equipment Claims against a long-term insurer in terms of a linked long-term policy Derivatives traded on an organised exchange Over the counter (OTC) instruments Any other assets held outside of the Republic Premium debtors	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0	

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SHEET REFERENCE NUMBER

F1,2-45-P
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

PRINTOUT DATE	(	CONFIDENTIAL STATEM	IENT NOT AVAILABLE TO PUBLIC 2012/04/04 09:35
MAR of ABC Insuran	EMENT F1.2 KET RISK ce Company Limited ancial period 31/01/2012		
DESCRIPTION	Asset backing technical reserves and current liabilities	Risk Factors	Market Risk Capital Charge
	R'000		R'000
1	2	3	4
SSET CATEGORIES		0.0%	
Cash and near-cash			0
Fixed and variable interest securities with an outstanding duration of less than (or including) 4 ye	ears 0	5.0%	

3 F	ixed and variable interest securities with an outstanding duration of more than 4 years	. 0	11.3%	0
4 F	roperty	0	24.6%	0
5 E	quity	0	38.0%	0
6 C	Other	0	38.0%	0
7 MA	RKET RISK CAPITAL CHARGE			0

AUDITORS \_\_\_\_\_

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC STATEMENT F1.3 CREDIT RISK

of ABC Insurance Company Limited
as at the end of financial period 31/01/2012 Investment Asset Credit Risk Capital Charge S&P, Fitch, GCR DESCRIPTION National rating (R'000) 1. ASSETS NOT SUBJECT TO CREDIT RISK
 Cash and near-cash
 Fixed and variable innerest securities with an outstanding duration of less than (or including) 4 years
 Fixed and variable innerest securities with an outstanding duration of more than 4 years
 Property
 Equity
 Fixed and variable innerest securities with an outstanding duration of more than 4 years
 Fixed and variable innerest securities with an outstanding duration of more than 4 years
 Fixed and variable innerest securities with an outstanding duration of more than 4 years Equity
Other
Total: Assets not subject to credit risk 2. ASSETS SUBJECT TO CREDIT RISK 
 N/A
 Asa to As3
 N/A

 AAA to AA+
 A1 to A3
 Asa to As1

 AA to AA Bsa1 to Bsa3
 As 2 to As1

 A+ to BBB
 Bs1 to Bs3
 A1 to Bsa2

 BBB- to B B1 to B3
 Bas to B3

 CCC or below
 Csa2 or below
 Csa2 or below

 Unrated
 Unrated
 Unrated
 N/A
A++ to A
AB++ to BC++ to D
E or below
Unrated 10 11 12 13 14 Cash and near-cash 15 16 17 18 19 20 21 Fixed and variable interest securities with an outs of less than (or including) 4 years AAA to AA-A+ to A-BBB+ to BBB-BB+ to BB-B+ to B-CCC+ or below Unrated Asa to As3
A1 to A3
Bsa1 to Bsa3
Bs1 to Bs3
B1 to B3
Cas1 or below
Unrated 22 23 24 25 26 27 28 Fixed and variable interest securities with an of more than 4 years Ass to As3 A1 to A3 Bea1 to Bea3 Es1 to Bs3 B1 to B3 Cas1 or below Unrated 29 30 31 32 33 34 35 Property AAA to AAA+ to ABBB+ to BBBBB+ to BBB+ to BCCC+ or below
Unrated N/A
A++ to A
AB++ to BC++ to D
E or below
Unrated 36 37 38 39 40 41 42 Equity N/A
Asa to As1
As2 to As3
A1 to Bss2
Bss3 to B3
Css2 or below
Unrated 43 44 45 48 47 48 49 Ornested

AAA to AAA+ to AA+ to ABBB+ to BBBBB + to BBB+ to BBB+ to BBB+ to BBB+ to BBCCC+ or below
CCC or below
Unrated
Unrated N/A
A++ to A
AB++ to BC++ to D
E or below
Unrated ASSETS SUBJECT TO CREDIT RISK Total: Assets subject to credit risk 0 0 58 CREDIT RISK CAPITAL CHARGE

AUDITORS

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#### F1.4-56-J CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2012/04/04 09:39

STATEMENT F1.4 INSURANCE RISK CAPITAL CHARGE of ABC Insurance Company Limited as at the end of financial period 31/01/2012							
DESCRIPTION	Net Written Premium	Risk Factors	Insurance Risk Capital Charg Per Business Class				
	R'000		R'000				
1 INSURANCE RISK BUSINESS CLASS	2	3	4				
BUSINESS CLASS Accident and Health	0	33%	4				
BUSINESS CLASS Accident and Health Engineering	0 0	33% 25%	4				
BUSINESS CLASS Accident and Health Engineering Guarantee	0 0	33% 25% 50%	4				
BUSINESS CLASS Accident and Health Engineering	0 0	33% 25%	4				
BUSINESS CLASS Accident and Health Engineering Guarantee Liability	0 0 0 0	33% 25% 50% 32%	4				
BUSINESS CLASS Accident and Health Engineering Guarantee Liability Miscellaneous	0 0 0 0	33% 25% 50% 32% 33%	4				

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SHEET REFERENCE NUMBER

F1.5-99-A

#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE	2012/04/04 09:39
STATEMENT F1.5 BASIC SOLVENCY CAPITAL REQUIREMENT AND OPE of ABC Insurance Company Limited as at the end of financial period 31/01/20	
DESCRIPTION	
1	2
	R '000
Gross Earned Premium	0
1 12 months preceding this calculation 2 12 months preceding the previous financial year end	0
Net Written Premium (Net of all reinsurances) 3 12 months immediately preceding this calculation (World-wide)	0
4 12 months preceding previous financial year end (World-wide)	0
5 12 months immediately preceding this calculation (In RSA)	0
6 12 months preceding previous financial year end (In RSA)	0
7 Gross Technical Liabilities	0
8 Operational Risk Capital (OPprovisions)	-
9 Operational Risk Capital (OPpremium)	-
10 BasicOP	-
11 Basic Solvency Capital Requirement (BSCR)	-
12 OPERATIONAL RISK CAPITAL CHARGE	-
	AUDITORS

AUDITORS \_\_\_

ST2012 Page 71 of 84 PUBLIC STATEMENT STATEMENT F2

SPREAD OF DOMESTIC ASSETS (INCLUDING FOREION ASSETS DEEMED TO BE DOMESTIC)

of ABC Insurance Company Limited

as at the end of financial period 31/01/2012 2 3 4 8 9 10 Maximum admissible for each item of this statement NOTE - ITEMS 4 + 5, 13 + 14 LESS individual excesses e.g. Banks, debtors, investments and property Domestic liabilities, including additional asset require (statement F1) 10 000 R'000 R'000 R'000 R'000 R'000 0.0% 0.0% 0.0% 25.0% 0.0% 0.0% 0.0% 6 1. Mortgage bonds
7 2. Debentures -non convertible
8 3. Any other debtors\*
9 Sub total 0 0 2 500 0 CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES B. Listed securities estuares - Foreign, deemed to be Don.
 Z. Outstanding short-form premiums
 B. Property investments
 B. Property investments
 D. Associates and associated companies
 To Gomputer equipment
 I. Other equipment
 II. Other equipment
 II. Other equipment and motor vehicles
 II. Westment policies-non linked 0 1 if items 6+14+18+20 exceed 15% of liabilities, the excess is 15.0% 0.0% 1 500 of total domestic liabilities, the excess is 3 Overall admitted assets:

1 Total of the previous column, less 1 and 2 above 0 12 750 20 Total of items 6 to 19 0.0% 0 4 Surplus of overall admitted assets over total domestic liabilities -10 000 250 250 250 24 15. Cesh
25 16. Knugerrands
26 17. Bank belances and deposits - Domestic
27 18. Bank belances redeposits - Foreign, deemed to be Dom.
28 19. Securities - Domestic
20. Securities - Foreign, deemed to be Domestic
30 Total of fems 21 to 29 0 1 000 0 10.0% 0.0% DATE OF ANY DISPENSATION GRANTED FROM SPREADING REQUIREMENTS 15.0% 31 Overall total

PUBLIC STATEMENT

STATEMENT H REPORT BY THE AUDITORS IN TERMS OF SECTION 19(7) OF THE ACT of ABC Insurance Company Limited as at the end of financial period 31/01/2012

