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## IMPORTANT NOTICE

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No. Page Gazette
No. No.

BOARD NOTICE

## Board Notice

## BOARD NOTICE 133 OF 2012

## FINANCIAL SERVICES BOARD

## LONG-TERM INSURANCE ACT NO. 52 OF 1998:

## AMENDMENT OF BOARD NOTICE 54 OF 2011: 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 amend Board Notice 54 of 2011, published in Government Gazette No. 34118 of 18 March 2011, by substituting the LT2011 statutory return (i.e. annual and quarterly) with the LT2012 statutory return as set out in the schedule.

Further hereto, I hereby notify, in terms of section 36(1) of the Long-term Insurance Act, 1998, that every long-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;
(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; and
(c) the aforementioned statutory returns must be submitted in an electronic format and in a A4 paper copy format.

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


## Registrar of Long-term Insurance

## SCHEDULE

## LONG-TERM INSURANCE QUARTERLY RETURN

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

## LONG-TERM INSURANCE QUARTERLY RETURN IN TERMS OF SECTION 36 OF THE LONG-TERM INSURANCE ACT, 1998

THE PRESCRIBED RETURN MUST BE SUBMITTED BY ALL INSURERS REGISTERED TO TRANSACT LONG-TERM INSURANCE BUSINESS IN TERMS OF THE LONG-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 ARE APPLICABLE.
NO ITEMS MAY BE DELETED AND OTHER ITEMS INSERTED IN THE PLACE THEREOF.

## DISCLAIMER:

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 or any other person 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 spreadsheet must be completed in Excel.
2. The return is cumulative from the start of the insurer's financial year to the latest quarter end. This will include the section
on movement statistics as well.
3. The return must be submitted for the last quarter of the insurer's financial year end as well.
4. This return consists of four sheets with "Prudential" relating to financial matters, "Spreading of assets" relating to the
kind and spread of assets as contemplated in Section 31 of the Act and "Directors, Officers and Auditors" to the statutory
information on the directors, executive management, public officer and the auditors.
5. Income and expenditure figures should exclude value added tax (VAT).
6. All figures should be rounded off to the nearest thousand rand.
7. An originally signed copy of the return must be submitted and the electronic return must be e-mailed to
the Financial Services Board at mailto:insurance.prudential@fsb.co.za
8. This information page need not be printed. NOTE.

## GUIDANCE REGARDING THE INFORMATION REQUESTED

1. Financial position statement

* Non-linked business includes previously reflected market-related business as well.
* For policyholder purposes the deferred taxation asset can be deducted from the policyholder liabilitie REQUIRE FIGURES OR INFORMATION TO BE ENTERED
* For shareholders purposes deferred taxation asset cannot be reflected as an insurance asset.
* Paragraph 7 to Schedule 3 to the long-term insurance act, regarding the valuation of other liabilities, AREAS (CELLS). indicates that for Section 30 and 31 other liabilities shall be determined in accordance with
Generally Accepted Accounting Practice ("GAAP").
NOTE:

THE RETURN MUST BE PRINTED AND SUBMITTED, EVEN IF NIL.
and
With regard to FIC Compliance, a client is someone an accountable institution has a business relationship with or has concluded a single / once-off tra That means if an insurance company deals with a company (scheme) as its client then the scheme should be treated as such
The centre imposes an obligation on accountable institutions to identify and verify the identity of their clients, keep records and take into account exempl of the Financial Intelligence Centre Act (FIC Act)

* Clients sourced directly are clients that are not referred to the entity by an independent broker. This includes clients brought in by
agents of the entity (employees or contractors.)
* Clients from other accountable institutions would be clients refered by brokers (Financial Services Providers) as per item 12 of Schedule 1 of the FIC Act.

That is, clients that are represented by other accountable institutions such as brokers.

## DEFINITIONS

Assets: To be reflected at fair value as well as values prescribed in the Board Notice issued during 2010. .
Fund: Means "fund policy" as defined in section 1 of the Act.
Group business: Means insurance where a long-term policy is issued to a policyholder other than an individual,
Grouped $\quad$ Means insurance where a long-term policy is issued to a policyholder other than an individual,
individual : under which an identifiable individual or member is the life insured and the policy is entered into by the policyholder for the purpose of providing benefits to the individual or the individual's dependants.
Individual busines Means insurance where a policy is issued to an individual.
Minimum CAR: Minimum Capital Adequacy Requirement as referred to in Section 31 of the Act. Also, refer to the Board Notice issued during 2010.
Non-recurring: Means all business which is purchased with a single premium or business where the payment of a series of premiums is not obligatory.
Policy expiring: This refers to credit life policies, term assurance policies etc that reached the end of their terms without any claim being paid. The policy is also not continued or renewed by an additional premium.
Policies lapsed: A policy is said to "lapse" when the premiums are not paid within the required period of grace and the policy has no cash value the debt against the policy exceeds the cash value.
Policy matured: Maturity relates to a specified date in the policy contract where the policy comes to an end and on which date the benefits / proceeds of the policy are paid out to the policyholder. This refers mostly to endowment policies where the benefit is paid out on a specified date (the maturity date) on the survival of the life insured, or his/her death if earlier.
Policy liabilities: Estimated liabilities calculated in accordance with the financial soundness valuation basis excluding capital adeqaucy requirements.
Recurring: Means business where the policyholder is obliged to pay a series of fixed or pre-determined premiums to the long-term insurer to keep the policy in force.




## LONG-TERM INSURANCE ANNUAL QUANTITATIVE RETURN (LT2012)

## LONG-TERM INSURANCE ACT (NO. 52 OF 1998) LONG-TERM QUANTITATIVE RETURN ABC LIFE INSURANCE LIMITED

INDEX OF STATEMENTS AVAILABLE TO PUBLIC

| Statement no. | Description | No. of pages | Issue date |
| :---: | :---: | :---: | :---: |
| A | Management Information |  |  |
| A1 | Registration information | 1 | 2003 |
| A2 | Addresses \& particulars of key persons | 1 | 2000 |
| A3 | Directors \& members of audit committee | 1 | 2011 |
| B | Data Summary |  |  |
| B1 | Summary of premiums \& benefits | 1 | 2003 |
| B2 | Premiums received \& outstanding | 1 | 2011 |
| B3 | Benefits paid \& provided for | 1 | 2011 |
| B4 | Summary of long-term business in force | 1 | 2011 |
| B5 | Movement in long-term business in force | 1 | 2007 |
| B6 | Analysis of movements - | 1 | 2011 |
| B10 | Information relating to claims, credit life policies and distribution channels | 1 | 2011 |
| C | Statutory Valuation Method |  |  |
| C1 | Statutory valuation method of assets | 1 | 2011 |
| C2 | Summary of Statutory valuation method of assets and liabilities | 1 | 2011 |
| C2.1 | Liabilities | 1 | 2011 |
| C3 | Excess assets and Capital Adequacy Cover | 1 | 2003 |
| D | Financial Statements |  |  |
| D1 | Statement of Financial Position | 1 | 2011 |
| D3 | Analysis of issued preference shares \& debentures | 1 | 2008 |
| D4 | Statement of Comprehensive Income | 1 | 2011 |
| E | Details in respect of Assets |  |  |
| E1 | Cash \& balances \& deposits | 1 | 2003 |
| E2 | Securities \& loans | 1 | 2003 |
| E3 | Debentures, loan stocks \& other securities | 1 | 2003 |
| E4 | Debtors (Claims against persons and entities) | 1 | 2011 |
| E5 | Shares, units \& depository receipts | 1 | 2011 |
| E6 | Immovable property | 1 | 2003 |
| E7 | Mortgages over immovable property, including participation bonds | 1 | 2003 |
| E8 | Fixed assets | 1 | 2000 |
| E9 | Comparison of Statutory \& Shareholders assets | 1 | 2000 |
| E10 | Related party transactions | 1 | 2003 |
| E11 | Spread of domestic assets (including foreign assets deemed to be domestic) | 1 | 2011 |
| F | Futures \& Options |  |  |
| F1 | Derivatives | 1 | 2011 |

## LONG-TERM INSURANCE ACT (NO. 52 OF 1998) LONG-TERM QUANTITATIVE RETURN <br> ABC LIFE INSURANCE LIMITED

| REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER END OF PERIOD UNDER REVIEW FINAL PRINTOUT DATE |  |  | $10 / 10 / 1 / 000 / 8$ $2012 / 01 / 31$ $2012 / 08 / 0310: 30$ |
| :---: | :---: | :---: | :---: |
| INDEX OF STATEMENTS NOT AVAILABLE TO PUBLIC |  |  |  |
| Statement <br> no. | Description | $\overline{N o . ~ o f ~}$ pages | Issue date |
| B Data Summary |  |  |  |
| B7 | Expense analysis | 1 | 2011 |
| B8 | Investment experience analysis | 1 | 2011 |
| B9 | Experience analysis | 1 | 2011 |
| C Statutory Valuation Method |  |  |  |
| C3.2 | Projected Excess Assets and Capital Adequacy Cover | 1 | 2011 |
| C4 | Statutory valuation method of net policy liabilities | 1 | 2011 |
| C5 | Capital adequacy requirement before management action | 1 | 2011 |
| C6 | Capital adequacy requirement and management action | 1 | 2011 |
| C7 | Analysis of surplus | 1 | 2012 |
| C8 | Dividend test | 1 | 2008 |
| C9 | Reinsurance | 1 | 2011 |
| C10.1 | Statutory valuation method of the liabilities of individual business | 4 | 2011 |
| C10.2 | Statutory valuation method of the liabilities of group business | 4 | 2011 |
| E Details in respect of Assets |  |  |  |
| E12 | Banking Institution Exposure | 1 | 2011 |
| E13 | Other Institution Exposure | 1 | 2011 |
| E14 | Inwards Shares Exposure | 1 | 2012 |
| H Questionnaires \& Reports |  |  |  |
| H1 | Summary of SVM assets and liabilities | 1 | 2006 |
| H2 | Free assets and capital adequacy cover | 1 | 2006 |
| H2.1 | Free assets and capital adequacy cover of underfunded cells | 1 | 2006 |
| H3 | Certificate given by directors | 1 | 2006 |
| 1 Stress \& Scenario Tests |  |  |  |
| 11 | Single factor stress tests on statutory surplus | 1 | 2011 |
| $\underline{12}$ | Economic Scenario stress on statutory surplus | 1 | 2011 |
| 13 | Single factor stress tests on statutory surplus | 1 | 2011 |






