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REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 526

Pretoria, 7 April 2009

No. 32078

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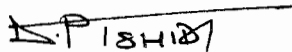
GOVERNMENT NOTICES

DEPARTMENT OF FINANCE**No. 386****7 April 2009****FINANCIAL SERVICES BOARD****SHORT-TERM INSURANCE ACT NO. 53 OF 1998:****AMENDMENT OF BOARD NOTICE 80 OF 2008: RETURNS TO REGISTRAR**

I, Dube Phineas Tshidi, Registrar of Short-term Insurance, acting in terms of section 35(1) of the Short-term Insurance Act, 1998 (Act No. 53 of 1998), hereby amends Board Notice 80 of 2008, published in *Government Gazette* 31282 of 5 September 2008, by –

- (a) substituting Statement B1, Statements E1 and E5 and Statements G4.1, G4.2, G4.3, and G4.4 of the Annual Statutory Return for the Statements set out in the Schedule; and
- (b) repealing Statements G4.5 and G4.6 of the Annual Statutory Return.

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

**DP TSHIDI****Registrar of Short-Term Insurance****SCHEDULE**

SHEET REFERENCE NUMBER

BS1-99A

FINAL PRINTOUT DATE

PUBLIC STATEMENT

2009/03/16 14:11

**STATEMENT B1
GROSS UNDERWRITING RESULTS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

DESCRIPTION	CURRENT YEAR										PREVIOUS YEAR	
	DOMESTIC AND FOREIGN COMBINED										FOREIGN ONLY	DOMESTIC AND FOREIGN COMBINED
	Total	Property	Transportation	Motor	Accident and health	Guarantee	Liability	Engineering	Miscellaneous	FOREIGN ONLY	DOMESTIC AND FOREIGN COMBINED	FOREIGN ONLY
R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
1	2	3	4	5	6	7	8	9	10	11	12	13
1 Unearned premiums - opening	0	0	0	0	0	0	0	0	0	0	0	0
2 Direct premiums written:	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Inclusive of refunded premiums	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Less: Refund of premiums	0	0	0	0	0	0	0	0	0	0	0	0
3 Reinsurance premiums inwards:	0	0	0	0	0	0	0	0	0	0	0	0
3.1 Proportional	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Non proportional	0	0	0	0	0	0	0	0	0	0	0	0
4 Premiums in respect of portfolio transfers	0	0	0	0	0	0	0	0	0	0	0	0
5 Other	0	0	0	0	0	0	0	0	0	0	0	0
6 Unearned premiums - closing	0	0	0	0	0	0	0	0	0	0	0	0
7 PREMIUMS EARNED	0	0	0	0	0	0	0	0	0	0	0	0
8 Outstanding claims - Opening	0	0	0	0	0	0	0	0	0	0	0	0
9 IBNR - Opening	0	0	0	0	0	0	0	0	0	0	0	0
10 Claims paid	0	0	0	0	0	0	0	0	0	0	0	0
11 Other	0	0	0	0	0	0	0	0	0	0	0	0
12 Outstanding claims - Closing	0	0	0	0	0	0	0	0	0	0	0	0
IBNR - Closing	0	0	0	0	0	0	0	0	0	0	0	0
13 CLAIMS INCURRED	0	0	0	0	0	0	0	0	0	0	0	0
14 Gross commission paid on direct premiums	0	0	0	0	0	0	0	0	0	0	0	0
15 Gross commission paid on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
16 DAC on direct premiums	0	0	0	0	0	0	0	0	0	0	0	0
17 DAC on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
18 Gross commission incurred on direct premiums	0	0	0	0	0	0	0	0	0	0	0	0
19 Gross commission incurred on reinsurance premiums inwards	0	0	0	0	0	0	0	0	0	0	0	0
20 EXPENSES	0	0	0	0	0	0	0	0	0	0	0	0
21 GROSS RESULT: PROFIT/(LOSS)	0	0	0	0	0	0	0	0	0	0	0	0
22 Gross commission paid as % of premium written	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
23 Gross commission incurred as % of premium earned	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

If the period to which the figures in this return apply, is NOT TWELVE MONTHS, furnish the following figures which are required in terms of Schedule 2 to the Act for the calculation of the IBNR and contingency reserve:

	Domestic R'000	Foreign R'000
24 Gross premiums written (direct premiums and reinsurance inwards) for the twelve month period preceding the date of this return:	0	0
25 Domestic reinsurance including Lloyd's (i.e. these premiums)	0	0
26 Foreign reinsurance (i.e. these premiums)	0	0

AUDITORS _____

**STATEMENT E1
CASH & BALANCES & DEPOSITS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

NAME OF INSTITUTION <i>(Investments of the same kind with a bank may be grouped)</i>	DESCRIPTION OF INVESTMENT <i>(e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit, Promissory Notes)</i>	CURRENT YEAR					TOTAL VALUE <i>R'000</i>	PREVIOUS YEAR	% of total liabilities
		IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA		TOTAL VALUE	
		<i>R'000</i>	<i>R'000</i>	<i>R'000</i>	<i>R'000</i>	<i>R'000</i>		<i>R'000</i>	
1	2	3	4	5	6	7	8	9	10
1. CASH									
1	• Bank notes & coins	0	0	0	0	0	0	0	0.0%
2	• Krugerrands	0	0	0	0	0	0	0	0.0%
3	SUBTOTAL	0	0	0	0	0	0	0	0.0%
4 2. BANKS (Specify in supporting statement E1 1)									
		0	0	0	0	0	0	0	0.0%
5 3. CORPORATION FOR PUBLIC DEPOSITS									
	Deposits	0	0	0	0	0	0	0	0.0%
6 4. LAND & AGRICULTURAL BANK									
	Deposits	0	0	0	0	0	0	0	0.0%
5. MARGIN DEPOSITS									
7	SAFEX	0	0	0	0	0	0	0	0.0%
8	On approved foreign derivatives	0	0	0	0	0	0	0	0.0%
9 TOTAL CASH & BALANCES & DEPOSITS									
		0	0	0	0	0	0	0	0.0%