#### INDEPENDENT AUDITOR'S REPORT OF ABC INSURANCE COMPANY LIMITED TO THE REGISTRAR OF SHORT-TERM INSURANCE

We have audited the following statements of the Short-term Insurance Statutory Return (the Return ) of I insert name of short-term insurer] (the Insurer) for the year ended [insert date], in compliance with section 19(7) of the Short-term Insurance Act, 1998 (the Act)

- Statements B1 to B5 (total columns only)
- Statements C1 to C3
- Statement C4
- Statement D1 (total only)
- Statement D2 to D3
- Statements E1 to E10
- Statement F1 to F2
- Statement I (Confidential statement Not available to the public)

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

#### Director's Responsibility for the Return

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

#### Auditor's Responsibility

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

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

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

- Agreed the information contained in the statements of the Return listed in the first paragraph of this report to the ooks and records of the insurer
- Determined, through inspection of appropriate documentation and enquiry of management of the Insurer, whether the information contained in the statements of the Return listed in the first paragraph of this report was prepared in accordance with the provisions of sections 29, 30,31,32,33: Schedules 1 and 2; as well as Regulations 2 and 3

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

#### Opinion

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

Regulatory Matters
We have complied with the provision of section 19(5) of the Act.\*

#### Restriction on Distribution or Use of the Auditor's Report

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

Name of au	uditor(s):		Name of a	uditor(s):
Address:		Registered Accountant and Auditor	Address:	Registered Accountant and Auditor
Date:			Date:	
Signature:			Signature:	

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SHEET	REFERENCE	NUMBER
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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE				2012/04/04 09:39
	CELL CAP	ATEMENT I PTIVE INSURERS nce Company Limite	d	
	as at the end of fir	nancial period 31/01/	2012	
1 .	2	3	4	5

1. Summary of cell arrangements
---------------------------------

	"Cell" arrangements	Currer	nt year	Previous year					
	Cell arrangements	Number	GWP (R'000)	Number	GWP (R'000)				
1	Active: 1st party	0	0	0	0				
2	3 <sup>rd</sup> party	0	0	0	0				
3	Combined	0	0	0	0				
4	Dormant (in run-off)	0	0	0	0				
5	Total	0	0	0	0				

#### 2. Five biggest 1st Party Cells

	Name of cell owner	Kind(s) of policy(ies)	GWP (R'000)	Operating ratio %	Statutory surplus assets (R'000)
6			0	0.00%	0
7			0	0.00%	0
8			0	0.00%	0
9			. 0	0.00%	0
10			0	0.00%	0

#### 3. Five biggest 3rd Party Cells

	or rive biggedt or a ray of the				
	Name of cell owner	Kind(s) of policy(ies)	GWP (R'000)	Operating ratio %	Statutory surplus assets (R'000)
11		1	0	0.00%	0
12			0	0.00%	0
13			0	0.00%	0
14			0	0.00%	0
15			0	0.00%	0

#### 4. Five biggest Combined Cells

	4. I IVE DIGGEST COMBINED CENS				
	Name of cell owner	Kind(s) of policy(ies)	GWP (R'000)	Operating ratio %	Statutory surplus assets (R'000)
16			0	0.00%	0
17			0	0.00%	0
18			0	0.00%	0
19			0	0.00%	0
20			0	0.00%	0

#### 5. Details on 1st party cells

o. Details off 13t party ochs					
	Statutory surplus assets ratio				
Cells (Cover Ratio)	No of cells	Statutory surplus / (Shortfall of assets) (R'000)			
>5	0	0			
3.0 - 5.0	0	0			
2.0 - 3.0	0	0			
1.6 - 2.0	0	0			
1.0 - 1.5	0	0			
<1	0	. 0			
	Cells (Cover Ratio)  >5 3.0 - 5.0 2.0 - 3.0 1.6 - 2.0	Cells (Cover Ratio)         Statutory surplication           No of cells           >5         0           3.0 - 5.0         0           2.0 - 3.0         0           1.6 - 2.0         0			

#### 6. Details on 3rd party cells

	6. Details on 3rd party cells					
		Statutory surplus assets ratio				
	Cells %		Statutory surplus /			
	Gells 70	No of cells	(Shortfall of assets)			
			(R'000)			
27	>5	0	0			
28	3.0 - 5.0	0	0			
29	2.0 - 3.0	0	0			
30	1.6 - 2.0	0	0			
31	1.0 - 1.5	0	0			
32	<1	0	0			

#### 7. Details on combined party cells

		Statutory surpl	us assets ratio
	Cells %		Statutory surplus /
		No of cells	(Shortfall of assets) (R'000)
			(K 000)
33	>5		0
34	3.0 - 5.0	0	0
35	2.0 - 3.0	0	0
36	1.6 - 2.0	0	0
37	1.0 - 1.5	0	0
38	<1	0	0

39 8. General
 1. Have any requests to recapitalize any cell not been complied with during the year under review?
 If "YES", give full details.

AUDITORS	

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SPREAD OF REINSURERS
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012

5 6 6

	Reinsurer Name	Foreign or Domestic	Supervisory Authority	Total Proportional Treaty Premium	Total Catastrophe Non-Proportional Treaty premium	Total Non- Catastrophe Non- Proportional Treaty Premium	Facultative Premium	Collateral required (Y/N)	Type of Collateral	Amount of Collateral	% of total Reinsurance Premium
L				R'000	R'000	R'000	R'000			R'000	
1						0	0			0	0.0%
2				0		. 0	0			0	0.0%
3 [						0				0	0.0%
4				0	0	0	0			0	0.0%
5				0	. 0	0	0			0	0.0%
6				0	0	0	0			0	0.0%
7				0	0	0	0			0	0.0%
8				0		0	0			0	0.0%
9				0	0	0	0			0	0.0%
10				. 0	0	0	0				0.0%
11				0	0	0	0			0	0.0%
12				0	0	0	0			0	0.0%
13				0	0	0	0			0	0.0%
14				0							0.0%
15				0		0	0			0	0.0%
16				0	0	0	0				0.0%
17				0		0	0			0	0.0%
18				0	0	0	0			0	0.0%
19						0					0.0%
20				0		0				0	0.0%

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SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

#### STATEMENT J2.1 AGEING OF RECEIVABLES FROM REINSURERS of ABC Insurance Company Limited as at the end of financial period 31/01/2012

More than 120 days Outstanding More than 30 days More than 60 days More than 90 days Total Receivable from Current Outstanding Reinsurer Name Outstanding Outstanding Reinsurers R'000 R'000 R'000 R'000 R'000 R'000 Domestic

1		U	0	0	0	0	0
2		0	0	0	0	0	0
3		0	0	0	0	0	0
4		0	0	0	0	0	0
5		0	0	0	0	0	0
6		0	0	0	0	0	0
7		0	0	0	0	0	0
8		0	0	0	0	0	0
9		0	0	0	0	. 0	0
10		0	0	0	0	0	0
	Foreign		,				
11		0	0	0	0	0	0
12		0	0	0	0	0	0
13		0	0	0	0	0	0
14	·	0	0	. 0	0	0	0
15		0	0	0	0	0	0
16		0	0	0	0	0	0
17		0	0	0	0	0	0
18		0	0	0	0	0	0
19		0	0	0	0	0	0
20		0	0	n	. 0	l ol	0

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ENCE NUMBER				10949947
UT DATE		CONFIDENTIAL	LSIATEMENT NOT A	VAILABLE TO PUBLIC
		STATEMENT J3		
	CATAS	STROPHE REINSURA	ANCE	
		nsurance Company I		
		d of financial period		
1	2	1 3	4	5

١ı	•	DI	10	IN	_	c	e

	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in R'000	Total EML Exposure in R'000	Gross Net Premium Income in R'000
1 [	1	-:-::::::::::::::::::::::::::::::::::::		0	
2 Γ	2				::::::::::::::::::::::::::::::::::::::
з [	3			0	
4 F	4		0		
5 Г	5		0	0	• . • . • . • . • . • . • . • . • . • .
6 F	6	· · · · · · · · · · · · · · · · · · ·			
7 Г	7		0	0	
8 Г	8	0		0	
9 F	9			σ	·.·.·.·.·.
ю [	10				
11 Г	11			0	
12 F	12			0	
з Г	13				
4	14	0		0	
15 [	15	0	0		
16 F	16	01	· · · · · · · · · · · · · · · · · · ·	0	