## LONG-TERM RETURN

ABC LIFE INSURANCE LIMITED

| REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER | 10/10/1/221/8 |
| :---: | :---: |
| END OF PERIOD UNDER REVIEW | 2011/01/31 |

END OF PERIOD UNDER REVIEW
FINAL PRINTOUT DATE 2012/08/03 10:30

| VALIDATION TOOL |  |  |  |
| :---: | :---: | :---: | :---: |
| Reference | Description | Amount $R^{\prime}(000)$ (Where applicable) | Indicator |
| $\begin{aligned} & 1 \text { Statement C9, cell K18 } \\ & 2 \underline{\text { Statement C9, cell K19 }} \end{aligned}$ | Approved reinsurance premiums Non - approved reinsurance premiums Total reinsurance premiums ceded | 0 |  |
|  |  | 0 |  |
|  |  | 0 |  |
|  |  |  |  |





| 303 10:30 |  |  |  |
| :---: | :---: | :---: | :---: |
| LONG-TERM INSURANCE ACT (NO. 52 OF 1998) |  |  |  |
| LONG-TERM RETURN ABC LIFE INSURANCE LIMITED |  |  |  |
|  |  |  |  |
| REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER END OF PERIOD UNDER REVIEW <br> FINAL PRINTOUT DATE |  |  | 10/10/1/221/8 |
|  |  |  | 2011/01/31 |
|  |  |  | 2012/08/03 10:30 |
| VALIDATION TOOL |  |  |  |
|  |  |  |  |
| Reference | Description | $R^{\prime}(000)$ | Indicator |
|  |  |  |  |



1. DESCRIPTION Regulators Ref: \#REF!



REGISTRAR

$\square$


Did person change since previous year (Y/N)
Did person change since previous year (Y/N)
$\square$ Did person change since previous year (Y/N)
2
2
0
0
0
0
0
0
0
0
0
0
0
0
0
0
Did person change since previous year (Y/N)





AUDITORS (initial) TUARY
3. NAMES OF CONTACT PERSONS
3.1 PUBLIC OFFICER

Initials and surname of contact person regarding the return
3 AUDITOR
Name of first firm
Initials and surname of Responsible Partner
Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY

Name of Statutory Actuary
Name of employer/company
Name of employer/company of Statutory Actuary
Name of Alternate Statutory Actuary
Name of employer/company of Altern
Name of employer/company of Alternate Statutory Actuary
Fund Name of long-term insurer

Number of months in financial period under review 2. TYPES OF POLICIES Assistance
Disability

Life
Sinking
$\qquad$ $\square \square \square \square \square \square$

Sinking Fund

Conditions imposed on an insurer are available from the Registrar on request.
SORON
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1 Examples include: Chairman, Vice-chairman, Non-executive. Manaqing Director etc.
Page 15 of 86

AUDITORS
Notes: 1 Premium income includes money received in respect of "invesiment contracis".

$$
\begin{aligned}
& \text { Sinking Fund } \\
& \text { TOTAL NET BENEFITS }
\end{aligned}
$$

4. NET BENEFITS PAID \& PROVIDED FOR
Assistance
Disability
Fund
Health
Life
LT2012

Noies: $\quad$ Monies paid in respect of "investment contracts".
LT2012
Page 18 of 86
B04-99-A
$10 / 10 / 1 / 000 / 8$
$201208 / 0310 \cdot 30$

5. INDIVIDUAL
1.1 RECURRING PREMIUM BUSINESS

AUDITORS (initial)
LT2012
LT2012
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER $\qquad$

[^0]
Notes: 1 Operating expenses for the calculation of MCAR and includes all expenses in respect of "investment contracis".

LT2012

UAL EXPERIENCE
Period in months over which experience (i) is monitored

AUDITORS (initial
$\begin{array}{ll}\text { Notes: } & \\ 1 & \text { Assets reflected as per section } 30 \text { of the Long-term insurance Act of } 1998 \text { - the Statutory Valuation Method. } \\ 2 & \text { Net investment growth includes realised and unrealised capital appreciation/depreciation. }\end{array}$

AUDITORS (initial)
ACTUARY $=$




TOTAL
7. DISTRIBUTION


LT2012



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AUDITORS
Provision for deferred taxation for capital gains on policyholders assei's should be included in the value of unmatured policies 1 To agree with total liabilities as stated in statement C2
ACTUARY
Wones:
Page 29 of 86 C03-95-A
LT2012
Page 30 of 86 10/10111000/8 101/1011000/8
20120803 $10: 30$

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER FINAL PRINTOUT DATE
$\qquad$ $.02-99-\mathrm{A}$
$10 / 10 / 1 / 000 / 8$ 201208103 10:30


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Confidential statement not available to public
 STATUTORY VALUATION METHOD OF NET POUCY LIABLITIES
of ABC Life Insurane Limited
as at the end of the financial period 3110112012

$\stackrel{\stackrel{\alpha}{4}}{\underset{\sim}{4}}$ $\qquad$



AUDITORS (initial)
LT2012
Page 33 of 86
CONFIDENTIAL STATEMENT Not AVALLABLE TO Public
Confidential statement not available to public





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AUDITORS (initial)
Page 340 of 8 CONFIIENTIAL statement not available to pub


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

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\text { CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC } \underset{\substack{\text { cos.s.a.A }}}{\substack{\text { Pa }}}
$$

 total current year

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC

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AUOITORS (initial

SHEET REFERENCE NUMBER

| REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER | $10 / 10 / 1 / 000 / 8$ |
| :--- | ---: |
| FINAL PRINTOUT DATE | $2012 / 88 / 0310.30$ |



| 1. DISCLOSED EXCESS ASSETS (brought forward) |  | 0 |
| :---: | :---: | :---: |
| 2. INDIVIDUAL LIFE OPERATING PROFIT/LOSS |  |  |
| 2.1 New business |  | 0 |
| 2.2 Alterations |  | 0 |
| 2.3 Change in valuation basis |  | 0 |
| - Changes in methodology |  | 0 |
| - Changes to non-economic assumptions |  | 0 |
| - Changes to economic assumptions |  | 0 |
| 2.4 Release of margins |  | 0 |
| - Compulsory margins |  | 0 |
| - Discretionary margins |  | 0 |
| 2.5 Investment experience |  | 0 |
| 2.6 Mortality experience |  | 0 |
| 2.7 Morbidity experience |  | 0 |
| 2.8 Expense experience |  | 0 |
| 2.9 Early withdrawals |  | 0 |
| 2.10 Tax |  | 0 |
| 2.11 Adjustment to asset values |  | 0 |
| 2.12 Other (Specify in supporting statement C7.1) |  | 0 |
| 2.13 Unexplained |  | 0 |
| SUBTOTAL |  | 0 |

3. GROUP LIFE OPERATING PROFIT/LOSS
3.1 New business

4. SHAREHOLDERS
4.1 Investment experience $\quad \square$
4.2 Adjustment to capital
4.3 Expenses
4.4 Income from subsidiaries
4.5 Dividends paid
4.6 Tax
4.7 Adjustment to asset values
4.8 Other (Specify in supporting statement C7.1)
4.9 Unexplained

SUBTOTAL

5. TOTAL PROFIT/LOSS
$\qquad$ AUDITORS (initial) $\qquad$

CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
10/10/1/000/8 REGISTRAR OF LONG-IERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

## Statement C7.1 (supporting statement to C7) ANALYSIS OF SURPLUS

 of ABC Life Insurance Limited as at the end of the financial period $31 / 01 / 2012$|  | TOTAL VALUE CURRENT |
| :---: | :---: |
| YESCRIPTION | REAR |
|  | R'000 |
| 1 | 2 |

2. INDIVIDUAL LIFE OPERATING PROFIT/LOSS

3. GROUP LIFE OPERATING PROFIT/LOSS

4. SHAREHOLDERS

5. SIGNIFICANT ITEMS

$\qquad$
LT2012
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC $8000 / 1010101$


AUDITORS (initial)
LT2012
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC C09-99-A
1010110008
 Statement C9
REINSURANCE REINSURANCE
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AUDITORS
LT2012



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CONFidential statement not avallable to

[^1]LT2012


16. SAMPLE ULTIMATE MORTALITY RATES FOR STANDARD LIVES (q, \& decimals)

$$
\text { Page } 41 \text { of } 86
$$
10. Recurrina expansou pera annum

15. Other $\quad \vdots$
16. SAMPLE ULT

| Agon tex al |
| :--- |
| valuaton date |


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\text { Pago } 480186 \\
\hline
\end{gathered}
$$



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[^2]
AUDITORS

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

| Statement D4 |  |  |
| :---: | :---: | :---: |
| STATEMENT OF COMPREHENSIVE INCOME |  |  |
| of ABC Life Insurance Limited |  |  |
| as at the end of financial period $31 / 01 / 2012$ |  |  |

## 1. REVENUE

Insurance Premiums
Premium Revenue from Investment Contracts transferred to Insurance Contracts
Reinsurance Premiums
Net Insurance Premiums
Investment income - Total

- Interest, dividends \& rentals
- Realised gains / (losses) on disposals
- Unrealised gains / (losses)

Other Income (specify)
-
-
$\bullet$

- $\square$
- 

-位AL REVENUE


## 2. EXPENSES

Claims and Policyholder benefits under insurance contracts
Insurance Claims recovered from reinsurers
Change in Policyholder Liabilities

|  | 0 |
| ---: | ---: |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
| 0 |  |