AUDITORS _____

STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9

1. SHARES (excl those in property co's, associated co's & asset-holding interme
LISTED:

Oil & Gas Producers	0	0	0	0	0	0	0	0.0%
Oil Equipment & Services	0	0	0	0	0	0	0	0.0%
Chemicals	0	0	0	0	0	0	0	0.0%
Forrestry & Paper	0	0	0	0	0	0	0	0.0%
Industrial Metals	0	0	0	0	0	0	0	0.0%
Mining	0	0	0	0	0	0	0	0.0%
Construction and Materials	0	0	0	0	0	0	0	0.0%
Aerospace & Defence	0	0	0	0	0	0	0	0.0%
General Industrials	0	0	0	0	0	0	0	0.0%
Electronic and Electrical Equipment	0	0	0	0	0	0	0	0.0%
Industrial Engineering	0	0	0	0	0	0	0	0.0%
Industrial Transportation	0	0	0	0	0	0	0	0.0%
Support Services	0	0	0	0	0	0	0	0.0%
Automobiles and Parts	0	0	0	0	0	0	0	0.0%
Beverages	0	0	0	0	0	0	0	0.0%
Food Producers	0	0	0	0	0	0	0	0.0%
Household Goods	0	0	0	0	0	0	0	0.0%
Leisure Goods	0	0	0	0	0	0	0	0.0%
Personal Goods	0	0	0	0	0	0	0	0.0%
Tobacco	0	0	0	0	0	0	0	0.0%
Healthcare Equipment and Services	0	0	0	0	0	0	0	0.0%
Pharmaceuticals & Biotechnology	0	0	0	0	0	0	0	0.0%
Food & Drug Retailers	0	0	0	0	0	0	0	0.0%
General Retailers	0	0	0	0	0	0	0	0.0%
Media	0	0	0	0	0	0	0	0.0%
Travel & Leisure	0	0	0	0	0	0	0	0.0%
Fixed Line Telecommunications	0	0	0	0	0	0	0	0.0%
Mobile Telecommunications	0	0	0	0	0	0	0	0.0%
Electricity	0	0	0	0	0	0	0	0.0%
Gas, Water & Multiutilities	0	0	0	0	0	0	0	0.0%
Banks	0	0	0	0	0	0	0	0.0%
Nonlife Insurance (Short-term)	0	0	0	0	0	0	0	0.0%
Life Insurance (Long-term)	0	0	0	0	0	0	0	0.0%
Real Estate	0	0	0	0	0	0	0	0.0%
General Financial	0	0	0	0	0	0	0	0.0%
Equity Investment Instruments	0	0	0	0	0	0	0	0.0%
Non-equity Investment Instruments	0	0	0	0	0	0	0	0.0%
Software & Computer Services	0	0	0	0	0	0	0	0.0%
Technology Hardware & Equipment	0	0	0	0	0	0	0	0.0%
Development Capital	0	0	0	0	0	0	0	0.0%
Venture Capital	0	0	0	0	0	0	0	0.0%
Exchange Traded Funds	0	0	0	0	0	0	0	0.0%
Corporate Debt	0	0	0	0	0	0	0	0.0%
Preference Shares	0	0	0	0	0	0	0	0.0%
Other Securities	0	0	0	0	0	0	0	0.0%
Alternative Exchange	0	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0.0%

**STATEMENT E5
SHARES, UNITS & DEPOSITORY RECEIPTS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

DESCRIPTION	CURRENT YEAR						PREVIOUS YEAR	% of total liabilities	
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA	TOTAL VALUE	TOTAL VALUE		
	R 000	R 000	R 000	R 000	R 000	R 000	R 000		
1	2	3	4	5	6	7	8	9	
2. SHARES IN PROPERTY COMPANIES									
Unlisted ordinary (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
3. SHARES IN RELATED PARTIES									
Unlisted ordinary (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES⁵									
UNLISTED ORDINARY (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
UNLISTED PREFERENCE (Specify in supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
5. DEPOSITORY RECEIPTS									
Listed	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
6. LINKED UNITS & UNITS IN COLLECTIVE INVESTMENT SCHEMES									
Units in money market funds	0	0	0	0	0	0	0	0	0.0%
Units in collective investment schemes in property shares	0	0	0	0	0	0	0	0	0.0%
Linked units & units in collective investment schemes									
Listed	0	0	0	0	0	0	0	0	0.0%
Unlisted (Specify in Supporting statement E5.1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS	0	0	0	0	0	0	0	0	0.0%

AUDITORS _____

ST2008

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SHEET REFERENCE NUMBER

G4 1-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/16 14:23

**Statement G4.1
CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

1.	Description	Branch	Subsidiary
	Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	N	N
	State the total number of branches / subsidiaries		

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

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

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

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

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

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

ST2008

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SHEET REFERENCE NUMBER

G4 1-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/16 14:23

**Statement G4.1
CROSS BORDER OPERATIONS - SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

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

[Empty box for response to question 6]

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

[Empty box for response to question 7]

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

ST2008

SHEET REFERENCE NUMBER

G4 2-99-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

2009/04/07 12:59

**Statement G4.2
CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

	Description	Branch	Subsidiary
1	Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction ?	N	N
	State the total number of branches / subsidiaries		

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

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

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

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

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

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

ST2008

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SHEET REFERENCE NUMBER

G4 2 99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/04/07 12:59

Statement G4.2
CROSS BORDER OPERATIONS - NON SADC BRANCH / SUBSIDIARY
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009

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

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

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

ST2008

Page 1 of 3

SHEET REFERENCE NUMBER

G4 3-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/15 14:17

**Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

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

1. Has the insurer provided cross border insurance services to persons other than a SADC branch office or SADC subsidiary in one or more SADC jurisdictions?
(if yes, please provide full detail in 2 below)

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

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

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

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

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

ST2008

Page 2 of 3

SHEET REFERENCE NUMBER

G4 3-99-A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/16 14 17

**Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

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

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

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

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

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

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

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

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

ST2008

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SHEET REFERENCE NUMBER

G4.3 99.A

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

FINAL PRINTOUT DATE

2009/03/16 14:17

**Statement G4.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

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

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

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

18. _____

CHAIR _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

ST2008

Page 2 of 2

SHEET REFERENCE NUMBER

G4 4-99-A

FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
2009/03/16 14:17

**Statement G4.4
CROSS BORDER OPERATIONS - NON SADC OTHER OPERATIONS
of ABC Insurance Company Limited
as at the end of financial period 31/12/2009**

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

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

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

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

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

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

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

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

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

18.