	Class of business		PROP	ERTY	
,	Maximum unprote	cted net retention per ever			
3 7	Total amount of ca	atastrophe cover purchase	ed (R'000)		
_	Cresta exposure for	or this class (net of any pro	oportional covers and be	efore non-proportional e:	xcess of loss
	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in R'000	Total EML Exposure in R'000	Gross Net Premium Income in R'000
1	1	0	0	0	
) [	2	0	0	0	
] ا	3	0	0	0	
2 [	4	0	0	0	
3 [	5	0	0	0	
۱ [	6	0	0	0	
; [	7	0		0	
: [	8	0	0	0	
. [	9	0	0	0	
3 L	10	0	0	0	
· [	11	0	0	0	-
۱ [	12	0	0	0	
۱ [	13	0	0	0	
! L	14	0	0	0	
3 [	15	0	0	0	

	Class of business			MOTOR			
35	Maximum unproted	cted net retention per eve	nt (R'000)				
36	Total amount of ca	tastrophe cover purchase	ed (R'000)				
	Cresta exposure fo	or this class (net of any pr	oportional covers and b	efore non-proportional e:	xcess of loss		
	Cresta Zone	Total Number of Risks	Total Sum Insured Exposure in R'000	Total EML Exposure in R'000	Gross Net Premium Income in R'000		
37	1	0	0	0	0		
38	2	0	0	0	0		
39	3	0	. 0	0	0		
40	4	0	0	0	0		
41	5	0	0	0	0		
42	6	0	0	0	0		
43	7	0	0	0	0		
44	8	0	. 0	0	0		
45	9	0	0	0	0		
46	10	0	0	0	0		
47	11	0	0	0	0		
48	12	0	0	0	0		
49	13	0	0	0	0		
50	14	0	0	0	0		
51	15	0	0	0	0		
52	16	0	0	0	0		

	Class of business		ENGINE	ERING	
53	Maximum unproted	cted net retention per ever			
54	Total amount of ca	tastrophe cover purchase	ed (R'000)		
	Cresta exposure fo	or this class (net of any pro	oportional covers and be	efore non-proportional e:	xcess of loss
	Cresta Zone	Total Number of Risks	Total Sum Insured	Total EML Exposure in	Gross Net Premium
	Cresta Zone	Total Number of Risks	Exposure in R'000	R'000	Income in R'000
55	1	0	0	0	0
56	2	0	0	0	0
57	3	0	0	0	0
58	4	0	0	0	0
59	5	0	0	0	0
60	6	0	0	0	0
61	7 -	0	0	0	0
62	8	0	0	0	0
63	9	0	0	0	0
64	10	0	0	0	0
65	11	0	0	0	0
66	12	0	. 0	0	0
67	13	0	0	0	0
68	14	0	0	0	0
69	15	0	0	0	0
70	16	0	0	0	0

AUDITORS	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE							2012/04/04 09:39
			STATEMENT J4				
		REINSURANC	CE DETAILS REGARI	DING PROPERTY			
		of AB	C Insurance Compan	ny Limited			
		as at the	end of financial perio	od 31/01/2012			
1	2	3	4	5	6	7	8

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0
	B. AUTOMATIC CAPACITY	R'000
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
5	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	
6	Minimum EML % without reference to the lead reinsurer	0

		Brief description of the Risk	Total Sum Insured	Estimated Maximum Loss (EML) R'000	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
7	1		0	0	0	0.0%		0.0%
8	2		0	0	0	0.0%		0.0%
9	3		0	0	0	0.0%		0.0%
10	4		0	0	0	0.0%		0.0%
11	5		. 0	0	0	0.0%		0.0%

AUDITORS	

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SHEET REFERENCE NUMBER

J05-9%-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

STATEMENT J5
REINSURANCE DETAILS REGARDING TRANSPORTATION
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012

1 2 3 4 5 6 7

	A. EXPOSURE TO THE NET ACCOUNT	Any one Conveyance	Any one Location R'000	Any one Hull R'000
1	Maximum Unprotected Net Retention Per Risk	0	0	0
2	Maximum Unprotected Net Retention Per Event	0	0	0
3	Maximum Protected Net Retention Per Risk	0	0	0

#### B. AUTOMATIC CAPACITY

		Any one Conveyance	Any one Location	Any one Hull	1
		R'000	R'000	R'000	
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0	0	
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0	0	
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)				

#### C. CATASTROPHE COVER

- 7 Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

#### D. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
10	1		0	0	0.0%		0.0%
11	2		0	0	0.0%		0.0%
12	3	·	0	0	0.0%		0.0%
13	4		0	0	0.0%		0.0%
14	5		0	0	0.0%		0.0%

AUDITORS_	
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SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

STATEMENT J6 REINSURANCE DETAILS REGARDING MOTOR of ABC Insurance Company Limited as at the end of financial period 31/01/2012

	A. EXPOSURE TO THE NET ACCOUNT	Own Damage	Third Party Liability	
		R'000	R'000	
1	Maximum Unprotected Net Retention Per Risk	0	0	
2	Maximum Protected Net Retention Per Risk	0	0	
	B. AUTOMATIC CAPACITY	Own Damage	Third Party Liability	
		R'000	R'000	
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0	
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0	
5	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)			

<b>AUDITORS</b>	

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SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

J07-99-A

#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2012/04/04 09:39

2

# STATEMENT J7 REINSURANCE DETAILS REGARDING ACCIDENT AND HEALTH of ABC Insurance Company Limited as at the end of financial period 31/01/2012

A. EXPOSURE TO THE NET ACCOUNT

Any one Life
R'000
R'000

Maximum Unprotected Net Retention Per Risk
Maximum Unprotected Net Retention Per Event
Maximum Protected Net Retention Per Risk

	B. AUTOMATIC CAPACITY	Any one Life R'000	Any known accumulation <i>R'000</i>	
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0	0	
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0	0	
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)			

#### C. CATASTROPHE COVER

- 7 Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency

9

ALIDITORS	
AUDITORS	

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SHEET REFERENCE NUMBER

#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT	DATE					2012/04/04 09:39
		REINSURANCE DETAILS	EMENT J8 S REGARDING GUA ce Company Limited			
		as at the end of fina	ancial period 31/01/2	2012		
1	2	3	4	5	6	7

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0
	B. AUTOMATIC CAPACITY	R'000
3	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
4	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
5	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	

- C. CATASTROPHE COVER

  Maximum Amount of Catastrophe cover purchased
- 8 Please comment on the number of reinstatements on this treaty and their sufficiency

	I IVC IUI	gest risks					
		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
10	1		0	0	0.0%		0.0%
11	2		0	0	0.0%		0.0%
12	3		0	0	0.0%		0.0%
13	4		0	0	0.0%		0.0%
14	5		0	0	0.0%		0.0%

AUDITORS	

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SHEET REFERENCE NUMBER

J09-90-A
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE					2012/04/04 09:3
	REINSURANCE DET	ATEMENT J9 AILS REGARDING L ance Company Limit			
	as at the end of fi	inancial period 31/0	1/2012	·	
1 2	3	4	5	6	7

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	Own damage (R'000)
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	
7	Treaties on losses occurring or claims made basis	

8 If on losses occurring, please comment on your ability to purchase cover in the future and any precautionary measures you have taken:

9

- C. CATASTROPHE COVER

  10 Maximum Amount of Catastrophe cover purchased
- 11 Please comment on the number of reinstatements on this treaty and their sufficiency

		anguest mone					
		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
13	1		0	0	0.0%	•	0.0%
14	2		0	0	0.0%		0.0%
15	3		. 0	0	0.0%		0.0%
16	4		0	0	0.0%		0.0%
17	5		0	0	0.0%		0.0%

<b>AUDITORS</b>	

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SHEET REFERENCE NUMBER

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/04/04 09:39

VAL PRINTOUT DATE STATEMENT J10
REINSURANCE DETAILS REGARDING ENGINEERING
of ABC Insurance Company Limited as at the end of financial period 31/01/2012

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	R'000
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	
7	Minimum FML % without reference to the lead reinsurer	0

		Brief description of the Risk	Total Sum Insured	Estimated Maximum Loss (EML) R'000	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
8	1		0	0	. 0	0.0%		0.0%
9	2		0	0	. 0	0.0%		0.0%
10	3		0	0	0	0.0%		0.0%
11	4		0	0	0	0.0%		0.0%
12	5		0	0	0	0.0%		0.0%