## PROFIT BEFORE TAXATION

Taxation
TOTAL EARNINGS

LT2012
SHEET REFERENCE NUMBER
EXCLUDING DERIVATIVE EXPOSURE E01-99-A


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

| NAME OF INSTITUTION <br> (Investments of the same kind with a bank may be grouped) | DESCRIPTION OF INVESTMENT <br> (e.g. Current Account, Fixed Deposit, Bankers Acceptance, Negotiable Certificate of Deposit) | CURRENT YEAR |  |  |  |  |  | $\%$ of total liabilities |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | IN RSA <br> R'000 | DEEMED TO BE IN RSA R'000 | $\begin{gathered} \text { INCOME IN } \\ \text { RSA } \\ R^{\prime} 000 \\ \hline \end{gathered}$ | OUTSIDE RSA R'000 | $\begin{gathered} \text { INCOME } \\ \text { OUTSIDE } \\ \text { RSA } \\ R^{\prime} 000 \end{gathered}$ | TOTAL VALUE R'000 |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |  | 10 |
| 1. CASH |  |  |  |  |  |  |  |  |
| - Bank notes \& coins | Notes \& coins |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
| - Krugerrands | Coins |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
| SUBTOTAL |  |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
| 2. BANKS (Specify in supporting statement E1.1) |  |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
| 3. CORPORATION FOR PUBLIC DEPOSITS <br> 4. LAND \& AGRICULTURAL BANK <br> 5. MARGIN DEPOSITS | Deposits |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
|  | Deposits |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
|  |  |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |
| TOTAL CASH \& BALANCES \& DEPOSITS |  |  |  |  |  | 0 |  |  |
|  |  |  | 0 | 0 | 0 | 0 | 0 | 0.0\% |

LT2012
EXCLUDING DERIVATIVE EXPOSURE



| DESCRIPTION | CURRENT YEAR |  |  |  |  |  | \% of total liabilities |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | IN RSA <br> $R^{\prime} 000$ | deemed to be IN RSA R'000 | INCOME IN RSA R'000 | OUTSIDE RSA <br> $R^{\prime} 000$ | INCOME OUTSIDE RSA R'000 | total value <br> R'000 |  |
| 1 | 2 |  | 4 | 5 | , | , | 9 |

[^3]1. SECURITIES \& LOANS ISSUED OR GUARANTEED BY
Central government of the Republic 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
RAND WATER BOARD
LAND \& AGRICULTURAL BANK (excluding deposits in E1)
SA TRANSPORT SERVICES
ESKOM
SUBTOTAL
TOTAL
2. SECURITIES \& LOANS APPROVED BY REGISTRAR
LISTED
UNLISTED (Specify in supporting statement E2.1)
SUBTOTAL
3. RECOGNISED SECURITIES OUTSIDE RSA
LISTED
SUBTOTAL
4. SECURITIES \& LOANS OUTSIDE RSA OTHER THAN RECOGNISED
UNLISTED (Specify in supporting statement E2.1)
SUBTOTAL
TOTAL SECURITIES \& LOANS
LT2012
EXCLUDING DERIVATIVE EXPOSURE 10/10/1000/8 Statement E2.1 (supporting statement to E2)
SECURITIES \& LOANS SECURITIES \& LOANS himited

| CURRENT YEAR |  |  |  |  | \% of total liabilities |
| :---: | :---: | :---: | :---: | :---: | :---: |
| DEEMED TO BE <br> IN RSA <br> $R^{\prime} 000$ | INCOME IN RSA <br> $R^{\prime} 000$ | $\begin{gathered} \text { OUTSIDE RSA } \\ R^{\prime} 000 \\ \hline \end{gathered}$ | INCOME OUTSIDE RSA R'000 | TOTAL VALUE $R^{\prime} 000$ |  |
| 3 | 4 | 5 | 6 | 7 | 9 | | 7 | 9 |
| :---: | :---: |
|  |  |

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1. UNLISTED SECURITIES \& LOANS APPROVED BY REGISTRAR

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REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER INAL PRINTOUT DATE
EXCLUDING DERIVATIVE EXPOSURE 08:01 80/80/2.02
$8 / 000 / 10101$
$\forall-66-503$
LT2012
EXCLUDING DERIVATIVE EXPOSURE

EXCLUDING DEBENTURES, MORTGAGE BONDS, OUTSTANDING PREMIUMS AND DERIVATIVE EXPOSURE



| Any overdue <br> capital \& interest <br> repayments <br> $R^{\prime} 000$ | Owing at the end of this year <br> R'000 | IN RSA <br> R'000 | deemed to be IN RSA R'000 | INCOME IN RSA AND DEEMED TO BE IN RSA <br> R'000 | OUTSIDE RSA <br> R'000 | INCOME OUTSIDE RSA <br> R'000 | total value <br> R'000 | \% of total liabilities |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 11 |



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AUDITORS
Statement E4.1 (supporting statement to E4)
DEBTORS (Claims against persons and entities)









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LT2012

AUDITORS
LT2012
Page 60 of 86
EXCLUDING DERIVATIVE EXPOSURE

 held by ABC Life Insurance Limited
as at the end of the financial



CURRENT YEAR
NCOMEIN RSA
0000000000000


| DEEMED TO BE IN RSA |
| :---: | :---: |
| R'000 |






| 6 |
| ---: |
| 6 |
| 6 |
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| 6 |
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| 6 |
| 6 | 0



$\because \square$

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| :--- | :--- |
|  |  |
| 20.0 | 0 | 2000

AUDITORS

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

## MORTGAGES OVER IMMOVABLE PROPERTY, INCLUDING PARTICIPATION BONDS

EXCLUDING DERIVATIVE EXPOSURE
 \% of total

|  |
| :---: |
| TOTAL VALUE |
| $R^{\prime} 000$ |
| 9 |


|  | Statement E7 <br> MORTGAGES OVER IMMOVABLE PROPERTY, INCLUDING PARTICIPATION BONDS held by ABC Life Insurance Limited as at the end of the financial period 31/01/2012 |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DESCRIPTION | Other encumbrances |  | CURRENT YEAR |  |  |  |  |
|  | Ranking concurrently R'000 | Ranking prior $R^{\prime} 000$ | Arrears more than 6 months R'000 | Additional security furnished R'000 | Outstanding balance R'000 | IN RSA $R^{\prime} 000$ | $\begin{gathered} \text { OUTSIDE R } \\ \text { R'000 } \end{gathered}$ |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

1. MORTGAGES
Page 64 of 86
0
O-
0

- $0.0 \%$
$0.0 \%$

$0.0 \%$ | $\stackrel{0}{0}$ <br> 0 <br> 0 <br> 0 |
| :---: |
| 0 | $\frac{\sqrt{0} 0}{0}$ 옹 | 8 |
| :---: |
| 0 |
| 0 | | AUDITORS AUDITORS

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMIBER FINAL PRINTOUT DATE
E08-99-A
E08-99-A
10/10/1/000/8 Statement E8 20120803030:30 Statement E8
FIXED ASSETS


 \begin{tabular}{|l|l|l|}
\hline \& $0.0 \%$ <br>
\hline

 

\hline \& <br>
\hline 0 \& $0.0 \%$ <br>
\hline 0 \& $0.0 \%$ <br>
\hline
\end{tabular} $\square 0$

 | CURREN |
| :---: |
| TOTAL VALUR |
| $R^{\prime} 000$ |
| 7 |

LT2012
Page 68 of 86 $\begin{array}{r}10 / 10 / 1 / 000 / 8 \\ \hline\end{array}$
Statement E9.1 (Reconciliation statement)
(RIFFERENCES BETWEEN LIABILITIES IN THE ACTUARIAL BALANCE SHEET, THE FINANCIAL


Explain differences in a supplementary statement.
Noses:

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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM MSURANCE REFERENCE NUMBER $\qquad$ 1. SUBSIDIARIES

Page 70 of 86
,
DOMESTIC ASSETS MUST EXCEED THE FOLLOWING:
Total Liabilities (transtered from statemenent C 2 )




| 1 Mortgage bonds |
| :---: |
| 2 Non-converitiole debentures |
| 4 Outstanding Pr |
| SUBTOTAL |

5 Sharess - listed ordinary, conv
6 Shares - unisted - Domestic

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LT2012
Confidential statement not available to public BANKING INSTITUTION EXPOSURE:




Page 73 of 86
confidential statement not availab

AUDITORS(ninitial)


## Statement F1 DERIVATIVES <br> of ABC Life Insurance Limited as at the end of the financial period 31/01/2012

| ASSET CLASS | Fair Value of <br> Physicals (Excluding <br> derivatives) being <br> hedged | Fair value of <br> derivatives | Derivative Profit or <br> Loss |
| :---: | :---: | :---: | :---: |
| 1 | 2 | 3 | 4 |

## 1. By asset class

Equities
Interest rate
Currency
Other (Specify in supporting statement F1.1) Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

2. By instrument type

Forward
Future
Options
Swaps
Other (Specify in supporting statement F1.1) Subtotal

| 0 | 0 | 0 |
| :---: | :---: | :---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

3. By counterparty

Exchange
Other (Specify in supporting statement F1.1) Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

4. By objective / strategy

Hedging
Speculating
Other (Specify in supporting statement F1.1) Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

AUDITORS $\qquad$

| Statement F1.1 |  |  |  |
| :---: | :---: | :---: | :---: |
| DERIVATIVES |  |  |  |
| as at the end of the financial period 31/01/2012 |  |  |  |
| ASSET CLASS | Fair Value of <br> Physicals (Excluding <br> derivatives) being <br> hedged | Fair value of <br> derivatives | Derivative Profit or <br> Loss |
| 1 | 2 | 3 | 4 |

## 1. By asset class

## Other

- 
- 

$\bullet$
-
$\bullet$ Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

## 2. By instrument type



| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

## 3. By counterparty

## Other

- 
- 
- 

$\bullet$
Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

## 4. By objective / strategy

## Other

- 
- 
- 

$\bullet$
-
Subtotal

| 0 | 0 | 0 |
| ---: | ---: | ---: |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |

AUDITORS $\qquad$

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
SHEET REFERENCE NUMBER
H01-99-A
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
10/10/1/000/8
FINAL PRINTOUT DATE
2003/05/15 15:36


## 1. ASSETS

Cash \& Deposits
Fixed interest
Equities \& Convertible debentures
Property
Collective investment schemes
Fixed Assets
Current Assets
Other

TOTAL ASSETS
2. LIABILITIES

Linked liabilities
Non-linked liabilities
Current liabilities
Other
TOTAL LIABILITIES
3. EXCESS ASSETS
4. CAPITAL ADEQUACY REQUIREMENT
5. FREE ASSETS

| 0 | 0 | 0 | 0 |
| ---: | ---: | ---: | ---: |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |


| 0 | 0 | 0 | 0 |
| ---: | ---: | ---: | ---: |


| Linked liabilities | 0 | 0 | 0 | 0 |
| :---: | :---: | :---: | :---: | :---: |
| Non-linked liabilities | 0 | 0 | 0 | 0 |
| Current liabilities | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 |
| TOTAL LIABILITIES | 0 | 0 | 0 | 0 |
| 3. EXCESS ASSETS | 0 | 0 | 0 [ | 0 |
| 4. CAPITAL ADEQUACY REQUIREMENT | 0 | 0 | 0 | 0 |
| 5. FREE ASSETS | 0 | 0 | 0 | 0 |

$\qquad$ AUDITORS $\qquad$
SHEET REFERENCE NUMBER
CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC H02-99-A
10/10/1/000/8 10/10/11000




LT2012

LT2012
Page 80 of 86 CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC H03-99-A
10/10/1000/8 항 SRINTOUT DATE
CERTIFICATE GIVEN BY DIRECTORS
of ABC Life Insurance Limited
as at the end of the financial period $\mathbf{3 1 / 0 1 / 2 0 1 2}$ $\square$

Have there been any developments after the year end, having a significant effect on the financial soundness of the insurer or
any cell? any cell?
If $Y E S$, furn
If YES, furnish details:


1.2 INTEREST RATE SHOCK: 35\% DOWNWARD SHIFT IN YIELD CURVE


1.3 EQUITY PRICE SHOCK: $50 \%$ DROP IN EQUITY PRICES, $30 \%$ DROP IN PRICES OF PREFERENCE SHARES
Assets
Cash \& Balances \& Deposits
Securities \& Loans
Debentures, Laan stock \& Other securites
Debtors
Shares. Depository receipts \& Collective Investment Schemes
Immovale property
Mortgages \& participation bonds
Fixed Assets
Other


Liabilities
Policyholder liabilites: Linked (excluding liabilities specified below)
Policholder liabilites: Non-linked (excluding liabilitites specififed below)
Bonus Stabilisation Reserv
Non-vested bonuses
Embedded Investment Derivatives Reserve
Discretionary Margin
Other liabilities
Total Liabilities
Total Excess Assets


| CAR |
| :--- |
| TCAR |
| MCAR |
| OCAR |

IOCAR

Capital Adequacy Requirement (CAR)
car cover

1.4 PROPERTY PRICE SHOCK: $30 \%$ DROP IN PROPERTY PRICES


Securities \& Loans
Debentures, Loan stocks \& Other securities
Debtors
Shares. Depository receipts \& Collective Investment Schemes
Immovable property
Mortgages \& participation bonds
$\frac{\text { Mortgages \& } p}{\text { Fixed Assets }}$

| Fixed Asse |
| :--- |
| Other |

Total Assets


Liabilitios
Policytholder liabilitites: Linked (excluding liabilities specified below)
Olicicholder liabilities: Linked (excluding liabilites specified below
Bonus Stabilisation Reserve
Non-vested bonuses
Embedded Investment Derivatives Reserve
Embedded Investment
Oiscretionary Ma
Total Liabilities
Total Excess Assets


| CAR |
| :--- |
| TCAR |



Capital Adequacy Requirement (CAR)
car cover


1.5 EXCHANGE RATE SHOCK: $\mathbf{3 0 \%}$ APPRECIATION IN EXCHANGE RATE

Assets
Assets
Cash \& Balances \& Deposits
Securities \&
Securities L Loans
Debtors
Shares. Depository receipts \& Collective Investment Schemes
Immovable property
$\frac{\text { Mortgages \& par }}{\text { Fixed Assets }}$
Other
Total Assets


Liabilities
Policyholder liabilities: Linked (excluding liabilities specified below)
policyholder liabilities: Non-linked (excluding liabilities specified below
Bonus Stabilisation Reserve
Non-vested bonuses
Embedded Investment
Other liabilities
Total Liabilities
Total Excess Assets


CAR
THAR
MAR
OAR
IOCAR
actor
Capital Adequacy Requirement (CAR)
CAR COVER

1.6 EXCHANGE RATE SHOCK: 30\% DEPRECIATION IN EXCHANGE RATE


1.7 VOLATILITY SHOCK: $\mathbf{1 5 \%}$ ABSOLUTE INCREASE IN LONG - AND SHORT TERM EQUITY VOLATILITIES AND 10\% ABSOLUTE INCREASE LONG - AND SHORT TERM INTERES

Assets
Cash \& Balances \& Deposits
Debentures. Loans stocks \& Other securities
Shares, Depository receipts $\&$. Collective Investment Schemes
Immovable property
Mortgages \& participation bonds
Fixed Assets
Total Assets


Liabilitios
Policytholder liabilities: Linked (excluding liabilities specified below)
Policholdder liabilititis. Non-lined (excluding
Policyholder liabilities: Non-linked (excluding liabilities specified below)
Bonus Stabilisation Reserve
Non-vested bonuses
Embedded Investment Derivatives Reserve
Discretionary Margins
Other liabilities
Other liabilities
Total Liabilities
Total Excess Assets

1.8 CREDIT RISK SHOCK: $\mathbf{1 0 0 \%}$ INCREASE IN CAR CREDIT RISK ALLOWANCE
Assets
Cash \& Balances \& Deposits
Cash \& Balances \& Deposits
Securites \& Loans
Debentures, Loan stocks \& Other securities
Debtors

Debtors
Shares. Depository receipts \& Collective Investment Schemes
$\frac{\text { Immovable property }}{\text { Mortgages } \& \text { participation bonds }}$

| Fixed Assets |
| :--- |
| Other |

Other


Liabilities
Policyholder liabilities: Linked (excluding liabilities specified below)
Policytholder liabilities: Non-linked (excluding liabilites specified below)
Bonus Stabilisation Reserve
Bonus Stabilisation Reserve
Non-vested bonuses
Em-vested bonuses
Discretionary Margins
Other liabilities.
Total Liabillties
Total Excess Assets


CAR
TCAR


OCAR
IOCAR
Factor
Capital Adequacy Requirement (CAR)
CAR Cover


ACTUARY (initial) $\qquad$


1 ECONOMIC SCENARIO STRESS TEST

Assets
Cash \& Balances \& Deposits
Securities \& Loans
Securities \& Loans
Debtors

Mortgages \& participation bonds
$\frac{\text { Fixed Assets }}{\text { Other }}$
Total Assets
Liabilities
Policyholder liabilities: Linked (excluding liabilities specified below)
Policyholder liabilities: Non-linked (excluding liabilities specified below)
Bonus Stabilisation Reserve
Non-vested bonuses
Embedded Investment Derivatives Reserve
Discretionary Margins
Total Liabilities
Total Excess Assets
CAR
TCAR

| MCAR |
| :--- |
| OCAR |

OCAR
IOCAR

Capital Adequacy Requirement (CAR)
CAR COVER
ACTUARY (initial) $\qquad$



1 SINGLE FACTOR TESTS
1.1 MORTALITY AND MORBIDITY SHOCK $30 \%$ INCREASE IN EXPECTED RISK RATES (DECREASE FOR ANNUITIES IN PAYMENT)

1.2 EXPENSE PER POLICY SHOCK $10 \%$ INCREASE IN MIANTENANCE EXPENSE WITH $20 \%$ INCREASE IN EXPENSE INFLATION


## LONG-TERM INSURANCE ANNUAL QUALITATIVE RETURN (LT2012)

## LONG-TERM INSURANCE ACT (NO. 52 OF 1998) LONG-TERM QUALITATIVE RETURN ABC LIFE INSURANCE LIMITED



## LT2012

Page 2 of 33

## LONG-TERM INSURANCE ACT (NO. 52 OF 1998) <br> LONG-TERM QUALITATIVE RETURN ABC LIFE INSURANCE LIMITED

REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
END OF PERIOD UNDER REVIEW
FINAL PRINTOUT DATE
INDEX OF STATEMENTS NOT AVAILABLE TO PUBLIC

| INDEX OF STATEMENTS NOT AVAILABLE TO PUBLIC |  |  |  |
| :---: | :---: | :---: | :---: |
| Statement no. | Description | No. of pages | Issue/Amendment date |
| G Questionnaires \& Reports |  |  |  |
| G3 | Report by the Statutory Actuary | 2 | 2011 |
| G6 | Governance and Risk Management | 7 | 2011 |
| G7 | Reinsurance arrangements | 4 | 2011 |
| G8 | Annual certificate of compliance by the public officer in terms of the conditional approval granted by the registrar to substitute certain compulsory annuity policies | 1 | 2003 |
| G9 | Discretionary participation products report issued by the directors | 3 | 2009 |
| G10.1 | Cross border operations - SADC branches / subsidiaries | 1 | 2009 |
| G10.2 | Cross border operations - Non-SADC branches / subsidiaries | 1 | 2009 |
| G10.3 | Cross border operations - SADC other operations | 2 | 2009 |
| G10.4 | Cross border operations - Non-SADC other operations | 2 | 2009 |

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AUDITORS (initial)