CHAIR _____ DIRECTOR _____
PUBLIC OFFICER _____ DATE _____
AUDITORS (initial) _____

No. 387

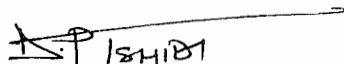
7 April 2009

FINANCIAL SERVICES BOARD**LONG-TERM INSURANCE ACT NO. 52 OF 1998:****AMENDMENT OF BOARD NOTICE 81 OF 2008: RETURNS TO REGISTRAR**

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

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

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

**DP TSHIDI****Registrar of Long-Term Insurance****SCHEDULE**

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

C02-99-A
 No number available
 3/16/2009 14.06

Statement C2
SUMMARY OF STATUTORY VALUATION METHOD OF ASSETS AND LIABILITIES
 of
 as at the end of the financial period 31/01/2008

DESCRIPTION	IN RSA & DEEMED TO BE IN RSA CURRENT YEAR							IN & OUTSIDE RSA		
	TYPE OF BUSINESS						Shareholders R'000	TOTAL R'000	TOTAL CURRENT YEAR R'000	TOTAL PREVIOUS YEAR R'000
	With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000				
1	2	3	4	5	6	7	8	9	10	11

1. ASSETS

Cash & Deposits	0	0	0	0	0	0	0	0	0	0
Fixed interest	0	0	0	0	0	0	0	0	0	0
Equities & Convertible debentures	0	0	0	0	0	0	0	0	0	0
Property	0	0	0	0	0	0	0	0	0	0
Collective investment schemes	0	0	0	0	0	0	0	0	0	0
Fixed Assets	0	0	0	0	0	0	0	0	0	0
Current Assets	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	0	0	0	0	0	0	0	0	0	0

2. LIABILITIES

Linked liabilities	0	0	0	0	0	0	0	0	0	0
Non-linked liabilities	0	0	0	0	0	0	0	0	0	0
Current liabilities	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	0	0	0	0	0	0	0	0	0	0

3. EXCESS ASSETS

0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

4. CAPITAL ADEQUACY REQUIREMENT

10,000	10,000	10,000
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5. FREE ASSETS

(10,000)	(10,000)	(10,000)
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ACTUARY _____

AUDITORS _____

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
 C04-99-A
 No number available
 3/16/2009 14:06

DESCRIPTION	Statement C4 STATUTORY VALUATION METHOD OF NET POLICY LIABILITIES of as at the end of the financial period 31/01/2008								
	IN RSA						IN & OUTSIDE RSA		
	CURRENT YEAR						TOTAL	TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR
	TYPE OF BUSINESS								
With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9	10

1. INDIVIDUAL

1.1 LINKED LIABILITIES

Total linked liabilities	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

1.2 NON-LINKED LIABILITIES

Basic liabilities (including vested bonuses)	0	0	0	0	0	0	0	0	0
* Prospective valuation	0	0	0	0	0	0	0	0	0
* Retrospective valuation	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0
AIDS Reserve	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	0	0	0	0	0
Other Reserves (Specify in supporting statement C4 1)	0	0	0	0	0	0	0	0	0
Discretionary margins (Specify in supporting statement C4 1)	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

TOTAL INDIVIDUAL

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

2. GROUP

2.1 LINKED LIABILITIES

Total linked liabilities	0	0	0	0	0	0	0	0	0
Negative rand reserves	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

2.2 NON-LINKED LIABILITIES

Basic liabilities (including vested bonuses)	0	0	0	0	0	0	0	0	0
* Prospective valuation	0	0	0	0	0	0	0	0	0
* Retrospective valuation	0	0	0	0	0	0	0	0	0
Non-vested bonuses	0	0	0	0	0	0	0	0	0
Supplementary benefits	0	0	0	0	0	0	0	0	0
Bonus stabilisation reserves	0	0	0	0	0	0	0	0	0
AIDS Reserve	0	0	0	0	0	0	0	0	0
Embedded Investment Derivatives Reserve	0	0	0	0	0	0	0	0	0
Other Reserves (Specify in supporting statement C4 1)	0	0	0	0	0	0	0	0	0
Discretionary margins (Specify in supporting statement C4 1)	0	0	0	0	0	0	0	0	0
Deferred Tax	0	0	0	0	0	0	0	0	0
SUBTOTAL NON-LINKED LIABILITIES	0	0	0	0	0	0	0	0	0

TOTAL GROUP

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL LINKED POLICY LIABILITIES
 TOTAL NON-LINKED POLICY LIABILITIES
TOTAL POLICY LIABILITIES

0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initial) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

C05-99-A
 No number available
 3/16/2009 14:06

Statement C5 CAPITAL ADEQUACY REQUIREMENT BEFORE MANAGEMENT ACTION of as at the end of the financial period 31/01/2008									
DESCRIPTION 1	IN RSA CURRENT YEAR						IN & OUTSIDE RSA		
	TYPE OF BUSINESS						TOTAL R'000 8	TOTAL CURRENT YEAR R'000 9	TOTAL PREVIOUS YEAR R'000 10
	With-profit business R'000 2	With-profit annuities R'000 3	Without-profit annuities R'000 4	Linked R'000 5	Market related R'000 6	Other R'000 7			
1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)									
LAPSE RISK	0	0	0	0	0	0	0	0	0
SURRENDER RISK	0	0	0	0	0	0	0	0	0
OTHER RISKS: Specify									
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
TCAR	0	0	0	0	0	0	0	0	0
2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)									
LAPSE RISK (a)	0	0	0	0	0	0	0	0	0
SURRENDER RISK (b)	0	0	0	0	0	0	0	0	0
FLUCTUATION RISK									
Mortality (c)	0	0	0	0	0	0	0	0	0
Morbidity (cii)	0	0	0	0	0	0	0	0	0
Medical (ciii)	0	0	0	0	0	0	0	0	0
Expense (f)	0	0	0	0	0	0	0	0	0
Annuitant mortality (d)	0	0	0	0	0	0	0	0	0
ASSUMPTION RISK									
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0
INVESTMENT RISK									
Resilience risk (g)	0	0	0	0	0	0	0	0	0
- Embedded Investment Derivatives Component	0	0	0	0	0	0	0	0	0
Worse investment risk (gii)	0	0	0	0	0	0	0	0	0
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0
CREDIT RISK (h)	0	0	0	0	0	0	0	0	0
NEGATIVE BONUS STABILISATION RESERVE	0	0	0	0	0	0	0	0	0
OTHER RISKS: (i) Specify									
Operational risk	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0
IOCAR	0	0	0	0	0	0	0	0	0
Adjustment factor	100%	100%	100%	100%	100%	100%	100%	100%	100%
OCAR	0	0	0	0	0	0	0	0	0
3. MAXIMUM OF ITEM 1 AND ITEM 2¹									
	0	0	0	0	0	0	0	0	0

