

# Interim Prudential sourcebook: Insurers



**INTERIM PRUDENTIAL  
SOURCEBOOK**

**INSURERS**

**VOLUME ONE**

**RULES**

**THE INTERIM PRUDENTIAL SOURCEBOOK FOR INSURERS  
INSTRUMENT 2001**

**Introduction**

1. The *FSA* makes the rules and guidance in this instrument on 21 June 2001.
2. The provisions of the *Act* listed in Chapter 11 of this instrument are specified for the purpose of section 153(2).
3. This instrument will come into force at the beginning of the day on which section 19 of the *Act* (the general prohibition) comes into force.
4. This instrument is to be interpreted in accordance with, and applies subject to, the general provisions contained in the General Provisions Instrument 2001.
5. This instrument may be cited as the Interim Prudential Sourcebook for Insurers Instrument 2001.
6. This instrument, excluding the provisions in this Introduction, may be cited as the Interim Prudential Sourcebook for Insurers.

By Order of the Board

21 June 2001

**INTERIM PRUDENTIAL SOURCEBOOK FOR INSURERS  
GUIDANCE**

**THE PURPOSE OF THE PRUDENTIAL RULES FOR INSURERS AND  
AN OVERALL DESCRIPTION**



# INTERIM PRUDENTIAL SOURCEBOOK FOR INSURERS

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## **Chapter 1**

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## Chapter 1

### APPLICATION RULE

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#### Application

##### Insurers

- 1.1 An *insurer* must comply with *IPRU (INS)* unless it is –
- (a) a *friendly society*<sup>1</sup>; or
  - (b) subject to rules 3.6 and 3.7 (application of rules to *linked long-term contracts*), an *EEA insurer* qualifying for authorisation under Schedules 3 or 4 to the *Act*.

##### The Society of Lloyd's<sup>2</sup>

- 1.2 No provisions of *IPRU (INS)* apply to the *Society of Lloyd's*, or members of the *Society of Lloyd's* except rules 9.37 and 9.38.

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<sup>1</sup> A *non-directive friendly society* must comply with *IPRU(FSOC)*; a *directive friendly society* must comply with *PRU*; with Chapters 1, 2 and 3, 4 (rules 4.20 to 4.23 only), 5 (rule 5.1A only) 7, 8 and Appendix 3 of *IPRU(FSOC)*. Rule 5.1A of *IPRU(FSOC)* effectively applies most of Chapter 9 of *IPRU(INS)* to *directive friendly societies*, notwithstanding *IPRU(INS)* 1.1(a)

<sup>2</sup> *LLD* applies to the *Society*.

## **Chapter 3**

### **LONG-TERM INSURANCE BUSINESS**

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## Chapter 3

### LONG-TERM INSURANCE BUSINESS

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#### Part I

#### IDENTIFICATION AND APPLICATION OF ASSETS AND LIABILITIES

#### Application of assets of insurer with long-term insurance business

#### *Limitation on use of assets in long-term insurance fund*

### 3.2

#### Restriction in relation to dividends

- (6) *A long-term insurer must not declare a dividend at any time when the value of the long-term insurance assets, as determined in accordance with PRU 1.3 and PRU 3.2 is less than the amount of the long-term insurance business technical provisions and any other liabilities connected with the long-term insurance business.*<sup>3</sup>

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<sup>3</sup> Regulations under section 142 of the *Act* may also apply to restrict a *parent undertaking* of an *insurer* from doing anything to lessen the effectiveness of the *Asset Identification Rules*.

## Allocations to policy holders

Allocation of established surplus

- 3.3 (1) Where -
- (a) there is an 'established surplus' in which *long-term policy holders* of any category are eligible to participate; and
  - (b) an amount has been allocated to *policy holders* of that category in respect of a previously 'established surplus' in which *policy holders* of that category were eligible to participate,

an *insurer* must not by virtue of *PRU 7.6.27R* transfer or otherwise apply assets representing any part of the surplus mentioned in (a) unless the insurer has –

- (i) allocated to *policy holders* of that category in respect of that surplus an amount not less than the 'relevant minimum', or
  - (ii) complied with the requirements of (3) and made to those policy holders any allocation of which notice is given under (3)(a).
- (2) Subject to (6) and (7), the **relevant minimum** is the amount represented by the formula -

$$\frac{b \times c}{a} - \frac{c}{200}$$

where -

- a* is the last previously 'established surplus' in respect of which an amount was allocated to *policy holders* of the category in question;
- b* is the amount so allocated; and
- c* is the surplus referred to in (1)(a).

Requirements where less than the relevant minimum is to be allocated

- (3) The requirements referred to in (1)(ii) are that the *insurer* -
- (a) at least 14 days before publication has given the *FSA* written notice stating that it proposes to make no allocation or an allocation of an amount (specifying it) which is smaller than the 'relevant minimum', and a copy of the statement that it proposes to publish in accordance with (b); and

- (b) has published a statement in the London, Edinburgh and Belfast Gazettes and in two national newspapers explaining the allocation it proposes to make to *policy holders* and the reasons for it,

and that a period of not less than 56 days has elapsed since the date, or the last date, on which the *insurer* has published the statement mentioned in (b) as required by that paragraph.

- (4) In this rule, **established surplus** means an excess of assets representing the whole or a particular part of the *long-term insurance fund* or *funds* over the liabilities, or a particular part of the liabilities, of the *insurer* attributable to that business as shown by an *actuarial investigation*.

Amounts to be treated as allocated to policy holders

- (5) For the purposes of this rule, an amount is allocated to *policy holders* if, and only if -
- (a) bonus payments are made to them; or
- (b) reversionary bonuses are declared in their favour or a reduction is made in the premiums payable by them,

and the amount of the allocation is, in a case within (a), the amount of the payments and, in a case within (b), the amount of the liabilities assumed by the insurer in consequence of the declaration or reduction.

Bonus payments in anticipation of established surplus

- (6) For the purposes of this rule, the amount of any bonus payments made in anticipation of an ‘established surplus’ is treated as an amount allocated in respect of the next ‘established surplus’ in respect of which an amount is allocated to eligible *policy holders* generally; and for the purposes of (2) the amount of any surplus in respect of which such an allocation is made is treated as increased by the amount of any such payments.

Unappropriated surplus carried forward

- (7) (1) does not authorise the application for purposes other than those mentioned in *PRU 7.6.30R* of assets representing any part of the surplus mentioned in (1)(a) which the *insurer* has decided to carry forward unappropriated; and for the purposes of (2) the amount of any surplus is treated as reduced by any part of it which the *insurer* has decided to carry forward unappropriated.

Eligibility to participate in an established surplus

- (8) For the purposes of (1), *policy holders* are taken to be eligible to participate in an ‘established surplus’ in any case where they would be eligible to participate

in a later 'established surplus' representing it if it were carried forward unappropriated.

Restriction on transactions with connected persons

### **Arrangements to avoid unfairness between separate insurance funds**

- 3.5 (1) An *insurer* which carries on *long-term insurance business* in the UK must have adequate arrangements for securing that transactions affecting assets of the *insurer* (other than transactions outside its control) do not operate unfairly between the *long-term insurance fund* or *funds* and the other assets of the *insurer* or, in a case where the *insurer* has more than one 'identified fund', between those funds.
- (2) In this rule, **identified fund** means assets representing the *insurer's* receipts from a particular part of its *long-term insurance business* which can be identified as such by virtue of accounting or other records maintained by the *insurer*.

## **Part II**

### **LINKED LONG-TERM CONTRACTS**

#### **Application**

- 3.6 (1) Subject to (2), rule 3.7 applies to *linked long-term contracts* for *ordinary long-term insurance business* which are entered into by -
- (a) *insurers* other than *EEA insurers*; and
  - (b) *EEA insurers* in respect of contracts the effecting of which constitutes the carrying on of *ordinary long-term insurance business* in the United Kingdom.
- (2) (1) does not apply to -
- (a) contracts entered into before, or in pursuance of a contract subsisting at, 1 July 1994<sup>4</sup> to the extent that they provide for benefits to be determined by reference to the value of, or the income from, property

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<sup>4</sup> ie the date that the *1994 Regulations* came into effect.

of any description or by reference to fluctuations in, or in an index of property of any description, by reference to which benefits were permitted to be determined before that date;

- (b) contracts entered into by an *insurer* which are *linked long-term contracts* by reason only that the *policy holder* is eligible to participate in any *established surplus*;
  - (c) contracts entered into by an *EEA insurer* which are *linked long-term contracts* by reason only that the *policy holder* is eligible to participate in an excess of assets representing the whole or a particular part of the *long-term insurance fund or funds* over the liabilities, or a particular part of the liabilities, of the *insurer* attributable to that business as determined in accordance with the law of the *EEA State* in which the head office of the *insurer* is situated;
  - (d) subject to rule 3.7(2), contracts to manage the investments of pension funds that are not combined with *contracts of insurance* covering either conservation of capital or payment of a minimum interest; or
  - (e) contracts entered into before 30 June 1995 to the extent that they provide for benefits to be determined by reference to a *collective investment scheme* which was a *listed security* immediately before 1 July 1994.
- (3) Rule 3.7 does not apply in relation to contracts linked to property of the description in paragraph 11(b) of Part I of **Appendix 3.2** entered into before 1 February 1992 except to the extent that the responsibility mentioned in that paragraph extends at least to acts or omissions after that date.

- 3.7 (1) An *insurer* must not contract to provide benefits under any contract to which this rule applies which are determined, either wholly or partly:
- (a) by reference to the value of, or the income from, or fluctuations in the value of, property of any description other than property of any of the descriptions set out in Part I of **Appendix 3.2**; or
  - (b) whether directly or indirectly, by reference to fluctuations in any index of the value of property other than an index set out in Part II of **Appendix 3.2**.
- (2) Benefits payable under contracts referred to in rule 3.6(2)(d) must not be determined, either wholly or partly, by reference to the value of, or the income from, or fluctuations in the value of *derivative contracts* other than *permitted derivative contracts*.
- (3) Benefits payable under any *linked long-term contract* must not be determined by reference to -



- (a) property of any of the descriptions specified in paragraphs 2, 5(b) or 7 of Part I of **Appendix 3.2**, if the value of such property is determined, either wholly or partly, by reference to the value of, or the income from or fluctuations in the value of or fluctuations in the income from, property other than property of the descriptions in Part I of **Appendix 3.2**;
  - (b) property of the description specified in paragraph 2 of Part I of **Appendix 3.2** in excess of 10% of the aggregate *property linked benefits* under the contract;
  - (c) property of the description specified in paragraph 5(b) of Part I of **Appendix 3.2** which in aggregate exceeds 10% of the *property linked benefits*, unless the contract under which the benefits are payable has been marketed in accordance with any legal restrictions which apply to the marketing of the corresponding *collective investment fund*; or
  - (d) property of any of the descriptions specified in Part I of **Appendix 3.2** which has the effect of a *derivative contract* other than a *permitted derivative contract*.
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## **Chapter 8**

### **NON-UK INSURERS**

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8.3

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## Chapter 8

### NON-UK INSURERS

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#### Part III

#### RULES APPLICABLE TO BRANCHES

- 8.3 An *insurer* which has its head office outside the United Kingdom (other than a *pure reinsurer* which has a Treaty right under Schedule 4 to the *Act*, or a *Swiss general insurer*) must appoint and maintain the appointment of a chief executive (who alone or jointly with one or more others, is responsible for the conduct of its business through an establishment in the United Kingdom).

## **Chapter 9**

### **FINANCIAL REPORTING**

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## Chapter 9

### FINANCIAL REPORTING

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#### Part I

#### ACCOUNTS AND STATEMENTS

#### Application

- 9.1 These *Accounts and Statements Rules* apply to every *insurer* other than -
- (a) an *EEA-deposit insurer*, in relation to *insurance business* carried on by it outside the United Kingdom; or
  - (b) a *Swiss general insurer*, in relation to *general insurance business* carried on by it outside the United Kingdom.

#### Interpretation

- 9.2 (1) In rules 9.25 to 9.27, 9.29, 9.30 and 9.32, and in the Appendices relevant to the *Accounts and Statements Rules*, unless the context otherwise requires, words and expressions not defined in *IPRU (INS)* which are used in the *insurance accounts rules* have the same meanings as in those rules.
- (2) In the *Accounts and Statements Rules* –
- (a) any reference to *long-term insurance business* or *general insurance business* is, in relation to an *EEA-deposit insurer*, to *long-term insurance business* or *general insurance business* carried on by it through a branch in the United Kingdom; and
  - (b) any reference to *general insurance business* is, in relation to a *Swiss general insurer*, to *general insurance business* carried on by it through a branch in the United Kingdom,
- and accordingly any reference to, or requirement imposed in respect of, the accounts and balance sheet (including any notes, statements, reports and certificates annexed to them) is to, or imposes a requirement in respect of, *insurance business* carried on through that branch.
- (3) In the *Accounts and Statements Rules*, any reference to *long-term insurance business* or to *general insurance business* is -
- (a) in relation to an *external insurer*, to its entire *long-term insurance business* or to its entire *general insurance business* and (except in the case of a *non-EEA insurer* whose *insurance business* in the United Kingdom is restricted to *reinsurance* or an *insurer* whose head office is

in any *EEA State* except the United Kingdom whose *insurance business* in the *EEA* is restricted to *reinsurance*), to any *long-term insurance business* or *general insurance business* carried on by it through a branch in the United Kingdom; and

- (b) in relation to a *UK-deposit insurer*, to its entire *long-term insurance business* or to its entire *general insurance business* and to any *long-term insurance business* or *general insurance business* carried on by it through a branch in any *EEA State*,

and accordingly any reference to, or requirement imposed in respect of, the accounts and balance sheet (including any notes, statements, reports and certificates annexed to them) relevant to *long-term insurance business* or to *general insurance business* is to, or imposes a requirement in respect of -

- (i) accounts prepared in respect of its entire *long-term insurance business* or entire *general insurance business*; and
- (ii) accounts prepared in respect of the *long-term insurance business* or the *general insurance business* carried on, in the case of an *external insurer*, by the branch in the United Kingdom and, in the case of a *UK-deposit insurer* (other than a *non-EEA insurer* whose *insurance business* in the United Kingdom is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the United Kingdom whose *insurance business* in the *EEA* is restricted to *reinsurance*), by the branches in question in the *EEA States* taken together.

(4) In the *Accounts and Statements Rules* and in Chapter 12 –

- (a) any reference to a numbered Form is a reference to the Form so numbered in **Appendices 9.1 to 9.3**;
- (b) references to a numbered *class* of *insurance business* are references to the *class* so numbered in either **Annex 11.1** or **11.2**; and
- (c) references to a numbered *FSA general insurance business reporting category* are references to the *FSA general insurance business reporting category* so numbered in **Annex 11.3**.

(5) To the extent there is a contradiction between *SUP 16.3* and the *Accounts and Statements Rules*, the *Accounts and Statements Rules* apply.

#### **Annual accounts and balance sheets**

9.3 (1) Subject to (2) and (3), an *insurer* must, with respect to each of its *financial years*, prepare –

- (a) a revenue account for the year;



- (b) a balance sheet as at the end of the year; and
  - (c) a *profit and loss account* for the year.
- (2) An *insurer* not trading for profit must, with respect to each of its *financial years*, prepare an income and expenditure account for the year.
- (3) If a form is required for -
- an account
  - a balance sheet
  - a note
  - a statement
  - a report, or
  - a certificate attached to any of the above,
- the account etc. must be in that form.
- (4) An *insurer's financial year* must be a 12 month period.

#### **Half-yearly balance sheet and report for realistic valuation**

- 9.3A (1) Every *long-term insurer* which is a *realistic basis life firm* must in respect of each *financial year* prepare **Forms 2, 18 and 19** of **Appendix 9.1**, as at the end of the first six months of that *financial year*.
- (2) The Forms in (1) must be prepared in accordance with **Appendix 9.1**, and **Form 2** must be completed in respect of the *long-term insurance business* of the *firm* and **Forms 18 and 19** must be completed in respect of each of the *firm's with-profit funds*.
- (3) The Forms in (1) must be accompanied by a report (instead of the reports required under rule 9.4(1)(b)) identifying any changes to the methods and assumptions used from those set out in the report for the realistic valuation as at the end of the *preceding financial year* .
- (4) Rules 9.4, 9.6, 9.10, 9.11, 9.12, 9.33 and 9.34, **Appendices 9.1 and 9.4A** and **Part I of Appendix 9.6** apply to this rule and to any documents required under this rule as if –
- (a) an additional balance sheet were required under rule 9.3;
  - (b) the documents required by (1), and only those documents, were required by rule 9.12 for the purposes of the balance sheet in (a) above;
  - (c) an additional investigation were required under rule 9.4 in respect of the six-month period covered by this rule;

- (d) any document required by (3) were a document required by rule 9.31(b) for the purposes of the investigation in (c) above;
  - (e) any reference to the *financial year in question* (however expressed) were a reference to the six-month period referred to in (1);
  - (f) any reference to the preceding year were a reference to the end of the *preceding financial year*;
  - (g) the required signatory in each case were any director of the *insurer*;
  - (h) any reference to a particular amount shown in a document not required under (1) or (3) were a reference to the amount which would be shown in that document (subject to any modifications in (a) to (f) above) in accordance with the *Accounts and Statements Rules* if that document were required to be produced;
  - (i) any requirement (other than in this rule) to refer in the *return* or any certificate annexed to it by virtue of rule 9.34 to a document not required under (1) or (3) were omitted; and
  - (j) in 9.6(2)(a) a single printed copy is required and for both 9.6(2)(a) and 9.6(2)(b) the printed copy must be sent to the *insurer's* normal supervisory contact.
- (5) Instead of a valuation report under rule 9.31(a), the report referred to in (3) must include, in an additional numbered answer following the answers to the paragraphs in **Appendix 9.4A**–
- (a) a full description of each of the changes in the methods and assumptions used in the investigation for the purposes of rule 9.4(2)(a) and (b) since the previous investigation at the end of the *preceding financial year*; or
  - (b) if there has been no such change, a statement to that effect.

Rules 9.3, 9.5, 9.7, 9.13 to 9.30, 9.31, 9.32 and 9.35 to 9.39 do not apply in respect of the documents required under this rule.

#### **Periodic actuarial investigation of long-term insurer**

- 9.4 (1) Every *long-term insurer* -
- (a) must, once in every period of 12 months, cause an investigation to be made into its financial condition in respect of its *long-term insurance business*, in accordance with the methods and assumptions determined by the *insurer*, by the person or persons who for the time being are appointed to perform the *actuarial function* under the rules in *SUP*; and

- (b) when such an investigation has been made, or when at any other time an investigation into the financial condition of the *insurer* in respect of its *long-term insurance business* has been made with a view to the distribution of profits, or the results of which are made public, must cause an abstract of the report or reports of the investigation to be made.
- (2) An investigation to which (1) relates must include -
    - (a) a determination of the liabilities of the *insurer* attributable to its *long-term insurance business*;
    - (b) a valuation of any excess over those liabilities of the assets representing the *long-term insurance fund* or *funds* and, where any rights of any long-term *policy holders* to participate in profits relate to particular parts of such a fund, a valuation of any excess of assets over liabilities in respect of those parts; and
    - (c) for every *long-term insurer* which is a *realistic basis life firm*, a calculation of the *with-profits insurance capital component*.
  - (3) For the purposes of any investigation to which this rule applies, the value of any assets and the amount of any liabilities must be determined in accordance with *PRU 1.3*, *PRU 3.2* and *PRU 7*.
  - (4) The form and contents of any abstract under this rule must be in accordance with rule 9.31.

#### **Audit of accounts**

- 9.5 (1) The ‘accounts and balance sheets’ of every *insurer* must be audited in accordance with rule 9.35 by a person qualified in accordance with the rules in *SUP*.
- (2) In (1), the reference to **accounts and balance sheets** includes a reference to any notes or statement or report annexed to them, save for –
  - (a) the *directors’* certificate annexed pursuant to rule 9.34, and
  - (b) **Forms 46 to 47A, 50 to 55, 57 and 59**.

#### **Deposit of accounts etc. with the FSA**

- 9.6 (1) Every ‘account’, ‘balance sheet’, abstract or statement required by rules 9.3, 9.3A, 9.4 and 9.36A and any report of the auditor of the *insurer* made in pursuance of rules 9.5 or 9.36E must be printed, and the ‘required copies’ must be deposited with the *FSA* within the periods set out in the table below.

	deposit period following the <i>financial year end</i>	
<i>financial year ending on or after</i>	where the deposit is made electronically or under rule 9.36A	otherwise
31 December 2001	4 months	3 months and 15 days
31 December 2002 and following years	3 months	2 months and 15 days

- (2) In (1), the reference to the **required copies** is to -
- (a) five printed copies of the document; or
  - (b) one printed copy of the document and one copy of it in an electronic form which may be readily used or translated by the *FSA* sent by email to [insurancereturns@fsa.gov.uk](mailto:insurancereturns@fsa.gov.uk).
- (3) In the case of any document deposited under (1), except an auditor's report, one of the printed copies, or, as the case may be, the printed copy, of the document must be signed in accordance with rule 9.33.
- (4) In the case of any auditor's report deposited under (1), one of the printed copies, or, as the case may be, the printed copy, of the document must be signed by the auditor.
- (5) If within 24 months of the date of deposit, the *FSA* notifies the *insurer* that a document deposited under (1) appears to it to be inaccurate or incomplete, the *insurer* must consider the matter and within one month of the date of notification it must correct any inaccuracies and make good any omissions and deposit the relevant parts of the documents again.
- (6) There must be deposited with every revenue 'account' and 'balance sheet' of an *insurer* any statement or report on the affairs of the *insurer* made or submitted:
- (a) to the *insurer's* shareholders or *policy holders*; or
  - (b) to the *insurer's with-profits policyholders* under *COB* 6.11.8G, *COB* 6.11.9R or *SUP* 4.3.16AR(4),
- in respect of the *financial year* to which the 'account' and 'balance sheet' relate.
- (6A) Where a statement or report has not been made or submitted at the time the revenue 'account' and 'balance sheet' are deposited (see (6)), it must be deposited as soon as possible thereafter.

- (7) In this rule, any reference to an **account** or **balance sheet** includes a reference to any note, or statement or report annexed to it by virtue of rule 9.3 and any certificate annexed to it by virtue of rule 9.34.