<b>AUDITORS</b>	

SHEET REFERENCE NUMBER

ST2012

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT	DATE					2012/04/04 09:39
		STA	TEMENT J11			
		REINSURANCE DETAILS	REGARDING MISC	CELLANEOUS		
		of ABC Insura	nce Company Limi	ited		
		as at the end of fi	nancial period 31/0	01/2012		
1	2	3	4	5	6	7

	A. EXPOSURE TO THE NET ACCOUNT	R'000
1	Maximum Unprotected Net Retention Per Risk	0
2	Maximum Protected Net Retention Per Risk	0

	B. AUTOMATIC CAPACITY	Own damage (R'000)
4	Maximum Amount of Non-Proportional Risk Capacity Purchased	0
5	Maximum Amount of Proportional Treaty Capacity Automatically available (incl. Auto Fac)	0
6	Nature of this Proportional Capacity (Surplus, Quota Share or AutoFac)	
7	Treaties on losses occurring or claims made basis	

8 If on losses occurring, please comment on your ability to purchase cover in the future and any precautionary measures you have taken:

9

#### C. CATASTROPHE COVER

- 10 Maximum Amount of Catastrophe cover purchased
- 11 Please comment on the number of reinstatements on this treaty and their sufficiency

12

#### C. PEAK EXPOSURES

Five largest risks

		Brief description of the Risk	Total Sum Insured	Annual Premium charged on the risk R'000	% Facultatively reinsured	Lead Reinsurer	% Participation
13	1		0	0	0.0%		0.0%
14	2		0	0	0.0%		0.0%
15	3		0	0	0.0%		0.0%
16	4		0	0	0.0%		0.0%
17	5		0	0	0.0%		0.0%

AUDITORS	

# SHORT-TERM INSURANCE ANNUAL QUALITATIVE RETURN (ST2012)

**ST2012** Page 1 of 23

# SHORT-TERM INSURANCE ACT (NO. 53 OF 1998) SHORT-TERM QUALITATIVE RETURN ABC INSURANCE COMPANY LIMITED

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

10/10/0/8 2012/01/31 8/8/2012 8:49

		INDEX OF STATEMEN	ITS AVAILABLE TO PUBLIC			
Statement	Section	Description		No. of pages	Version	Issue/Amendment date
Α	Management Informatio	n				
A1	REGISTRATION INFORMATION			1	2.0	2010-01-01
G	Questionnaires					
G1	GENERAL INFORMATION	A CONTRACT AND A CONT		2	2.0	2007-01-01

Total number of pages for public statements

Page 2 of 23

ST2012

#### SHORT-TERM INSURANCE ACT (NO. 53 OF 1998) **SHORT-TERM QUALITATIVE RETURN** ABC INSURANCE COMPANY LIMITED

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

10/10/0/8 2012/01/31 2012/08/08 08:49

		INDEX OF STATEMENTS NOT AVAILABLE TO PL	IBLIC		
Statement	Section	Description	No. of pages	Version	Issue/Amendment dat
G2	Questionnaires	RISK REPORT ISSUED BY DIRECTORS			Repealed
G3	Questionnaires	GOVERNANCE AND RISK MANAGEMENT	5	5.0	2012-01-01
G4.1	Cross border	SADC SUBSIDIARY AND BRANCH	2	1.0	2009-01-01
G4.2	Cross border	NON-SADC SUBSIDIARY AND BRANCH	2	1.0	2009-01-01
G4.3	Cross border	SADC OTHER INSURANCE OPERATIONS	3	1.0	2009-01-01
G4.4	Cross border	NON-SADC OTHER INSURANCE OPERATIONS	3	1.0	2009-01-01
G4.5	Cross border	STATEMENT REPEALED			2009-01-01
G4.6	Cross border	STATEMENT REPEALED			2009-01-01
J1	Reinsurance	SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE	3	1.0	2006-01-01

Total number of pages for confidential statements 18

FINAL PRINTOUT DATE		ፈ	PUBLIC STATEMENT
	STATEMENT A1 REGISTRATION INFORMATION of ABC Insurance Company Limited		Strange on the strange of the strang
_	as at the end of financial period 31/01/2012	3	4
1. DESCRIPTION		Regulators Ref:	ef:
Registrar of Short-term Insurance reference number End of financial period <i>(dd/inm/yyyy)</i> Name of short-term insurer	10/10/0/8 20/12/01/31 ABC Insurance Company Limited		
Number of months in financial period under review	12		
2. TYPES OF POLICIES	CERTIFICATE OF REGISTRATIC	CERTIFICATE OF REGISTRATION AS AN INSURER ISSUED BY THE REGISTRAR	
Property Transportation Afort Accident and health Suarantee Liability Frighteening			
Certificate number		Conditions imposed <sup>1</sup> (Y/N)	
3. NAMES OF CONTACT PERSONS 3.1 PUBLIC OFFICER Initials and surname of Public Officer Initials and surname of contact person regarding the return		Did person change since previous year (Y/N) Did person change since previous year (Y/N)	
3.2 CHAIRPERSON (CHAIR) Initials and surname of Chairperson		Did person change since previous year (Y/N)	
3.3 CHIEF EXECUTIVE OFFICER Initials and surname of Chief Executive Officer		Did person change since previous year (Y/N)	
3.4 AUDITOR Name of first firm Initials and surname of Responsible Partner		Did entity change since previous year (Y/N) Did person change since previous year (Y/N)	
Name of second firm Initials and surname of Responsible Partner		Did entity change since previous year (Y/N) Did person change since previous year (Y/N)	
3.5 ACTUARY Name of Statutory Actuary Name of employer/company of Statutory Actuary		Did person change since previous year (Y/N) Did entity change since previous year (Y/N)	
Name of Alternate Statutory Actuary Name of employer/company of Alternate Statutory Actuary		Did person change since previous year (Y/N) Did entity change since previous year (Y/N)	
4. SHAREHOLDERS  Are all the shareholders holding more than 25% of the issued shares, the same as the previous year? (Y/N)	ame as the previous year? (Y/N)		
5. TURNOVER If non-insurance business was conducted furnish the annual turnover of that business (R'000)	it business (R'000)		
6. NUMBER OF PEOPLE EMPLOYED			

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

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G01-99-A

ST2012
SHEET REFERENCE NUMBER

10. Are all the assets or title thereto held by the insurer?
• If "NO", attach details.

FINAL PRINTOUT DATE

PUBLIC STATEMENT 2012/08/08 08:49

STATEMENT G1

	GENERAL INFORMATION							
	of ABC Insurance Company Limi as at the end of financial period 31/0							
	ao at the one of manieta, period of no							
1.	Has any change been made during the year under review to the Memorandum and Article document by which the insurer is constituted and in accordance with which it conducts its							
	<ul> <li>If "YES", attach a certified copy of the document as amended</li> <li>Or indicate if it has already been submitted.</li> </ul>							
SH	ARE CAPITAL							
2.	Please attach a diagram of the entire group structure, showing percentages of shareholding shareholders as at the end of the period under review. Include percentages at the end of the end of the period under review.							
3.	Furnish the name of the body or person who controls the insurer.							
0.	Is this the same body or person as at the end of the previous year?  If "NO" attach details.							
4.	4. Is the body or person who controls the insurer incorporated or resident in the RSA?  • If "NO", attach details.							
5.	Does the insurer hold, directly or indirectly, 25% or more of the issued share capital of and outside the RSA carrying on insurance or banking business in or outside the RSA?  If "YES", state the name(s) of the insurer(s) or bank(s) and particulars of share holding Attach a copy of the latest audited accounts and balance sheet if the institution is not banking business in the RSA.	g.						
6.	Does the insurer have shares in the holding company?  If "YES", please refer to Directive 141b(i) (Short-term)							
		Number of shares	Shares as a % of the total issued shares of					
	(1) Total issued shares of holding company	0	holding company					
	(2) Total shares held by insurer and group undertakings: (Sum of (a) to (d) below)	0	0.0%					
	(a) Shares held in shareholders' fund (Approved under Sec 33(1)(e))	0	0.0%					
	(b) Shares held in share incentive schemes of the insurer and its subsidiaries (Approved under Sec 33(1)(e))	0	0.0%					
	(c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts (Approved under Sec 33(1)(e))	0	0.0%					
	(3) Shares held by other subsidiaries of the holding company	0	0.0%					
	(4) Total number of shares held by the subsidiaries of the holding company ((2) + (3))	0	0.0%					
AS:	SETS AND LIABILITIES							
7.	Has there been any direct or indirect borrowing of assets?  • If "YES", attach details.							
8.	Has any guarantee or suretyship, otherwise than by means of an insurance guarantee pol sections 31 and 33 of the Act?  • If "YES", attach details.	icy, been given as described in						
9.	Do the liabilities include all contingent liabilities, guarantees and commitments?  • If "NO", attach details.							