ACTUARY _____

AUDITORS (initials) _____

Notes:

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

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

C05-99-A
 No number available
 3/16/2009 14:12

**Statement C6
 CAPITAL ADEQUACY REQUIREMENT AFTER MANAGEMENT ACTION
 of
 as at the end of the financial period 31/01/2008**

DESCRIPTION	IN RSA						IN & OUTSIDE RSA		
	CURRENT YEAR						TOTAL	TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR
	TYPE OF BUSINESS								
With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000	R'000	R'000	R'000	
1	2	3	4	5	6	7	8	9	10

1. TERMINATION CAPITAL ADEQUACY REQUIREMENT (TCAR)

LAPSE RISK	0	0	0	0	0	0	0	0	0	0
SURRENDER RISK	0	0	0	0	0	0	0	0	0	0
OTHER RISKS: <i>Specify</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
TCAR	0	0	0	0	0	0	0	0	0	0

2. ORDINARY CAPITAL ADEQUACY REQUIREMENT (OCAR)

LAPSE RISK (a)	0	0	0	0	0	0	0	0	0	0
SURRENDER RISK (b)	0	0	0	0	0	0	0	0	0	0
FLUCTUATION RISK										
Mortality (ci)	0	0	0	0	0	0	0	0	0	0
Morbidity (cii)	0	0	0	0	0	0	0	0	0	0
Medical (ciii)	0	0	0	0	0	0	0	0	0	0
Expense (f)	0	0	0	0	0	0	0	0	0	0
Annuitant mortality (d)	0	0	0	0	0	0	0	0	0	0
ASSUMPTION RISK										
Mortality, morbidity & medical (e)	0	0	0	0	0	0	0	0	0	0
INVESTMENT RISK										
Resilience risk (gi)	0	0	0	0	0	0	0	0	0	0
- Embedded Investment Derivatives Component	0	0	0	0	0	0	0	0	0	0
Worse investment risk (gii)	0	0	0	0	0	0	0	0	0	0
Max (resilience risk, worst investment return risk) (g)	0	0	0	0	0	0	0	0	0	0
CREDIT RISK (h)	0	0	0	0	0	0	0	0	0	0
NEGATIVE BONUS STABILISATION RESERVE	0	0	0	0	0	0	0	0	0	0
OTHER RISKS: (i) <i>Specify</i>										
Operational risk	0	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0	0
•	0	0	0	0	0	0	0	0	0	0
IOCAR	0	0	0	0	0	0	0	0	0	0
Adjustment factor	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
OCAR	0	0	0	0	0	0	0	0	0	0

3. CALCULATING THE CAPITAL ADEQUACY REQUIREMENT

Capital Adequacy Requirement before prescribed minimums (maximum of items (1) and (2))	0	0	0
13 Weeks of operating expenses (from statement B7)	0	0	0
Statutory minimum	10,000	10,000	10,000
Approved minimum	0	0	0
Minimum Capital Adequacy Requirement (MCAR)	10,000	10,000	10,000
Capital Adequacy Requirement (after management action)	10,000	10,000	10,000

ACTUARY _____

AUDITORS (initials) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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

C09-99-A
 No number available
 3/16/2009 14:06

Statement C9 REINSURANCE of as at the end of the financial period 31/01/2008									
DESCRIPTION	IN RSA							IN & OUTSIDE RSA	
	CURRENT YEAR							TOTAL CURRENT YEAR	TOTAL PREVIOUS YEAR
	TYPE OF BUSINESS								
	With-profit business R'000	With-profit annuities R'000	Without-profit annuities R'000	Linked R'000	Market related R'000	Other R'000	TOTAL R'000		
2	3	4	5	6	7	8	9	10	

1. INCOME

Gross premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	0
less: Reinsurance premiums paid & outstanding									
• Approved	0	0	0	0	0	0	0	0	0
• Non-approved	0	0	0	0	0	0	0	0	0
Net premiums received & outstanding (to correspond with B2)	0	0	0	0	0	0	0	0	0
Reinsurance commission received & outstanding	0	0	0	0	0	0	0	0	0

2. BENEFITS PAID AND PROVIDED FOR

Gross benefits paid & provided for (to correspond with B3)	0	0	0	0	0	0	0	0	0
less: Reinsurance recoveries	0	0	0	0	0	0	0	0	0
Net benefits paid & provided for (to correspond with B2)	0	0	0	0	0	0	0	0	0

3. LIABILITIES

Gross policy liabilities	0	0	0	0	0	0	0	0	0
less: Deduction for approved reinsurances	0	0	0	0	0	0	0	0	0
Net policy liabilities (to correspond with C4)	0	0	0	0	0	0	0	0	0

4. GROSS POLICY LIABILITIES FOR LEVY PURPOSES

Gross policy liabilities	0
less:	
• Gross policy liabilities under pension funds	0
• Gross policy liabilities under provident funds	0
• Gross policy liabilities under retirement annuities	0
• Gross policy liabilities under friendly societies	0
SUBTOTAL	0