#### **Right to receive copies of deposited documents**

9.7 An *insurer* must provide to any person (or the person who has already been provided with a copy under (a)) within 30 days of the date of request (or, in the case of (b), the date of deposit under rule 9.6(5)):

- (a) a copy of any of the documents last deposited by the *insurer* under rule 9.6(1) in respect of the *financial year in question*, and the two *financial years* preceding the financial year in question;
- (b) a copy of any document deposited under rule 9.6(5) which corrects or makes good any document provided under (a); and
- (c) a copy of any report deposited with any such document under rule 9.6(6),

where the deposit is made electronically, in the form (whether printed or electronic) requested or, if the deposit is not made electronically, in printed form, but (except in the case of (b)) the *insurer* may make a charge to cover its reasonable costs, including those of printing and postage.

#### **Value of assets and amount of liabilities**

9.10 Unless otherwise provided in the *Accounts and Statements Rules*, in the documents which an *insurer* is required to prepare in accordance with the *Accounts and Statements Rules* -

- (a) the value or amount given for an asset or a liability of the *insurer* is the value or amount of that asset or liability as determined in accordance with *PRU 1.3* and *PRU 7* at the end of *the financial year in question*;
- (b) no value shall be given to exposures in excess of the limits set out in *PRU 3.2.22R (3)*;
- (c) notwithstanding (a) and (b) (but subject to the conditions set out in (d)), an *insurer* may, for the purposes of an *actuarial investigation*,

elect to assign to any of its assets the value given to the asset in question in the books or other records of the *insurer*; and

- (d) the conditions referred to in (c) are that –
  - (i) the election does not enable the *insurer* to bring into account any asset that is not an *admissible asset*; and
  - (ii) the value assigned to the aggregate of the *insurer's* assets is not higher than the aggregate of the value of those assets as determined in accordance with (a) and (b), without taking advantage of (c).

### **Content and form of accounts**

- 9.11 Every account, balance sheet, note, statement, report and certificate required to be prepared by an *insurer* pursuant to rule 9.3(1), (2) and (3) (annual accounts and balance sheets) must be prepared in the manner set out in the *Accounts and Statements Rules* and must fairly state the information provided on the basis required by the *Accounts and Statements Rules*.

### **Balance sheet**

- 9.12 (1) The balance sheet required to be prepared by an *insurer* under rule 9.3(1) must comply with the requirements of **Appendix 9.1** and must be in **Forms 1 to 3, 10 to 15 and 17 to 19** of that Appendix completed (as may be appropriate) as specified in (2) to (9).
- (2) **Form 1** must be completed by every *insurer* that carries on *general insurance business*, other than a *Swiss general insurer* or an *EEA-deposit insurer*.
  - (2A) **Form 2** must be completed by every *long-term insurer*, other than an *EEA-deposit insurer*.
  - (3) **Form 3** must be completed by every *insurer* other than a *Swiss general insurer* or an *EEA-deposit insurer*.
  - (3A) **Form 10** must be completed by an *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the United Kingdom is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the United Kingdom whose *insurance business* in the *EEA* is restricted to *reinsurance*), an *EEA-deposit insurer* or a *Swiss general insurer*.
  - (4) **Forms 11 and 12** must be completed by every *insurer* which carries on *general insurance business*, other than a *Swiss general insurer* or an *EEA deposit insurer* and, except when the instructions for completion of **Forms 11 and 12** specify otherwise, by every *insurer* which carries on *long-term insurance business*.

- (5) **Form 13** must be completed (as appropriate) -
- (a) by every *insurer* which carries on *long-term insurance business* in respect of –
    - (i) its total *long-term insurance assets*; and
    - (ii) the *long-term insurance assets* appropriated by it in respect of each *long-term insurance fund* or, where such assets have been appropriated for a group of funds, those assets;
  - (b) by every *insurer* in respect of its total assets other than *long-term insurance assets*;
  - (c) by every *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the United Kingdom is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the United Kingdom whose *insurance business* in the *EEA* is restricted to *reinsurance*) in respect of *long-term insurance business* or *general insurance business* carried on by it through a branch in the United Kingdom in respect of those assets which are -
    - (i) deposited under *PRU 7.6.54R*,
    - (ii) maintained in the United Kingdom, and
    - (iii) maintained in the United Kingdom and the other *EEA States*; and
  - (d) by every *UK-deposit insurer* in respect of *long-term insurance business* or *general insurance business* carried on by it through branches in the *EEA States* in respect of those assets which are -
    - (i) deposited under *PRU 7.6.54R*,
    - (ii) maintained in the United Kingdom and such other *EEA States* where *insurance business* is carried on, and
    - (iii) maintained in the United Kingdom and the other *EEA States*.
- (6) **Form 14** must be completed by every *long-term insurer* in respect of -
- (a) its total *long-term insurance liabilities* and margins;
  - (b) the *long-term insurance liabilities* and margins for each *long-term insurance fund* or where *long-term insurance assets* have been appropriated in respect of a group of funds, for the group; and

- (c) subject to (6A), except where the information is provided by virtue of (a) or (b), each *with-profits fund*, with a supplementary note (code 1406) stating the amount, if any, of the increase or decrease, as the case may be, in the value of *non-linked assets*.
- (6A) Where the amount (or part of the amount) of any increase or decrease in the value of *non-linked assets* has yet to be allocated between *with-profits funds* or between one or more *with-profits funds* and other purposes, the note required by (6) must state the total amount which has yet to be aggregated:
- (a) identifying the *with-profits funds* to which the information relates; and
  - (b) describing the basis upon which increases or decreases in the value of *non-linked assets* are, or will be, allocated between the *with-profits funds* or between the *with-profits funds* and other purposes.
- (7) **Form 15** must be completed by every *insurer* except an *insurer* not trading for profit which carries on only *long-term insurance business*.
- (8) For each **Form 13** which an *insurer* is required to complete under (5)(a) or (b), the *insurer* must complete **Form 17** in respect of the same *insurance business*; except that where in respect of that Form all amounts required to be shown would be zero and no supplementary note would be required, **Form 13** may instead be accompanied by a supplementary note to that effect and **Form 17** may be returned in blank.
- (9) **Forms 18** and **19** must be completed by every *long-term insurer* which is a *realistic basis life firm*, in respect of each of its *with-profits funds*.

#### **Profit and loss account**

- 9.13 The *profit and loss account* required to be prepared by every *insurer* under rule 9.3 must comply with the requirements of **Appendix 9.1** and must be in **Form 16**.

#### **Revenue account**

- 9.14 The revenue account to be prepared by every *insurer* under rule 9.3 -
- (a) in the case of an *insurer* carrying on *general insurance business*, must comply with the requirements of **Appendix 9.2** and must be in **Form 20** in respect of the whole of the *general insurance business* carried on by it; and
  - (b) in the case of an *insurer* carrying on *long-term insurance business*, must comply with the requirements of **Appendix 9.3** and must be in **Form 40** and -
    - (i) separate accounts must be prepared in **Form 40** in respect of:



- (A) each *long-term insurance fund* maintained by it, and
  - (B) except where the information is provided by virtue of (A), each *with-profits fund*, with a supplementary note [code 4010] stating the amount, if any, of investment income relating to *linked assets* included at line 12; and
- (ii) where there is more than one Form 40 under (i) above, the *insurer* must also prepare a summary **Form 40** for the total *long-term insurance business*.

#### **Allocation of general insurance business to risk categories**

9.14A Every *insurer* preparing the Forms required under rules 9.15, 9.17, 9.19, 9.20 and 9.20A must allocate its *general insurance business* to one or more *risk categories*.

#### **Allocation of contracts of insurance covering more than one risk category**

- 9.14B (1) This rule applies in any case where a *contract of insurance* falls within the description of more than one *risk category*.
- (2) If the *contract of insurance* falls, to any extent, within the description of *risk category* 274, 590 or 690, an *insurer* must allocate all the *general insurance business* represented by that *contract of insurance* to that *risk category*.
- (3) In any other case, an *insurer* must, unless (4) applies, allocate all the *general insurance business* represented by the *contract of insurance* to the single *risk category* that, in the reasonable opinion of the *insurer's governing body*, best describes the risk covered by the *contract of insurance*.
- (4) If:
- (a) the premium payable under the *contract of insurance* is separable into the components relating to different *risk categories*; or
  - (b) in the reasonable opinion of the *insurer's governing body*, allocation under (3) would be misleading;

then the *insurer* must apply a reasonable method to allocate the *general insurance business* represented by the *contract of insurance* amongst the appropriate *risk categories* and must apportion the amounts it reports in the Forms accordingly.

#### **General insurance business (content of revenue account and additional information as to balance sheet)**

- 9.15 (1) Every *insurer* which carries on *general insurance business* must, in accordance with the requirements of **Appendix 9.2**, prepare –
- (a) **Form 20A** in respect on the whole of the *general insurance business* carried on by it;
  - (b) **Form 20** in respect of each *required category*;
  - (c) **Forms 21, 22 and 23** for *insurance business accounted for* on an ‘accident year basis’ in respect of each *required category*; and
  - (d) **Forms 24 and 25** for *insurance business accounted for* on an ‘underwriting year basis’ in respect of each *required category*.
- (2) For the purposes of this rule and rules 9.17(1), 9.19(1) and 9.22(2), business must be taken to be *accounted for* on an **underwriting year basis** where it relates to risks -
- (a) which have been reported previously under the *Accounts and Statements Rules* on **Forms 24 and 25**;
  - (b) in respect of which the *claims* outstanding for such *insurance business* are calculated using the method described in paragraph 52 of the *insurance accounts rules*; or
  - (c) which have not previously been reported on any Form under the *Accounts and Statements Rules* and which the *insurer* accounts for on an ‘underwriting year basis’,
- and business not *accounted for* on an ‘underwriting year basis’ is taken to be *accounted for* on an **accident year basis**.
- (3) Every *insurer* which, in respect of any *financial year*, includes in **Form 22** or **25** amounts relating to adjustments for *discounting* must prepare **Form 30** in accordance with the requirements of **Appendix 9.2**.

**Additional information on general insurance business (treaty reinsurance business)**

- 9.17 (1) Every *insurer* which carries on *general insurance business* must, in accordance with the requirements of **Appendix 9.2** prepare -
- (a) **Forms 26 and 27** for *treaty reinsurance business accounted for* on an 'accident year basis' in respect of each *required category*; and
  - (b) **Forms 28 and 29** for *treaty reinsurance business accounted for* on an 'underwriting year basis' in respect of each *required category*.

**Additional information on general insurance business (direct and facultative business)**

- 9.19 (1) Every *insurer* which carries on *general insurance business* must, in accordance with the requirements of **Appendix 9.2**, prepare -
- (a) **Form 31** or **32** for *direct and facultative insurance business* accounted for on an 'accident year basis' in respect of each *required category*; and
  - (b) **Form 34** for *direct and facultative insurance business* accounted for on an 'underwriting year basis' in respect of each *required category*.
- (3) Where any of **Forms 31, 32** or **34** has been prepared in respect of the entire *insurance business* of an *insurer*, no separate forms need be prepared -
- (a) in the case of an *external insurer*, in respect of *insurance business* carried on by it through a branch in the United Kingdom; and
  - (b) in the case of a *UK deposit insurer*, in respect of *insurance business* carried on by it through a branch in any *EEA State*.

**FSA general insurance business reporting categories falling below de minimis criteria**

- 9.20 (1) This rule applies to any *financial year* after the first *financial year* ended on or after 31 December 2005 in any case where -
- (a) for the previous *financial year*, an *insurer* was required to prepare a **Form 20 to 34** for a category of business (as set out in column 2 of paragraph 2B of **Appendix 9.2**) that was not *category number* 001 to 003, 409 or 709; and
  - (b) for the *financial year in question*, the 'reporting criteria' for that Form and category of business are not met.
- (2) In this rule, any references to 'reporting criteria', in relation to a Form, are the reporting criteria specified for that Form in column 3 in the Table in paragraph 2B of **Appendix 9.2**.

- (3) Unless paragraph (4) applies, any such business that satisfies (1) must be reported in the same category of business (as set out in column 2 of paragraph 2B of **Appendix 9.2**) in the same Form for the *financial year in question*.
- (4) An *insurer* may cease to report such business on that Form in that category of business if –
- (a) the *gross written premiums* in the *financial year in question* and the 'gross undiscounted provisions' at the end of that *financial year* for that category of business are each less than £0.5m; or
  - (b) the following conditions are met –
    - (i) the *financial year in question* ended on or after 31 December 2008;
    - (ii) the business in 1(a) has been reported on that Form for that category of business in each of the three previous *financial years*; and
    - (iii) the *gross written premiums* in the *financial year in question* and the 'gross undiscounted provision' at the end of that *financial year* for that category of business are each less than 50% of the amounts respectively specified in the 'reporting criteria' for that Form in respect of that category of business.
- (5) For the purpose of this rule, rule 9.20A and paragraph 2B of **Appendix 9.2**, **gross undiscounted provisions** are gross undiscounted reported claims outstanding plus gross undiscounted incurred but not reported claims plus gross provision for unearned premiums plus provision for unexpired risks.

**Further information on general insurance business to ensure adequate coverage in the return**

- 9.20A (1) Subject to (2) and (3), if the total of all 'gross undiscounted provisions' in all the **Forms 26 to 29, 31, 32 and 34** required under rules 9.17, 9.19 and 9.20, or included despite rule 9.20(4), is less than 80% of the *insurer's* total 'gross undiscounted provisions', the *insurer* must prepare **Forms 26 to 29, 31, 32 and 34**, as appropriate, for further categories of business (as set out in column 2 of paragraph 2B of **Appendix 9.2**) in decreasing order of size (measured in 'gross undiscounted provisions'), until the 80% criterion is met.
- (2) An *insurer* need not prepare a **Form 26, 27, 28, 29, 31, 32, or 34** for a category of business (as set out in column 2 of paragraph 2B of **Appendix 9.2**) if
- (a) the *insurer's gross written premiums* in the *financial year in question* for that category of business are less than £1m; and

(b) the *insurer's* 'gross undiscounted provisions' at the end of the *financial year in question* for that category of business are less than £1m.

- (3) An *insurer* need only prepare a **Form 26, 27, 28, 29, 31, 32** or **34** for a category of business (as set out in column 2 of paragraph 2B of **Appendix 9.2**) if it is required to prepare a **Form 20** for *category number* 110, 120, 160, 180, 220, 260, 270, 280, 330, 340, 350, 400, 500, 600, or 700 which includes that category of business.

#### **Currencies other than sterling**

- 9.21 Every *insurer* which, in respect of a *financial year*, prepares a Form under rules 9.17 or 9.19 containing figures in a currency other than sterling must prepare **Form 36** in accordance with the requirements of **Appendix 9.2**.

#### **Additional information on general insurance business (claims equalisation provisions)**

- 9.22 (1) This rule applies to non-credit *insurance business* as defined in *PRU 7.5.11R* (1) and credit *insurance business* as defined in *PRU 7.5.38R*.
- (2) An *insurer* to which *PRU 7.5.11R* to *PRU 7.5.37G* apply (unless *PRU 7.5.18R* applies) and an *insurer* to which *PRU 7.5.43R* applies (unless *PRU 7.5.44R* applies) must, in accordance with the requirements of **Appendix 9.2**, prepare -
- (a) **Form 37**;
  - (b) **Form 38** for *general insurance business* accounted for on an 'accident year basis'; and
  - (c) **Form 39** for *general insurance business* accounted for on an 'underwriting year basis'.

#### **Additional information on long-term insurance business**

- 9.23 Every *insurer* which carries on *long-term insurance business* must, in respect of the *financial year in question* and in accordance with the requirements of **Appendix 9.3**, prepare -
- (a) **Forms 41 to 43** in respect of each revenue account prepared separately under rule 9.14(b)(i);
  - (b) summary **Forms 41 to 43** if a summary **Form 40** is required under rule 9.14(b)(ii); and
  - (c) **Forms 44 to 59B** and, except in the case of an *EEA-deposit insurer*, **Form 60**.

as appropriate, together with the information specified in relation to those Forms.

#### **Forms to be annexed**

9.24 The forms prepared pursuant to rules 9.15, 9.17 and 9.19 to 9.23 must be annexed to the documents referred to in rules 9.12, 9.13 and 9.14.

#### **Additional information on general insurance business: major treaty reinsurers**

- 9.25 (1) Subject to the provisions of rule 9.28, an *insurer* which carries on *general insurance business* must annex to the documents referred to in rules 9.12, 9.13 and 9.14, and relating to the *financial year in question*, a statement of -
- (a) the ‘full name’<sup>5</sup> of each of its ‘major treaty reinsurers’ and the address of the registered office or of the principal office in the country where it is incorporated (or, in the case of an unincorporated body, of the principal office) of each such *reinsurer*;
  - (b) whether (and, if so, how) the *insurer* was at any time in the *financial year* ‘connected’<sup>6</sup> with any such *reinsurer*;
  - (c) the amount of the *reinsurance* premiums payable in the *financial year* to each such *reinsurer* in respect of -
    - (i) *general insurance business ceded* under proportional *reinsurance* treaties; and
    - (ii) *general insurance business ceded* under non-proportional *reinsurance* treaties;
  - (d) the amount of any *debt* of each such *reinsurer* to the *insurer* in respect of *general insurance business ceded* under *reinsurance* treaties, included at line 75 of **Form 13**;
  - (e) the amount of any deposit received from each such *reinsurer* under *reinsurance* treaties as included at line 31 of **Form 15**; and
  - (f) the amount of any anticipated recoveries from each such *reinsurer* under *reinsurance* treaties to the extent that such recoveries have been taken into account by the *insurer* in determining the *reinsurers*’ share of *technical provisions* in respect of *claims* outstanding as shown at line 61 of **Form 13**; except that, in respect of *claims* incurred but not

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<sup>5</sup> for the meaning of ‘full name’ in this rule, see rule 9.28(4)

<sup>6</sup> for the meaning of ‘connected’, in this rule, see rule 9.28(1)

reported, such recoveries need only be included to the extent that they are in respect of any specific occurrences for which provisions have been allocated by the *insurer*,

or a statement that it has no ‘major treaty *reinsurer*’.

(2) For the purposes of this rule, a **major treaty reinsurer** of an *insurer* is a another *company* -

(a) to which (whether alone or with any *company* which is ‘connected’<sup>7</sup> with the other *company*) the *insurer* has *ceded general insurance business* under one or more *reinsurance treaties* -

(i) in the case of proportional *reinsurance*, for which the total amount of the *reinsurance* premiums payable is equal to not less than 2% of the *gross premiums receivable* by the *insurer* in respect of *general insurance business*, or

(ii) in the case of non-proportional *reinsurance*, for which the total amount of the *reinsurance* premiums payable is equal to not less than 5% of the total premiums payable by the *insurer* in respect of all such non-proportional *reinsurance*,

in the *financial year in question* or in any of the five *preceding financial years* of the *insurer*; or

(b) in relation to which (whether alone or with any *company* which is ‘connected’ with the other *company*) the aggregate of the amounts referred to in (1)(d) and (f) exceeds the sum of 20,000 Euro and 5% of the *insurer's liabilities* arising from its *general insurance business*, net of *reinsurance ceded*.

#### **Additional information on general insurance business: major facultative reinsurers**

9.26 (1) Subject to rule 9.28, an *insurer* which carries on *general insurance business* must annex to the documents referred to in rules 9.12, 9.13 and 9.14, and relating to *the financial year in question*, for each ‘major facultative reinsurance contract’, a statement in respect of each ‘major facultative *reinsurer*’ of -

(a) its ‘full name’<sup>8</sup> and the address of the registered office or of the principal office in the country where it is incorporated (or, in the case of an unincorporated body, of the principal office);

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<sup>7</sup> For the meaning of ‘connected’, in this rule, see rule 9.28(1)

<sup>8</sup> for the meaning of ‘full name’ in this rule, see rule 9.28(4)

- (b) whether (and, if so, how) the *insurer* was at any time in the *financial year* ‘connected’ with such *reinsurer*;
- (c) the amount of the *reinsurance* premiums payable in the *financial year*;
- (d) the amount of any *debt* to the *insurer* included at line 75 of **Form 13**;
- (e) the amount of any deposit received as included at line 31 of **Form 15**; and
- (f) the amount of any anticipated recoveries to the extent that such recoveries have been taken into account by the *insurer* in determining the *reinsurers*’ share of *technical provisions* in respect of *claims* outstanding as shown at line 61 of **Form 13**; except that, in respect of *claims* incurred but not reported, such recoveries need only be included to the extent that they are in respect of any specific occurrences for which provisions have been allocated by the *insurer*,

or a statement that it has no ‘major facultative reinsurer’.

- (2) For the purposes of this rule, a **major facultative reinsurance contract** is a contract under which *general insurance business* has been *ceded* by the *insurer* on a facultative basis -
  - (a) under which the total amount of premiums payable to any *reinsurer* (a **major facultative reinsurer**) is equal to not less than 0.5% of *gross premiums receivable* by the *insurer* in respect of *general insurance business*; or
  - (b) in relation to which, in respect of any *reinsurer* (a **major facultative reinsurer**) the aggregate of amounts in (1)(d) and (e) exceeds the sum of 4,000 Euro and 1% of the *insurer’s* liabilities arising from its *general insurance business*, net of *reinsurance ceded*.

#### **Information on major general insurance business: reinsurance cedants**

- 9.27 (1) Subject to rule 9.28, an *insurer* which carries on *general insurance business* must annex to the documents referred to in rules 9.12, 9.13 and 9.14, and relating to the *financial year in question*, a statement of -
- (a) the ‘full name’ of each of its ‘major cedants’ and the address of the registered office or of the principal office in the country where it is incorporated (or, in the case of an unincorporated body, of the principal office) of each such cedant;
  - (b) whether (and, if so, how) the *insurer* was at any time in the *financial year* ‘connected’ with any such cedant;



- (c) the amount of the total of the *gross premiums receivable* in the *financial year* from each such cedant in respect of *general insurance business* accepted under *reinsurance* treaties;
- (d) the amount of any deposit made with any such cedant as included at line 57 of **Form 13**; and
- (e) the amount of any *debt* of each such cedant in respect of *general insurance business* accepted under *reinsurance* treaties, included at line 74 of **Form 13**,

or a statement that it has no ‘major cedant’.

- (2) For the purposes of this rule, a **major cedant** of an *insurer* is another *company* from which (whether alone or with any *company* which is ‘connected’ with the other *company*) the *insurer* has accepted *general insurance business* under one or more *reinsurance* treaties for which the *gross premiums receivable* exceed the greater of -
  - (a) 5% of the *gross premiums receivable* by the *insurer* in respect of *general insurance business* accepted under *reinsurance* treaties; and
  - (b) 2% of the *gross premiums receivable* by the *insurer* in respect of *general insurance business*,

in the *financial year in question* or in any of the three *preceding financial years* of the *insurer*.