## Conditions imposed ${ }^{1}$ (Y/N)


Did person change since previous year (Y/N)
Did person change since previous year (Y/N)
Did person change since previous year (Y/N)
Did person change since previous year (Y/N)
Did person change since previous year (Y/N)


Did person change since previous year (Y/N) Did person change since previous year (YN)
Conditions imposed on an insurer are available from the Registrar on request.
2. TYPES OF POLICIES Assistance
Disability
Fund
Health
Life
Sinking Fund
Certificate number
3. NAMES OF CONTACT PERSONS
3.1 PUBLIC OFFICER
Initials and surname of Public Officer
Initials and surname of contact person regarding the return
3.2 AUDITOR Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY
Name of Statutory Actuary
Name of employer/company of Statutory Actuary Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY
Name of Statutory Actuary
Name of employer/company of Statutory Actuary Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY
Name of Statutory Actuary
Name of employer/company of Statutory Actuary
Name of Alternate Statutory Actuary
Name of second firm
Initials and surname of Re Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY
Name of Statutory Actuary
Name of employer/company of Statutory Actuary Name of second firm
Initials and surname of Responsible Partner
3.3 ACTUARY
Name of Statutory Actuary
Name of employer/company of Statutory Actuary
Name of first firm
Initials and surnam
$\square \square \square \square \square \square$
Initials and surname of Responsible Partne

## 

firm

[^4]AUDITOR (


# Statement G1 <br> GENERAL INFORMATION, <br> by ABC Life Insurance Limited as at the end of the financial period 31/01/2012 

1. Has any change been made during the year under review to the Memorandum and Articles of Association or equivalent document by which the insurer is constituted and in accordance with which it conducts its insurance business?

- If "YES", attach a certified copy of the document as amended Or indicate if it has already been submitted.


## SHARE CAPITAL

2. Please attach a diagram of the entire group structure, showing percentages of shareholding and names of ultimate shareholders as at the end of the period under review. Include percentages at the end of the previous period in brackets.
3. Furnish the name of the body or person who controls the insurer.

Is this the same body or person as at the end of the previous year?

- If "NO" attach details.

4. Is the body or person who controls the insurer incorporated or resident in the RSA?


- If " $N O$ ", attach details.

5. Does the insurer hold, directly or indirectly, $25 \%$ or more of the issued share capital of another company,
 incorporated in or 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 registered to carry on insurance or banking business in the RSA.
6. Does the insurer have shares in the holding company?

- If "YES", please provide the following:

| (1) Total issued shares of holding company <br> (2) Total shares held by insurer and group undertakings: | Number of shares | Shares as a \% of thetotal issued shares ofholding company stated |
| :---: | :---: | :---: |
|  |  |  |
|  | 0 | 0.0\% |
| (a) Shares held in shareholders' fund (Approved under Sec 34(1)(e)) |  | 0.0\% |
| Shares held in share incentive schemes of the insurer and its <br> (b) subsidiaries (Approved under Sec 34(1)(e)) |  | 0.0\% |
| (c) Shares held by the subsidiaries of insurer including asset holding intermediaries and trusts (Approved under Sec 34(1)(e)) |  | 0.0\% |
| (d) Shares held in policyholders' funds (Approved in terms of section 32(2) |  | 0.0\% |
| (3) Shares held by other subsidiaries of the holding company |  | 0.0\% |
| (4) Total number of shares held by the subsidiaries of the holding $((2)+(3))$ | 0 | 0.0\% |

## ASSETS 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 policy, been given as

described in sections 32 and 34 of the Act?

- If "YES", attach details.

9. Do the liabilities include all contingent liabilities, guarantees and commitments?

- If "NO", attach details.

10. Are all the assets or title thereto held by the insurer?

- If "NO", attach details.


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SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE
FINAL PRINTOUT DATE 2012/08/07 09:46

## Statement G1 <br> GENERAL INFORMATION, <br> by ABC Life Insurance Limited <br> as at the end of the financial period $31 / 01 / 2012$

11. Are all the assets or title thereto held in the RSA or in a manner approved by the Registrar?

- If "NO", attach details.

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?

- Attach a list of nominee companies and provide full details

13. Have any assets been encumbered?

- If "YES", attach details.

14. Has any script been lent out by the insurer i.t.o. script lending transactions?


- If "YES", attach details.


## EXCHANGE RATE

15. Have ruling year-end rates of exchange been applied in converting foreign assets and liabilities?


- Attach details.

16. Are foreign denominated liabilities substantially covered by appropriate foreign denominated assets?

- If "NO", state the amount of the mismatch in R'000.


## AUDIT COMMITTEE

17. Has an audit committee been appointed for the insurer?


- If "NO", attach details.

18. Did the audit committee convene during the financial period?

- If "YES" how many times.

- If "NO" provide full reasons why no meetings were held.


## SHARE-BASED PAYMENTS

19. Please provide the liability in respect of cash-based equity share payments


## DESCRIPTION OF PRODUCTS MARKETED AND SOLD

20. In respect of each product being marketed and sold, provide the product name and a short description in a separate sheet ${ }_{2}$ of the characte 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 bu
Health business
Life business

- Type of business: specifying
- Type of policy: specifying Sinking Fund business

Investments
Risk
Annuities
Universal Life
Structured products/hybrids
Individual
Grouped Individual
Group

- Paid-up value or surrender value indicator

No

- Premium Income (as a \% of total premiums received and outstanding)
- Description of benefits payable

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

## Statement G1 <br> GENERAL INFORMATION, <br> by ABC Life Insurance Limited as at the end of the financial period $31 / 01 / 2012$

- Other information of relevance (e.g. reclassified, closed product, etc.): Specify

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

## CHAIRMAN

$\qquad$

PUBLIC OFFICER $\qquad$

AUDITORS (initial) $\qquad$

DIRECTOR $\qquad$

DATE $\qquad$

# Statement G2 <br> DECLARATION BY DIRECTORS <br> of ABC Life Insurance Limited as at the end of the financial period 31/01/2012 

## REPORT BY THE CHAIRMAN, DIRECTOR AND PUBLIC OFFICER TO THE REGISTRAR OF LONG-TERM INSURANCE

## PART I

## We declare that

Statements C1, C1.1, C2, C2.1, C3, C3.1, C3.2, C4, C4.1, C5, C6, C7, C7.1, C8, C9, D1, D3, D4, E1, E1.1, E2, E2.1, E3, E3.1, E4, E4.1, E4.2, E5, E5.1, E6, E6.1, E7, E7.1, E8, E9, E9.1, E10, E11, E11.1, E12 and E13 have been completed in terms of the provisions of the Act so as to exhibit truly and fairly the trading results or, as the case may be, the financial position of the insurer according to its books and records.

- The particulars in Statements A1, A2, A3, B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, C10.1, C10.2, F1, F1.1, G1, G3, G6, G7, G8, G9 and G10.1 to G10.4 and supporting documents thereto, have been furnished in terms of the provisions of the Act and sub-ordinate legislation made thereunder and are to the best of our knowledge and belief correct and in agreement with the books and records of the insurer.


## PART II: DIVIDENDS

We declare that-

- i.r.o. the financial period under review, dividends were paid / will be paid
- Dividends in Statement D1 were/will be paid i.r.o. the financial period under review, and-
- Such amount does not exceed the maximum amount from which a dividend may be declared as calculated in Statement C8, and
- The declaration of dividends did/will not take place during the existence of a deficiency in assets or did/will not cause a deficiency in such assets, in terms of section 29 of the Act.


## PART III

We declare that-

- The provisions of section 18 of the Act have been complied with regarding any terminations.
- The provisions section $29(3)$ of the Act have been complied with in so far as it may be applicable.
- The provisions of sections 29(4) and (5) of the Act have been observed.
- The conditions, subject to which the insurer is registered, have been adhered to.

CHAIRMAN $\qquad$ DIRECTOR $\qquad$
$\qquad$

AUDITORS (initial) $\qquad$


## STATUTORY VALUATION METHOD

4. Give a description of all management actions envisaged in calculating the Capital Adequacy Requirement, with an indication of the magnitude of further management actions that can be ulilised. Furthermore, separately quantify the effect of each of the management actions used to reduce the Capital Adequacy Requirement (from the figures shown in statement C5 to the figures
shown in statement C ).

5. State whether the Board of Directors has been made aware of the management actions envisaged and the conditions under which the management actions would be required.


MARGINS
6. Define and quantify all explicit discretionary margins used in the statutory valuation method and give the reason(s) why they have been added.
Define all implicit discretionary margins.

7. Quantify, separately for each prescribed margin, the prescribed margins used in the statutory valuation.

bonuses
8. Was the bonus rate(s) last declared assumed for all future years? If not, please elaborate.


REPORT
9. When did/will the statutory actuary present his/her report to the Board of Directors and Management to the Board of Directors?

general
10. Please give detail of your attendance of Board meetings and attendance of subcommittee(s) of the Board.

11. What, in the opinion of the statutory actuary, are the major risks facing the insurer?


## LT2012

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## REPORT BY THE STATUTORY ACTUARY TO THE REGISTRAR OF LONG-TERM INSURANCE

## PART I

## I declare that-

- With regard to the financial soundness method of calculation of the value of assets and liabilities in Schedule 3 to the Act, Statements C1, C2, C3, C4, C5, C6 and E11 and supporting documents-
- Have been prepared in accordance with the provisions of the said Schedule 3 and the guidelines issued by the Actuarial Society of South Africa in concurrence with the Registrar of Long-term Insurance.
- Have been properly drawn up and fairly present and adequately provide for the matters dealt with therein.
- Are to the best of my knowledge and belief correct.
- Statements B2, B3, B4, B5, B6, B7, B8, B9, C2.1 (Item 1), C7, C8, C9, C10.1, C10.2, G3, G7 and G9 including any supporting documents thereto-
- Have been properly drawn up and fairly present the matters dealt with therein.
- Are to the best of my knowledge and belief correct.
- The provisions of section 29 of the Act have been observed.
- I have noted the requirement of section 20(5) of the Act.
- I have noted the requirement of section $20(8)$ of the Act.