ACTUARY _____

AUDITORS _____

SHEET REFERENCE NUMBER
 REFERENCE TO THIS STATEMENT REFERENCE NUMBER
 FINAL PRINTOUT DATE

EXCLUDING DERIVATIVE EXPOSURE
 E-5-70-4
 01-1-2008 04:07:59
 31/03/2008 14:05

Statement E5
SHARES, UNITS & DEPOSITORY RECEIPTS
held by
as at the end of the financial period 31/01/2008

DESCRIPTION	CURRENT YEAR						TOTAL VALUE	PREVIOUS YEAR TOTAL VALUE	% of total liabilities
	IN RSA	DEEMED TO BE IN RSA	INCOME IN RSA	OUTSIDE RSA	INCOME OUTSIDE RSA				
	R'000	R'000	R'000	P'000	R'000	R'000			
1	2	3	4	5	6	7	8	9	
1. SHARES (excl those in property co's, associated co's & asset-holding intermediaries)									
LISTED									
Oil & Gas Producers	0	0	0	0	0	0	0	0	0.0%
Oil Equipment & Services	0	0	0	0	0	0	0	0	0.0%
Chemicals	0	0	0	0	0	0	0	0	0.0%
Forestry & Paper	0	0	0	0	0	0	0	0	0.0%
Industrial Metals	0	0	0	0	0	0	0	0	0.0%
Mining	0	0	0	0	0	0	0	0	0.0%
Construction and Materials	0	0	0	0	0	0	0	0	0.0%
Aerospace & Defense	0	0	0	0	0	0	0	0	0.0%
General Industrials	0	0	0	0	0	0	0	0	0.0%
Electronic and Electrical Equipment	0	0	0	0	0	0	0	0	0.0%
Industrial Engineering	0	0	0	0	0	0	0	0	0.0%
Industrial Transportation	0	0	0	0	0	0	0	0	0.0%
Support Services	0	0	0	0	0	0	0	0	0.0%
Automobiles and Parts	0	0	0	0	0	0	0	0	0.0%
Beverages	0	0	0	0	0	0	0	0	0.0%
Food Producers	0	0	0	0	0	0	0	0	0.0%
Household Goods	0	0	0	0	0	0	0	0	0.0%
Leisure Goods	0	0	0	0	0	0	0	0	0.0%
Personal Goods	0	0	0	0	0	0	0	0	0.0%
Tobacco	0	0	0	0	0	0	0	0	0.0%
Healthcare Equipment and Services	0	0	0	0	0	0	0	0	0.0%
Pharmaceuticals & Biotechnology	0	0	0	0	0	0	0	0	0.0%
Food & Drug Retailers	0	0	0	0	0	0	0	0	0.0%
General Retailers	0	0	0	0	0	0	0	0	0.0%
Media	0	0	0	0	0	0	0	0	0.0%
Travel & Leisure	0	0	0	0	0	0	0	0	0.0%
Fixed Line Telecommunications	0	0	0	0	0	0	0	0	0.0%
Mobile Telecommunications	0	0	0	0	0	0	0	0	0.0%
Electricity	0	0	0	0	0	0	0	0	0.0%
Gas, Water & Multi-utilities	0	0	0	0	0	0	0	0	0.0%
Banks	0	0	0	0	0	0	0	0	0.0%
Nonlife Insurance (Short-term)	0	0	0	0	0	0	0	0	0.0%
Life Insurance (Long-term)	0	0	0	0	0	0	0	0	0.0%
Real Estate	0	0	0	0	0	0	0	0	0.0%
General Financial	0	0	0	0	0	0	0	0	0.0%
Equity Investment Instruments	0	0	0	0	0	0	0	0	0.0%
Non-equity Investment Instruments	0	0	0	0	0	0	0	0	0.0%
Software & Computer Services	0	0	0	0	0	0	0	0	0.0%
Technology Hardware & Equipment	0	0	0	0	0	0	0	0	0.0%
Development Capital	0	0	0	0	0	0	0	0	0.0%
Venture Capital	0	0	0	0	0	0	0	0	0.0%
Exchange Traded Funds	0	0	0	0	0	0	0	0	0.0%
Corporate Debt	0	0	0	0	0	0	0	0	0.0%
Preference Shares	0	0	0	0	0	0	0	0	0.0%
Other Securities	0	0	0	0	0	0	0	0	0.0%
Alternative Exchange	0	0	0	0	0	0	0	0	0.0%
UNLISTED (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
2. SHARES IN PROPERTY COMPANIES									
Unlisted ordinary (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
3. SHARES IN RELATED PARTIES									
Unlisted ordinary (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
Unlisted preference (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
4. SHARES IN ASSET-HOLDING INTERMEDIARIES¹									
UNLISTED ORDINARY (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
UNLISTED PREFERENCE (Specify in supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
5. DEPOSITORY RECEIPTS									
Listed	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
6. LINKED UNITS & MONIES IN COLLECTIVE INVESTMENT SCHEMES									
Units in money market funds	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%
Linked units & units in collective investment schemes	0	0	0	0	0	0	0	0	0.0%
Listed	0	0	0	0	0	0	0	0	0.0%
Unlisted (Specify in Supporting statement E5 1)	0	0	0	0	0	0	0	0	0.0%
TOTAL	0	0	0	0	0	0	0	0	0.0%
TOTAL SHARES, DEPOSITORY RECEIPTS & UNITS	0	0	0	0	0	0	0	0	0.0%

AUDITORS

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

E11-99-A
 No number available
 3/16/2009 14:05

Statement E11
SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA
 of
 as at the end of the financial period 31/01/2008