#### **Provisions supplemental to rules 9.25 to 9.27**

- 9.28 (1) For the purposes of rules 9.25(1)(b) and (2), 9.26(1)(b) and 9.27(1)(b) and (2), a *company* and another person are **connected** with each other if -
- (a) the other person is -
    - (i) a *subsidiary undertaking* of the *company*,
    - (ii) a *parent undertaking* of the *company*, or
    - (iii) a *subsidiary undertaking* of the *parent undertaking* of the *company*; or
  - (b) one of them is ‘controlled’ by the other or both are ‘controlled’ by the same person,

but a *company* is not to be taken to be ‘connected’ with another person if the *insurer* furnishing the statement does not know and could not upon reasonable enquiry be expected to discover that it is so ‘connected’ with the other person.

- (2) Except as provided in (3), for the purposes of (1)(b), a person is taken to **control** a *company* if he is a person -
- (a) in accordance with whose directions or instructions the *directors* of the *company* or of a *company* of which it is a *subsidiary* are accustomed to act; or
  - (b) who, either alone or with an *associate* is entitled to exercise, or 'control' the exercise of, 15% or more of the voting power at any general meeting of the *company* or of a *company* of which it is a *subsidiary*.
- (3) In relation to an *insurer* -
- (a) making a statement pursuant to rules 9.25 or 9.26, a *reinsurer* is not to be taken by virtue of (2) to be 'connected' with another *reinsurer*; or
  - (b) making a statement pursuant to rule 9.27, a cedant is not to be taken by virtue of (2) to be 'connected' with another cedant,
- for the purposes of paragraph (2) of rules 9.25, 9.26 or 9.27, as the case may be, unless it is also 'connected' by virtue of (1) with the *insurer* making the statement.
- (4) In rules 9.25, 9.26 and 9.27 and in this rule, **full name** means -
- (a) in the case of a company, its corporate name; and
  - (b) in the case of an individual or any unincorporated body, the name under which the individual or body lawfully carries on business.
- (5) The following provisions of **Appendix 9.1** apply for the purposes of rules 9.25, 9.26, and 9.27 -
- (a) paragraphs 4 and 5 (which relate to currencies other than sterling);
  - (b) paragraphs 8(1) and 8(2) (which, among other things, relate to amounts due to the *insurer*); and
  - (c) paragraph 9 (which provides for amounts to be shown to the nearer £1,000).
- (6) Rules 9.25(2), 9.26(1)(a) to (c) and 9.27 apply in relation to the members of the *Society* taken together as they apply in relation to an *insurer* and in relation to the members of the *Society* (1) to (4) of this rule do not apply.

#### **Additional information on derivative contracts**

- 9.29 (1) Every *insurer* must, in respect of the *financial year in question*, annex to the documents referred to in rules 9.12, 9.13 and 9.14 a statement comprising a brief description of -
- (a) any investment guidelines operated by the *insurer* for the use of *derivative contracts*;
  - (b) any provision made by such guidelines for the use of contracts under which the *insurer* had a right or obligation to acquire or dispose of assets which was not, at the time when the contract was entered into, reasonably likely to be exercised and, if so, the circumstances in which, pursuant to that provision, such contracts would be used;
  - (c) the extent to which the *insurer* was during the *financial year* a party to any contracts of the kind described in (b);
  - (d) the extent to which any of the amounts recorded in **Form 13** would be changed if assets which the *insurer* had a right or obligation to acquire or dispose of under '*derivative contracts*' outstanding at the end of the *financial year* (being, in the case of *options*, only those *options* which it would have been prudent to assume would be exercised) had been so acquired or disposed of;
  - (e) how different the information provided pursuant to (d) would have been if such *options* as were outstanding at the end of the year had been exercised in such a way as to change the amounts referred to in that sub-paragraph to the maximum extent;
  - (f) how different the information provided pursuant to (d) and (e) would have been if, instead of applying to contracts outstanding at the end of the *financial year*, those rules had applied to '*derivative contracts*' outstanding at such other time during the *financial year* as would have changed the amounts referred to in those rules to the maximum extent;
  - (g) the maximum loss which would be incurred by the *insurer* on the failure by any one other person to fulfil its obligations under '*derivative contracts*' outstanding at the end of the *financial year*, both under existing market conditions and in the event of other foreseeable market conditions, together with an assessment of whether such maximum loss would have been materially different at any other time during the *financial year*;
  - (h) the circumstances surrounding the use of any '*derivative contract*' held at any time during the *financial year* which required a 'significant' provision to be made for it under *PRU 4.3.17R*, or (where appropriate) did not fall within the definition of a *permitted derivative contract*; and
  - (h) the total value of any fixed consideration received by the *insurer* (whether in cash or otherwise) during the *financial year* in return for

granting rights under *derivative contracts* and a summary of contracts under which such rights have been granted.

- (1A) For the purposes of determining in accordance with (1)(h) whether a required provision is ‘significant’, the *insurer* must have regard to its obligations under the contract and the volatility of the assets identified by the *insurer* as being suitable to cover such obligations; and the required provision in respect of any one *derivative contract* must be treated as **significant** if –
- (a) the aggregate provision required in respect of all contracts having a similar effect is significant; or
  - (b) the aggregate provision required in respect of all contracts with which it is connected is significant.
- (2) In this rule, **derivative contract** includes a contract or asset which has the effect of a *derivative contract* and, for the purposes of (1)(h), such a contract or asset must be treated as requiring a significant provision or falling within the definition of *permitted derivative contract*, as appropriate, if it has the effect of a *derivative contract* which would require a significant provision or fall within that definition.
- (2A) Subject to (2C), for the purposes of (2), a contract has the effect of a *derivative contract* if it is a contract (other than a *derivative contract*) which provides, whether upon the exercise of a right by the *insurer* or otherwise –
- (a) for payment (at any time) of amounts which are determined by fluctuations in –
    - (i) the value of property of any description;
    - (ii) an index of the value of property of any description;
    - (iii) income from property of any description; or
    - (iv) an index of income from property of any description;
  - (b) for delivery to or by the *insurer* of an asset other than any office machinery (including computer equipment), furniture, motor vehicles and other equipment; or
  - (c) for the conversion of an asset held by the *insurer* or another party to –
    - (i) an asset of a different type, or
    - (ii) a different asset of the same type.

- (2B) Subject to (2C), for the purposes of (2) an asset has the effect of a *derivative contract* if the asset is an asset (other than an *approved security* or a unit, or other beneficial interest, in a scheme falling within the *UCITS Directive*) and the holding of the asset confers contractual rights or imposes contractual obligations to make or accept payment, delivery or conversion as set out in (2A)(a) to (c).
- (2C) A contract or asset does not have the effect of a *derivative contract* by reason only that -
- (a) it provides for the unconditional delivery of assets, or for the payment for unconditional delivery of assets, such delivery or payment to be made within a period commencing at the date of the contract and extending –
    - (i) in the case of a *listed security* or a *security admitted to trading*, for the usual period for delivery or payment as determined by the rules of the stock exchange or *regulated market* on which the *securities* are *listed* or *admitted to trading*, or facilities for dealing have been granted, or
    - (ii) in any other case, for no more than 20 working days;
  - (b) it is a contract for the conversion of currency in respect of which the conditions set out in (2D) have been satisfied; or
  - (c) it is a *stock lending* transaction which satisfies the conditions of *PRU 4.3.36R*.
- (2D) The conditions referred to in (2C)(b) are that –
- (a) the contract provides –
    - (i) for the conversion into another currency of an amount representing the sale of an asset which has, on the *relevant date*, been sold but not delivered, or
    - (ii) for the purchase of currency for the purpose of settling the purchase of an asset which has, on the *relevant date*, been purchased but not delivered;
  - (b) the conversion is to take place during a period which is –
    - (i) where the contract is in connection with the delivery of a *listed security* or a *security admitted to trading*, a period commencing

on the date of the contract and extending for the usual period of settlement as laid down by the rules of the relevant stock exchange or *regulated market*, or

- (ii) where the contract is in connection with the delivery of any other asset, a period commencing on the date of the contract and extending for 20 working days thereafter; and
  - (c) the contract is *listed* or has been entered into with an *approved counterparty*.
- (3) For the purposes of this rule, an *insurer* which is a party to -
- (a) a *contract for differences*; or
  - (b) any other contract which is to be, or may be, settled in cash,
- is taken to have a right or obligation to acquire or dispose of the assets underlying the contract.

#### **Additional information on controllers**

9.30 Every *insurer* with its head office in the United Kingdom must, in respect of the *financial year in question*, annex to the documents referred to in rules 9.12, 9.13 and 9.14 -

- (a) a statement naming each person who, to the knowledge of the *insurer*, has been, at any time during the *financial year*, a *controller* of that *insurer*; and
- (b) in the case of each person so named, a statement of -
  - (i) the percentage of *shares* which, to the knowledge of the *insurer*, he held at the end of the *financial year in question* in the *insurer*, or in another company of which the *insurer* is a *subsidiary undertaking*; and
  - (ii) the percentage of the voting power which, to the knowledge of the *insurer*, he was entitled at the end of the *financial year in question* to exercise, or control the exercise of, at any general meeting of the *insurer*, or another company of which it is a *subsidiary undertaking*,

in each case, either alone or with any *associate* or *associates*.

#### **Valuation reports on long-term insurance business**

9.31 Every *insurer* which carries on *long-term insurance business* must prepare and annex to the documents referred to in rules 9.12, 9.13 and 9.14 -

- (a) for the purposes of rule 9.4 other than in relation to the calculation required by rule 9.4(2)(c), a valuation report which, complies with the requirements of **Appendix 9.4** and contains the information specified in that Appendix; and
- (b) for the purposes of rule 9.4 in relation to the calculation required by rule 9.4(2)(c) (if applicable), a valuation report for the realistic valuation which complies with the requirements of **Appendix 9.4A** and contains the information specified in that Appendix.

#### **Additional information on general insurance business ceded**

9.32 An *insurer* which carries on *general insurance business* must annex to the documents referred to in rules 9.12, 9.13 and 9.14, and relating to the *financial year in question*, a statement of the information required by **Appendix 9.5**.

#### **Signature of documents**

- 9.33 (1) In respect of any document relating to the *insurance business* of an *insurer*, wherever it may be carried on, the signatories for the purposes of rule 9.6 are -
- (a) where there are more than two *directors* of the *insurer*, at least two of those *directors* and, where there are not more than two *directors*, all the *directors*, and
  - (b) a chief executive, if any, of the *insurer* or (if there is no chief executive) the secretary, if any.
- (2) In respect of any document relating to *insurance business* carried on through a branch in the United Kingdom by a *Swiss general insurer*, an *EEA-deposit insurer* or an *external insurer* or through branches in any *EEA State* (taken together) by a *UK-deposit insurer*, the signatories for the purposes of rule 9.6(3) are -
- (a) the authorised UK representative referred to in article 3(1)(a) of The Financial Services and Markets Act 2000 (Variation of Threshold Conditions) Order 2001 (2001/2507), and
  - (b) the chief executive appointed under rule 8.3 or, in the case of a *Swiss general insurer*, a person who alone or jointly with one of more others, is responsible for the conduct of its *insurance business* through the branch.

#### **Certificates by Directors**

- 9.34 (1) Except for reporting under rule 9.3A, there must be annexed to the documents referred to in rules 9.12, 9.13 and 9.14 a certificate in accordance with the requirements of Part I of **Appendix 9.6** which must be signed by the persons required by rule 9.33 to sign the documents to which the certificate relates.
- (2) In respect of reporting under rule 9.3A, there must be annexed to the documents referred to in that rule a certificate in accordance with the requirements of Part IA of **Appendix 9.6** which must be signed by a *director* of the *insurer*.

#### **Audit and auditor's report**

- 9.35 (1) The documents referred to in rules 9.12, 9.13 and 9.14, together with **Forms 40 to 45, 48, 49, 56, 58 and 60**, and every statement, analysis or report annexed pursuant to rules 9.24 to 9.27, 9.29 and 9.31 must be audited by a person, in accordance with the rules in *SUP*, who must make and annex to those documents a report in accordance with the requirements of Part II of **Appendix 9.6**.
- (1A) For the purposes of rule 9.5 and (1) and **Appendix 9.6**, to the extent that any document, form, statement, analysis or report to be audited under (1) contains amounts or information abstracted from the *actuarial investigation* performed pursuant to rule 9.4, the *insurer* must ensure that the auditor obtains and pays due regard to advice from a suitably qualified *actuary* who is independent of the *insurer*.
- (2) For the purposes of the *Accounts and Statements Rules* -
- (a) section 237(1), (2) and (3) and section 389A(1) of the *Companies Act* and article 245(1), (2) and (3) and article 397A(1) of the *1986 Order* apply as if -
- (i) the references to the *profit and loss account* contained in the definition of 'individual accounts' in section 226(1) of that Act and article 234(1) of that Order, respectively, included references to the revenue account; and
- (ii) the auditors of the *insurer* were not under a duty for the purposes of preparing their report to carry out any investigation into information given in **Forms 31, 32 and 34** relating wholly or partly to the number of *claims* notified or the amount of payments made prior to the *financial year* of the *insurer* in which the Insurance Companies (Accounts and Statements) Regulations 1980 first applied; and
- (b) section 389A(3) and (4) of the *Companies Act* and article 397A(3) and (4) of the *1986 Order* apply as if the references in them to a 'parent company' were references to the *insurer*.



**Information on the actuary who has been appointed to perform the with-profits actuary function**

- 9.36 (1) Subject to the provisions of this rule, there must be annexed to the documents referred to in rules 9.12, 9.13 and 9.14, with respect to every person who, at any time during the *financial year in question*, was the *actuary* who has been appointed to perform the *with-profits actuary function* for the *insurer*, a statement of the following information -
- (a) particulars of any *shares* in, or debentures of, 'the *insurer*' in which the 'actuary' was 'interested' at any time during that year;
  - (b) particulars of any pecuniary interest of 'the actuary' in any transaction between 'the actuary' and 'the *insurer*' and subsisting at any time during that year or, in the case of transactions of a minor character, a general description of such interests;
  - (c) the aggregate amount of -
    - (i) any remuneration and the value of any other benefits (other than a pension or other future or contingent benefit) under any contract of service of 'the actuary' with, or contract for services by 'the actuary' to, 'the *insurer*', and
    - (ii) any emoluments, pensions or compensation as *director* of the *insurer* which are required by Part I of Schedule 6 to the *Companies Act* or Part I of Schedule 6 to the *1986 Order* to be included in a note to the accounts of 'the *insurer*' under section 232 of the *Companies Act* and Article 239 of the *1986 Order*, receivable by 'the actuary' in respect of any period in that year; and
  - (d) a general description of any other pecuniary benefit (including any pension and other future or contingent benefit) received by 'the actuary' from 'the *insurer*' in that year or receivable by him from 'the *insurer*',
- together with the statement specified in (2).

- (2) The statement referred to in (1) is a statement that ‘the *insurer*’ has made a request to ‘the actuary’ to furnish to it the particulars specified in that paragraph and identifying any particulars furnished pursuant to that request.
- (3) For the purposes of (1)(a) to (d) -
- (a) references to **the actuary** include reference to -
- (i) the spouse, civil partner and any minor child (including step-child) of ‘the actuary’,
- (ii) any person who is a business partner of ‘the actuary’,
- (iii) any person (other than ‘the *insurer*’) of which ‘the actuary’ is an employee, and
- (iv) any person (other than ‘the *insurer*’) of which ‘the actuary’ is a *director* or which is ‘controlled’ by him;
- (b) a person is deemed to be **interested** in *shares* or debentures if he is interested in them according to the rules set out in Part I of Schedule 13 to the *Companies Act* with the addition, in paragraph 11 of that Part of that Schedule, of a reference to a scheme under section 25 of the Charities Act (Northern Ireland) 1964; and
- (c) a person is deemed to have an **interest** or benefit if he has a beneficial interest.
- (4) For the purposes of (1)(a) to (d) and of (3)(a), references to **the insurer** include references to any *body corporate* which is ‘the *insurer*’s *subsidiary undertaking* or *parent undertaking* and to any other *subsidiary undertaking* of its *parent undertaking*.
- (5) For the purposes of (3), a person is taken to **control** a *body corporate* if he is a person -
- (a) in accordance with whose directions or instructions the *directors* of that *body corporate* or of a *body corporate* of which it is a *subsidiary* are accustomed to act; or
- (b) who, either alone or with any other person falling within (3)(a), is entitled to exercise, or control the exercise of, 15% or more of the voting power at any general meeting of the *body corporate* or of a *body corporate* of which it is a *subsidiary*.

## Part II

### ACCOUNTS AND STATEMENTS FOR A MARINE MUTUAL

#### Returns

9.36A Subject to rules 9.36B, 9.36C, 9.36D and 9.36E and **Appendix 9.8**, a *marine mutual* may complete an abbreviated *return* which comprises –

- (1) **Forms 1, 3, 11 and 12;** and
- (2) **Forms M1 to M5 in Appendix 9.8,**

and, if so, rules 9.3 to 9.4, 9.12 to 9.28, 9.31 and 9.32 and 9.34 to 9.36 do not apply.

#### Information to be annexed to the forms

9.36B A *marine mutual* must annex to the *return* provided under rule 9.36A-

- (1) a description of the significant *reinsurance* arrangements which will be in operation in the *financial year* following the *financial year in question*;
- (2) in respect of *insurance business* ceded by way of non-facultative *reinsurance* in respect of the *financial year in question* or any *previous financial year* ended on or after 20 February 1998, a statement of –
  - (a) in the case of contracts which are subject to no or a limited number of reinstatements, any contract not previously reported to the *FSA* under which it is anticipated that any such limit will be exhausted by such *claims* (including *claims* incurred, but not reported, in respect of any specific occurrence for which provisions have been allocated);
  - (b) the percentage of cover, if in excess of 10%, and if such information was not included in the *return* of the *marine mutual* for the *previous financial year*, which has been *ceded* to *reinsurers* which have ceased to pay *claims* to their reinsureds in full, whether because of insolvency or for any other reason; and
  - (c) if the percentage specified in (b) has increased by more than 10% since the *previous financial year* in which it was included in the *marine mutual's return*, that percentage unless, in the opinion of the *directors*, the likelihood of any *claim* being incurred under that *policy* is minimal;

- (3) a statement concerning:
  - (a) the default rates of members (or adjusted default rates, as the case may be) on the supplementary calls collectable during the *financial year in question* and the two *previous financial years*, respectively; and
  - (b) the total amount of each such call, the *financial year* to which it relates, the amount paid and the amount remaining outstanding; and
- (4) a copy of the rules of association of the marine mutual in force on the date of deposit of the return, unless there has been no change in a copy of the rules deposited with the return for a previous financial year.

#### **Information to FSA**

9.36C A *marine mutual* which provides a *return* under rule 9.36A must, with effect from the date of its deposit with the *FSA* until the date of deposit of the *return* for the following *financial year*, provide the *FSA* with written notice of:

- (1) any change which is proposed in the rules of association of the *marine mutual*, not less than 14 days before the change is put to a meeting;
- (2) any change which has been made in the rules of association, within 7 days of the change;
- (3) any significant change in the *reinsurance* arrangements, a description of which has been annexed to the *return* in accordance with rule 9.36B(1), within 7 days of the change;
- (4) a fall in tonnage entered by its members of 10% net or more since the end of the *financial year in question*, within 7 days of the *marine mutual* becoming aware of this; and
- (5) whether tonnage entered by its members who have withdrawn from membership or who have defaulted on their obligations has increased so as to exceed 10% or more of total tonnage entered, whether before, on or after the date of deposit of the *return*, within 7 days of the date of deposit or of the *marine mutual* becoming aware of this, whichever is earlier.

#### **Directors' certificate**

9.36D A *marine mutual* must annex to the *return* provided under rule 9.36A a *directors' certificate* in accordance with Part II of **Appendix 9.8**.

#### **Auditors' report**

9.36E A *marine mutual* must annex to the *return* provided under rule 9.36A an *auditors' report* in accordance with Part III of **Appendix 9.8**.

### Part III

#### Insurance statistics: EEA States

- 9.37 (1) Every *UK insurer* which in any calendar year –
- (a) carries on *general insurance business* in an *EEA State* other than the United Kingdom through a branch in that State; or
  - (b) provides general insurance in such a State through an establishment in the United Kingdom or another *EEA State*,
- must prepare in respect of the *direct general insurance business* so carried on by it a statement in **Form 91** (analysis of financial particulars – branches), or the direct general insurance so provided by it a statement in **Form 92** (analysis of financial particulars – provision of insurance), in accordance with the requirements of **Appendix 9.7**.
- (2) Every *UK insurer* which in any calendar year –
- (a) carries on *long-term insurance business* in an *EEA State* other than the United Kingdom through a branch in that State; or
  - (b) provides long-term insurance in such a State through an establishment in the United Kingdom or another *EEA State*,
- must prepare in respect of the *direct long-term insurance business* so carried on by it a statement in **Form 93** (analysis of financial particulars – branches), or the direct long-term insurance so provided by it a statement in **Form 94** (analysis of financial particulars – provision of insurance), in accordance with the requirements of **Appendix 9.7**.
- (3) The forms mentioned in (1) and (2) must be prepared separately in respect of each *EEA State* in which the *insurer* carries on the *insurance business* or provides the insurance.
- (4) The statements required by this rule must be printed, and three copies must be deposited with the *FSA* within nine months after the end of the calendar year to which they relate; but if in any case it appears to the *FSA* that the circumstances are such that a longer period than nine months should be allowed, the *FSA* may extend that period by such period not exceeding three months as it thinks fit.
- (5) One of the copies of the statement deposited under (4) must be signed by a *director*, a chief executive or the secretary of the *insurer*.
- (6) Subject to (7), where a *UK insurer* which has notified the *FSA* –
- (a) in accordance with the rules in *SUP*, of its intention to establish a branch in a *EEA State* other than the United Kingdom; or
  - (b) in accordance with those rules, of its intention to provide insurance in such a State,

does not in any calendar year carry on *insurance business* or, as the case may be, provide insurance in that State, it must send to the *FSA* a notification of that fact within nine months after the end of the calendar year to which the notification relates, signed by a *director*, a chief executive or the secretary of the *insurer*.

- (7) (6) does not apply if the *insurer* has, before the beginning of the calendar year, informed the *FSA*, in accordance with the rules in *SUP*, that it has ceased to carry on *insurance business* or, as the case may be, to provide insurance in the State in question.
- (8) If within 24 months of the date of deposit under (4), the *FSA* notifies the *insurer* that a document deposited appears to it to be inaccurate or incomplete, the *insurer* must consider the matter and within one month of the date of notification it must correct any inaccuracies and make good any omissions and deposit the relevant parts of the documents again.