## PART II

I hereby state that for purposes of Schedule 3 to the Act-

- I have compared the actual mortality experience of the insurer with the expected mortality experiences which would have occurred had the insured lives been subject to the rates of mortality incorporated in the mortality tables used for calculating the liabilities.
- I have compared the actual morbidity experience of the insurer with the expected morbidity experiences which would have occurred had the insured lives been subject to the rates of sickness and disability incorporated in the sickness and disability tables used for calculating the liabilities.
- I have compared the actual yield on investments which the insurer earned in the past i.r.o. all the assets in Statement C 1 with the rate of interest used in calculating the liabilities.
- I have compared the actual persistency of the policy book with the persistency assumed in calculating the liabilities.
- I have compared the actual expenses of conducting the business of the insurer (including commission payments and other expenses incurred in management, marketing, administration and the collection of premiums) with the allowance for expenses made in calculating the liabilities.
- I have set out in the attached Annexure, which I have initialed for identification purposes, the periods i.r.o. which such comparisons were made, a short description of the methods used to make such comparisons and the results of such comparisons.
- I am, except where indicated otherwise on the Annexure, satisfied with the results of my investigations set out above.


## PART III

I hereby state that for purposes of Regulation 5 to the Act-

- I am satisfied that the insurer complies with the Requlation


## PART IV

$\square$ have set out in the attached Annexure, which I have initialed for identification purposes, the qualifications that I have.
$\square$ do not have any qualifications.
PART V

- I attach a valid practicing certificate issued by the Actuarial Society of South Africa.
$\qquad$
$\qquad$
$\qquad$


## INDEPENDENT AUDITOR'S REPORT TO THE REGISTRAR OF LONG-TERM INSURANCE

We have audited the following

```
Statement B1 (totals of items 1, 2, 3 and 4 of column 3 only).
Statement C1 (total assets as per column 14 only)
Statement C2 (totals of items }1\mathrm{ and 2 as set out in column 15).
Statement C2.1 (column 3 items 1.1 to 1.6 only)
```

§ Statement C9 (column 14 only, excluding the split between approved and non-approved reinsurance premiums paid and outstanding) Statement D1 (column 3 only, excluding the detailed information provided under premiums and expenses in item 1)
Statement D3
Statement D4 (column 2 only).
Statement E1 to E11.1
Statement F1
§ Statement H 1 to H 2.1
Our opinion on the Return extends only to that information and those statements 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 Long-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 on 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 first paragraph 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 judgment, including the assessment of the risks of material misstatement of the Return, whether due to fraud or error. In making those risk assessments, the auditor considers internal control 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 control. 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 books and records of the
Determined, through inspection of appropriate documentation and enquiry of the 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 30 , 31, 32, 33, 34 and Schedules 1 and 3 and Regulations 2 to the Act.

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 [insert name of long-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 provisions 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 Long 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 financial statements of the insurer, taken as a whole.

| [Name of registered audit firm] | [Name of registered audit firm] |
| :---: | :---: |
| [Individual Registered Auditor's name and signature] | [Individual Registered Auditor's name and signature] |
| Registered Auditor | Registered Auditor |
| [Date of the registered auditor's report] | [Date of the registered auditor's report] |
| [Registered Auditor's address] |  |

[^5] Act has been repealed by the Auditing Profession Act, 2005, Act 26 of 2005, which replaces Section 20(5) of the Public Accountants Auditors Act with a new Section 45 dealing with Reportable Irregularities. Guidance on reporting a Reportable Irregularity can be found the Independent Regulatory Board for Auditors Guide, Reportable Irregularities: A guide for Registered Auditors, issued on 30 June 2006.

## Statement G6 <br> GOVERNANCE AND RISK MANAGEMENT of ABC Life Insurance Limited as at the end of the financial period 31/01/2012

## SYSTEM OF GOVERNANCE

1. Does the insurer have a robust system of governance, risk management and controls in place which the Board of Directors are $\qquad$ responsible for?

- If "NO" provide details on how these areas are monitored and who is responsible for these areas.

2. Does the insurer have a well-defined and documented organisational structure with clear roles and responsibilities and appropriate
 segregation of duties?

- If "NO" please explain.

3. Does the insurer have adequate processes in place to ensure that directors and management are fit and proper? $\qquad$

- If "NO" please explain.

4. Is there an adequate and effective integrated assurance plan that lists major risk areas?


- If "NO" please explain.

5. Does the insurer have a clearly defined risk appetite approved by the Board that the Board regularly measures? $\qquad$

- If "NO" please explain

6. Is there a clearly defined strategy approved by the Board of Directors that is measured, monitored and reported on regularly?


- If "NO" please explain.

7. Does the Board of Directors have adequate knowledge and experience in the major risk areas of market, credit and insurance risk?

- If "NO" please explain.

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?

business of the insurer?

- If "NO" please explain.

10. Please rank the relative importance of the various risk categories from 1-7 (1=highest and 7=lowest)

| - | Credit risk |
| :--- | :--- |
| - | Market risk |
| - | Liquidity risk |
| - | Insurance risk |
| - Operational risk |  |
| - | Legal \& Regulatory risk |
| - | Strategic risk |


| 1 |
| :---: |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 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 "NO" please explain.

12. List the five major risk issues that the insurer currently believes are outside its risk appetite or could have the potential to cause the insurer to move outside its risk appetite

13. What are the major projects currently underway that could expose the company to major risks if these projects fail?

14. Briefly explain any material changes in the risk management system since the date of the last return.

- Please provide details.

15. Briefly explain what new products, if any, are being planned as well as the controls over the new products.


16. Briefly explain if there are additional stress testing measures in place, additional to the prescribed measures?

- Please provide details.

17. Does the internal audit function audit the risk management function?


- If "NO" please explain.


## CREDIT AND COUNTERPARTY RISKS

18. Does the insurer identify, measure, monitor and report on the credit quality of its counterparties?


- If "NO" please explain.


19. Does the insurer monitor its exposure to counterparties for all asset types?

## MARKET RISKS

20. Does the insurer identify, measure, monitor and report on its material market risk exposures?


- If "NO" please explain.

21. Does the insurer have sufficient knowledge in market risks to adequately and effectively manage market risk exposures?


- If "NO" please explain.

22. Briefly explain the governance process in regard to market risk, investment risk and/or asset liability matching.

- Please provide details.


## INTERNAL CONTROL

23. Is there an adequate and effective system of internal controls that is adequately documented and tested on a regular basis?


- If "NO" please explain.

24. In all material respects, are such controls and systems based on established written policies and procedures and implemented by
trained, skilled personnel, whose duties have been segregated appropriately?


- If "NO" please explain.

25. Is the Board of Directors responsible for the systems of internal control and does the board periodically receive a report on the effectiveness of internal controls


- If "NO" please explain.

26. 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 and systems designed to provide reasonable assurance as to the integrity and reliability of the published financial statements?


If "NO" please explain.
28. Is there an independent compliance function in place?


- If "NO" please explain.

29. Is the system subject to:-

- internal reviews?
- external reviews?


30. Were any material weaknesses reported?

- If "YES", provide particulars.


## INTERNAL AUDIT

31. Does the insurer have an independent Internal Audit function or similar outsourced function?

- If "NO" please explain.

32. Does the Internal Audit function have an appropriate mandate to cover all material risk areas and has this mandate been approved by the Board of Directors?

If "NO" please explain.
33. To whom does the Head of internal audit report, to the Chief Executive Officer or the the Chairperson of the Audit Committee or both?
34. Does Internal Audit have the necessary skills in the audit of all major risk areas including market, credit and insurance risks?

- If "NO" please explain.

35. Does the Internal Audit department get independently audited on a regular basis?

- If "NO" explain.



## ANTI-MONEY LAUNDERING MEASURES

## Internal controls, policies and procedures

36. Do you have clear policies, procedures and controls to deter money laundering? In particular there should be:
a) Written procedures covering the prevention of money laundering.
b) Designated person(s) responsible for developing, maintaining and promulgating anti-money laundering measures.
c) Clear reporting lines for dealing with any suspected money laundering activities.

- If "NO", provide particulars.

37. Do you have a designated person for communicating with law-enforcement agencies regarding
any suspected money laundering ("Money laundering control officer")?

- If "NO", provide particulars.

38. Do your written procedures cover the following requirements:
a) To be aware of the potential risk of money laundering?
b) To report all suspicious transactions internally?
c) To investigate all reported suspicious transactions?
d) To report all transactions ultimately considered suspicious to the Financial Intelligence Centre?

- If "NO", provide particulars.

39. Does the money laundering control officer have the necessary access to systems and records to


- If "NO", provide particulars.

40. Do you verify, on a regular basis, compliance with policies, procedures and controls relating to

money laundering activities (for example as part of internal audits)?


- If "NO", provide particulars.

Identification procedures
41. Do you have know-your-customer requirements in place and are they applied?

- If "NO", provide particulars.

42. Do you seek satisfactory evidence of the identity of a prospective customer at the time of entering

into a business relationship?

- If "NO", provide particulars.

43. Do your procedures recognise the possibility of linked once-off transactions?


- If "NO", provide particulars.


## Record Keeping

44. Do you retain records of customer identification and transactions?

- If "NO", provide particulars.

45. Are records kept for a period of at least five years after the relationship with the customer has ended?

- If "NO", provide particulars.


## Recognition and reporting of suspicious transactions

46. Do your procedures ensure that identification of any suspicious transactions prompt further investigation?

- If "NO", provide particulars.

47. Have you taken steps to ensure:
a) Each relevant employee knows to which person suspicions should be reported?
b) Is there a clear reporting chain through which those suspicions will be passed without delay to the "money laundering control officer"?

- If "NO", provide particulars.

48. Is the person appointed as "money laundering control officer" considered to be sufficiently senior to command the necessary authority?


- If "NO", provide particulars.