DESCRIPTION	Total assets		ADD:		LESS:		SUBTOTALS	Maximum admissible for each item of this statement			Admitted for each item (the lesser of column (10) or column (7))
	R'000	R'000	Assets of asset-holding intermediaries & investments in linked products	Individual excesses e.g. banks, debtors, investments & properties	Assets held, less individual excesses	per Regulation 2 to the Act		Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	R'000	
1	2	3	4	5	6	7	8	9	10	11	
1 Mortgage bonds	0	0	0	0	0	0	-	-	-	-	
2 Non-convertible debentures	0	0	0	0	0	0	-	-	-	-	
3 Any other debtors	0	0	0	0	0	0	-	-	-	-	
SUBTOTAL	0	0	0	0	0	0	25%	0%	2,500	0	
4 Shares - listed ordinary, convertible debentures & collective investment schemes	0	0	0	0	0	0	-	-	0	0	
5 Shares - unlisted - Domestic	0	0	0	0	0	0	5%	0%	500	0	
SUBTOTAL	0	0	0	0	0	0	75%	0%	7,500	0	
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0	
7 Policyholders' loans	0	0	0	0	0	0	95%	0%	9,500	0	
8 Policies with other long-term insurers	0	0	0	0	0	0	-	-	0	0	
9 Property investments	0	0	0	0	0	0	25%	0%	2,500	0	
10 Related party(ies) & associated companies	0	0	0	0	0	0	5%	0%	500	0	
11 Computer equipment	0	0	0	0	0	0	5%	0%	500	0	
12 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	250	0	
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	24,750	0	
13 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	250	0	
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	2.5%	0%	250	0	
SUBTOTAL	0	0	0	0	0	0	2.5%	0%	250	0	
15 Cash	0	0	0	0	0	0	100%	-	0	0	
16 Krugerrands	0	0	0	0	0	0	10%	0%	1,000	0	
17 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0	
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0	
19 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0	
20 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	1,500	0	
21 Outstanding Premiums	0	0	0	0	0	0	-	-	0	0	
SUBTOTAL OF ITEMS 13 to 21	0	0	0	0	0	0			0	0	
TOTAL	0	0	0	0	0	0			0	0	

DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:

Total Liabilities (transferred from statement C2)	0
Less: Linked liabilities (transferred from statement C2)	0
Plus: CAR (transferred from statement C6)	10,000
Plus: Asset-holding intermediaries' liabilities	0
Total Non-linked Liabilities	10,000

AUDITORS _____

NOTE - ITEMS 4 + 5 + 13 + 14

Admitted values are the lesser of the individual, or the total amounts in the previous column

Items 4+5: Individual 0
 Total 7,500
 Admitted 0

Items 13+14: Individual 0
 Total 0
 Admitted 0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

R'000

1. If items 4+5+6+9+10+11+12 exceed 90% of the non-linked liabilities, the excess is:

2. If items 6+14+18+20 exceed 15% of the non-linked liabilities, the excess is:

3. If the admitted value of items 1 to 12 exceeds: of the total non-linked liabilities, the excess is:

4. Overall admitted assets:
 Total of column (11) less 1, 2 & 3 above:

5. Surplus of overall admitted assets over total non-linked liabilities:

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G03-26-A
 No number available
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Statement G3
DESCRIPTION OF PRODUCTS MARKETED & SOLD
 by
as at the end of the financial period 31/01/2008

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

- * Product name
- * Class of business specifying
 - Assistance business
 - Disability business
 - Fund business
 - Health business
 - Life business
 - Sinking Fund business
- * Type of business specifying
 - With-profit business
 - With-profit annuities
 - Without-profit annuities
 - Linked
 - Market related
 - Other
 - Structured products/hybrids
- * Type of policy specifying
 - Individual
 - Grouped Individual
 - Group
- * Paid-up value or surrender value indicator
 - Yes
 - No
- * Premium income (as a % of total premiums received and outstanding)
- * Description of benefits payable
- * Other information of relevance (e.g. reclassified, closed product, etc.) Specify

2 Please indicate whether significant changes in the product mix or the marketing policy of your company are anticipated

3 Please provide the following information with regard to retrenchment/job loss cover

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

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

	% of Gross Premiums
Funeral Policies	0.00%
Credit Policies	0.00%
Life Insurance	0.00%
Mortgage Protection	0.00%
Disability	0.00%
Other	0.00%
TOTAL	0.00%

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

Net Premiums - R'000	Claims - R'000	Commission - R'000	Other Expenses - R'000

Claims settled and rejected

Claims Received		Claims Rejected		Claims Paid	
Number	R'000	Number	R'000	Number	R'000

Primary reasons for claims - Indicate percentage distribution

Death	Unemployment	Disability	Total
			0%

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

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

7 Please provide the following information with regard to claims

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

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

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SHEET REFERENCE NUMBER

G05-99-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

FINAL PRINTOUT DATE

3/16/2009 14:06

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

STATUTORY VALUATION METHOD

1. Is the result of the Statutory Valuation Method favorable?

- If "NO", the statutory actuary must provide a detailed report.

2. Does the statutory actuary expect that the result of the Statutory Valuation Method as at a date one year after the valuation date will be favorable (taking into account expected new business during the year as well as bonus and dividend declarations) without recourse to exceptional measures such as an increase in capital?

- If exceptional measures would be required to ensure a favorable result on the financial soundness basis as at such future valuation, particulars must be provided together with a confirmation by the insurer that such exceptional measures will be taken.

NEW BUSINESS DURING THE PERIOD UNDER REVIEW

3. Did the statutory actuary satisfy himself/herself that new business undertaken during the period was entered into on conditions and premium rates that will not endanger the financial soundness of the insurer, bearing in mind, amongst other things, the following:

- The expected experience of the insurer as regards the mortality and morbidity rates;
- actual and expected costs;
- lapses and surrenders;
- all guarantees and options provided for in such business;
- the expected net investment return on future investments;
- the standards applied in the underwriting of risks;
- the arrangements made as regards reinsurance;
- the reasonable benefit expectations of policyholders;
- the expected return on the capital invested in new business in the form of new business strain?

If "NO", the statutory actuary must provide the steps that will be taken to rectify this position.

INVESTMENTS

4. Did the statutory actuary satisfy himself/herself of the suitability of the assets of the insurer at the valuation date and the insurer's current investment policy in relation to the nature of the insurer's liabilities?

- If "NO", provide details.

5. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of future exchange rate fluctuations?

- If "NO", provide details.

6. Is the statutory actuary satisfied that the financial soundness of the insurer will not be endangered as a result of the current use of derivative instruments such as futures and options?

- If "NO", provide details.