#### **Application of rule 9.37 to the Society of Lloyd's**

- 9.38
- (1) Subject to (2) and (3), rule 9.37 applies in relation to the *Society* as it applies in relation to a *UK insurer*.
  - (2) The information required in the case of the *Society* to be included in the statements referred to in rule 9.37(4), or the notification referred to in rule 9.37(6), is that relating to the members of the *Society* taken together.
  - (3) Any such statements, forms or notification must be signed by the Chairman or a Deputy Chairman, for and on behalf of the Council of Lloyd's.

#### **PART IV**

#### **MATERIAL CONNECTED-PARTY TRANSACTIONS**

- 9.39
- (1) If, during the *financial year in question*, an *insurer* has agreed to, or carried out, a *material connected-party transaction*, it must provide a brief description of that transaction by way of a supplementary note to **Form 20** (note 2007) or **Form 40** (note 4009).
  - (2) The description to be provided in accordance with (1) must state –
    - (a) the names of the transacting parties;
    - (b) a description of the relationship between the parties;
    - (c) a description of the transaction;
    - (d) the amounts involved;
    - (e) any other elements of the transaction necessary for an understanding of its effect upon the financial position or performance of the *insurer*; and

- (f) amounts written off in the period in respect of *debts* due to or from *connected* parties.
- (3) Transactions with the same *connected* party may be disclosed on an aggregated basis unless separate disclosure is needed for a proper understanding of the effect of the transactions upon the financial position or performance of the *insurer*.

## **PART V**

### **GROUP CAPITAL ADEQUACY**

- 9.40 (1) Subject to (2), an *insurer* to which *PRU 8.3* applies must, in respect of its *ultimate insurance parent undertaking* and its *ultimate EEA insurance parent undertaking* (if different), report:
- (a) the name, location of the head office and principal activity of that *undertaking*;
  - (b) the *group capital resources* of that *undertaking* (calculated in accordance with *PRU 8.3.36R*);
  - (c) the *group capital resources requirement* of that *undertaking* (calculated in accordance with *PRU 8.3.33R*); and
  - (d) the difference between (b) and (c).
- (1A) Subject to (2), an *insurer* to which *PRU 8.3* applies must, in respect of its *ultimate EEA insurance parent undertaking*, report:
- (a) where its *ultimate EEA insurance parent undertaking* has published annual consolidated accounts prepared in accordance with accounting standards, policies and legislation applicable to it, a reconciliation between:
    - (i) the *group capital resources* of the *ultimate EEA insurance parent undertaking*; and
    - (ii) the shareholders' funds, subordinated liabilities and other relevant amounts included in the published annual consolidated accounts, of the *ultimate EEA insurance parent undertaking*; and

- (b) where its *ultimate EEA insurance parent undertaking* includes a capital statement in the form prescribed by the Accounting Standards Board's Financial Reporting Standard 27, an explanation of any differences between:
  - (i) the amounts included in that capital statement; and
  - (ii) the amounts in (1)(b).
  
- (2) No report is required if:
  - (a) the *insurer* is an *undertaking* listed in *PRU 8.3.17R (2)*; or
  - (b) under Article 4(2) of the *Insurance Groups Directive*, a *competent authority* of an *EEA State* other than the *United Kingdom* has agreed to be the *competent authority* responsible for exercising supplementary supervision in accordance with *PRU 8.3.23R*.
  
- (3) The report in (1) must:
  - (a) comply with the requirements of *SUP 16.3*;
  - (b) subject to (4), be signed by the persons described in *IPRU(INS) 9.33(1)*; and
  - (c) include a statement from the auditors of the *insurer* (or of an *insurer* under (4)) that, in their opinion, the report in (1) has been properly compiled in accordance with *PRU 8.3* from information provided by members of the *insurance group* and from the *insurer's* own records.
  
- (4) The reports in (1) and (1A) must be provided by either the *insurer* or on behalf of the *insurer* (the first *insurer*) by any other *insurer* to which *PRU 8.3* applies and which is a member of the *insurance group* (the second *insurer*) where:
  - (a) it is signed by two *directors* of the second *insurer*, and
  - (b) it contains a statement that it has been copied to the board of *directors* of the first *insurer*.



- 9.41 (1) Subject to (2), an *insurer* must include, in the report in rule 9.40(1), the details of any *regulated related undertaking* in the *insurance group* where the *individual capital resources requirement* of that *undertaking* exceeds its *solo capital resources*, stating in each case:
- (a) where the *undertaking* in rule 9.41(1)(a) is a *subsidiary undertaking* of the *ultimate insurance parent undertaking* or *ultimate EEA insurance parent undertaking* (if different), the full amount of the calculation items set out in *PRU 8.3.28R* of that *undertaking* in accordance with *PRU 8.3.30R* and *PRU 8.3.31R*; or
  - (b) where the *undertaking* in rule 9.41(1)(a) is not a *subsidiary undertaking*, the *ultimate insurance parent undertaking's* or *ultimate EEA insurance parent undertaking's* relevant proportion, as set out in *PRU 8.3.29R*, of the calculation items set out in *PRU 8.3.28R* of that *undertaking*.
- (2) Subject to paragraph (4) an *insurer* can exclude a *regulated related undertaking* where the *individual capital resources requirement* of that *undertaking* exceeds its *solo capital resources* if:
- (a) the *group capital resources* of the *ultimate insurance parent undertaking* or the *ultimate EEA insurance parent undertaking* (as the case may be) exceed its *group capital resources requirement*;
  - (b) paragraph 3 applies to the *regulated related undertaking*.
- (3) This paragraph applies to a *regulated related undertaking* if:
- (a) in respect of the *insurance group*, it is not;
    - (i) the *insurer*; or
    - (ii) a *parent undertaking* of the *insurer*; or
    - (iii) a *participating undertaking* in the *insurer*; or
    - (iv) a *related undertaking* of the *insurer*; and
  - (b) the amount by which its *individual capital resources requirement* exceeds its *solo capital resources* does not exceed 5% of the amount that the *group capital resources* exceed the *group capital resources requirement* referred to in rule (2)(a).

- (4) An *insurer* must include *regulated related undertakings* to which paragraph (2) would apply if the amount of D less E exceeds 10% of the amount that the *group capital resources* exceed the *group capital resources requirement* referred to in rule (2)(a), where:
- (a) D is the sum of the *individual capital resources requirements* of the *regulated related undertakings*; and
  - (b) E is the sum of the *solo capital resources* of the *regulated related undertakings*.

- 9.42 (1) The reports in rule 9.40(1) and rule 9.40(1A) must include information and calculations required by rule 9.40 and rule 9.41:
- (a) as at the end of the *financial year* of:
    - (i) the *insurer*; or
    - (ii) the *ultimate EEA insurance parent undertaking*; or
    - (iii) the *ultimate insurance parent undertaking*;
  - (b) subject to (2), as at the same date for every member of the *insurance group* to which the report relates. Where the *financial year* end of a member of the *insurance group* differs from the date chosen for the purposes of 1(a), interim calculations must be prepared for that member as at the date chosen for the purposes of 1(a); and
  - (c) as at a date no later than 12 months from the day after the end of the *financial year* by reference to which the information and calculations required in the report were last provided under this chapter or Chapter 10 of *IPRU(INS)*.
- (2) If it is not practical to prepare interim calculations for a member of the *insurance group* whose *financial year* end differs from the date chosen for the purposes of 1(a), calculations as at the member's last *financial year* end may be used, provided that:
- (a) the member's *financial year* end is not more than three months before the date chosen for the purposes of 1(a); and
  - (b) the calculations are adjusted to take account of any changes between the *financial year* end and the date chosen for the purposes of 1(a) that materially affect the information and calculations required by rules 9.40 and 9.41.

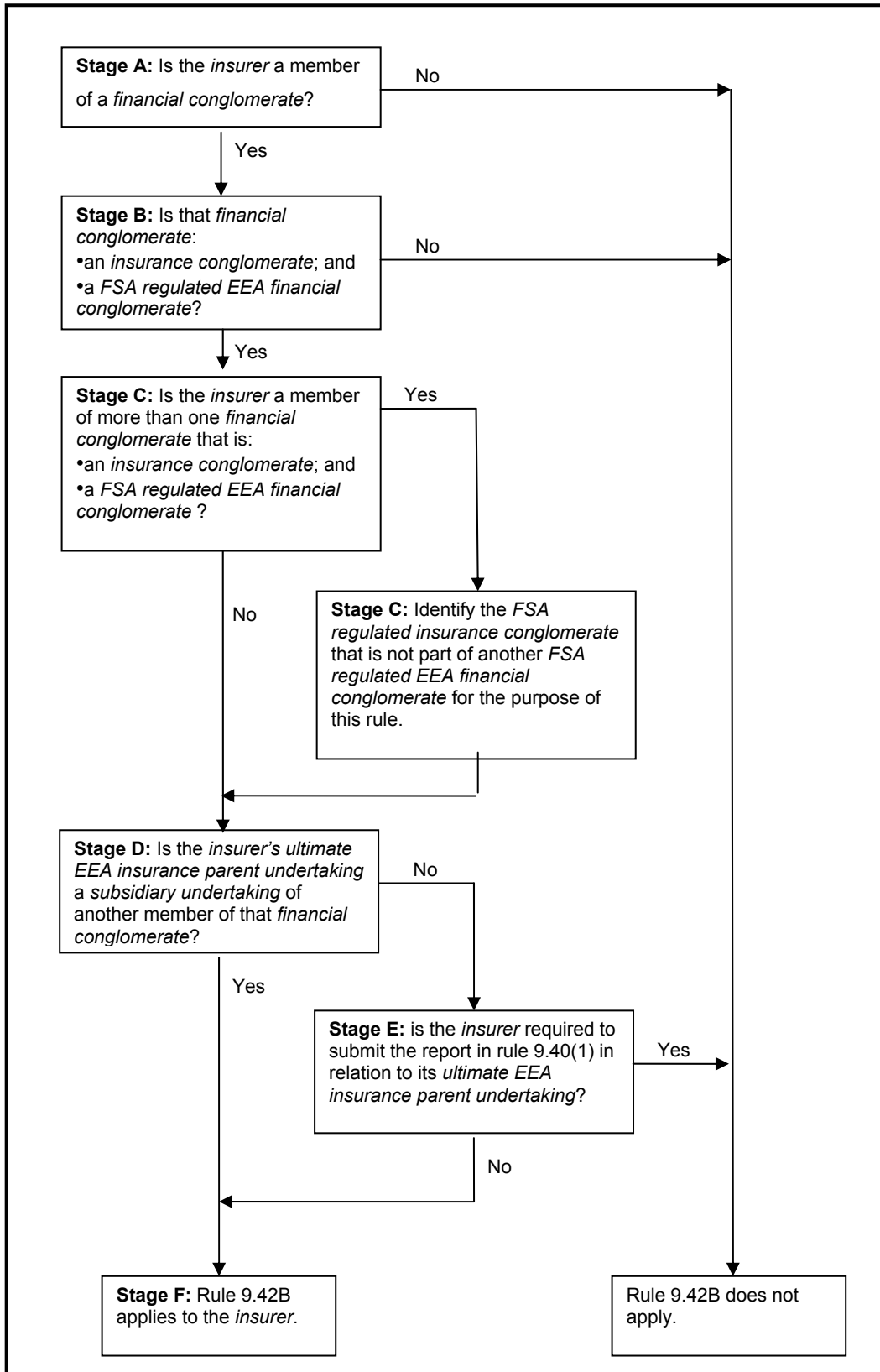
- (3) If for any reason the end of the *financial year* chosen for the purposes of (1)(a) is changed so as to end on a date later than that specified in 1(c):
- (a) the report after the change takes effect must be as at the later date; but
  - (b) unless the report contains information and calculations that do not materially differ from what they would be as at the date specified in 1(c), the *insurer* must also provide the *FSA* with an interim statement.
- (4) An insurer must submit the reports in rule 9.40(1) and in rule 9.40(1A) to the *FSA* no later than 4 months from the end of:
- (a) the *financial year in question*; or
  - (b) the *financial year* of the relevant parent, where the report is provided as at the end of its *financial year* under (1)(a).
- (5) If within 24 months of receipt, the *FSA* notifies the *insurer* that a report appears to be inaccurate or incomplete, the *insurer* must, within one month of notification, provide a revised report correcting any inaccuracies and making good any omissions.

9.42A An *insurer* that report under rule 9.40(1) must, subject to rule 9.42B, provide to any person, within 30 days, of request (or, in the case of (c), the date the revised report is provided to the *FSA* under rule 9.42(5)):

- (a) the following information from the report in respect of the *financial year in question*:
  - (i) the name, location of the head office and principal activity of the *ultimate EEA insurance parent undertaking*;
  - (ii) the amount of the *group capital resources* of the *ultimate EEA insurance parent undertaking*;
  - (iii) the amount of the *group capital resources requirement* of the *ultimate EEA insurance parent undertaking*;
  - (iv) the difference between (ii) and (iii); and
- (b) a copy of the report in rule 9.40(1A) in respect of the *financial year in question*; and
- (c) a copy of any information provided under rule 9.42(5) that revises any information provided in (a) and (b),

where the information is available in an electronic form, in the form requested or, if the information is not available electronically, in printed form, but (except in the case of (c)) the *insurer* may make a charge to cover its reasonable costs, including those of printing and postage.

- 9.42(B) (1) An *insurer* identified at stage F of the decision tree in rule 9.42C must provide to any person within 30 days of the request the information in rule 9.42D.
- (2) The information referred to in (1) must be provided, where the information is available to an electronic form, in the form requested or, if the information is not available electronically, in printed form, but the *insurer* may make a charge to cover its reasonable costs, including those of printing and postage.
- 9.42C The decision tree determining application of 9.42B.



- 9.42D (1) An *insurer* must provide the following information from the report prepared in accordance with *SUP* 16.7.83R in respect of the *financial year in question* of the *financial conglomerate* identified at Stage C of the decision tree in rule 9.42C:
- (a) the capital resources and capital resources requirement identified in (2) of the *financial conglomerate*;
  - (b) the difference between the capital resources and capital resources requirement of the *financial conglomerate* referred to in (a);
  - (c) where the *parent undertaking* in the *financial conglomerate* that is not a *subsidiary* of another member of the *financial conglomerate* has published annual consolidated accounts prepared in accordance with accounting standards, policies and legislation applicable to it, a reconciliation between:
    - (i) the amount of capital resources of the *financial conglomerate* in (2); and
    - (ii) the shareholders' funds, subordinated liabilities and other relevant amounts included in the published annual consolidated accounts of that *parent undertaking*; and
  - (d) where the *parent undertaking* in the *financial conglomerate* that is not a *subsidiary undertaking* of another member of the *financial conglomerate* includes a capital statement in the form prescribed by the Accounting Standards Board's Financial Reporting Standard 27, an explanation of any differences between:
    - (i) the capital resources of the *financial conglomerate* in (2); and
    - (ii) the amounts included in that capital statement.
- (2) The capital resources and capital resources requirement of the *financial conglomerate* identified at Stage C of the decision tree in rule 9.42C are:
- (a) where *PRU* 8.4.26R applies to the *financial conglomerate*, the capital resources of the *financial conglomerate* and the minimum amount of capital resources that the *financial conglomerate* must have to meet the requirement in *PRU* 8.4.26R; or

- (b) where *PRU 8.4.29R* applies to the *financial conglomerate*, its *conglomerate capital resources* and its *conglomerate capital resources requirement*.

#### Guidance

- 9.43
- (1) An *insurer* may use Appendix 9.9 Form 95 for the purposes of the report required by rule 9.40(1).
  - (2) The reports required by rule 9.40 do not form part of the *insurer's return*.
  - (3) Where several *insurers* to which rule 9.40 applies have the same *ultimate insurance parent undertaking* or *ultimate EEA insurance parent undertaking* or both, rule 9.40 applies to all of them. In these circumstances one *insurer* may submit the reports in rule 9.40 on behalf of the other *insurers* in the *insurance group* as set out in rule 9.40(4). This should consist of one package of the relevant information with confirmation that the *insurer* submitting the information has made it available to the boards of directors of the other *insurers* in the *insurance group*. The purpose of this requirement is to ensure that all the *insurers* in the *insurance group* are aware of the relevance of the group information to themselves.
  - (4) Where an *insurance group* consists of an *ultimate insurance parent undertaking* or *ultimate EEA insurance parent undertaking* which is itself an *insurer* whose head office is in the *United Kingdom* and which has a *United Kingdom insurance subsidiary* or *subsidiaries* which is or are themselves *insurers*, the reports in 9.40(1) and 9.40(1A) will cover the same *group undertakings*. The subsidiary *insurer* need not in these circumstances deposit the reports in 9.40(1) and 9.40(1A). However, this does not affect the requirement to provide information under rule 9.41.

## PART VI

### ENHANCED CAPITAL REQUIREMENT

- 9.44
- (1) An *insurer* to which *PRU 2.3.10R* applies must, in respect of each *financial year*, report its *enhanced capital requirement* (calculated in accordance with *PRU 2.3.11R*) as at the end of that *financial year*.
  - (2) The report must be in the form of ECR1 set out in Appendix 9.10.
  - (3) An *insurer* must deposit a printed copy of the report with the FSA within 2 months and 15 days of the *financial year end* unless, in addition to depositing a printed copy, an *insurer* also deposits an electronic copy, then

the period for deposit is within 3 months of the *financial year end*.

- (4) The printed copy of the report must be signed by the persons described in *IPRU(INS) 9.33(1)*.

**Guidance**

- 9.45 The report required by rule 9.44(1) does not form part of the *insurer's return*.
- 9.46 Electronic copies may be sent on disk or by e-mail to [ecrsubmissions@fsa.gov.uk](mailto:ecrsubmissions@fsa.gov.uk).
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## **Chapter 11**

### **DEFINITIONS**

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##### **Part II - General provisions**

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  - 11.4 Actions for damages
  - 11.5-7 Use of definitions
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## Chapter 11

### DEFINITIONS

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#### PART I

#### DEFINITIONS

- 11.1 For the purposes of *IPRU (INS)*, the term or phrase in the first column has the meaning given to it in the second column unless the context otherwise requires.

<b>Term or phrase</b>	<b>Definition</b>
<i>1981 Regulations</i>	Insurance Companies Regulations 1981 (S.I. 1981 No. 1654)
<i>1982 Act</i>	Insurance Companies Act 1982
<i>1983 Regulations</i>	Insurance Companies Regulations 1983 (S.I. 1983 No. 1811)
<i>1986 Order</i>	Companies (Northern Ireland) Order 1986
<i>1994 Regulations</i>	Insurance Companies Regulations 1994 (S.I. 1994 No. 1516)
<i>1996 Regulations</i>	Insurance Companies (Accounts and Statements) Regulations (S.I. 1996 No. 943)

<i>accounted for</i>	reported pursuant to the <i>Accounts and Statements Rules</i>
<i>Accounts and Statements Rules</i>	rules 9.1 to 9.36E and rule 9.39 of Chapter 9
<i>actuarial investigation</i>	an investigation to which rule 9.4 applies
<i>admissible asset</i>	an asset that falls into one or more categories in <i>PRU 2 Annex 1R</i>
<i>approved index</i>	(a) an index which is - (i) calculated independently,

	<ul style="list-style-type: none"> <li>(ii) published at least once every week,</li> <li>(iii) based on constituents, each of which is property falling within paragraphs (1) to (8) or (10) of Part I of <b>Appendix 3.2</b>, and</li> <li>(iv) calculated on a basis which is made available to the public and which includes both the rules for including and excluding constituents and the rules for valuation which must use an arithmetic average of the value of the constituents;</li> </ul> <p>(b) a national index of retail prices published by or under the authority of a government of a State belonging to Zone A as defined in the <i>Banking Consolidation Directive</i>; or</p> <p>(c) an index which is -</p> <ul style="list-style-type: none"> <li>(i) based on constituents, each of which is property falling within paragraphs (1) to (8) or (10) of Part I of <b>Appendix 3.2</b>, and</li> <li>(ii) in respect of which a <i>derivative contract</i> is listed</li> </ul>
<i>approved investment firm</i>	an investment firm as defined in the <i>Investment Services Directive</i>
<i>approved securities</i>	any of the following - <ul style="list-style-type: none"> <li>(a) any <i>securities</i> issued or guaranteed by, or the repayment of the principal of which, or the interest on which is guaranteed by, and any loans to or deposits with, any of the following, namely, any government, public or local authority or nationalised industry or undertaking, which belongs to Zone A as defined in the <i>Banking Consolidation Directive</i>;</li> <li>(b) any loan to, or deposit with, an <i>approved financial institution</i>; and</li> <li>(c) debentures issued prior to 31 December 1994 by the Agricultural Mortgage Corporation Ltd or the</li> </ul>

	Scottish Agricultural Securities Corporation Ltd
<i>associate</i>	has the meaning given in rule 11.2
<i>available assets</i>	the excess of an <i>insurer's</i> assets (other than <i>implicit items</i> ) over its liabilities, in each case valued in accordance with <i>PRU 1.3</i> , <i>PRU 3.2</i> and <i>PRU 7</i>

<i>balancing category</i>	an <i>FSA general insurance business reporting category</i> to which any of the <i>category numbers 409</i> or <i>709</i> has been allocated in column 1 of <b>Annex 11.3</b>
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<i>category number</i>	the category number for the <i>FSA return general insurance business reporting categories</i> listed in column 1 of <b>Annex 11.3</b>
<i>cede and cession</i>	in relation to <i>reinsurance</i> , include retrocede and retrocession
<i>claim</i>	a <i>claim</i> against an <i>insurer</i> under a <i>contract of insurance</i>
<i>claims-made policy</i>	a contract of liability insurance which provides that no liability is incurred by the <i>insurer</i> in respect of an incident unless -  (a) the incident is notified to the <i>insurer</i> (or its agent or representative); and  (b) such notification is received by the <i>insurer</i> (or its agent or representative) before the end of a specified period which is no longer than three years following the final date for which cover is provided under the contract
<i>claims management costs</i>	refers to those claims management costs required by the <i>insurance accounts rules</i> (note (4) to the profit and loss account format) to be included in <i>claims</i> incurred other than those which, whether or not incurred through the employment of the <i>insurer's</i> own staff, are directly attributable to particular <i>claims</i>
<i>class</i>	a class of <i>long-term insurance business</i> , listed in <b>Annex 11.1</b> or a class of <i>general insurance business</i> listed in <b>Annex 11.2</b>
<i>collecting book</i>	includes any book or document held by a <i>collector</i> in which payments of premiums are recorded