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FINAL PRINTOUT DATE	2012/08/08 08:49
STATEMENT G1 GENERAL INFORMATION of ABC Insurance Company Limited as at the end of financial period 31/01/2012	
<ul><li>11. Are all the assets or title thereto held in the RSA or in a manner approved by the Registrar?</li><li>If "NO", attach details.</li></ul>	
<ul> <li>12. Have you satisfied yourselves that all the requirements in Directive 126 pertaining to the approval granted to enter into agreement with the attached nominee companies have been met?</li> <li>Attach a list of nominee companies and provide full details</li> </ul>	
13. Have any assets been encumbered?  • If "YES", attach details.	
<ul><li>14. Has any script been lent out by the insurer i.t.o. script lending transactions?</li><li>If "YES", attach details.</li></ul>	
EXCHANGE RATE	
<ul><li>16. Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities?</li><li>Attach details.</li></ul>	
<ul> <li>17. Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?</li> <li>If "NO", state the amount of the mismatch in R'000.</li> </ul>	0
AUDIT COMMITTEE	
<ul><li>18. Has an audit committee been appointed for the insurer?</li><li>If "NO", attach details.</li></ul>	
<ul> <li>19. Did the audit committee convene during the financial period?</li> <li>If "YES" how many times.</li> <li>If "NO" provide full reasons why no meetings were held.</li> </ul>	
SHARE-BASED PAYMENTS	
20. Please provide the liability in respect of cash-based equity share payments (R'000)	0
CELL CAPTIVE INSURERS	
21. Do you write any insurance business as part of a structure in terms whereof shares or any similar instrument is issued to clients or persons by the insurer or another group undertaking for purposes of issuing and underwriting specific kinds of policies in such structure?	
If yes, please complete Statement I	
<ul><li>22. Have you or any related party issued shares or similar instruments for the purpose stated in the previous question to another locally registered short-term or long-term insurer?</li><li>If yes, please provide the name of such insurer.</li></ul>	
CHAIRMAN DIRECTOR	
PUBLIC OFFICER DATE	
AUDITORS (initial)	

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

G03-99-A 10/10/0/8 2012/08/08 08:49

#### Statement G3 **GOVERNANCE AND RISK MANAGEMENT** of ABC Insurance Company Limited

	as at the end of financial period 31/01/2012	
SYST	EM OF GOVERNANCE	
1.	Does the insurer have a robust system of governance, risk management and controls in place which the Board of Directors are	
	responsible for?  If "NO" provide details on how these areas are monitored.	
2.	Does the insurer have a well-defined and documented organisational structure with clear roles and responsibilities and appropriate	
	segregation of duties? • If "NO" provide details on how these areas are monitored.	
3.	Does the insurer have adequate processes in place to ensure that directors and management are fit and proper?  • If "NO" provide details on how these gross are monitored.	
4	If "NO" provide details on how these areas are monitored.	F
4.	Is there an adequate and effective integrated assurance plan in conformance with King III that lists  If "YES" attach details as well as who is providing assurance of the major risk areas.  If "NO" explain how these risk areas are managed.	
5.	Does the insurer have a clearly defined risk appetite approved by the Board that the Board regularly measure?  • If "VES" provide a brief description.	
	<ul> <li>If "YES" provide a brief description.</li> <li>If "NO" provide details on how these areas are monitored.</li> </ul>	
6.	Is there a clearly defined strategy approved by the Board of Directors that is measured, monitored and reported on regularly?	
	If "NO" provide details on how these areas are monitored.	F
7.	Does the Board of Directors have adequate knowledge in the major risk areas of the insurer in particular market, credit and insurance risk?	
	• If "NO" provide details on how these areas are monitored.	
8.	Briefly explain any material changes in the system of governance since the date of the last return.  * Please provide details.	
RISK	MANAGEMENT	
9.	Are there adequate and effective risk management processes in place that are proportional to the scale and complexity of the business of the insurer?	
	• If "NO" provide details on how these areas are monitored.	
10.	Please rank the relative importance of the various risk categories from 1 - 7 (1=highest and 7=lowest)	
	• Credit risk	1
	Market risk	2
	Liquidity risk Insurance risk	3 4
	Operational risk	5
	Legal & Regulatory risk	6
	Strategic risk	7
11.	Does the insurer have sufficient skills and resources to adequately and effectively identify, measure, manage and report the risk areas listed in the previous question?	
	If "YES" provide a brief description.	
	If "NO" explain how these risk areas are managed.	
12.	Briefly explain how the insurer documents all key risk management strategies, policies and procedures  * Please provide details.	
13.	List the insurer's five major risk issues that the insurer currently believes are outside its risk appetite and could have the potential to cause the insurer to move outside its risk appetite	

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SHEET REFERENCE NUMBER REGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE G03-99-A 10/10/0/8 2012/08/08 08:49

Statement G3
GOVERNANCE AND RISK MANAGEMENT
of ABC Insurance Company Limited
as at the end of financial period 31/01/2012

	of ABC Insurance Company Limited as at the end of financial period 31/01/2012									
14.	What are the major projects curren	tly underway that could expose t	he company to major risks if thes	se projects fails?						
	•									
15.	Briefly explain any material change • Please provide details.	s in the risk management systen	n since the date of the last return							
16.	Briefly explain what new products, if any, are being planned as well as the controls over the new products.  * Please provide details.									
17.	Briefly explain to what extent the insurer has adequate and effective stress testing measures.  * Please provide details.									
CRED	REDIT AND COUNTERPARTY RISKS									
18.										
	If "YES" provide details of evaluation from the state of	uation and review processes of c these areas are monitored.	ounterparties.							
19.	Does the insurer monitor its exposu		types?							
	<ul> <li>If "NO" provide details on how to</li> </ul>	hese areas are monitored.								
MARK	ET RISKS									
20.	Does the insurer identify, measure,		al market risk exposures?							
	<ul> <li>If "YES" provide a brief descrip</li> <li>If "NO" provide details on how t</li> </ul>									
21.	Does the insurer have sufficient known		ately and effectively manage ma	rket risk exposures?						
	<ul> <li>If "YES" provide a brief descrip.</li> <li>If "NO" provide details on how to</li> </ul>									
	II NO provide details on now t	nese areas are monitorea.								
22.	Briefly explain the governance proc • Please provide details.	ess in regard to market risk, inve	stment risk and/or asset liability	matching.						
INTER	NAL CONTROL									
23.	Is there an adequate and effective s  If "NO" please explain.	system of internal controls that is	adequately documented and tes	sted on a regular basis?						
24.	In all material respects, are such co trained, skilled personnel, whose du			cedures and implemented by						
	* If "NO" please explain.	nies nave been segregated appi	opnately:							
0.5	le the Read of Directors recognish	a fact the avotome of internal con-	ral and door the board naviadica	.llu vannium a vannast on the						
25.	Is the Board of Directors responsible effectiveness of internal controls	e for the systems of internal con-	ioi and does the board periodica	my receive a report on the						
	<ul> <li>If "NO" please explain.</li> </ul>									
26.	Has anything come to the attention	of the directors to indicate that a	ny material malfunction in the fur	actioning of the aforementioned						
20.	Has anything come to the attention of the directors to indicate that any material malfunction in the functioning of the aforementioned controls, procedures and systems has occurred during the period under review?  If "YES", provide particulars.									
27	Are the insurer's internal controls ar	nd systems designed to provide	reasonable assurance as to the i	ntegrity and reliability of the						
-/.	published financial statements?  • If "NO" please explain.	,5.0 222.g.,00 to provide i	utility at the first	and remaining of the						
20	le there an independent compliance	function in place?								
28.	Is there an independent compliance  If "NO" please explain.	Turiouott in place :								
20	In the quatem publication	V/kI	Francisco	of rovious	1					
29.	Is the system subject to:  • internal reviews?	Y/N	Frequency	months	1					
	<ul><li>external reviews?</li></ul>			months	]					