49. Has the money laundering control officer established contact with the relevant authorities and is he/she familiar with reporting procedures and requirements of the FIC Act?

- If " $N O$ ", provide particulars.

50. Do your procedures ensure that any suspicions reported to the money laundering control officer are properly investigated?

- If "NO", provide particulars.


## Education and training

51. Have you taken appropriate measures to make employees aware of:
a) Policies and procedures put in place to prevent money laundering, including those for identification, record keeping and internal reporting?
b) The legal requirements, and in particular, employees' own responsibilities?


- If "NO", provide particulars.

52. Have you provided relevant employees with training in the recognition and handling of suspicious

transactions?

- If "NO", provide particulars.

53. Does your education and training programme take account of the following:
a) All new employees should be provided with a general background to money laundering, the
 legal requirements and the need to report any suspicious transactions to the "money laundering control officer?.
b) Training should be provided on factors that may give rise to suspicions and on the procedures to be adopted when a transaction is deemed to be suspicious.
c) Staff should be trained in identity verification procedures.
d) A higher level of instruction covering all aspects of money laundering procedures and legislation should be provided to supervisors and managers.
e) "Money laundering control officers" should receive training on all aspects of the legislation, regulations and internal policies. They also require training in investigation and validation procedures and on reporting and communication arrangements with the Financial Intelligence

- If "NO", provide particulars.

54. Do you provide refresher training at appropriate intervals?


- If "NO", provide particulars.


## DERIVATIVES

55. Are the derivative positions in conformance with the applicable sections in the LT Insurance Act? - If "NO", please explain.
56. Are the derivatives used for hedging purposes and efficient portfolio management only?

- If "NO", please explain.

57. Please provide full details on all derivatives currently in place and transacted since the date of the last return.

The details should include the following:
(a) Reason for the derivative transaction
(b) How long the derivatives are going to be in place?
(c) Quantification of whether the derivatives provide a perfect hedge or whether there is residual risk or basis risk remaining.
58. If the derivative counterparty is a group entity please provide details on how it was ensured that the transaction was marked at fair value and whether independent valuations were obtained?


- If "NO", please explain.

59. With regard to derivatives:
(a) Has the Board of Directors approved the use of derivative instruments, derivative procedures and derivative limits?
 - If "NO", give reasons.
(b) Are there appropriate market and credit risk limits in place?

- If "NO" please explain.
(c) Does the Board of Directors, senior management, risk management and internal audit have sufficient knowledge in derivative instruments?
- If "NO" please explain.
(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" please explain.
(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?
(j) Are adequate controls in place such that market data used to value derivatives is relevant, accurate and obtained on a timely basis from a reliable source?
- If "NO", provide details.
(k) Are valuation models which are used for derivative instruments tested and approved and amendments to the programmes controlled
$\square$
$\square$
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

( m ) Does the insurer invest in credit derivative instruments?

- If "YES", quantify as a \% of total liabilities
( n ) What is the purpose of your company's involvement in Credit Risk Transfer activities?
- Provide details.
(o) What are your company's credit risk management systems / procedures?

Provide details.
(p) Does your company have staff with appropriate skill levels dealing with Credit Risk Transfer activities?
activities?

- If " $N \mathrm{O}$ ", provide details.
(q) Are the controls adequate over the legal documentation in respect of credit derivative contracts?
- If "NO", provide details.
(r) Are the controls over credit derivatives the same as the govemance, risk management and control environment over derivatives in
general?
- If "NO", provide details.


## HEDGE FUNDS

60. 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 fund structures

(a) Where investments are made in an internal hedge fund structure please confirm whether these internal hedge funds are in compliance with the Long-term Insurance Act, as set out in
Directive 143.A.i, issued 25 February 2004.

- If "NO", provide details.
(b) 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 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(c) Please provide the following information on the investments in hedge funds in respect of the liabilities these investments are backing:

| Type of policyholder fund | Linked |  | Non-Linked |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Inside RSA - R'000 | Outside RSA - R'000 | Inside RSA - R'000 |  |
| Individual |  |  |  |  |
| Retirement Funds |  |  |  |  |
| Other Institutions |  |  |  |  |
| Shareholders Funds |  |  |  |  |

## INFORMATION, ACCOUNTING AND ADMINISTRATION

61. Were there any changes to accounting policies?

- If "YES", indicate the effect in rands and provide particulars of changes

| Item | Period under review <br> $R^{\prime} 000$ | Previous period (restated <br> figures for comparative <br> purposes) $R^{\prime} 000$ |
| :--- | :---: | :---: |
| Balance sheet |  |  |
| Income statement |  |  |

62. Were any significant problems experienced with regard to the information/accounting/administrative

systems during the reporting period?

- If "YES", provide particulars.

63. 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.

| SHEET REFERENCE NUMBER |  |
| :---: | :---: |
| FINAL PRINTOUT DATE |  |
|  | Statement G6 |
|  | GOVERNANCE AND RISK MANAGEMENT |
|  | of ABC life Insurance Limited |
|  | as at the end of the financial period 31/01/2012 |

64. 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 these results are available?
- Whether these results are generally available within one month after the reporting period? If "NO", provide an explanation.


## CAPITAL AND FUNDS

65. Did the issued share-capital change during the reporting period?

- If "YES", provide details.

66. Did the insurer issue preference shares, debentures or mortgages or other debt instruments during the period under review?

- If "YES", complete statement D3 .

67. Is the valuation data checked for adequacy and accuracy?

- If "YES", complete table below.


| How often (describe period) | By whom | Date of completion of last <br> check |
| ---: | :--- | :---: |
| 0 |  |  |
| 0 |  |  |
| 0 |  |  |

68. Is the issuing of redeemable preference shares to supplement capital, during the following financial period, under consideration?
69. Is the issuing of redeemable preference shares, by subsidiaries, to supplement capital, during the following financial period, under consideration?
70. Is the issuing of debt instruments to supplement capital, during the following financial period, under consideration?
71. Did the insurer issue a securitised insurance instrument (e.g. catastrophe bond) during the financial

period under review?

- If "YES", provide details.

72. Is the issuing of guarantees or similar undertakings under consideration in respect of:-

- Subsidiaries/related party(ies)?
- Any other person?


73. Are dividends on preference shares, issued by the insurer, in arrears or will such dividends be likely
to be in arrears during the following financial period?

- If "YES",
- State the (likely) amount in arrears in R'000.
- Attach particulars of how and when the position will be rectified/addressed.

74. Were preference shares, issued by the insurer, not redeemed on redemption date or will such preference shares be likely not to be redeemed during the following financial period where redemption must take place?

- If "YES",
- State the (likely) amount not redeemed in R'000.
- Attach particulars of how and when the position will be rectified/addressed.

75. Are any payments (interest and capital) on debt instruments, issued by the insurer, in arrears or will any payments on a debt instrument be likely to be in arrears during the following reporting period?

- If "YES",
- State the (likely) amount in arrears in R'000.
- Attach particulars of how and when the position will be rectified/addressed.

76. Do holders of preference shares get voting rights:-

- If preference dividends are in arrears?
- If their shares are not redeemed on due date?


77. What is the proportion of preference share voting rights in relation to total issued shares?

## ASSETS

78. Did the insurer purchase a securitised insurance instrument (e.g. catastrophe bond) during the
period under review?

- If "YES", provide details.
SHEET REFERENCE NUMBER
REGISRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
FINAL PRINTOUT DATE

FINAL PRINTOUT DATE -

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

## OUTSOURCING

79. Have any business activities been outsourced?

- If "YES", provide a detailed list and describe the nature of any outsourced activities or functions.

81. Describe the salient features of the outsource policy as approved by the Board.
82. 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 Ml measures ensure that control and ownership of the risks are monitored.
83. What are the governance structures pertaining to significant outsourced processes (such as underwriting) or infrastructure (such as IT)?

## EXTERNAL AUDIT FINDINGS

84. Briefly list significant finding that emanated from the external audit conducted on the insurer.

- Please provide details.


## FINANCIAL SOUNDNESS POSITION

85. Is there any reason to believe that the insurer will not be a going concern in the year ahead?


- If "YES", disclose and explain reasons.

86. Have 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 $\qquad$ PUBLIC OFFICER $\qquad$

AUDITORS (initial) $\qquad$

DIRECTOR $\qquad$

DATE $\qquad$
$\qquad$


## 1. Catastrophe Cover - Individual life

1.1 Do you have catastrophe cover protection for your Individual Life and Disability portfolios? $\qquad$
1.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives ..
Maximum aggregate cover provided.
1.3 State the name of the reinsurer providing the cover.
1.4 List the exclusions (if any) in the catastrophe cover purchased.
$\square$

## 2. Catastrophe Cover - Group life

2.1 Do you have catastrophe cover protection for your Group Life and Disability portfolios?
2.2 If yes, what is the threshold number of lives needed to define a catastrophe, and what is the maximum aggregate cover provided?

Number of lives
Maximum aggregate cover provided
2.3 State the name of the reinsurer providing the cover.
2.4 List the exclusions (if any) in the catastrophe cover purchased.
$\square$

## 3. Surplus Reinsurance

3.1 What is the maximum sum assured per life retained by your company for both Life and Disability cover, individual and group?

Individual Life Cover
Group Life Cover
Individual Disability Cover
Group Disability Cover
3.2 Do you have systems in place to track multiple policies on the same life so as to ensure that the maximum sum assured per life is not inadvertently exceeded?
If "NO", provide an explanation.
3.3 Name the treaty reinsurers with whom cover beyond the retained maximum is reinsured for Life and Disability cover, individual and group.

Individual Life Cover
Group Life Cover
Individual Disability Cover
Group Disability Cover

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


## 4. Reinsurance exclusions

4.1 For any insurance policy that is reinsured, does the underlying policy contain at least the exclusions
contained in the reinsurance contract?
If "NO", give details of the extra risk retained by your company

## 5. Cancellation of reinsurance

5.1 Do you have any reinsurance treaty where cancellation thereof would lead to an increase (after management action) in the Capital Adequacy Requirements (CAR) of more than $15 \%$ ?
5.2 If yes, please provide the name of the reinsurer and the cancellation terms and conditions of each such treaty, and whether there is any financial recourse to the reinsurer in the event of cancellation.