<i>collective investment fund</i>	in <b>Appendix 3.2</b> includes a <i>collective investment scheme</i>
<i>collector</i>	includes every person, howsoever remunerated, who, by himself or by any deputy or substitute, makes house to house visits for the purpose of receiving premiums payable on <i>policies</i> of insurance on human life, or holds any interest in a <i>collecting book</i> , and includes such a deputy or substitute
<i>combined category</i>	an <i>FSA general insurance business reporting category</i> to which any of the <i>category numbers</i> 001, 002, 003, 110, 120, 180, 220, 260, 270, 280, 330, 340, 500 or 600 has been allocated in column 1 of <b>Annex 11.3</b>
<i>commitment</i>	a commitment represented by <i>insurance business</i> of any of the <i>classes of long-term insurance business</i>
<i>company</i>	(a) for the purposes of the <i>Accounts and Statements Rules</i> means an <i>insurance undertaking</i> ; and  (b) otherwise, includes any <i>body corporate</i>
<i>Companies Act</i>	the Companies Act 1985
<i>connected</i>	a <i>body corporate</i> "A" and another <i>body corporate</i> "B" are connected with each other if:  (a) B is a <i>related undertaking</i> of A;  (b) B is a <i>participating undertaking</i> in A; or  (c) B is a <i>related undertaking</i> of a <i>participating undertaking</i> in A  a <i>body corporate</i> "C" and a natural person "D" are connected if D holds a <i>participation</i> in:  (d) C or any of its <i>related undertakings</i> ;  (e) a <i>participating undertaking</i> in C; or  (f) a <i>related undertaking</i> of a <i>participating undertaking</i> in A
<i>connected company</i>	of any <i>company</i> means -  (a) that <i>company's holding company</i> ;  (b) a <i>subsidiary</i> of that <i>company</i> ; or

	(c) a <i>subsidiary</i> of the <i>holding company</i> of that <i>company</i>
<i>connected-party transaction</i>	the transfer of assets or liabilities or the performance of services by, to or for a <i>connected</i> person irrespective of whether or not a price is charged
<i>consequential loss risk</i>	risk falling within <i>general insurance business class 16</i> comprising risks of the persons insured sustaining loss attributable to interruptions of the carrying on of business carried on by them or to reduction of the scope of business so carried on
<i>controller</i>	has the meaning given in rule 11.2
<i>counterparty</i>	<p>in relation to an <i>insurer</i> -</p> <p>(a) any one individual;</p> <p>(b) any one unincorporated body of persons;</p> <p>(c) any one <i>company</i> not being a member of a <i>group</i>;</p> <p>(d) any <i>group</i> of <i>companies</i> excluding any <i>companies</i> within the <i>group</i> which are <i>subsidiary undertakings</i> of the <i>insurer</i>; or</p> <p>(e) any government of a State together with all the public bodies, local authorities or nationalised industries of that State,</p> <p>in which the <i>insurer</i> has made investments or against whom it has rights whether in pursuance of a contract entered into by the <i>insurer</i> or otherwise</p>
<i>debt</i>	includes an obligation to pay a sum of money under a negotiable instrument
<i>dependant</i>	<p>a dependant is:</p> <p>(a) for a <i>firm</i> that is not a <i>participating insurance undertaking</i> (and so is not subject to <i>PRU</i> 8.3.9R), any <i>subsidiary undertaking</i> that is valued in accordance with <i>PRU</i> 1.3.35R; or</p> <p>(b) for a <i>firm</i> that is a <i>participating insurance undertaking</i> (and so is subject to <i>PRU</i> 8.3.9R as referred to in <i>PRU</i> 2.1.9R(2)), any <i>subsidiary</i></p>

	<i>undertaking</i> that is either (1) a <i>regulated related undertaking</i> in respect of which no election has been made in accordance with <i>PRU TR 25R</i> , or (2) a <i>subsidiary undertaking</i> of the <i>firm</i> , not referred to in (1), that is valued in accordance with <i>PRU 1.3.35R</i> .
<i>derivative contract</i>	has the meaning given to <i>derivative</i> in the <i>Glossary</i>
<i>direct and facultative</i>	<i>direct insurance business</i> and inwards facultative <i>reinsurance business</i>
<i>direct insurance business</i>	<i>insurance business</i> other than <i>reinsurance business</i>
<i>discounting</i>	refers to discounting or deductions to take account of investment income within the meaning of paragraph 48 of the <i>insurance accounts rules</i>

<i>equivalent securities</i>	<i>securities</i> issued by the same <i>issuer</i> being of an identical type and having the same nominal value, description and amount
<i>established surplus</i>	has the same meaning as in rule 3.3(4)
<i>exemption category</i>	an <i>FSA general insurance business reporting category</i> to which the <i>category numbers</i> 114(p) or 710(p) have been allocated in column 1 of <b>Annex 11.3</b>
<i>external insurer</i>	an <i>insurer</i> whose head office is outside the United Kingdom, other than an <i>EEA-insurer</i> , a <i>Swiss general insurer</i> or an <i>UK- or EEA-deposit insurer</i> .

<i>facultative business</i>	facultative <i>reinsurance business</i>
<i>financial year</i>	each period at the end of which the balance of the accounts of the <i>insurer</i> is struck or, if no such balance is struck, the calendar year
<i>financial year in question</i>	the <i>financial year</i> which last ended before the date on which accounts and statements (as specified in the <i>Accounts and Statements Rules</i> ) of the <i>insurer</i> relating to that <i>financial year</i> are required to be deposited with the <i>FSA</i> pursuant to rule 9.6, and  the preceding financial year and previous financial years are construed accordingly
<i>FSA general</i>	a category of <i>general insurance business</i> that consists of

<i>insurance business reporting category</i>	the effecting or carrying out of <i>contracts of general insurance</i> falling within the description in column 2 of <b>Annex 11.3</b>
<i>group</i>	has the meaning given in section 262 of the <i>Companies Act</i>
<i>home foreign business</i>	<i>general insurance business</i> carried on in the United Kingdom primarily relating to risks situated outside the United Kingdom, but excluding <i>insurance business</i> in <i>category numbers</i> 330, 340 and 350 and <i>insurance business</i> where the risk commences in the United Kingdom
<i>hybrid security</i>	a <i>debt security</i> , other than an <i>approved security</i> , the terms of which provide or have the effect that the holder does not or would not have an unconditional entitlement to payment of interest and repayment of capital in full within 75 years of the <i>relevant date</i>
<i>incepted</i>	refers to the time when the liability to risk of an <i>insurer</i> under a <i>contract of insurance</i> commenced and, for this purpose, a contract providing continuous cover is deemed to commence on each anniversary date of the contract, and  incepting and inception are construed accordingly
<i>index linked contract</i>	a <i>linked long-term contract of insurance</i> conferring <i>index linked benefits</i>
<i>industrial assurance business</i>	the business of effecting <i>contracts of insurance</i> on human life, premiums in respect of which are received by means of <i>collectors</i> ;  But such <i>insurance business</i> does not include -  (a) <i>contracts of insurance</i> , the premiums in respect of which are payable at intervals of two months or more;  (b) <i>contracts of insurance</i> , effected whether before or after the passing of the Industrial Assurance Act 1923 by a society or company established before the date of the passing of that Act which at that date had no <i>contracts of insurance</i> outstanding



	<p>the premiums on which were payable at intervals of less than one month so long as the society or company continues not to effect any such contracts;</p> <p>(c) <i>contracts of insurance</i> effected before the passing of the Industrial Assurance Act 1923, premiums in respect of which are payable at intervals of one month or more, and which have up to the passing of that Act been treated as part of the business transacted by a branch other than the industrial branch of the society or company; or</p> <p>(d) <i>contracts of insurance</i> for £25 or more effected after the passing of the Industrial Assurance Act 1923, premiums in respect of which are payable at intervals of one month or more, and which are treated as part of the business transacted by a branch other than the industrial branch of the society or company, in cases where the relevant authority certified prior to 1 December 2001 under section 1(2)(d) of that Act that the terms and conditions of such contracts are on the whole not less favourable to the <i>policy holders</i> than those imposed by that Act</p>
<i>initial margin</i>	in respect of a <i>derivative contract</i> or a contract or asset having the effect of a <i>derivative contract</i> <sup>9</sup> , means assets which, before or at the time the contract is entered into, are transferred by the <i>insurer</i> subject to a condition that such assets (or where the assets transferred are <i>securities, equivalent securities</i> ) will be returned to the <i>insurer</i> on completion of that contract
<i>insurance liabilities</i>	amounts calculated in accordance with <i>PRU 1.3 (Valuation)</i> in respect of those items shown at C and D under the heading ‘Liabilities’ set out in paragraph 9 of the <i>insurance accounts rules</i>
<i>internal linked fund</i>	an account to which an <i>insurer</i> appropriates certain <i>linked assets</i> and which may be sub-divided into units the value of each of which is determined by the <i>insurer</i> by reference to the value of those <i>linked assets</i>

<sup>9</sup> See rule 4.13 for contracts which have the effect of *derivative contracts*

<i>linked assets</i> <sup>10</sup>	in relation to an <i>insurer</i> , <i>long-term insurance business assets</i> of the <i>insurer</i> which are, for the time being, identified in the records of the <i>insurer</i> as being assets by reference to the value of which <i>property linked benefits</i> are to be determined, and  non-linked assets is construed accordingly
<i>listed</i>	in relation to an investment, means that -  (a) the investment is included in an <i>official list</i> ; or  (b) facilities for dealing in that investment have been granted on a <i>regulated market</i>
<i>long-term policy holder</i>	a <i>policy holder</i> in respect of a <i>policy</i> the effecting of which by the <i>insurer</i> constituted the carrying on of <i>long-term insurance business</i>
<i>management expenses</i>	in relation to <i>long-term insurance business</i> , means all expenses, other than commission, incurred in the administration of an <i>insurer</i> or its business
<i>marine mutual</i>	an <i>insurer</i> -  (a) whose <i>insurance business</i> is restricted to the insurance of its members or their <i>associates</i> against loss, damage or liability arising out of marine adventures (including losses on inland waters or any risk incidental to any sea voyage); and  (b) whose articles of association, rules or bye laws provide for the calling of additional contributions from, or the reduction of benefits to, the majority of its members, in either case without limit, in order to ensure that the <i>insurer</i> has sufficient financial resources to meet any valid <i>claims</i> as they fall due
<i>market value</i>	in Appendix 3.2 the market value as determined in accordance with generally accepted accounting concepts, bases and policies or other generally accepted methods appropriate to <i>insurers</i>

<sup>10</sup> For guidance, see paragraph 3 of **Guidance Note 4.1**

<p><i>material connected-party transaction</i></p>	<p>a <i>connected-party transaction</i> for which (together with any similar transactions):</p> <ul style="list-style-type: none"> <li>(a) the price actually paid or received for the transfer of assets or liabilities or the performance of services; or</li> <li>(b) the price which would have been paid or received had that transaction been negotiated at arm's length between unconnected parties,</li> </ul> <p>exceeds:</p> <ul style="list-style-type: none"> <li>(c) in the case of an <i>insurer</i> that carries on <i>long-term insurance business</i> but not <i>general insurance business</i>, 5% of the <i>insurer's</i> liabilities arising from its <i>long-term insurance business</i>, excluding <i>property-linked liabilities</i> and net of <i>reinsurance ceded</i>; or</li> <li>(d) in the case of an <i>insurer</i> that carries on <i>general insurance business</i>, but not <i>long-term insurance business</i>, the sum of Euro 20,000 and 5% of the <i>insurer's</i> liabilities arising from its <i>general insurance business</i>, net of <i>reinsurance ceded</i>; or</li> <li>(e) in the case of an <i>insurer</i> that carries on both types of business either – <ul style="list-style-type: none"> <li>(i) 5% of the <i>insurer's</i> liabilities arising from its <i>long-term insurance business</i>, excluding <i>property-linked liabilities</i>, net of <i>reinsurance ceded</i> where the transaction is in connection with the <i>insurer's long-term insurance business</i>, or</li> <li>(ii) in other cases, the sum of Euro 20,000 and 5% of the <i>insurer's</i> liabilities arising from <i>general insurance business</i> net of <i>reinsurance ceded</i></li> </ul> </li> </ul>
<p><i>mathematical reserves</i></p>	<p>the provision made by an <i>insurer</i> to cover liabilities (excluding liabilities which have fallen due and liabilities arising from <i>deposit back arrangements</i>) arising under or in connection with <i>long-term insurance contracts</i></p>
<p><i>miscellaneous category</i></p>	<p>an <i>FSA return general insurance business reporting category</i> to which the <i>category numbers</i> 400 or 700 have</p>

	been allocated in column 1 of <b>Annex 11.3</b>
<i>mortgage</i>	in relation to Scotland, means a heritable security within the meaning of section 9(8) of the Conveyancing and Feudal Reform (Scotland) Act 1970
<i>non-linked assets</i>	see <i>linked assets</i>
<i>non-profit policy</i>	see <i>with-profits policy</i>
<i>non-proportional reinsurance treaty</i>	see <i>proportional reinsurance treaty</i>
<i>ordinary long-term insurance business</i>	<i>long-term insurance business</i> which is not <i>industrial assurance business</i>
<i>permitted connected property</i>	property of any of the descriptions in paragraphs 1 to 8 or 10 of Part I of <b>Appendix 3.2</b> , which is not property falling within rule 3.7(3)
<i>permitted derivative contract</i>	<p>for the purpose of <b>Appendix 3.2</b>, a <i>derivative</i> or <i>quasi-derivative</i> which satisfies the requirements of <i>PRU</i> 4.3.5R to <i>PRU</i> 4.3.35R with the exception of <i>PRU</i> 4.3.18R, as applied in relation to assets covering liabilities in respect of <i>linked long-term contracts of insurance</i>, amended as follows:</p> <p>(a) in <i>PRU</i> 4.3.5R, "For the purpose of <i>PRU</i> 2 Ann 1R (Admissible assets in insurance)" is replaced by "For the purposes of <i>IPRU(INS)</i> rules 3.6 and 3.7 and Appendix 3.2";</p> <p>(b) in <i>PRU</i> 4.3.6R(2) and (3), <i>PRU</i> 4.3.7R(1) and (2), and <i>PRU</i> 4.3.17R(1) "<i>admissible assets</i>" is replaced by "<i>permitted connected property</i>";</p> <p>(c) <i>PRU</i> 4.3.12R(2) and (3) are replaced by:</p> <p>"(2) (where they are held to cover <i>index-linked liabilities</i>) might:</p> <p style="padding-left: 40px;">(a) not be appropriate cover for those liabilities as required by <i>PRU</i> 4.2.58R; or</p>

	<p>(b) fall in value; and</p> <p>(3) (where they are held to cover <i>property-linked liabilities</i>) might:</p> <p>(a) not be appropriately selected in accordance with contractual and constructive liabilities as required by <i>PRU 7.6.36R</i> and appropriate cover for those liabilities as required by <i>PRU 4.2.57R</i>; or</p> <p>(b) fall in value".</p>
<i>permitted stock lending transaction</i>	<p>for the purpose of <b>Appendix 3.2</b>, a <i>stock lending transaction</i> which satisfies the requirements of <i>PRU 4.3.36R</i> to <i>PRU 4.3.41R</i>, amended as follows:</p> <p>(a) in <i>PRU 4.3.36R</i> (1), "For the purposes of <i>PRU 2 Ann 1R</i> (Admissible assets in insurance)" is replaced by "For the purposes of <i>IPRU(INS)</i> rules 3.6 and 3.7 and Appendix 3.2";</p> <p>(b) in <i>PRU 4.3.36R</i> (1)(a), "<i>admissible assets</i>" is replaced by "<i>permitted connected property</i>".</p> <p>(c) <i>PRU 4.3.36R</i> (1)(c) is amended to read "adequate and sufficiently immediate <i>collateral</i> which is in the form of <i>permitted connection property</i> or a letter of credit (<i>PRU 4.3.38R</i>, <i>PRU 4.3.38AR</i>, <i>PRU 4.3.40R</i> and <i>PRU 4.3.41R</i>) is obtained to secure the obligation of the <i>counterparty</i>."</p>
<i>preceding financial year</i>	see <i>financial year in question</i>
<i>previous financial years</i>	see <i>financial year in question</i>
<i>Product code</i>	has the meaning given in paragraph 3 of the Instructions for completion of <b>Form 47</b> in <b>Appendix 9.3</b>
<i>profit and loss account</i>	in relation to an <i>insurer</i> not trading for profit, an income and expenditure account

<i>property linked benefits</i>	benefits other than <i>index linked benefits</i> provided for under a <i>linked long-term contract of insurance</i>
<i>property linked contract</i>	a <i>linked long-term contract</i> conferring <i>property linked benefits</i>
<i>property linked liabilities</i>	<i>insurance liabilities</i> in respect of <i>property linked benefits</i>
<i>proportional reinsurance treaty</i>	<p>(a) a <i>reinsurance treaty</i> under which a pre-determined proportion of each <i>claim</i> payment by the <i>cedant</i> under <i>policies</i> subject to the treaty is recoverable from the <i>reinsurer</i>; and</p> <p>(b) for the purposes of the <i>Accounts and Statements Rules</i>, a <i>reinsurance treaty</i> under which in return for a proportion of the premium a pre-determined proportion of each <i>claim</i> payment by the <i>cedant</i> under <i>policies</i> subject to the treaty is recoverable from the <i>reinsurer</i>, and</p> <p>non-proportional reinsurance treaty is construed accordingly</p>

<i>readily realisable</i>	<p>in relation to an investment:</p> <p>(a) an investment which, had negotiations for the assignment or transfer of the investment commenced not more than seven working days before the <i>relevant date</i>, it is reasonable to assume could have been assigned or transferred on the <i>relevant date</i> for an amount not less than 97.5% of the <i>market value</i> to a person other than the <i>issuer</i> or an <i>associate</i> or <i>associated company</i> of the <i>issuer</i> or of the <i>insurer</i>; or</p> <p>(b) a <i>listed</i> investment with respect to which (a) does not apply by reason only that -</p> <p>(i) the listing of the investment has been temporarily suspended following receipt of price sensitive information received by the stock exchange on which the investment is <i>listed</i> or the <i>regulated market</i> on which facilities for dealing have been granted, or</p> <p>(ii) the extent of the holding would prevent an</p>
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	orderly disposal of the investment for an amount equal to or greater than 97.5% of <i>market value</i>
<i>receivable</i>	in relation to an <i>insurer</i> , a <i>financial year</i> and a premium, means due to the <i>insurer</i> whether or not the premium is received during that <i>financial year</i>
<i>regulated market</i>	a market which is characterised by - <ul style="list-style-type: none"> <li>(a) regular operation;</li> <li>(b) the fact that regulations issued or approved by the appropriate authority of the state where the market is situated - <ul style="list-style-type: none"> <li>(i) define the conditions for the operation of and access to the market,</li> <li>(ii) define the conditions to be satisfied by a financial instrument in order for it to be effectively dealt in on the market, and</li> <li>(iii) require compliance with reporting and transparency requirements comparable to those laid down in articles 20 and 21 of the <i>Investment Services Directive</i>, and</li> </ul> </li> <li>(c) in the case of a market situated outside the <i>EEA States</i>, the fact that the financial instruments dealt in are of a quality comparable to those in a <i>regulated market</i> in the United Kingdom</li> </ul>
<i>reinsurance recoveries</i>	amounts in respect of <i>claims</i> receivable by an <i>insurer</i> from a <i>reinsurer</i> under a contract of <i>reinsurance</i>
<i>related company</i>	in relation to an <i>insurer</i> – <ul style="list-style-type: none"> <li>(a) a <i>subsidiary undertaking</i> of the <i>insurer</i>;</li> <li>(b) a company of which the <i>insurer</i> is a <i>subsidiary undertaking</i>; or</li> <li>(c) a <i>subsidiary undertaking</i> of a company of which the <i>insurer</i> is a <i>subsidiary undertaking</i></li> </ul>
<i>relevant company</i>	an <i>insurer</i> whose <i>insurance business</i> is restricted to <i>reinsurance</i> of the <i>marine mutual</i> on terms that provide

	that the <i>marine mutual</i> can cancel the <i>reinsurance</i> arrangements at any time and can require the <i>insurer</i> immediately to transfer its assets and liabilities to the <i>marine mutual</i>
<i>relevant date</i>	in relation to the valuation of any asset or liability, the date at which the value of the asset or liability falls to be determined for the purposes of reporting under the <i>Accounts and Statements Rules</i>
<i>required category</i>	<p>in relation to a Form in the <i>return</i>, a category of <i>general insurance business</i> set out in column 2 of the Table in Paragraph 2B of <b>Appendix 9.2</b> that –</p> <p>(a) is, or is included in, an <i>FSA general insurance business reporting category</i> for which the Table in Paragraph 2A of <b>Appendix 9.2</b> contains a tick in the row for that <i>FSA general insurance business reporting category</i> and in the column for that Form; and</p> <p>(b) either:</p> <p>(i) meets the reporting criteria specified in the entry in column 3 of that Table that corresponds to the entry in column 2 for that the category of <i>general insurance business</i> and the entry in column 1 for that Form, or</p> <p>(ii) is required for that Form under rule 9.20.</p>
<i>return</i>	the documents required (taken together) to be deposited under rule 9.6(1)
<i>risk category</i>	any <i>FSA general insurance business reporting category</i> that is not a <i>combined category</i> , or <i>balancing category</i> or <i>exemption category</i>
<i>secured debt</i>	<p>a debt fully secured on:</p> <p>(a) assets whose value at least equals the amount of debt; or</p> <p>(b) a letter of credit or guarantee from an <i>approved counterparty</i>.</p>
<i>securities</i>	includes <i>shares</i> , <i>debt securities</i> , <i>Treasury Bills</i> , Tax Reserve Certificates and Certificates of Tax Deposit



<i>share</i>	has the meaning given in Part VII of the Companies Act or Part VIII of the Companies (Northern Ireland) Order 1986
<i>Statistical Rules</i>	rules 9.37 to 9.38
<i>Stock Exchange</i>	London Stock Exchange plc
<i>subsidiary undertaking</i>	is construed in accordance with section 258 of the <i>Companies Act</i> or Article 266 of the <i>1986 Order</i>

<i>technical provisions</i>	the items required by the <i>insurance accounts rules</i> to be shown in the balance sheet of an <i>insurer</i> at liabilities items C.1 to 6
<i>total capital resources</i>	the sum calculated at stage O of the calculation in <i>PRU 2.2.14R</i>
<i>Treasury Bills</i>	includes bills issued by Her Majesty's Government in the United Kingdom and Northern Ireland Treasury Bills