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SHEET REFERENCE NUMBER REGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE G03-99-A 10/10/0/8 2012/08/08 08:49

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G(	OVERN	ANCE /	AND RIS	K MAN	AGEMENT
		o	^-		1 ::
	OT AB	C Insur	ance Go	mpany	Limited
	at tha c	and of f	inancia	noriod	34/04/2042

	as at the end of financial period 31/01/2012	
30.	Were any material weaknesses reported?	
	If "YES", provide particulars.	
NTER	NAL AUDIT	
31.	Does the insurer have an independent Internal Audit function or similar outsourced function?	
	<ul> <li>If "YES" provide a brief description.</li> <li>If "NO" provide details on how these areas are monitored.</li> </ul>	
32.	Does the Internal Audit function have an appropriate mandate to cover all high risk areas and has this mandate been approved by the Board of Directors?	
	If "NO" provide details on how these areas are monitored.	
33.	Does the Head of internal audit report to the Chief Executive Officer and the Chairperson of the Audit Committee?  • If "NO" explain who the Head of Internal Audit reports to and how independence is managed?	
34.	Does Internal Audit have the necessary skills in all major risk areas including market, credit and insurance risks?  • If "YES" provide a brief description.	
	If "NO" explain how independent assurance is obtained on these risk areas.	
35.	Does the Internal Audit department get independently audited on a regular basis?  • If "NO" explain.	
DERIV	ATIVES	
36.	Is the derivative position in conformance with the applicable sections in the ST Insurance Act?	
37.	If "NO", please explain.  Are the derivatives used for hedging purposes only?  If the derivatives used for hedging purposes only?  If the derivative used for hedging purposes only?	
38.	<ul> <li>If "NO", please explain.</li> <li>Please provide full details on all derivatives currently in place and transacted since the date of the last return.</li> </ul>	
	The details should include the following:  (a) Reason for the derivative transaction	
	(b) How long the derivatives are going to be in place?	
39.	(c) Quantification of whether the derivatives provide a perfect hedge or whether there is residual risk or basis risk remaining.  If the derivative counterparty is a group entity please provide details on how it was ensured that the transaction was marked at fair	
55.	• If "NO", please explain.	
40.	With regard to derivatives:	
(a)	Has the Board of Directors approved the use of derivative instruments, derivative procedures and derivative limits?  If "YES", please provide details.	·
(b)	<ul> <li>If "NO", give reasons.</li> <li>Is the approval to use derivative instruments specific as to the purpose, (e.g. hedging, arbitrage or trading) product type and are</li> </ul>	
(c)	there appropriate market and credit risk limits in place?  Does the Board of Directors, senior management, risk management and internal audit have sufficient knowledge in derivative	
. ( - /	instruments?  If "NO" provide details on how these areas are monitored.	
(d)	Are the front office (execution), middle office (risk management) and back office (accounting) adequate and effective and is there adequate segregation of duties between these functions?	
	If "NO" provide details on how these areas are monitored.	
(e)	Are appropriate systems in place to enable the frequent and effective monitoring of positions and are these systems adequate to cope with the volumes and volatility of derivative transactions?  • If "NO" provide details on how these areas are monitored.	
(f)	Has the insurer established appropriate and independent performance measures to analyse and monitor risks of all transactions undertaken individually and in aggregate for its derivative activities?	
	If "NO" provide details on how these areas are monitored.	
(g)	Is the insurer satisfied that sufficient control procedures have been put in place, including independent confirmation and reconciliation of positions, independent checking of prices, agreements of trading profits to accounting profit, appropriate	
	authorisation where dealing limits have been exceeded, etc?  * If "NO", provide details.	
(h)	How often does internal audit reviews of derivative activities take place?	
(i)	How frequently are derivative positions marked to fair or market value?  Are adequate controls in place such that market data used to value derivatives is relevant, accurate and obtained on a timely basis	
(j)	File adequate controls in place such that market data accesses take delivatives to relevant, accessed and obtained on a limiting business.	L

from a reliable source?

If "NO", provide details.

Page 9 of 23 ST2012 SHEET REFERENCE NUMBER REGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER G03-99-A 10/10/0/8 2012/08/08 08:49 FINAL PRINTOUT DATE Statement G3 **GOVERNANCE AND RISK MANAGEMENT** of ABC Insurance Company Limited as at the end of financial period 31/01/2012 Are valuation models which are used for derivative instruments tested and approved and amendments to the programmes (k) controlled and do models include appropriate tests for robustness of the portfolio to stress changing investment conditions? If "NO", provide details. Over the counter derivatives (OTC) (I) Does the insurer make use of OTC (over-the-counter) derivative instruments? If "YES", please provide details to the following questions: (i) A description of OTC valuation methods used and procedures for evaluation of the counterparties (ii) List the 5 largest OTC counterparties. **Credit Derivatives** Does the insurer invest in credit derivative instruments? (m) If "YES", quantify as a % of total liabilities What is the purpose of your company's involvement in Credit Risk Transfer activities? (n) Provide details. What are your company's credit risk management systems / procedures? (o) Provide details Does your company have staff with appropriate skill levels dealing with Credit Risk Transfer (p) activities? If "NO", provide details. Are the controls adequate over the legal documentation in respect of credit derivative contracts? If "NO", provide details. Are the controls over credit derivatives the same as the governance, risk management and control environment over derivatives in general?

If "NO", provide details. **HEDGE FUNDS** Does the insurer invest in "hedge funds that employ leverage" (gross market exposure in excess of capital)? If "YES", please indicate whether these investments are made in internal or external hedge External Please provide details on the instruments through which the insurer invest in a hedge fund Name of Hedge Fund Operational Description of Instruments Hedge Fund Strategy In- / Outside RSA - R'000 INFORMATION, ACCOUNTING AND ADMINISTRATION 42. Were there any changes to accounting policies? If "YES", indicate the effect in rands and provide particulars of changes Previous period (restated Item Period under review figures for comparative R'000 purposes) R'000 Balance sheet Income statement Were any significant problems experienced with regard to the information/accounting/administrative systems during the reporting If "YES", provide particulars. Is a business continuance plan in place? If "YES", • Is the plan in writing When was it last fully tested. If "NO", provide an explanation Are underwriting, financial and investment results which can be relied upon for making management decisions, available to management when needed and do they indicate: How frequently are these results available? Are these results generally available within one month after the reporting period? If "NO", provide an explanation. CAPITAL AND FUNDS Did the issued share-capital change during the reporting period? If "YES", provide details.

Did the insurer issue preference shares, debentures or mortgages or other debt instruments during

the period under review?

If "YES", complete statement C4.

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REGISTRAR OF SHORT-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

ST2012

G03-99-A 10/10/0/8

# Statement G3 GOVERNANCE AND RISK MANAGEMENT of ABC Insurance Company Limited as at the end of financial period 31/01/2012