## Reinsurer..

Cancellation terms.
Cancellation conditions.

## 6. Total reinsurance picture

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

| Reinsurer | Type of Business | Gross Sum Assured R'000 | Net Sum Assured R'000 | Premium paid to Reinsurers R'000 | Approved Reinsurance (Y/N) | Collateral Type | Collateral Amount R'000 | Credit Rating |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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6.2 Give the ratio of the mortality, morbidity and medical contributors to Capital Adequacy Requirement (items $\mathrm{c}, \mathrm{d}$ and e referred to in Guidance Note PGN104 of the Actuarial Society of South Africa) to the ordinary capital adequacy requirement.
6.3 Reinsurance Assets

| Reinsurer | Total <br> Receivables | $<30$ days | Between $\mathbf{3 0 - 6 0}$ <br> days | Between $60-90$ <br> days | Between $90-$ <br> 120 days | $>120$ days |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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## 7. Use of reinsurance in capital adequacy requirement

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

## LT2012

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CONFIDENTIAL STATEMENT NOT AVAILABLE TO PUBLIC
SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER

67-99-A
registrar of long-term insurance reference number

# Statement G7 REINSURANCE ARRANGEMENTS of ABC Life Insurance Limited as at the end of the financial period 31/01/2012 

## 8. Overall reinsurance strategy

Each insurer must be able to provide a detailed reinsurance strategy document, signed off by the board. The strategy must be a
descriptive document containing explanations and details on at least the following.
8.1 The company's key objective when placing reinsurance :
$\square$ Gain access to capital

- Protection of statutory solvency
- Technical support

Other
If other, please state your key objective below.
8.2 The method of selecting reinsurers:
The method of selecting reinsurers:
Capital
Ratings
Maximum exposure across the program
Technical support
Other approved processes

If you have selected the last option, please state the method used below.
8.3 What factors were considered in determining your company's:

Net retention per life:
Retention on your quota share programmes:
Amount of catastrophe cover to be purchased:
Any other factors used to determine the total level of reinsurance required:
8.4 The maximum loss that the board would be willing to accept from any one-loss event: Amount in R'000

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

Any further issues that are considered relevant to the company's strategy should also be included in the section below:
8.5 Has there been any substantial change in the nature or level of cover arranged for any of the business?

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


## REINSURANCE ARRANGEMENTS

 of ABC Life Insurance Limited as at the end of the financial period $31 / 01 / 2012$
## 9. Financial Relief Arrangements

9.1 Were any of the following entered into?

- Financial relief reinsurance. (If "YES", complete table below)
- Reinsurance with a "clawback"
- Deposit reinsurance with a guaranteed return.
- Reinsurance contracts with recapture clauses enforceable by the reinsurer
- If "YES", provide particulars.


RELIEF ARRANGEMENT WITH CONTINGENT LIABILITIES
9.2 Does the insurer have any reinsurance contract/treaty or other arrangement where a contingent liability exists?

- If "YES", please provide full details of such reinsurance or arrangements as well as the amount of the contingent liability Kindly attach copies of the reinsurance contract/treaty or other arrangements.
9.3 Have you taken into account the contingent liability(ies) referred to in the question above, in the valuation of the insurer's liabilities and are you satisfied that it is appropriately provided for?
- Kindly provide full details whether "YES" or "NO".

DIRECTOR $\qquad$

OFFICER $\qquad$
STATUTORY ACTUARY $\qquad$

DATE $\qquad$

# ANNUAL CERTIFICATE OF COMPLIANCE BY THE PUBLIC OFFICER IN TERMS OF THE CONDITIONAL APPROVAL 

 GRANTED BY THE REGISTRAR OF LONG-TERM INSURANCE TO SUBSTITUTE CERTAIN COMPULSORY ANNUITY POLICIES
## of ABC Life Insurance Limited

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

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

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

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

All policyholders of substituted policies gave their written consent after receiving written disclosure in accordance with the conditions attached to the standing approval granted. The above mentioned insurer has retained copies of the policyholders' consent documents.
FINAL PRINTOUT DATE $\quad$ 2012/08/0709:46

## Statement G9

DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIREGTORS of ABC Life Insurance Limited
as at the end of the financial period 31/0112012

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
$\square$
ii. Provide the reasons for the changes
$\square$
iii. Were the changes approved by the board? $\square$

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


SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER 2012/08/07 09:46

## Statement G9

DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Life Insurance Limited as at the end of the financial period 31/01/2012
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
$\square$
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 " $N O$ ", 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? $\square$

- 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.

SHEET REFERENCE NUMBER
REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER $\quad 10 / 10 / 1 / 000 / 8$
FINAL PRINTOUT DATE
12/08/07 09:46

## Statement G9

DISCRETIONARY PARTICIPATION PRODUCTS REPORT ISSUED BY THE DIRECTORS of ABC Life Insurance Limited
as at the end of the financial period $31 / 01 / 2012$
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 <br> academic <br> qualification | Position held in <br> DPC | Position held in <br> insurer <br> (if applicable) |
| :--- | :--- | :--- | :--- | :--- | :--- |
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8. Describe how you have checked that you comply with the PPFM and the extent to which you have complied with the PPFM.
$\square$

DIRECTOR $\qquad$

PUBLIC OFFICER $\qquad$

DATE $\qquad$



Does the insurer have an off-shore branch / subsidiary in a SADC jurisdiction?
State the total number of branches / subsidiaries


Please complete aggregate information in this table. The freefloating columns need to be completed per individual branch or subsidiary
 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
subsidiaries
Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of all branches /
2 subsidiaries

| Branch - R'000 | Subsidiary - R'000 |
| :--- | :--- |
|  |  |
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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.
$\square$
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 $\qquad$ DIRECTOR $\qquad$

PUBLIC
OFFICER $\qquad$ DATE $\qquad$

AUDITORS (initial) $\qquad$


| Description | Branch | Subsidiary |
| :--- | :---: | :---: |
| 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
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 s subsidiaries <br> Regulatory capital adequacy requirement ( as per nome Jurisaliction) in respect or alr brancnes / <br> subsidiaries <br> Regulatory capital adequacy requirement ( as per host jurisdiction) in respect of all branches / <br> subsidiaries |  |  |

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.



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 $\quad \square$ 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 <br> where person(s) is/are <br> located | Total liabilities in respect of <br> the business written <br> R'000 | Total assets in respect of <br> the business written <br> R'000 | Total gross premium <br> income of the business <br> written | Total net premium income <br> of the business written <br> R'000 |
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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)
$\square$
4. Has the insurer provided cross border insurance services other than those provided through a branch office or $\square$ subsidiary to insurers (i.e. inwards reinsurance business) in another SADC country?
(if yes, please provide full detail in 5 below)

| Name of the SAD Country <br> where person(s) is/are <br> located | Total liabilities in respect of <br> the business written <br> R'000 | Total assets in respect of <br> the business written <br> R'000 | Total gross premium <br> income of the business <br> written | Total net premium income <br> of the business written <br> R'000 |
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6. Has the business referred to in 5 above been placed directly with the insurer or was it sourced through independent intermediaries or through the insurer's own marketing force? (please give full details)

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

| Name of the SAD country <br> where insurer(s) is/are <br> located | Name of the <br> insurer/reinsurer | Type of Reinsurance <br> (Proportional or Non- <br> Proportional) | Premium Amount Ceded <br> R'000 | Reinsurer's exposure <br> amount <br> R'000 |
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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 <br> located | Give a description of the outsourcing services being provided |
| :--- | :--- |
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SHEET REFERENCE NUMBER
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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 $\square$ and non-SADC subsidiary in another country than a SADC country? (if yes, please provide full detail in 2 below)

| Name of the country <br> where person(s) <br> is/are located | Total liabilities in <br> respect of the <br> business witten <br> R'000 | Total assets in respect <br> of the business written <br> R'000 | Total gross premium <br> income of the business <br> witten <br> R'000 | Total net premium <br> income of the <br> business written <br> R'000 |
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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 <br> Lountry where insurer(s) <br> is/are located | Total liabilities in <br> respect of the <br> business written <br> R'000 | Total assets in respect <br> of the business written <br> R'000 | Total gross premium <br> income of the business <br> written <br> R'000 | Total net premium <br> income of the <br> business written <br> R'000 |
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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 marke

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 <br> country where insurer(s) <br> is/are located | Name of the <br> insurerl <br> reinsurer | Type of <br> Reinpurance <br> (Proportional or <br> Non-Proportional) | Premium Amount <br> Ceded <br> R'000 | Reinsurer's <br> exposure <br> amount <br> R'000 |
| :---: | :---: | :---: | :---: | :---: |
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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)
10. 

| Name of the country where <br> insurer(s), person or entity is/are located | Give a description of the outsourcing <br> services being provided |
| :--- | :--- |
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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)
12. 

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

14. 


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

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 fuil detail in 18 below)
18. $\square$

CHAIRMAN $\qquad$ DIRECTOR $\qquad$

PUBLIC OFFICER $\qquad$ DATE $\qquad$

AUDITORS (initial) $\qquad$

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[^2]:    1. PREFERENCE SHARE CAPITAL

    REDEEMABLE/NON-CONVERTIBLE

    - Within $1-3$ years -Within 3-5 years - Within 7-10 years -Within 10-15 years - After 15 years
    SUBTOTAL

    2. DEBENTURES
[^3]:    SHEET REFERENCE NUMBER
    REGISTRAR OF LONG-TERM INSURANCE REFERENCE NUMBER
    EINAL PRINTOUT DATE

[^4]:    Name of employer/company of Alternate Statutory Actuary

[^5]:    * Section 19(5) of the Act refers to a material irregularity as defined in the Public Accountants and Auditors Act, 1991, Act 80 of 1991.