<i>unlisted</i>	see <i>listed</i>
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<i>variable interest securities</i>	<i>securities</i> which under their terms of issue provide for variable amounts of interest
<i>variation margin</i>	<p>(a) in respect of a <i>derivative contract</i>, or a <i>quasi-derivative contract</i>, assets (other than assets transferred by way of <i>initial margin</i>) which, at the <i>relevant date</i>, have been transferred by, to, or for the benefit of the <i>insurer</i> in pursuance of a condition in that contract or a related contract; and</p> <p>(b) in respect of an asset having the effect of a <i>derivative contract</i>, assets which, at the relevant date, have been transferred by, to, or for the benefit of, the <i>insurer</i> in pursuance of a contractual right conferred, or obligation imposed, by the holding of the asset having the effect of a <i>derivative contract</i></p>

<i>with-profits fund</i>	for the purposes of the <i>Accounts and Statements Rules</i> – <p>(a) a <i>long-term insurance fund</i> (or that part of such a fund) in which <i>policy holders</i> are eligible to participate in any <i>established surplus</i>; and</p> <p>(b) where it is an <i>insurer's</i> usual practice to restrict <i>policy holders'</i> participation in any <i>established surplus</i> to that arising from only a part of the fund (or part fund) falling within (a), that part (or that part of the part fund)</p>
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<i>with-profits policy</i>	a contract falling within a <i>class of long-term insurance business</i> which is eligible to participate in any part of any <i>established surplus</i> , and non-profit policy is construed accordingly
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### **Controller**

- 11.2 (1) For the purpose of *IPRU (INS)*, **controller**, in relation to an undertaking ("A"), means a person who falls within any of the cases in (2).
- (2) The cases are where the 'person' –
- (a) holds 10% or more of the 'shares' in A;
  - (b) is able to exercise significant influence over the management of A by virtue of his shareholding in A;
  - (c) holds 10% or more of the 'shares' in a parent undertaking ("P") of A;
  - (d) is able to exercise significant influence over the management of P by virtue of his shareholding in P;
  - (e) is entitled to exercise, or control the exercise of, 10% or more of the 'voting power' in A;
  - (f) is able to exercise significant influence over the management of A by virtue of his 'voting power' in A;
  - (g) is entitled to exercise, or control the exercise of, 10% or more of the 'voting power' in P; or
  - (h) is able to exercise significant influence over the management of P by virtue of his 'voting power' in P.
- (3) In (2) the **person** means –
- (a) the person;
  - (b) any of the person's *associates*; or
  - (c) the person and any of his *associates*.
- (4) **Associate**, in relation to a 'person' ("H") holding 'shares' in an undertaking ("C") or entitled to exercise or control the exercise of 'voting power' in relation to another undertaking ("D"), means -

- (a) the spouse or civil partner of H;
  - (b) a child or stepchild of H (if under 18);
  - (c) the trustee of any 'settlement' under which H has a life interest in possession (or in Scotland a life interest);
  - (d) an undertaking of which H is a *director*;
  - (e) a person who is an employee or partner of H;
  - (f) if H is an undertaking-
    - (i) a *director* of H,
    - (ii) a *subsidiary undertaking* of H,
    - (iii) a *director* or employee of such a *subsidiary undertaking*; and
  - (g) if H has with any other person an agreement or arrangement with respect to the acquisition, holding or disposal of '*shares*' or other interests in C or D or under which they undertake to act together in exercising their 'voting power' in relation to C or D, that other person.
- (5) **Settlement**, in (4)(c), includes any disposition or arrangement under which property is held on trust (or subject to a comparable obligation).
- (6) **Shares** -
- (a) in relation to an undertaking with *share* capital, means allotted shares;
  - (b) in relation to an undertaking with capital but no *share* capital, means rights to share in the capital of the undertaking; and
  - (c) in relation to an undertaking without capital, means interests -
    - (i) conferring any right to share in the profits, or liability to contribute to the losses, of the undertaking, or
    - (ii) giving rise to an obligation to contribute to the debts or expenses of the undertaking in the event of a winding up.
- (7) **Voting power**, in relation to an undertaking which does not have general meetings at which matters are decided by the exercise of voting rights, means the right under the constitution of the undertaking to direct the overall policy of the undertaking or alter the terms of its constitution.

## **PART 2**

### **GENERAL PROVISIONS**

#### **Powers under which the rules are made**

- 11.3 The rules and guidance in the *IPRU (INS)* are made under the following sections of the *Act* -
- (a) section 138 (general rule making power);
  - (b) section 141 (insurance business rules);
  - (c) section 150(2) (actions for damages);
  - (d) section 156 (general supplementary powers);
  - (e) section 157 (guidance); and
  - (f) section 340 (appointment of auditors and actuaries).

#### **Actions for damages**

- 11.4 Section 150(1) of the *Act* does not apply to a contravention of the rules in the *IPRU (INS)*.

#### **Use of definitions**

- 11.5 A word or phrase which is printed in italics is used in the defined sense. Where a word or phrase is printed in italics and is not given a meaning in Part 1 of Chapter 11, that word or phrase has the meaning given to it in the *Glossary*.
- 11.6 Unless the context otherwise requires, a word or phrase which is defined in a related enactment bears the same meaning as in that enactment.
- 11.7 Unless the context otherwise requires, a word which is related to a defined word is construed by reference to the defined word.

#### **Supplementary and ancillary provisions**

- 11.8 For the purposes of this *IPRU (INS)*:
- (a) a *contract of insurance* is to be treated as falling within **Annex 11.1**, notwithstanding the fact that it contains supplementary provisions falling within *class 1* or *class 2* of **Annex 11.2** if:

- (i) its principal object is that of a contract falling within **Annex 11.1**, and
  - (ii) it is effected or carried out by an *insurer* who has permission to effect or carry out contracts falling within *class I* of **Annex 11.1**; and
- (b) a *contract of insurance* whose principal risk falls within any of *classes 1 to 18* of **Annex 11.2** is to be treated as falling within that *class* and no other, notwithstanding the fact that it also covers *ancillary risks*.
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## ANNEX 11.1

### CLASSES OF LONG-TERM INSURANCE BUSINESS

Number	Description	Nature of business
I	Life and annuity	Effecting or carrying out <i>contracts of insurance</i> on human life or contracts to pay <i>annuities on human life</i> , but excluding (in each case) contracts within <i>class III</i> .
II	Marriage or the formation of a civil partnership and birth	Effecting or carrying out <i>contracts of insurance</i> to provide a sum on marriage or the formation of a civil partnership or on the birth of a child, being contracts expressed to be in effect for a period of more
III	Linked long term	Effecting or carrying out <i>contracts of insurance</i> on human life or contracts to pay <i>annuities on human life</i> where the benefits are wholly or partly to be determined by reference to the value of, or the income from, property of any description (whether or not specified in the contracts) or by reference to fluctuations in, or in an index of, the value of property of any description (whether or not so specified).
IV	Permanent health	<p>Effecting or carrying out <i>contracts of insurance</i> providing specified benefits against risks of persons becoming incapacitated in consequence of sustaining injury as a result of an accident or of an accident of a specified class or of sickness or infirmity, being contracts that -</p> <p>(a) are expressed to be in effect for a period of not less than five years, or until the normal retirement age for the persons concerned, or without limit of time; and</p> <p>(b) either are not expressed to be terminable by the insurer, or are expressed to be so terminable only in special circumstances mentioned in the contract.</p>
V	Tontines	Effecting or carrying out tontines.

VI	Capital redemption	Effecting or carrying out capital redemption contracts.
VII	Pension fund management	Effecting or carrying out- (a) <i>pension fund management</i> contracts; or (b) contracts of the kind mentioned in (a) that are combined with <i>contracts of insurance</i> covering either conservation of capital or payment of a minimum interest.
VIII	Collective insurance etc	Effecting or carrying out contracts of a kind referred to in Article 1(2)(e) of the <i>First Life Directive</i> .
IX	Social insurance	Effecting or carrying out contracts of a kind referred to in Article 1(3) of the <i>First Life Directive</i> .

## ANNEX 11.2

### CLASSES, AND GROUPS OF CLASSES, OF GENERAL INSURANCE BUSINESS

#### Part I

#### Classes of general insurance business

Number	Description	Nature of business
1	Accident	<p>Effecting or carrying out <i>contracts of insurance</i> providing fixed pecuniary benefits or benefits in the nature of indemnity (or a combination of both) against risks of the person insured or, in the case of a contract made by virtue of section 140, 140A or 140B of the Local Government Act 1972, a person for whose benefit the contract is made -</p> <p>(a) sustaining injury as the result of an accident or of an accident of a specified class, or</p> <p>(b) dying as the result of an accident or of an accident of a specified class, or</p> <p>(c) becoming incapacitated in consequence of disease or of disease of a specified class,</p> <p>inclusive of contracts relating to industrial injury and occupational disease but exclusive of contracts falling within <i>class 2</i> or within <i>class IV</i> in <b>Annex 11.1</b>.</p>
2	Sickness	<p>Effecting or carrying out <i>contracts of insurance</i> providing fixed pecuniary benefits or benefits in the nature of indemnity (or a combination of the two) against risks of loss to the persons insured attributable to sickness or infirmity, but exclusive of contracts falling within <i>class IV</i> in <b>Annex 11.1</b>.</p>
3	Land vehicles	<p>Effecting or carrying out <i>contracts of insurance</i> against loss of or damage to vehicles used on land, including motor vehicles but excluding railway rolling stock.</p>
4	Railway rolling	<p>Effecting or carrying out <i>contracts of insurance</i> against loss of or damage to railway rolling stock.</p>
5	Aircraft	<p>Effecting or carrying out <i>contracts of insurance</i> upon aircraft or upon the machinery, tackle, furniture or equipment of aircraft.</p>



6	Ships	Effecting or carrying out <i>contracts of insurance</i> upon vessels used on the sea or on inland water, or upon the machinery, tackle, furniture or equipment of such vessels.
7	Goods in transit	Effecting or carrying out <i>contracts of insurance</i> against loss of or damage to merchandise, baggage and all other goods in transit, irrespective of the form of transport.
8	Fire and natural forces	Effecting or carrying out <i>contracts of insurance</i> against loss of or damage to property (other than property to which <i>classes 3 to 7</i> above relate) due to fire, explosion, storm, natural forces other than storm, nuclear energy or land subsidence.
9	Damage to property	Effecting or carrying out <i>contracts of insurance</i> against loss of or damage to property (other than property to which <i>classes 3 to 7</i> above relate) due to hail or frost or to any event (such as theft) other than those mentioned in <i>class 8</i> above.
10	Motor vehicle liability	Effecting or carrying out <i>contracts of insurance</i> against damage arising out of or in connection with the use of motor vehicles on land including third-party risks and carrier's liability.
11	Aircraft liability	Effecting or carrying out <i>contracts of insurance</i> against damage arising out of or in connection with the use of aircraft, including third-party risks and carrier's liability.
12	Liability for ships	Effecting or carrying out <i>contracts of insurance</i> against damage arising out of or in connection with the use of vessels on the sea or on inland water, including third-party risks and carrier's liability.
13	General liability	Effecting or carrying out <i>contracts of insurance</i> against risks of the persons insured incurring liabilities to third parties, the risks in question not being risks to which <i>class 10, 11 or 12</i> above relates.
14	Credit	Effecting or carrying out <i>contracts of insurance</i> against risks of loss to the persons insured arising from the insolvency of debtors of theirs or from the failure (otherwise than through insolvency) of debtors of theirs to pay their debts when due.

15	Suretyship	<p>Effecting or carrying out–</p> <p>(a) <i>contracts of insurance</i> against risks of loss to the persons insured arising from their having to perform contracts of guarantee entered into by them;</p> <p>(b) contracts for fidelity bonds, performance bonds, administration bonds, bail bonds or customs bonds or similar contracts of guarantee.</p>
16	Miscellaneous financial loss	<p>Effecting or carrying out <i>contracts of insurance</i> against any of the following risks, namely –</p> <p>(a) risks of loss to the persons insured attributable to interruptions of the carrying on of business carried on by them or to reduction of the scope of business so carried on;</p> <p>(b) risks of loss to the persons insured attributable to their incurring unforeseen expense (other than loss such as is covered by contracts falling within <i>class 18</i>);</p> <p>(c) risks neither falling within (a) or (b) nor being of a kind such that the carrying on of the business of effecting or carrying out <i>contracts of insurance</i> against them constitutes the carrying on of <i>insurance business</i> of some other class.</p>
17	Legal expenses	<p>Effecting or carrying out <i>contracts of insurance</i> against risks of loss to the persons insured attributable to their incurring legal expenses (including costs of litigation).</p>
18	Assistance	<p>Effecting or carrying out <i>contracts of insurance</i> providing either or both of the following benefits, namely –</p> <p>(a) assistance (whether in cash or in kind) for persons who get into difficulties while travelling, while away from home or while away from their permanent residence, or</p> <p>(b) assistance (whether in cash or in kind) for persons who get into difficulties otherwise than as mentioned in paragraph (a) above.</p>

**Part II**  
**Groups of classes of general insurance business**

<b>Number</b>	<b>Description</b>	<b>Nature of business</b>
1	Accident and health	<i>Classes 1 and 2.</i>
2	Motor	<i>Class 1 (to the extent that the relevant risks are risks of the person insured sustaining injury, or dying, as the result of travelling as a passenger) and classes 3, 7 and 10.</i>
3	Marine and transport	<i>Class 1 (to the said extent) and classes 4, 6, 7 and 12.</i>
4	Aviation	<i>Class 1 (to the said extent) and classes 5, 7 and 11.</i>
5	Fire and other damage to property	<i>Classes 8 and 9.</i>
6	Liability	<i>Classes 10, 11, 12 and 13.</i>
7	Credit and suretyship	<i>Classes 14 and 15.</i>
8	General	<i>All classes.</i>

## ANNEX 11.3

### DESCRIPTIONS OF FSA GENERAL INSURANCE BUSINESS REPORTING CATEGORIES

#### Part I

Categories to which contracts of general insurance business are to be allocated for the purpose of reporting in the return

Category Number	FSA general insurance business reporting category	Map to classes of business in Annex A of 73/239/EEC
001	<b>Total Business</b> ( <i>category numbers</i> 002 and 003 combined).	N/A
002	<b>Total Primary (Direct) and Facultative Business</b> ( <i>category numbers</i> 110, 120, 160, 180, 220, 260, 270, 280, 330, 340, 350 and 400 combined).	N/A
003	<b>Total Treaty Reinsurance Accepted Business</b> ( <i>category numbers</i> 500, 600 and 700 combined).	N/A
	<b>PRIMARY (DIRECT) AND FACULTATIVE PERSONAL LINES BUSINESS</b>	
110	<b>Total primary (direct) and facultative accident &amp; health</b> ( <i>category numbers</i> 111 to 114 combined).	
111	<b>Medical expenses</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) providing benefits in the nature of indemnity, with or without limit, against risks of loss to the persons insured attributable to their incurring the cost of medical treatment for sickness or infirmity or injuries sustained.	1,2
112	<b>HealthCare cash plan</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) providing fixed pecuniary benefits against risks of the persons insured requiring health care for sickness, infirmity or injuries sustained.	2
113	<b>Travel</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against a combination of risks of loss to the persons insured attributable to their travelling, or to their making of travel arrangements, and which fall within <i>classes</i> 1, 2, 8, 9, 17 or 18 and do not fall within <i>category number</i> 160 (Household and domestic all risks).	1,2,8,9,17,18
114	<b>Personal accident or sickness</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) which fall within <i>classes</i> 1 or 2 and which do not fall within <i>category numbers</i> 111 (Medical expenses), 112 (HealthCare cash plans), 113 (Travel), 114(p), 182 (Creditor).	1,2
114(p)	<b>Personal accident as a result of insured travelling as a passenger</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against risks of death of, or injury to, passengers which the insurer elects to allocate to <i>category numbers</i> 121 to	1

	123, 221 to 223, 331 to 333 or 341 to 347, notwithstanding that they would also fall within the definition of <i>category number</i> 114.	
120	<b>Total primary (direct) and facultative personal motor business</b> ( <i>category numbers</i> 121 to 123 combined).	3,10
121	<p><b>Private motor comprehensive</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of, or damage to, motor vehicles used on land and against the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of motor vehicles on land, where the motor vehicle has more than two wheels and is not a motorcycle with side-car and:</p> <p>(a) the primary purpose of each vehicle insured on the contract is to transport nine or fewer non-fare paying persons and each motor vehicle insured on the contract is individually rated;</p> <p>(b) the primary purpose of each vehicle insured on the contract is to transport nine or fewer non-fare paying persons, the persons insured are not a body corporate or partnership, and the number of vehicles insured on the contract is three or less; or</p> <p>(c) the primary purpose of each vehicle insured on the contract is to transport ten or more non-fare paying persons, the persons insured are not a body corporate or partnership and each motor vehicle insured on the contract is individually rated.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	3,10
122	<p><b>Private motor non-comprehensive</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of motor vehicles on land or against loss of or damage to motor vehicles used on land arising only from fire or theft, where the motor vehicle has more than two wheels and is not a motorcycle with side-car and:</p> <p>(a) the primary purpose of each vehicle insured on the contract is to transport nine or fewer non-fare paying persons and each motor vehicle insured in the contract is individually rated;</p> <p>(b) the primary purpose of each vehicle insured on the contract is to transport nine or fewer non-fare paying persons, the persons insured are not a body corporate or partnership, and the number of vehicles insured on the contract is three or less; or</p> <p>(c) the primary purpose of each vehicle insured on the contract is to transport ten or more non-fare paying persons and the persons insured are not a body corporate or partnership and each motor vehicle insured on the contract is individually rated.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	3,10

123	<p><b>Motor cycle</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to two-wheeled motor vehicles or motor cycles with a side care used on land and or against the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of such vehicles on land.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	3,10
160	<p><b>Primary (direct) and facultative household and domestic all risks.</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to any of:</p> <ul style="list-style-type: none"> <li>(a) structure of domestic properties,</li> <li>(b) contents of domestic properties, or</li> <li>(c) contents of domestic properties and personal items.</li> </ul> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to structure of domestic properties and against risks to the persons insured incurring liabilities to third parties arising out of injuries sustained within the boundary of a domestic property.</p>	8,9
180	<p><b>Total primary (direct) and facultative personal lines financial loss business</b></p> <p>(<i>category numbers</i> 181 to 187 combined).</p>	
181	<p><b>Assistance</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) which:</p> <ul style="list-style-type: none"> <li>(a) fall within <i>class</i> 18 (such as contracts relating to vehicle assistance, household assistance and legal expense helpline); and</li> <li>(b) do not fall within <i>category number</i> 113 (Travel).</li> </ul>	18
182	<p><b>Creditor</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risk that the persons insured sustain injury, suffer sickness or infirmity, suffer loss of income due to causes that may or may not be specified in the contract, where the benefits payable under the contract relate to loans, credit card balances or other debts and the contract does not fall within <i>category number</i> 185 (Mortgage indemnity).</p>	12,16
183	<p><b>Extended warranty</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of loss to the persons insured attributable to failure of a product, where the purpose of the contract is to put the persons insured in the position as if the manufacturer's or vendor's warranty on the product is extended for a period of time or is extended in scope.</p>	16
184	<p><b>Legal expenses</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of loss to the persons insured attributable to their incurring legal expenses including cost of litigation that do not fall within <i>category number</i> 120.</p>	17
185	<p><b>Mortgage indemnity</b></p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against risks of loss to the persons insured arising from the failure of debtors of theirs to pay debts relating to the purchase of a property when due and the persons insured being unable to recover the</p>	14

	full amount of any outstanding debt by selling the property concerned.	
186	<b>Pet insurance</b> <i>Contracts of insurance</i> (other than treaty reinsurance) against risk of loss to the person insured attributable to sickness of or accidents to domestic pets.	16
187	<b>Other personal financial loss</b> <i>Contracts of insurance</i> (other than treaty reinsurance) against risk of loss to the person insured attributable to: <ul style="list-style-type: none"> <li>(a) loss, breakdown or reduction in value of a personal item that attach to the purchase of that item, or</li> <li>(b) to an event not taking place as intended</li> </ul> where the persons insured are not a body corporate or partnership and the <i>contracts of insurance</i> do not fall within <i>category numbers</i> 113, 160 or 181 to 186.	
	<b>PRIMARY (DIRECT) and FACULTATIVE COMMERCIAL LINES BUSINESS</b>	
220	<b>Total primary (direct) and facultative commercial motor business</b> ( <i>category numbers</i> 221 to 223 combined).	3,10
221	<b>Fleets</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of, or damage to, motor vehicles used on land and / or against the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of motor vehicles on land, where the motor vehicle has more than two wheels and is not a motorcycle with side-car and:  <ul style="list-style-type: none"> <li>(a) the primary purpose of the vehicle insured on the contract is to transport non-fare paying persons;</li> <li>(b) the motor vehicles insured on the contract are not individually rated (that is, the premium charged is for the contract as a whole and either the firm does not disclose or record for internal management purposes a separate premium for each vehicle insured on the contract, or the premium for the contract is not necessarily the same as the sum of the premiums that would have been charged had the firm insured the vehicles under a private motor policy); and</li> <li>(c) the contract does not fall within <i>category numbers</i> 121 (private motor comprehensive) or 122 (private motor non-comprehensive).</li> </ul> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.	3,10
222	<b>Commercial vehicles (non-fleet)</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of, or damage to, motor vehicles used on land and / or against the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of motor vehicles on land, where: <ul style="list-style-type: none"> <li>(a) the persons insured are a body corporate or partnership; and</li> <li>(b) the primary purpose of the vehicles insured on the contract is to transport ten or more persons, to transport goods or for construction.</li> </ul> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.	3,10