7. Does the insurer hold the underlying assets that determine the liability of the insurer in respect of linked policies in its own name or in a nominee company in terms of section 34(1) of the Act?

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

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

REINSURANCE ARRANGEMENTS

- 8 Have the nature and spread of the insurer's reinsurance arrangements and the possible impact of non-performance of such reinsurance been considered by the statutory actuary?
- If "YES" provide details on what the statutory actuary considered regarding the nature and spread of the insurer's reinsurance arrangements to determine the possible impact of non-performance of such reinsurance?
 - If "NO", provide reasons why it has not been considered.
9. Were only approved reinsurances used to reduce liabilities?
- If "NO", provide details.

GENERAL

10. Is the statutory actuary satisfied with the following, bearing in mind the financial soundness of the insurer?
- (a) The way that linked business is handled with particular regard to any guarantees given in respect of such business.
- If "NO", provide details.
- (b) Dividends payable to and profits reserved for shareholders.
- If "NO", provide details.
- (c) The adequacy of the insurer's capital and reserves in view of the insurer's marketing plans and expected new business.
- If "NO", provide details.
- 11 Are there any other matters the (alternate) statutory actuary would like to comment on that are not covered elsewhere in this report?
- If "YES", provide details.

STATUTORY ACTUARY _____

DATE _____

AUDITORS (initial) _____

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G14-99-A
No number available
3/16/2009 14:06

Statement G14
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of
as at the end of the financial period 31/01/2008

1. Have you issued a PPFM for the first time during the period under review? (Refer to section 46(2) of the Act)

If YES, answer the question below:

a) Has the PPFM been compiled in accordance with the FSB's Directive 147?

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

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

If YES, answer the questions below:

a) Were there any changes in the Principles of Financial Management?

If YES, answer the questions below:

i. Please provide details of the changes that were made

ii. Provide the reasons for the changes

iii. Were the changes approved by the board?

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

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

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

vi. Have the policyholders been informed of the changes?

• If "NO", provide reasons why not.

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

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

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

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Statement G14
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of
as at the end of the financial period 31/01/2008

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

b) Were there any changes in the Practices of Financial Management?
 If YES, answer the questions below.

i Please provide details of the changes that were made

ii Provide the reasons for the changes

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

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

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

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

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

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

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

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Statement G14
DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS
of
as at the end of the financial period 31/01/2008

7. Do you have a DPC?

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

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

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

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

CHAIRMAN _____

DIRECTOR _____

STATUTORY ACTUARY _____

PUBLIC OFFICER _____

AUDITORS (initial) _____

DATE _____

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G15.1-99-A

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3/15/2009 14:06

**Statement G15.1
CROSS BORDER OPERATIONS: SADC BRANCHES / SUBSIDIARIES
of
as at the end of the financial period 31/01/2008**

1	Description	Branch	Subsidiary
	Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction ?	Y	N
	State the total number of branches / subsidiaries		

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

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

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

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

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

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

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

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (*initial*) _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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 FINAL PRINTOUT DATE

G15 2-99-A
 No number available
 3/16/2009 14:06

Statement G15.2
CROSS BORDER OPERATIONS: NON - SADC BRANCHES / SUBSIDIARIES
 of
as at the end of the financial period 31/01/2008

	Description	Branch	Subsidiary
1	Does the insurer have an off-shore branch / subsidiary in a NON - SADC jurisdiction ? State the total number of branches / subsidiaries	Y	N

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

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

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

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

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

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

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

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

CHAIRMAN _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (*initial*) _____

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 REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
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G15 3-99-A
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Statement G15.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
of
as at the end of the financial period 31/01/2008

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

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

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

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

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

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

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

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SHEET REFERENCE NUMBER

G15.3-98-A

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

No number available

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3/16/2009 14:06

Statement G15.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
 of
as at the end of the financial period 31/01/2008

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

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

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

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

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

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

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

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

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

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Statement G15.3
CROSS BORDER OPERATIONS - SADC OTHER OPERATIONS
 of
as at the end of the financial period 31/01/2008

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

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

18 _____

CHAIRMAN _____ DIRECTOR _____

PUBLIC OFFICER _____ DATE _____

AUDITORS *(initial)* _____

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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 REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 FINAL PRINTOUT DATE

G15 4-99-A
 No number available
 31/02/2009 14:00

Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of
 as at the end of the financial period 31/01/2008

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

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

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

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

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

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

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

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 REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
 FINAL PRINTOUT DATE

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

G15 4-99-A
 No number available
 31/6/2009 14:06

Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of
as at the end of the financial period 31/01/2008

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

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

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

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

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

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

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

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

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

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Statement G15.4
CROSS BORDER OPERATIONS - NON-SADC OTHER OPERATIONS
 of
as at the end of the financial period 31/01/2008