			of ABC Insurance Com as at the end of financial p				
48.		e valuation data checked for ad If "YES", complete table below.	lequacy and accuracy?			·	
	[	How often (describe period)	By whom	Date of completion of last			
	ŀ	0 0 0	·				
40	lo th		I ence shares to supplement capita	l during the following financial r	J		
49. 50.		•	ence shares, by subsidiaries, to s				
50.		sideration?	orion criarco, by capacianico, to a	sapplement sapital, samily the le			
51.	Is th	e issuing of debt instruments to	supplement capital, during the fo	ollowing financial period, under o	consideration?		
52.		the insurer issue a securitised in If "YES", provide details.	nsurance instrument (e.g. catastr	rophe bond) during the financial	period under review?		
53.		e issuing of guarantees or simili sidiaries/related party(ies)?	ar undertakings under considera	tion in respect of:-			
•		other person?  If "YES", provide particulars and	d procedures.				
54.	Are	dividends on preference shares	s, issued by the insurer, in arrears	s or will such dividends be likely	to be in arrears during the		
	•	wing financial period? If "YES",					
		<ul><li>State the (likely) amount in a</li><li>Attach particulars of how and</li></ul>	rrears in R'000. I when the position will be rectifie	ed/addressed.		·	
55.			the insurer, not redeemed on red noial period where redemption mu		rence shares be likely not to be		
		If "YES",  State the (likely) amount not.	redeemed in R'000.				
		•	d when the position will be rectifie				
56.	instr		ital) on debt instruments, issued during the following reporting pe		any payments on a debt		
		<ul><li>State the (likely) amount in a</li><li>Attach particulars of how and</li></ul>	arrears in R'000. I when the position will be rectifie	ed/addressed.			
57.		nolders of preference shares ge If preference dividends are in					
		<ul> <li>If their shares are not redeem If "YES", provide details.</li> </ul>					
58.	Wha	at is the proportion of preference	e share voting rights in relation to	total issued shares?		0%	
ASSET	s						
59.		the insurer purchase a securitis If "YES", provide details.	ed insurance instrument (e.g. ca	tastrophe bond) during the perio	d under review?		
OUTSO	OURC	CING					
60.		e any business activities been of "YES", provide a detailed list a	outsourced? and describe the nature of any or	utsourced activities or functions.			
61.	Des	cribe the salient features of the	outsource policy as approved by	the Board.			
62.	<ol> <li>Please provide a brief description of the management information (MI) measures in place to monitor and manage outsourced activities and functions and in particular how these MI measures ensure that control and ownership of the risks are monitored.</li> </ol>						
63.	Wha	at are the governance structures	s pertaining to significant outsour	ced processes (such as underw	riting) or infrastructure (such as	IT)?	
EXTER	NAL	AUDIT FINDINGS					
64.		fly list significant finding that em <i>Please provide details</i> .	nanated from the external audit co	onducted on the insurer.			
FINAN	CIAL	SOUNDNESS POSITION					
65.		ere any reason to believe that the street of	he insurer will not be a going con	ncern in the year ahead?			

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G03-99-A 10/10/0/8

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as at the end of financial period 31/01/2012

Has there been any developments after year-end which may have a material impact on the financial soundness of the insurer?

If "YES", provide particulars.

CHAIRMAN	DIRECTOR
PLIPLIO OFFICED	DATE
PUBLIC OFFICER	DATE
AUDITORS (initial)	

ST2012 SHEET REFERENCE NUMBER

FINAL PRINTOUT DATE

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G4.1-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

## Statement G4.1 CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY of ABC Insurance Company Limited as at the end of financial period 31/01/2012

1.	Description	Branch	Subsidiary
	Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	N	N
	State the total number of branches / subsidiaries		
	Please complete aggregate information in this table. The freefloating columns need to be completed per	er individual branch or subsidiary	
2.	Description	Branch - R'000	Subsidiary - R'000
	Total assets in respect of all branches / subsidiaries	Branieri IIII	0000000,
	Total liabilities in respect of all branches / subsidiaries		
	Total gross premium income in respect of all branches / subsidiaries		
	Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement ( as per home jurisdiction) in respect of all branches /		
	subsidiaries		
2	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 pe	ər individual branch or subsidiary	
3	Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reprofice and indicate the Board of the insurer's assessment of the overall effectiveness of these controls		diary and its head
4	Describe the Board of the insurer's assessment of the overall financial position of the branch / subsidia	ary.	· · · · · · · · · · · · · · · · · · ·
5	Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnish	full details?	
	1		

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

## Statement G4.1 CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY of ABC Insurance Company Limited as at the end of financial period 31/01/2012

6	State the scope of the activities of the branch / subsidiary and its role within the insurance group.		
7	Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external audit that is different to the audit firm of the insurer undertakes the audit and also provide name of that audit and also provide name of that audit and also provide name of the audit and also pr	. Please be specific whether or not an audit firm it firm.	
	0000000	DIRECTOR	
	CHAIRMAN	DIRECTOR ====================================	
	PUBLIC	DATE	
	OFFICER		
	AUDITORS (initial)		

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SHEET REFERENCE NUMBER

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

FINAL PRINTOUT DATE

Statement G4.2
CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited

	of ABC Insurance Company Limited as at the end of financial period 31/01/2012		
			1 0
4	Description  Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction?	Branch N	Subsidiary N
1.	State the total number of branches / subsidiaries	N N	IN IN
	Please complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subs	sidiary
2.	Description	Branch - R'000	Subsidiary - R'000
۷.	Total assets in respect of all branches / subsidiaries	Branch - 1000	Subsidiary - 1000
	Total liabilities in respect of all branches / subsidiaries		<del></del>
	Total gross premium income in respect of all branches / subsidiaries		
	Total net premium income in respect of all branches / subsidiaries Regulatory capital adequacy requirement ( as per home jurisdiction) in respect of all branches /		
	subsidiaries		
	Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of all branches / Please complete aggregate information in this table. The freefloating columns need to be completed	per individual branch or subs	l l
3	Broadly describe the branch's / subsidiary's internal controls, including comprehensive and regular reoffice and indicate the Board of the insurer's assessment of the overall effectiveness of these controls.		/ subsidiary and its head
4	Don't the Don't fithe invested accompany of the energil financial position of the burnet / subsidiary	lian.	
4	Describe the Board of the insurer's assessment of the overall financial position of the branch / subside	uiai y.	
5	Has the branch / subsidiary been subject to regulatory inspection or investigation and if, please furnishing	sh full details?	

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FINAL PRINTOUT DATE

### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

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

	of ABC Insurance Company Limited as at the end of financial period 31/01/2012				
6	State the scope of the activities of the branch / subsidiary and its role within the insurance group.				
7	Indicate whether the host jurisdiction requires that the branch / subsidiary be subject to external auc that is different to the audit firm of the insurer undertakes the audit and also provide name of that au	dit. Please be specific whether or udit firm.	not an audit firm		
	CHAIRMAN	DIRECTOR			
		=			
	PUBLIC OFFICER	DATE :			
	AUDITORS (initial)				

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G4.3-99-A CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

PRINT	OUT DATE				2012/08/08 08
		of ABC In	Statement G4.3 RATIONS - SADC OTHER surance Company Limito of financial period 31/01	ed	
s Bo	rder Operations other than	branch business or busines	ss conducted in a subsidia	ry that is operated in the SAI	OC region
Has the insurer provided cross border insurance services to persons other than a SADC branch office or SADC subsidiary in one or more SADC jurusdictions?  (if yes, please provide full detail in 2 below)					
	Name of the SADC country where person(s) is/are located	Total liabities 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 incom of the business written R'000
			•		
	Has the business referred to intermediaries or through the (please give full details)			ourced through independent	
	Has the insurer provided cros subsidiary to insurers (i.e. inw (if yes, please provide full det	vards reinsurance business) ir		ough a branch office or	
	Name of the SADC country where person(s) is/are located	Total liabities 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 incom of the business written R'000
	Has the business referred to independent intermediaries o			ourced through	
	(please give full details)			<u> </u>	

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## CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

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Statement G4.3 CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS of ABC Insurance Company Limited as at the end of financial period 31/01/2012				
Has your company placed rein (if yes, please provide full deta		business with an insurer in another SADC country (ow)		
Name of the SADC 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
Has your company provided or	utsourcing services to an in	surer in another SADC count	ry?	
(if yes, please provide full deta	il in 10 below)			
Name of the SADC country locate		Give a description of the outsourcing services being provided		
Has your company made use of	of outcoursing convices pro	vided by an insurer a person	or any other entity legated	
in another SADC country? (if yes, please provide full deta		vided by an insurer, a person	or any other entity located	
Name of the SADC country w entity is/are		Give a description of the outsourcing services that has been acquired		
Confirm whether or not 25% or in your company, is owned by a (if yes, please provide full deta	a foreign person or entity lo			
	Name of person or entity holding 25% or more of the		holding 25% or more of the	Name of SADC countr
Name	%	Name	%	where the person or entit
			AND AND THE STATE OF THE STATE	
		T		

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### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

FINAL PRINTOUT DATE

Statement G4.3

nsurer located in another S if yes, please provide full d	etail in 16 below)			
Name of person or entity  Name	holding 25% or more of the %	Name the person or entity  Name	holding 25% or more of the %	Name of SADC where the person
MANAGEMENT OF THE PROPERTY OF				
			***************************************	
				1
	oint venture with an insurer loc		ſ?	
s your company party to a j	oint venture with an insurer loc		P.	
	oint venture with an insurer loc	cated in another SADC country	ſ?	
	oint venture with an insurer loc	cated in another SADC country	ſ?	
	oint venture with an insurer loc	cated in another SADC country	P.	
	oint venture with an insurer loc	cated in another SADC country	y?	
	oint venture with an insurer loc	cated in another SADC country	ſ?	
	oint venture with an insurer loc	cated in another SADC country	y? DIRECTOR	