223	<p><b>Motor other</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) which:  (a) fall within <i>classes</i> 3 or 10; and  (b) do not fall within <i>category numbers</i> 120, 221 or 222.</p> <p>This category includes <i>contracts of insurance</i> relating to motor trade and taxis.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	3,10
260	<p><b>Total primary (direct) and facultative commercial lines property business</b> (<i>category numbers</i> 261 to 263 combined).</p>	N/A
261	<p><b>Commercial property (including livestock and crops but excluding energy)</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against:  (a) loss of or damage to commercial property; or  (b) loss of or damage to commercial property and risks that fall within the definition of <i>category number</i> 262 (consequential loss), where the premium for the contract is rated on a single package basis and no separately identifiable premium for either the property loss or the consequential loss is charged or recorded for internal management purposes.</p> <p>This category does not include <i>contracts of insurance</i> that fall within <i>category number</i> 160 (Household), 263 (Contractors or engineering all risks), 274 (Mixed commercial package) or 343 (Energy).</p>	4,8,9
262	<p><b>Consequential loss (i.e. business interruption)</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against risks of loss to the persons insured attributable to interruptions of the business carried on by them, or to the reduction of the scope of the business so carried out, which result from perils insured against or other events (whether or not specified in the contract).</p> <p>This category does not include <i>contracts of insurance</i> that fall within <i>category number</i> 261 (Commercial property).</p>	16
263	<p><b>Contractors or engineering all risks</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to property or equipment, or against the risks of the persons insured incurring liabilities to third parties, which arise from, or are attributable to:  (a) materials and works in progress during construction,  (b) extension or renovation work,  (c) temporary sites,  (d) breakdown or malfunction of or damage to plant and machinery,  (e) use of equipment hired or owned by the persons insured, or  (f) similar types of activities.</p> <p>This category excludes <i>contracts of insurance</i> that fall within <i>category number</i> 274 (Mixed commercial package).</p>	8,9,13



270	<b>Total primary (direct) and facultative commercial lines liability business</b> ( <i>category numbers 271 to 274 combined</i> ).	N/A
271	<b>Employers liability (including the employers liability part of mixed liability packages but excluding mixed commercial packages)</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of the persons insured incurring liabilities to their employees for injury, illness or death arising out of their employment during the course of business.  This category excludes <i>contracts of insurance</i> that fall within <i>category number 274</i> (Mixed commercial package).	13
272	<b>Professional indemnity (including directors' and officers' liability and errors and omissions liability)</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of the persons insured incurring liabilities to third parties arising from wrongful acts (such as breach of duty, breach of trust, negligence, error or omissions) by professionals, named individuals or businesses occurring in the course of the insured's professional activities.	13
273	<b>Public and products liability</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of the persons insured incurring liabilities to third parties for damage to property, injury, illness or death, arising in the course of the insured's business, that do not fall within <i>category numbers 120</i> (Personal motor), <i>160</i> (Household and domestic all risks), <i>271</i> (Employers liability), <i>272</i> (Professional indemnity) or <i>274</i> (Mixed commercial package).	13
274	<b>Mixed commercial package</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against more than one of:  (a) loss or damage to property; (b) risks to the persons insured incurring liabilities to third parties; (c) risks of loss to the persons insured arising from the failure of debtors of theirs to pay their debts when due; (d) risks of loss to the persons insured attributable to interruptions of business carried on by them; (e) risks of loss to the persons insured attributable to their incurring unforeseen expenses; or (f) any other risk of loss to a commercial operation; where the risks and losses covered in the contract are rated on a single package basis and no separately identifiable premium is charged or recorded for internal management purposes for any one group of risks or losses specified in the contract.  This category excludes <i>contracts of insurance</i> that fall within <i>category number 261</i> (Commercial property).	8,9,13,14,16,17
280	<b>Total primary (direct) and facultative commercial lines financial loss business</b> ( <i>category numbers 281 to 284 combined</i> ).	
281	<b>Fidelity and contract guarantee</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against risks of loss to the persons insured arising from the theft or misappropriations of money or goods by	16

	employees, or attributable to failure to complete a contract on time.	
282	<p><b>Credit</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against risks of loss to the persons insured arising from the insolvency of debtors of theirs or from the failure (otherwise than through insolvency) of debtors of theirs to pay their debts when due, and which do not fall within <i>category number</i> 185 (Mortgage indemnity).</p>	14
283	<p><b>Suretyship</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) which fall within <i>class</i> 15.</p>	15
284	<p><b>Commercial contingency</b>  <i>Contracts of insurance</i> (other than treaty reinsurance) against risk of loss to the person insured attributable to an event not taking place as intended where the persons insured are a body corporate or partnership.</p>	16
	<b>PRIMARY (DIRECT) and FACULTATIVE AVIATION, MARINE AND TRANSPORT</b>	
330	<b>Total primary (direct) and facultative aviation business</b> ( <i>category number</i> 331 to 333 combined).	N/A
331	<p><b>Aviation liability (including liability part of airline packages)</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against:  (a) damage arising out of, or in connection with, the use of aircraft; or  (b) the risks of the persons insured incurring liabilities to third parties, or carrier's liabilities, arising out of, or in connection with, the use of aircraft.</p> <p>This category excludes contracts that fall within <i>category numbers</i> 332 (Aviation hull) or 333 (Space and satellite) and risks relating to use of hovercraft.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	11
332	<p><b>Aviation hull (including hull part of airline packages)</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) loss of or damage to aircraft, or the machinery, tackle, furniture or equipment of aircraft.</p> <p>This category excludes contracts that fall within <i>category number</i> 333 (Space and satellite) and risks relating to use of hovercraft.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number</i> 114(p) which the insurer elects to allocate to this category.</p>	5

333	<p><b>Space and satellite</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) upon satellites, aircraft or the machinery, tackle, furniture or equipment of satellites or aircraft.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) against:</p> <p style="padding-left: 40px;">(a) damage arising out of or in connection with the use of satellites or aircraft;  or</p> <p style="padding-left: 40px;">(b) the risks of the persons insured incurring liabilities to third parties arising out of or in connection with the use of satellites or aircraft;</p> <p>where any aircraft insured in the contract is intended to transport satellites or to travel to, or be transported to, beyond the earth's atmosphere.</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.</p>	5,11
340	<p><b>Total primary (direct) and facultative marine business</b> (<i>category numbers 341 to 347</i> combined).</p>	N/A
341	<p><b>Marine liability</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against damage or against the risks of the persons insured incurring liabilities to third parties or carrier's liabilities, arising out of or in connection with the use of vessels on the sea or on inland water (including hovercraft), and which do not fall within <i>category numbers 342</i> (Marine hull) or <i>347</i> (Yacht).</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.</p>	12
342	<p><b>Marine hull</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to vessels on the sea or on inland water (including hovercraft), or upon the machinery, tackle, furniture or equipment of such vessels, which do not fall within <i>category numbers 346</i> (War risks) or <i>347</i> (Yacht).</p> <p><i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.</p>	6
343	<p><b>Energy (on and off-shore)</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to property, or against the risks of the persons insured incurring liabilities to third parties, arising from the undertaking of energy operations on both land and sea.</p> <p><i>Contracts of insurance</i> other than treaty reinsurance that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.</p>	6,8,9,12,13
344	<p><b>Protection and indemnity</b>  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of the persons insured incurring liabilities to third parties for damage to property, injury, illness or death on board vessels on the sea or inland water or at locations associated with the operation of such vessels such as docks, arising from the negligence of the</p>	13

	owner of or individuals responsible for the vessels.  <i>Contracts of insurance</i> other than treaty reinsurance that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.	
345	<b>Freight demurrage and defence</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against the risks of loss to the persons insured attributable to their incurring legal expenses (including costs of litigation) arising from loss of or damage to goods during a period of transit that included, or was due to include, transport of the goods via sea or inland water.  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.	17
346	<b>War risks</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of or damage to property or mass transportation vehicles arising from war, civil war, revolution, rebellion, insurrection or hostile act by a belligerent power.  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.	6
347	<b>Yacht</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) upon vessels on the sea or on inland water.  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against: (a) damage arising out of or in connection with the use of vessels on the sea or on inland water, or upon the machinery, tackle, furniture or equipment of such vessels; or (b) the risks of the persons insured incurring liabilities to third parties, arising out of or in connection with the use of vessels on the sea or on inland water; where the vessels insured in the contract are not used for transporting goods or fare-paying passengers.  <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that fall within the definition of <i>category number 114(p)</i> which the insurer elects to allocate to this category.	6,12
350	<b>Primary (direct) and facultative goods in transit</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) against loss of, or damage to, merchandise, baggage and all other goods in transit, irrespective of the form of transport.	7
400	<b>Miscellaneous primary (direct) and facultative business</b> <i>Contracts of insurance</i> (other than treaty reinsurance contracts) that, in the reasonable opinion of the <i>insurer's governing body</i> , do not fall within <i>category numbers 110 to 350</i> or may mislead users of the return if allocated to one of <i>category numbers 110 to 350</i> .	N/A

	<b>NON-PROPORTIONAL REINSURANCE TREATY BUSINESS</b>	
500	<b>Total Non-Proportional Reinsurance Treaty Business accepted</b> (category numbers 510 to 590 combined).	N/A
510	<b>Non-proportional accident &amp; health</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 1 or 2, and do not fall within category numbers 590 or 710(p).</i>	1,2
520	<b>Non-proportional motor</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 3 or 10, or category number 710(p), and do not fall within category number 590.</i>	3,10
530	<b>Non-proportional aviation</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 5 or 11, or category number 710(p), and do not fall within category number 590.</i>	5,11
540	<b>Non-proportional marine</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 6 or 12, or category number 710 (p), and do not fall within category number 590.</i>	6,12
550	<b>Non-proportional transport</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within class 7, and do not fall within category number 590.</i>	7
560	<b>Non-proportional property</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 8 or 9, and do not fall within category number 590.</i>	4,8,9
570	<b>Non-proportional liability (non-motor)</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within class 13, and do not fall within category numbers 520, 530, 540 or 590.</i>	13
580	<b>Non-proportional financial lines</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance treaties or proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 14, 15, 16, 17 or 18, and do not fall within category number 590.</i>	14,15,16,17,18
590	<b>Non-proportional aggregate cover</b> <i>Contracts of insurance, effected or carried out under non-proportional reinsurance Treaties or proportional retrocession of non-proportional treaty reinsurance business, which will fall within more than one of category numbers 510 to 580, where no one of these categories accounts for more than 90% of the exposure on the contract.</i>	1 to 18

	<b>PROPORTIONAL REINSURANCE TREATY BUSINESS</b>	
600	<b>Total Proportional Reinsurance Treaty Business accepted</b> ( <i>category numbers 610 to 690 combined</i> ).	N/A
610	<b>Proportional accident &amp; health</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 1 or 2 and do not fall within category numbers 690 or 710 (p).</i>	1,2
620	<b>Proportional motor</b> <i>Contracts of insurance effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 3 or 10, or category number 710(p) and do not fall within category number 690.</i>	3,10
630	<b>Proportional aviation</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 5 or 11, or category number 710(p) and do not fall within category number 690.</i>	5,11
640	<b>Proportional marine</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 6 or 12, or category number 710(p) and do not fall within category number 690.</i>	6,12
650	<b>Proportional transport</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within class 7 and do not fall within category number 690.</i>	7
660	<b>Proportional property</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 8 or 9 and do not fall within category number 690.</i>	4,8,9
670	<b>Proportional liability (excluding motor)</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within class 13 and do not fall within category numbers 620, 630, 640 or 690.</i>	13
680	<b>Proportional financial lines</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within classes 14, 15, 16, 17, or 18 and do not fall within category number 690.</i>	14,15,16,17,18
690	<b>Proportional aggregate cover (i.e. more than one of the above)</b> <i>Contracts of insurance, effected or carried out under proportional reinsurance treaties other than proportional retrocession of non-proportional treaty reinsurance business, which fall within more than one of the category numbers 610 to 680, where no one of these categories accounts for more than 90% of the exposure on the contract.</i>	1 to 18

700	<p><b>Miscellaneous treaty reinsurance accepted business</b>  <i>Contracts of insurance</i> effected or carried out under <i>reinsurance treaties</i> that, in the reasonable opinion of the <i>insurer's governing body</i>, do not fall within <i>category numbers</i> 500 or 600 or may mislead users of the <i>return</i> if allocated to one of these categories.</p>	N/A
710(p)	<p><b>Treaty reinsurance passenger accident</b>  <i>Contracts of insurance</i> effected or carried out under <i>reinsurance treaties</i> against risks of death of, or injury to, passengers which the insurer elects to allocate to <i>category numbers</i> 520, 530, 540, 590, 620, 630, 640 or 690 notwithstanding that they would also fall within the definition of <i>category numbers</i> 510 or 610.</p>	

## Part II

Groups of categories of *general insurance business* to which categories in Part I are to be allocated for the purpose of reporting in the *return*

Category Number	FSA general insurance business reporting category	Map to classifications in Annex A of 73/239/EEC
409	<b>Balance of all primary (direct) and facultative business</b> <i>All direct and facultative insurance business reported in a Form 20 to 25 under category number 002 that is not also reported in the same Form under category numbers 110, 120, 160, 180, 220, 260, 270, 280, 330, 340, 350, and 400.</i>	N/A
709	<b>Balance of all treaty reinsurance accepted business</b> <i>All treaty reinsurance business reported in a Form 20 to 25 under category number 003 that is not also reported in the same Form under category numbers 500, 600 and 700.</i>	N/A



## Chapter 12

### TRANSITIONAL ARRANGEMENTS

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#### Reporting of information relating to financial years prior to the financial year ending on or after 31 December 2005

- 12.1 (1) An *insurer* that is required to report the information in (2) in respect of any *financial year* ending on or after 31 December 2005, may report that information as set out in (3).
- (2) The information in (1) is information that is required to be inserted in-
- (a) column 1 to 3 or 11 and rows relating to accident years prior to 1995 of **Forms 23, 26 or 27**;
  - (b) column 1,3 or 10 and rows relating to accident years prior to 1995 of **Forms 31 and 32**; or
  - (c) column 1 or 8 and rows relating to underwriting years prior to 1995 of **Form 34**.
- (3) Information relating to-
- (a) aggregate treaty business falling within the definition of *category number* 590 or 690, may be reported in *category numbers* 510 to 580 or 610 to 680;
  - (b) commercial package business falling within the definition of *category number* 274 business, may be reported in *category numbers* 261, 271 or 273;
  - (c) business that was reported under a single risk group or business category in the *return* for the *financial year* immediately preceding the first *financial year* that ended on or after 31 December 2005, may be reported in a single *risk category* if and 90% or more of the claim liabilities reported under the risk group or business category fall into that single *risk category*;
  - (d) any business covering risks relating to hovercraft which was classified under the heading 'Aviation' in the *return* for the *financial year* immediately preceding the first *financial year* that ends on or after 31 December 2005, may be reported in any of *category numbers* 331 to 333 (aviation);
  - (e) any business covering liability for loss of, or damage to, goods in transit which was classified under the heading 'Transport' in

the *return* for the *financial year* immediately preceding the first *financial year* that ended on or after 31 December 2005, may be reported in *category number* 350 (transport);

- (f) any business which was classified under the heading 'Accident and Health' in the *return* for the *financial year* immediately preceding the first *financial year* that ended on or after 31 December 2005, and which would otherwise be allocated to *category number* 114(p), may be reported in *category number* 114;
- (g) any business which was classified under the heading 'Marine, Aviation or Transport Treaty' in the *return* for the *financial year* immediately preceding the first *financial year* that ended on or after 31 December 2005, and which would otherwise be allocated to *category number* 550 or 650, may be reported in *category numbers* 530, 540, 630 or 640; and
- (h) any business which was classified under the heading 'accounting class 11' in the *return* for the *financial year* immediately preceding the first *financial year* that ended on or after 31 December 2005, may be reported in *category number* 510 to 590 (non-proportional treaty reinsurance).

#### **Reporting of historical information relating to Forms 26, 27, 28, 29, 31, 32 and 34**

- 12.2
- (1) An *insurer* that is required by rule 9.17 or 9.19 to prepare any of **Forms 26, 27, 28, 29, 31, 32** or **34** in respect of the first *financial year* ending on or after 31 December 2005 must send to the *FSA* the additional information in (2).
  - (2) The additional information in (1)-
    - (a) is historical development data in respect of business reported on each relevant Form;
    - (b) must be prepared as set out in (3) to (8);
    - (c) must be submitted in the format of the **2005 Return Transitional Tables A, B, C and D** in the form laid out in rule 12.4;
    - (d) must be submitted as a computer spreadsheet file that can be accessed by Microsoft Excel; and
    - (e) must be submitted to *FSA* by electronic email or a CD-ROM disk, in either case at the same time as the *return* to which it relates.

- (3) An *insurer* must prepare-
- (a) **2005 Return Transitional Tables A and B** in respect of each *required category* for which it is required to prepare **Form 26, 27, 28, 29, 31, 32** or **34** except where the *required category* is *category number* 400 or 700; and
  - (b) **2005 Transitional Table C and D** in respect of each *required category* for which it is required to prepare **Form 31** or **32** except where the *required category* is *category number* 400.
- (4) An *insurer* must show years of origin in the first two columns of each Table where-
- (a) a year of origin is a *financial year* and the columns contain the month and year, on the Gregorian calendar, in which that *financial year* ends;
  - (b) the month and year are to be in MM and YYYY date format, where MM is a two digit month of the year (between 01 and 12) and YYYY is a calendar year;
  - (c) years of origin are entered in sequence with the latest year of origin (i.e. the first *financial year* ended on or after 31 December 2005) in row 33;
  - (d) not report more than the 30 latest years of origin are reported;
  - (e) the years of origin reported on a Table are consistent with how the *insurer* has allocated claims to accident or underwriting years on the **Forms 27, 29, 31, 32** or **34**, as the case may be, on which the same business is reported.
- (5) If an *insurer* is reporting business on a Table that is reported on a **Form 27, 31** or **32**, the year of origin must be an accident year and the entries along the rows of the Table must relate to claims that occurred in that origin year. If an *insurer* is reporting business on a Table that is reported on a **Form 29** or **34**, the year of origin must be an underwriting year and the entries along the rows of the Table must relate to claims arising from business written in that origin year.
- (6) Historical development data must be prepared in the same currency as the Form that gave rise to the requirement to prepare the Table.
- (7) In preparing any of the **2005 Return Transitional Tables A, B C** and **D**, an *insurer* must, subject to (9), complete-

- (a) all entries relating to years of origin ending between 31/12/1996 and 30/12/2006 inclusive and all entries for the "prior years" row; and
- (b) subject to the total number of years of origin reported on a Table being no more than 30, all entries relating to:
  - (i) years of origin ending between 23/12/1993 and 30/12/1996 inclusive for business in *category numbers* 610, 620, 650, 660 and 680.
  - (ii) years of origin ending between 31/12/1983 and 30/12/1996 inclusive for business in *category numbers* 510 to 580, 630, 640 and 670, and
  - (iii) years of origin ending prior to 31/12/1996 for business in *category numbers* 271 to 273;
- (8) an *insurer* that does not maintain records of historical development data by a *required category* for which it is required to prepare any of **2005 Return Transitional Tables A, B, C and D**, may make a reasonable estimate of an entry required under (7) in the Table for that *required category*;
- (9) an *insurer* may omit an entry required under (7) in a Table for a *required category* if-
  - (a) in the opinion of its *governing body*, the *insurer* does not have the information needed to complete, or make a reasonable estimate of, the entry;
  - (b) it does not use any data required for that entry when setting its provisions for claim liabilities for business in the *required category*; and
  - (c) it states in a supplementary note to the Table an explanation for the entry omitted.
- (10) If for any year of origin the duration of any development year is not 12 months, an *insurer* must identify each such development year and state its duration in a supplementary note to the Tables (code TA02).

**Reconciliation of information reported in the return for the first financial year ended on or after 31 December 2005 to equivalent information reported in the previous return**

12.3

An *insurer* must carry out and send to the FSA, at the same time as it submits its *return* in respect of the first *financial year* ending on or after 31 December 2005, the following reconciliations-

- (a) the sum of the amounts reported in column 1 plus column 3 on each **Form 27** in the *return* for the first *financial year* ended on or after 31 December 2005 to the sum of the amounts reported in the column 1 plus column 3 plus column 4 on each **Form 27** in the previous *return*;
- (b) the amounts reported in the column headed 'Gross claims paid / In previous financial years' on each of **Forms 31, 32 and 34** in the *return* for the first *financial year* ended on or after 31 December 2005 to the sum of the amounts reported in the column headed 'Gross claims paid / In previous financial years' plus the amounts reported in the column headed 'Gross claims paid / In this financial year' on each **Forms 31, 32, and 34** in the previous *return*;
- (c) the amounts reported in the column headed 'Gross claims outstanding brought forward / Reported' on each of **Forms 27, 31, 32 and 34** in the *return* for the first *financial year* ended on or after 31 December 2005 to the amounts reported in the column headed 'Gross claims outstanding carried forward / Reported' on each of **Forms 27, 31, 32 and 34** in the previous *return*;
- (d) the amounts reported in the line titled 'Technical provisions / Brought forward / Undiscounted' (line 51) on **Form 28** in the *return* for the first *financial year* ended on or after 31 December 2005 to the amounts reported in the line titled 'Technical provisions / Carried forward / Undiscounted' (line 53) on **Form 28** in the previous *return*;
- (e) the amounts in the column headed 'Total number of claims settled at non-zero cost at end of the 2004 financial year' on each **Table D** to the amounts reported in the column headed 'Number of claims / Closed at some cost during this or previous financial years' (column 1) on each **Form 31 and 32** in the previous *return*.

#### **2005 return Transitional Tables A, B, C and D**

12.4 These tables belong to rule 12.2.

#### **Financial year ending on or after 31 December 2005**

12.5 The amendments to *IPRU(INS)* made by the interim Prudential Sourcebook for insurers (Regulatory Reporting) Instrument 2005 first apply to a *firm* with respect to its *financial year* ending on or after 31 December 2005.

Risk category:	Category number:	Currency:	Reporting Territory:
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Gross claims paid in each development year in respect of each year of origin

On this Table "the 2005 financial year" means the first financial year ending on or after 31 December 2005

1		2		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
[Year of origin] ended		Year of development																												Total gross claims paid to end of the 2005 financial year	Total gross claims paid in the 2005 financial year					
Month	Year																													After the last reported year of development						
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27			28	29	(see instruction 3)		
prior years																																				
		Data for years of origin prior to 30/12/1983 is only required for <i>category numbers</i> 271 to 273 (see rule 12.2(7) and instruction 7)																												Data for years of origin prior to 30/12/1983 are only required for <i>category numbers</i> 271 to 273 (see rule 12.2(7) and instruction 7).						
																																Data for years of origin between 31/12/1983 and 22/12/1993 inclusive only required for <i>category numbers</i> 271 to 273, 510 to 580, 630, 640 and 670 (see rule 12.2(7) and instruction 7)				
																																		Data for years of origin between 23/12/1993 and 30/12/1996 inclusive only required for <i>category numbers</i> 271 to 273, 510 to 580 and 610 to 680 (see rule 12.2(7) and instruction 7)		

#### **Instructions to Table A**

In these instructions "the 2005 *financial year*" means the first *financial year* ending on or after 31 December 2005.

#### Table A instruction 1

In the columns 1 and 2 year of origin is the *financial year* ending in the month and year shown.