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

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

18. _____

CHAIR _____

DIRECTOR _____

PUBLIC OFFICER _____

DATE _____

AUDITORS (initial) _____

FINANCIAL SERVICES BOARD.		LONG-TERM INSURANCE, ACT 1998 - SECTION 36	
NAME OF INSURER:		Please select insurance company name	
UNAUDITED RETURN FOR THE PERIOD		TO	
Prepared by :		10/10/Reference numbers/B/2	
		Telephone No. and ext.	
REVENUE ACCOUNT - TOTAL		R'000	
GROSS:		MOVEMENT STATISTICS - INDIVIDUAL & GROUPED INDIVIDUAL BUSINESS	
Premiums received and outstanding			Number of policies
Claims paid and outstanding			Policy liabilities
NET:		Beginning of financial year	
Premiums received and outstanding	0	New policies issued	
- Recurring		Policies lapsed	
- Non-recurring		Policies terminated	
		Policies matured	
		Policies expiring	
LESS: Claims paid and outstanding(net)	0	Deaths and disabilities	
- Annuities		End of quarter	
- Surrenders/withdrawals		0	
- Other lumpsums			
Commission(net)		MOVEMENT STATISTICS - FUND & GROUP BUSINESS	
Management expenses		R'000	
		Number of schemes	
ADD: Investment income		Beginning of financial year	
Realised investment surplus(loss)		New schemes issued	
Unrealised investment surplus(loss)		Schemes terminated	
Other income/(expenses)		End of quarter	
		0	
Excess of income over expenses	0		
LESS: Taxation		INFORMATION PER CLASS OF BUSINESS	
LESS: Transfer to (from) shareholder fund		R'000	
LESS: Dividends			
INCREASE/(DECREASE) IN LONG-TERM FUND	0	Premiums (gross)	Premiums (net)
		Retention	Claims (net)
		Commission (net)	Management expenses (net)
FINANCIAL POSITION STATEMENT		R'000	
	Linked	Non-linked	Total
Assets:			
Cash & Krugerrands			0
Balances with banks			0
Gilts			0
Policy loans			0
Mortgage bonds			0
Debentures			0
Claims/Debtors			0
Shares Listed			0
Shares Unlisted			0
Immovable Properties			0
Fixed assets			0
Foreign appr assets			0
Total assets	0	0	0
Liabilities:			
Policy liabilities			0
Current liabilities			0
Excess assets	0	0	0
CAR			0
Free Assets	0	0	0
		Assistance	
		Disability Fund	#DIV/0!
		Health	#DIV/0!
		Life	#DIV/0!
		Sinking fund	#DIV/0!
		TOTAL	0 0 0 0 0 0
		AUTOMATIC CALCULATIONS	
		CAR cover	0.00
		Funding level (before CAR)	0.00%
		Funding level (after CAR)	0.00%
		Management expenses: premium income	0.00%
		Commission: premium income	0.00%
		Claims ratio	0.00%
		Retention	0.00%
Spreading of Assets			
Does the insurer currently comply with the kinds and spread of assets as contemplated in terms of S 31 of Act		Yes	
If yes furnish the following information:		R'000	
Total domestic Non-linked Assets		0	
Total domestic Non-linked liabilities and CAR		0	
Total Admitted Assets		0	
Surplus of overall admitted assets over total domestic liabilities		0	
FIC Compliance			
Kindly complete the following table			
		Number of Customers	
Total Customers			
Clients sourced directly			
Clients sourced from other accountable institutions			
Exemption 4 - Primary Accountable Institutions			
Reported Transactions to Financial Intelligence Centre			
Number of Suspicious and Unusual Transactions reported			
PUBLIC OFFICER (sign:)		DATE	

SPREAD OF ASSETS IN OR DEEMED TO BE IN THE RSA
Please select insurance company name

TO 1900/01/00

DESCRIPTION	Total assets	Linked assets	Non-linked assets	ADD: Assets of asset-holding intermediaries & investments in linked products	LESS: Individual excesses e.g banks, debtors, investments & properties	SUBTOTALS Assets held, less individual excesses	Maximum admissible for each item of this statement			Admitted for each item (the lesser of column (10) or column (7))
	R'000	R'000	R'000	R'000	R'000	R'000	per Regulation 2 to the Act	Dispensation given	Total non-linked liabilities x greater of column (8) or column (9)	R'000
1	2	3	4	5	6	7	%	%	10	11
1 Mortgage bonds	0	0	0	0	0	0	-	-	-	-
2 Non-convertible debentures	0	0	0	0	0	0	-	-	-	-
3 Any other debtors	0	0	0	0	0	0	-	-	-	-
SUBTOTAL	0	0	0	0	0	0	25%	0%	0	0
4 Shares - listed ordinary, convertible debentures & collective investment	0	0	0	0	0	0	-	-	0	0
5 Shares - unlisted - Domestic	0	0	0	0	0	0	5%	0%	0	0
SUBTOTAL	0	0	0	0	0	0	75%	0%	0	0
6 Listed securities & shares - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
7 Policyholders' loans	0	0	0	0	0	0	95%	0%	0	0
8 Policies with other long-term insurers	0	0	0	0	0	0	-	-	0	0
9 Property investments	0	0	0	0	0	0	25%	0%	0	0
10 Related party(ies) & associated companies	0	0	0	0	0	0	5%	0%	0	0
11 Computer equipment	0	0	0	0	0	0	5%	0%	0	0
12 Other equipment & motor vehicles	0	0	0	0	0	0	2.5%	0%	0	0
SUBTOTAL OF ITEMS 1 to 12	0	0	0	0	0	0	95%	0%	0	0
13 Margin deposits - Domestic	0	0	0	0	0	0	2.5%	0%	0	0
14 Margin deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	2.5%	0%	0	0
SUBTOTAL	0	0	0	0	0	0	2.5%	0%	0	0
15 Cash	0	0	0	0	0	0	100%	-	0	0
16 Krugerrands	0	0	0	0	0	0	10%	0%	0	0
17 Bank balances & deposits - Domestic	0	0	0	0	0	0	100%	-	0	0
18 Bank balances & deposits - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
19 Government & semi-government securities - Domestic	0	0	0	0	0	0	100%	-	0	0
20 Government securities - Foreign, deemed to be domestic	0	0	0	0	0	0	15%	0%	0	0
21 Outstanding Premiums	0	0	0	0	0	0	-	-	0	0
SUBTOTAL OF ITEMS 13 to 21	0	0	0	0	0	0				
TOTAL	0	0	0	0	0	0				0

DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:

Total Liabilities	0
Less: Linked liabilities	0
Plus: CAR	0
Plus: Asset-holding intermediaries' liabilities	0
Total Non-linked Liabilities	0

AUDITORS _____

NOTE - ITEMS 4 + 5 & 13 + 14

Admitted values are the lesser of the individual, or the total amounts in the previous column

Items 4+5	Individual	0
	Total	0
	Admitted	0
Items 13+14	Individual	0
	Total	0
	Admitted	0

CALCULATION OF FURTHER EXCESSES AND FINAL ADMITTED VALUES

R'000

1. If items 4+5+6+9+10+11+12 exceed 90% of the non-linked liabilities, the excess is

2. If items 6+14+18+20 exceed 15% of the non-linked liabilities, the excess is

3. If the admitted value of items 1 to 12 exceeds: of the total non-linked liabilities, the excess is

4. Overall admitted assets
Total of column (11) less 1, 2 & 3 above

5. Surplus of overall admitted assets over total non-linked liabilities