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC 2012/08/08 08:49

FINAL PRINTOUT DATE

# Statement G4.4 CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS of ABC Insurance Company Limited as at the end of financial period 31/01/2012

	Has the insurer provided cross borde	r insurance services other than a	a non-SADC branch and non-SADC	subsidiary to	N
	persons in another country than a SA (if yes, please provide full detail in 2 li			•	
	Name of the country where person(s)	Total liabities in respect of the	Total assets in respect of the business written	Total gross premium income of the business	Total net premium income of the
	is/are located	business written R'000	R'000	written R'000	business written R'000
	Alexander and the second secon				
	. *				CONTRACTOR
	The second secon			Manager de la constitución de la	
			Manage Production and the second control of		
֡					
	Has the business referred to in 2 abo insurer's own marketing force? (please give full details)		<u> </u>		
	Has the insurer provided cross borde (i.e. inwards reinsurance business) in (if yes, please provide full detail in 5 t	another country than a SADC coelow)	ountry?		
	Name of the country where insurer(s) is/are located	Total liabities in respect of the business written R'000	Total assets in respect of the business written	Total gross premium income of the business written	Total net premium income of the business written
		K 000	R'000	R'000	R'000
	The state of the s				
	Has the business referred to in 5 abovown marketing force? (please give full details)	ve been placed directly with the in	nsurer or was it sourced through inc	lependent intermediaries or through	the insurer's
	Has your company placed reinsuran (if yes, please provide full detail in 8 b	elow)			
-	Name of the country where insurer(s) is/are located	Name of the insurer/ reinsurer	Type of Reinsurance (Proportional or Non-Proportional)	Premium Amount Ceded R'000	Reinsurer's exposure amount R'000
	and the second s	and a specific of the control of the			
			1.000		
					Carl Carlotte
	manufacture with the second contraction of the party of the second contraction of the second con				

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FINAL FR	N OUT DATE	of ABC I	Statement G4.4 ATIONS - NON SADC OTHER nsurance Company Limited d of financial period 31/01/20		2012/08/08 08:49
9.	Has your company provided outso (if yes, please provide full detail in	urcing services to an insurer in a cour 10 below)	ntry other than a SADC country?		
10.		country where r entity is/are located	Gi	ve a description of the outsour services being provided	rcing
11.	Has your company made use of or country that is not a SADC country (if yes, please provide full detail in		urer, a person or any other entity lo	ocated in another	
12.		country where entity is/are located	Gi	ve a description of the outsour services being provided	cing
13.		re of the shares or any other interest It a another country that is not a SADC of 14 below)		npany, is owned by	
14.	Name of person or enti of the shares or any inter		Name the person or entity holding 25% or more of the shares or any interest indirectly in the insurer		Name of country where the person entity is located
	Name	%	Name	%	
15.	Does your company directly or indicountry that is not a SADC country (if yes, please provide full detail in		es or any other interest in a foreign	insurer located in another	
16.	Name of insurer(s) in what 25% or more of the shall dire	res or any other interest ctly	Name of the insurer(s) in holds 25% or more of the interest ind	shares or any other	Name of SADC country where the insurer is located
	Name	%	Name	%	
				W 14 7 9 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				The state of the s	
		4/1/	// · · · · · · · · · · · · · · · · · ·		
	Is your company party to a joint ver (if yes, please provide full detail in	nture with an insurer located in a count 18 below)	try that is not a SADC country?		
18.					
		CHAIR		DIRECTO	DR

PUBLIC OFFICER \_\_\_\_

AUDITORS (initial)

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#### CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2012/08/08 08:49

FINAL PRINTOUT DATE

## STATEMENT J1 SHORT-TERM REINSURANCE SUPERVISION QUESTIONNAIRE of ABC Insurance Company Limited

as at the end of financial period 31/01/2012

#### 1. Overall reinsurance strategy

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

- 1. Company's key objective when placing reinsurance (e.g. gain access to capital, protection of statutory solvency etc.)
- 2. How reinsurers are selected (e.g. capital, ratings, maximum exposure across the program, other approved processes)
  - Factors considered in determining whether reinsurance is required (i.e. how did the company
- 3. decide on the net retentions, retentions on proportional programmes, automatic capacity, amount of catastrophe cover to purchase etc.)
- 4. The maximum loss that the board would be willing to accept from any one-loss event and the criteria that were used to determine this amount.

Any further issues that are considered relevant to the company's strategy should also be included in the document.

#### 2. Additional questions

Answers to the following questions need to be provided in addition to the reinsurance strategy document. Where appropriate you may refer to your reinsurance strategy document.

#### 2.1. Reinsurer exposure

	Do you make use of reinsurance brokers to facilitate placing your reinsurance programme?  If Yes, please provide their name/(s)
	Provide details of any caps that might exist on the total exposure that can be ceded to any one reinsurer (e.g. no more than R1bn on your programme as a whole)
3.	Please provide details on how you monitor your total exposure per reinsurer
	Give details on the collateral required on foreign reinsurance arrangements (where foreign reinsurer refers to any reinsurer that is not registered in South Africa)
2. Re	insurance systems and controls
1.	Currently facultative reinsurance is placed
	Centrally at head office only
	Branch level Other
	If Other please provide details of the procedure

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The decision to place facultative insurance is based on	
Insufficient proportional treaty capacity The quality of the individual risk Other If Other please provide details of how the decision will be made	
il Other please provide details of now the decision will be made	
3. Provide details of the procedures you have in place to ensure that facultative placements are made v required?	vhen
<ol> <li>Provide details of the procedures that you have in place to ensure that you do not write business that outside the scope of your treaties (e.g. treaty exclusions, territorial limits etc.)</li> </ol>	t falls
5. Do you have a computerised reinsurance system that is fully integrated with your policy administratio and financial systems (i.e. it automatically cedes premiums and signal recoveries when appropriate a meet all the reporting requirements for your financials)?	
If No, please provide details on the nature of your reinsurance system and how you ensure that all ris are ceded and reinsurance recoveries made where appropriate.	sks
2.3. Catastrophe reinsurance	
Your decision on the amount of catastrophe cover to purchase on your property, motor and engineeri     Simple rules     Detailed catastrophe modelling (DFA)	ing
Reinsurance broker advice	
☐ Reinsurer advice ☐ Other	
Please provide full details of the process	
2. The frequency with which you review the adequacy of the amount of catastrophe cover purchased is  Annually at renewal only Half-yearly Other	
If Other, please provide details	
3. Do you have event limits on your proportional programmes?	
If Yes, please provide full details of the limits and the reinsurance programmes to which they apply	
4. Should the event limit on your proportional programme be exceeded, the excess claims will be  Covered by your catastrophe programme  Retained for your net account  Covered by a reinsurance programme purchased especially for this purpose	

Other

If Other, please provide full details

3.

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2.4.	Rei	nsur	ance	prog	ramme

1.	Changes to your reinsurance programme in the last financial year related mainly to  Retention levels Automatic capacity Amount of catastrophe cover purchased Reinsurer mix Other No changes have been made  If changes have been made please provide details of the changes and the reasoning behind them	
	in changes have been made prease provide details of the changes and the reasoning behind them	
2.	To analyse you reinsurance needs and the adequacy of your reinsurance programme you make use of	
	Dynamic Financial Analysis (DFA)	
	Scenario testing Other (e.g. independent consultants)	
	If Other, please provide details, including the name of the consultant where relevant	
3.	Do you have any reinsurance contracts that contain any one of the following provisions:  * A limitation on the payment of claims when the primary insurer is in financial difficulty (curatorship or liquidation).	
	* A unilateral reduction in cover	
	If Yes, please provide details of your strategy in this regard	
4.	If you have any business where 100% of the risk is ceded to a third party (i.e. where no risk is retained), please provide details on your strategy with regards to this business and how much of it you wrote in the previous financial year	
5.	Provide details of any Alternative Risk Transfer (ART) kinds of treaties (contracts) entered into, not indicated in statement G3 (e.g., securitization, financial reinsurance, committed capital).	
6.	Provide details of any whole account protections e.g. stop loss or spread loss arrangements	
Cur	rent reinsurance position	
	Information on your company's current reinsurance position needs to be provided as per the attached statements.	
	AUDITORS	

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