#### Table A instruction 2

In the columns 1 and 2 the years of origin may be accident years or underwriting years.

In row 1 columns 1 and 2 replace "[year of origin]" with "accident year" if the business reported on the Table is reported on **Forms 26, 27, 31 or 32** or "underwriting year" if the business reported on the Table is reported on **Forms 28, 29 or 34**.

If the years of origin in columns 1 and 2 are accident years, the gross paid claims in each of the years of development 0 to 29 must be in respect of all claims in the *required category* that occurred in the year of origin.

If the years of origin in columns 1 and 2 are underwriting years, the gross paid claims in each of the years of development 0 to 29 must be in respect of all policies in the *required category* written in the year of origin.

#### Table A instruction 3

In row 3 column 33 the gross claims paid after the last reported year of development are gross claims paid in the 2005 *financial year* in respect of all the years of origin prior to the earliest year of origin for which historic data must be reported in the Table under rule 12.2(7).

#### Table A instruction 4

In column 34 the total gross claims paid to end of the 2005 *financial year* for a year of origin is the sum of all incremental payments for that year of origin and should equal:

<b>Form 27</b> columns 1+3+4 for the row that matches that year of origin	for treaty, accident year;
<b>Form 31 or 32</b> columns 3+4 for the row that matches that year of origin	for direct & facultative, accident year; or
<b>Form 34</b> columns 1+2 for the row that matches that year of origin	for direct & facultative, underwriting year.

#### Table A instruction 5

In column 35 the total gross claims paid in the 2005 *financial year* for a year of origin is equal to the final entry on each diagonal for that year of origin and should equal:

<b>Form 27</b> column 4 for the row that matches that year of origin	for treaty, accident year;
<b>Form 28</b> line 21 for the row that matches that year of origin	for treaty, underwriting year;
<b>Form 31 or 32</b> column 4 for the row that matches that year of origin	for direct & facultative, accident year; or
<b>Form 34</b> column 2 for the row that matches that year of origin	for direct & facultative, underwriting year.

#### Table A instruction 6

The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *risk category* relates.

The box marked "currency" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

The box marked "reporting territory" must be completed by inserting the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

#### Table A instruction 7

The number of *financial years* required may differ from the number of rows against the relevant description where for instance the *insurer* has had *financial years* that are not 12 months.

2005 Return Transitional Table B

Development of gross cumulative incurred claims:

Risk category:	Category number:	Currency:	Reporting Territory:
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Gross incurred claims (cumulative paid claims plus reported outstanding claims) at the end of each development year in respect of each year of origin

On this Table "the 2005 financial year" means the first financial year ending on or after 31 December 2005

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
[Year of origin] ended		Year of development																													Total gross reported claims at end of the 2005 financial year = final entry of each diagonal	Total gross reported outstanding claims at end of the 2005 financial year	
Month	Year	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
prior years																															(see in instruction 3)		
		Data for years of origin prior to 30/12/1983 is only required for <i>category numbers</i> 271 to 273 (see rule 12.2(7) and instruction 6)																													Data for years of origin prior to 30/12/1983 is only required for <i>category numbers</i> 271 to 273 (see rule 12.2(7) and instruction 6)		
		Data for years of origin between 31/12/1983 and 22/12/1993 inclusive only required for <i>category numbers</i> 271 to 273, 510 to 580, 630, 640 and 670 (see rule 12.2(7) and instruction 6).																													Data for years of origin between 31/12/1983 and 22/12/1993 inclusive only required for <i>category numbers</i> 271 to 273, 510 to 580, 630, 640 and 670 (see rule 12.2(7) and instruction 6).		
		Data for years of origin between 23/12/1993 and 30/12/1996 inclusive only required for <i>category numbers</i> 271 to 273, 510 to 580 and 610 to 680 (see rule 12.2(7) and instruction 6).																													Data for years of origin between 23/12/1993 and 30/12/1996 inclusive only required for <i>category numbers</i> 271 to 273 and 510 to 580 and 610 to 680 (see rule 12.2(7) and instruction 6).		
All origin years																																	



**Instructions to Table B**

In these instructions "the 2005 *financial year*" means the first *financial year* ending on or after 31 December 2005.

Table B instruction 1

The year of origin is the *financial year* ending in the month and year shown.

Table B instruction 2

In columns 1 and 2 the years of origin may be accident years or underwriting years.

In row 1 columns 1 and 2 replace "[year of origin]" with "accident year" if the business reported on the Table is reported on **Forms 26, 27, 31 or 32** or "underwriting year" if the business reported on the Table is reported on **Forms 28, 29 or 34**.

If the years of origin in columns 1 and 2 are accident years, the gross incurred claims at the end of each of the years of development 0 to 29 must be in respect of all claims in the *required category* that occurred in the year of origin.

If the years of origin in columns 1 and 2 are underwriting years, the gross incurred claims at the end of each of the years of development 0 to 29 must be in respect of all policies in the *required category* written in the year of origin.

Table B instruction 3

In row 3 column 34, the gross reported outstanding claims for prior years of origin are the *insurer's* estimate of total gross reported outstanding claims at the end of the 2005 *financial year* in respect of all the years of origin prior to the earliest year of origin for which historic data must be reported in the Table under rule 12.2(7).

Table B instruction 4

In column 34 gross reported outstanding claims at end of the 2005 *financial year* for a year of origin should equal total gross reported claims at end of the 2005 *financial year* from column 33 of **Table B** less the total gross claims paid to the end of the 2005 *financial year* from column 34 of **Table A** and should also equal:

**Form 27** column 5 for the row that matches that year of origin

**Form 29** line 11 for the row that matches that year of origin

**Form 31** or **Form 32** column 5 for the row that matches that year of origin

**Form 34** column 3 for the row that matches that year of origin

for Treaty, accident year;

for Treaty, underwriting year;

for direct & facultative, accident year; or

for direct & facultative, underwriting year.

Table B instruction 5

The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *risk category* relates.

The box marked "currency" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

The box marked "reporting territory" must be completed by inserting the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

Table B instruction 6

The number of *financial years* required may differ from the number of rows against the relevant description instance where the *insurer* has had *financial years* that are not 12 months.

**2005 Return Transitional Table C**

**Development of incremental numbers of reported claims:**

Risk category:	Category number:	Currency:	Reporting Territory:
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Number of claims reported in each development year in respect of each year of origin (including any claims ultimately settled at zero cost and excluding any re-opened claims)

On this Table, and the instructions to it, the phrase 'the 2005 financial year' means the first *financial year* ending on or after 31 December 2005

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34				
[year of origin] ended		Year of development																													Total number of claims reported to end of the 2005 financial year = sum of all number of claims reported in each development year for the year of origin								
Month	Year	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	After the last reported year of development (see instruction 3)							
prior years																																							

Data for years of origin prior to 31/12/1996 is only required for category numbers 271 to 273 (see rule 12.2(7) and instruction 5).

Data for years of origin prior to 31/12/1996 is only required for category numbers 271 to 273 (see rule 12.2(7) and instruction 5).

**Instructions to Table C**

In these instructions "the 2005 *financial year*" means the first *financial year* ending on or after 31 December 2005.

Table C instruction 1

The year of origin is the *financial year* ending in the month and year shown.

Table C instruction 2

In columns 1 and 2 the years of origin are accident years.

In row 1 columns 1 and 2 replace "[year of origin]" with "accident year".

For each year of origin, the number of claims reported in each of the years of development 0 to 29 must be in respect of all claims in the *required category* that occurred in the year of origin.

Table C instruction 3

In row 3 column 33, the number of claims reported after the last year of development are all claims reported in the 2005 *financial year* in respect of all the years of origin prior to the earliest year of origin for which historic data must be reported in the Table under rule 12.2(7).

Table C instruction 4

The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *risk category* relates.

The box marked "currency" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

The box marked "reporting territory" must be completed by inserting the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

Table C instruction 5

The number of *financial years* required may differ from the number of rows against the relevant description for instance where the *insurer* has had *financial years* that are not 12 months.

2005 Return Transitional Table D

Development of cumulative numbers of claims settled

Risk category:	Category number:	Currency:	Reporting Territory:
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Number of claims settled at non-zero cost excluding any claims re-opened and not yet re-closed at the end of each development year in respect of each year of origin

On this Table "the 2005 financial year" means the first financial year ending on or after 31 December 2005 and the "2004 financial year" means the financial year immediately preceding the 2005 financial year.

1	[year of origin] ended		Year of development																											33	34	35
	2	Month	Year	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25			
	prior years																															
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34	All origin years																															

Data for years of origin prior to 31/12/1996 is only required for category numbers 271 to 273 (see rule 12.2(7) and instruction 6)

Data for years of origin prior to 30/12/1996 are only required for category numbers 271 to 273 (see rule 12.2(7) and instruction 6)

see instruction 3

**Instructions to Table D**

In these instructions "the 2005 *financial year*" means the first *financial year* ending on or after 31 December 2005.

Table D instruction 1

The year of origin is the *financial year* ending in the month and year shown.

Table D instruction 2

The year of origin is an accident year.

In row 1 columns 1 and 2 replace "[year of origin]" with "accident year".

For each year of origin, the number of claims settled at non-zero cost at the end of each of the development years 0 to 29 must be in respect of all claims in the *required category* that occurred in that year of origin.

Table D instruction 3

In row 3 column 34, the number of reported outstanding claims for prior years of origin is the number of reported outstanding claims at the end of the 2005 *financial year* in respect of all the years of origin prior to the earliest year of origin for which historic data must be reported in the Table under rule 12.2(7).

Table D instruction 4

Total number of claims settled at non-zero cost at end of the 2005 *financial year* for each year of origin should equal **Form 31** or **Form 32** column 1.

Table D instruction 5

The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *risk category* relates.

The box marked "currency" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

The box marked "reporting territory" must be completed by inserting the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

Table D instruction 6

The number of *financial years* required may differ from the number of rows against the relevant description for instance where the *insurer* has had *financial years* that are not 12 months.

Table D instruction 7

Claims settled at non-zero cost in column 35 are the figures for which the reconciliation is required in rule 12.3(e).

## Guidance

- 12.6 (1) Rule 12.2 requires *insurers* to prepare historical development data in triangular format for each 'required category of business' for which a **Form 26 to 29, 31, 32 or 34** is required in the *return* for the first *financial year* ended on or after 31 December 2005. The purpose of the rule is to enable users of the *return* to carry out independent analysis of the development of paid and incurred claims and claim numbers in the new categories. When preparing data required by this rule an *insurer* should consider the need of the user and provide the data as accurately as reasonable possible.
- (2) Under the reporting requirements of risk groups and *business categories* (i.e. the requirements that applied from 1996 to 2004), it has been common practice for users of the *return* to accumulate data from many returns to create the past claims development, usually in triangular form, for each risk group and business category. With the introduction of a new categorisation of *general insurance business*, users of the *return* will not have past claims development for the new categories without this transitional rule.
- (3) Under rule 12.2(6), an *insurer* that is required to prepare any of Tables A to D for a *required category* may make a reasonable estimate of entries in the Table in the case where the *insurer* maintains its internal records in such a way that there is not a one-one or many-one mapping of its internal classification to the *required category*. For example, if an *insurer* is required to prepare Table A and B for a *category number* XXX carried on in GBP and the insurer's classification of business that it uses for its internal analysis and management reporting is such that business in XXX in GBP is recorded in two of its internal classes both of which also contain business other than XXX in GBP, the insurer may make a reasonable estimate of the data needed in Table A and B for XXX in GBP from the business it has recorded in those two internal classes.
- (4) When an *insurer* does not have all the data required for Tables A to D, it should provide the data that it has available. For example an *insurer* may not hold data for all the years of origin prior to 1996 specified in the Tables, or an *insurer* may not hold data relating to some of the earlier diagonals specified in the Tables. In particular, if an *insurer's* internal classification of its claim development data is such that it would be highly burdensome to extract the data specified in Tables A to D in respect of business that falls into *category numbers* 590 or 690, it need not prepare the Tables for these *category numbers*. An *insurer* need not prepare Tables A to D for *category numbers* 400 and 700 (the *miscellaneous categories*).
- (5) Under rule 12.2(7), an *insurer* that is required to prepare any of Tables A to D for a *required category* may omit an entry for a Table if it does not have the data needed to complete the entry and does not use that data for setting provisions for claim liabilities for business in that *required category*. An *insurer* should not omit data required to be reported on the Tables if it uses that data for its internal claim reserving. For example if an *insurer* is required

to prepare Table A for *category number 570* carried on in GBP and it does not have records of gross claims paid in development years 0 to 5 in respect of year of origin 1986 and it does not use incremental gross claims paid data to set claims provisions in respect of that business and year of origin 1986, it may omit the incremental gross claims paid in development years 0 to 5 in respect of year of origin 1986 in Table A for that *required category*.

- (6) If, for example, an *insurer* has had a 30 September *financial year* end and in, say, 2002 it decided to change to a 31 March *financial year* end, the years of origin it is required to report on a Table under 12.2(4)(a) to (c) could be any of the following unless 12.2(4)(e) requires otherwise:

Actual <i>financial year</i> end	Year of origin shown on Table	Actual <i>financial year</i> end	Year of origin shown on Table	Actual <i>financial year</i> end	Year of origin shown on Table
	A		B		C
...	...	...	...	...	...
30/09/2000	09-2000	30/09/2000	09-2000		
30/09/2001	09-2001	30/09/2001	09-2001	30/09/2000	09-2000
31/03/2002	03-2002	30/09/2002	09-2002	30/09/2001	09-2001
31/03/2003	03-2003	31/03/2003	03-2003	31/03/2003	03-2003
31/03/2004	03-2004	31/03/2004	03-2004	31/03/2004	03-2004
31/03/2005	03-2005	31/03/2005	03-2005	30/03/2005	03-2005
31/03/2006	03-2006	31/03/2006	03-2006	31/03/2006	03-2006

Under 12.2(4)(e) if, for example the business reported on the Table is reported on a **Form 31** and claims reported on that **Form 31** relating to accident years 2002 and 2003 are claims that occurred in the periods 1 October 2001 to 31 March 2002 and 1 April 2002 to 31 March 2003 respectively, the *insurer* would be required to report the years of origin under option A.

If option C applies, a calendar year (in this case 2002) would be missing from the sequence of years of origin. If the example instead had the *financial year* end changing from 31 March to 30 September in 2002, then a calendar year (in this case 2002) could appear twice in the sequence of years of origin. Thus under 12.2(4)(a) to (c) a calendar year may appear more than once or not at all in the sequence of years of origin in column 1 of a Table.

- (7) If an *insurer* is unable to submit the information required in 12.2(2) to *FSA* in a computer spreadsheet file that can be accessed by Microsoft Excel, it should request guidance from *FSA* as to the format in which to submit the information. The computer spreadsheet file that an *insurer* is required to send to the *FSA*, under 12.2(2)(d), should be the computer spreadsheet file that *FSA* makes available on its website or sends to *insurers* by electronic mail, with the relevant entries completed. An *insurer* should complete a template for each 2005 Return Transitional Tables A, B, C and D it is required to prepare. An

*insurer* should submit a single computer spreadsheet file with each tab (or page) of the spreadsheet containing a single 2005 Return Transitional Table. An *insurer* should request guidance from *FSA* as to how to send the computer spreadsheet file if it is unable to send it by electronic mail or on a CD-ROM disk.

- 12.7 (1) GEN (the part of the FSA Handbook in High Level Standards which has the title General Provisions) contains some technical transitional provisions that apply throughout the Handbook and which are designed to ensure a smooth transition at commencement of the *Act*. These include transitional provisions relevant to record keeping and notification rules.
- (2) *SUP* contains transitional provisions which carry forward written concessions relating to pre-commencement provisions.



**INTERIM PRUDENTIAL  
SOURCEBOOK**

**INSURERS**

**VOLUME TWO**

**APPENDICES TO THE RULES**

# INTERIM PRUDENTIAL SOURCEBOOK FOR INSURERS

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## APPENDIX 3.2 (rule 3.7)

### PERMITTED LINKS

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#### PART I

#### DESCRIPTIONS OF PROPERTY BY WHICH BENEFITS MAY BE DETERMINED

1. *Listed securities* which are *readily realisable*, not being *securities* which are -
  - (a) *approved securities*;
  - (b) loans or deposits of the kinds mentioned in 4 and 7;
  - (c) units or other beneficial interests in a *collective investment fund*; or
  - (d) *derivative contracts*.
  
2. *Unlisted securities* which are *readily realisable*, not being *securities* which are -
  - (a) *approved securities*;
  - (b) loans or deposits of the kinds mentioned in 4 and 7;
  - (c) units or other beneficial interests in a *collective investment fund*; or
  - (d) *derivative contracts*.
  
3. Land (including any interest in land) in an *EEA State*, Australia, Canada, the Channel Islands, Gibraltar, Hong Kong, the Isle of Man, New Zealand, the Republic of South Africa, Singapore or the United States of America.
  
4. Loans -
  - (a) which are fully secured by a *mortgage* or charge on land (or any interest in land) which -
    - (i) is situated in any of the countries referred to in 3, and
    - (ii) in the case of a loan made to a person other than a body corporate, is not used wholly or mainly for domestic purposes; and
  - (b) in relation to which the rate of interest and the due dates for the payment of interest and the repayment of principal can be fully ascertained from the terms of any agreement relating to the loan.

5. Units or other beneficial interests in -
  - (a) a scheme falling within the *UCITS Directive*; and
  - (b) a *collective investment fund* which satisfies the following conditions -
    - (i) the property of the fund comprises property of any of the descriptions in 1 to 10,
    - (ii) the units are *readily realisable* at a price which represents the net value per unit of the assets and liabilities of the fund, and
    - (iii) the price at which the units may be bought and sold is published regularly.
6. *Approved securities*.
7. Loans to or deposits with an *approved credit institution*, an *approved financial institution* or an *approved investment firm*.
8. Income due, or to become due, in respect of property of any of the descriptions in 1 to 7.
9. *Permitted derivative contracts* and *permitted stock lending transactions*.
10. Cash.
11. Units, by whatever name called, in a real or notional fund (not being a scheme or undertaking of a kind mentioned in 5) which is limited to the descriptions of property mentioned above, not being property falling within rule 3.7(3), and which under the contract is to be managed either-
  - (a) wholly by the *insurer*; or
  - (b) wholly or to any extent by another person being a person for whose acts and omissions in managing the fund the *insurer* assumes responsibility towards the *policy holder* as if they were the acts or omissions of the *insurer*, and otherwise (if at all) by the *insurer*.

**PART II**

**INDICES BY REFERENCE TO WHICH BENEFITS MAY BE DETERMINED**

1            *An approved index.*

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## APPENDIX 9.1 (rules 9.12 and 9.13)

### BALANCE SHEET AND PROFIT AND LOSS ACCOUNT (FORMS 1 TO 3 AND 10 TO 19)

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#### Introduction

1. (1) All the forms included in the part of the *return* to which this Appendix relates (**Forms 1 to 3 and 10 to 19**) are to be laid out as shown in this Appendix, except that the instructions for the completion of the forms need not be reproduced.
- (2) All amounts, descriptions or other text required to be shown as supplementary notes to a form must not be presented on the face of that form, but must be presented as a separate statement. The title of that statement must identify the form to which it relates.

#### Completion of Forms

2. Where 'source' appears at the head of a column on a form, the information to be included in the preceding columns of a particular line is to be taken from those items in the *return* to which reference is made on that line in the column headed 'source'. No entries are to be made in the column headed 'source'.
3. (1) The *insurer's* registration number to be entered in every form must be the number provided to the *insurer* by the *FSA* (or a predecessor).
- (2) Boxes marked 'GL/UK/CM' must be completed by inserting -
  - (a) 'UK' in the case of a form which is -
    - (i) prepared by *EEA-deposit insurer* in respect of *long-term* or *general insurance business* carried on through a branch in the United Kingdom;
    - (ii) prepared by an *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the United Kingdom is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the United Kingdom whose *insurance business* in the *EEA* is restricted to *reinsurance*) in respect of *long-term* or *general insurance business* carried on through a branch in the United Kingdom; or
    - (iii) prepared by a *Swiss general insurer* in respect of *general insurance business* carried on through a branch in the United Kingdom;

- (b) 'CM' in the case of a form which is prepared by a *UK-deposit insurer* in respect of *long-term* or *general insurance business* carried on through branches in the *EEA States* concerned; or
  - (c) 'GL' in any other case.
- (3) Boxes marked 'Period ended' must be completed so as to show, in numerals, the date of the last day of the *financial year in question*.
  - (4) No entry should be made in a box which is shaded or is not labelled.
  - (5) In the forms 'this financial year' means the *financial year in question*.

### **Currency**

4. The value of any asset or the amount of any liability denominated in a currency other than sterling must be expressed in sterling as if conversion had taken place at the closing middle rate on the last day for which the appropriate rate is available in the financial year to which the asset or liability relates.
5. (1) The amount of any income or expenditure must be expressed in sterling using such bases of conversion as are in accordance with generally accepted accounting practice.
- (2) The bases of conversion adopted must be stated by way of supplementary note (code 1601) to **Form 16** or, if there is no **Form 16**, by way of supplementary note (code 4005) to **Form 40**.

### **Presentation of amounts**

6. Negative amounts must be shown between round brackets.
7. Where in any form an amount which is shown as brought forward from a previous year differs from the corresponding amount shown as carried forward from that year and the difference is not due solely to the use of a different rate to express other currencies in sterling, an explanation of the reason for the difference must be given by way of a supplementary note to that form. (For **Forms 1, 2, 3, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19** the code for the supplementary note is 0111, 0211, 0311, 1011, 1111, 1211, 1311, 1411, 1511, 1611, 1711, 1811, and 1911 respectively.)
8. (1) Except to the extent permitted by (2), amounts due to or from the *insurer* must be shown gross.
- (2) In calculating amounts due to or from the *insurer* -
  - (a) amounts due from any person may, unless expressly provided otherwise, be included net of amounts which are due to that person,



provided that such amounts may be set off against each other under generally accepted accounting practice; and

- (b) amounts due to any person may, unless expressly provided otherwise, be included net of amounts which are due from that person, provided that such amounts may be set off against each other under generally accepted accounting practice.
  - (3) If amounts shown include amounts calculated on the basis set out in (2), a supplementary note to **Form 13** (code 1304 for other than *long-term insurance business* and code 1310 for *long-term insurance business*) to that effect must be provided.
  - (4) This paragraph does not apply to **Form 17**.
9. All amounts are to be shown to the nearer £1,000. Calculations must be performed using unrounded figures. Figures which are determined from other figures (whether or not on the same form) must be rounded after performing calculations on the unrounded component figures.

#### **Premiums**

10. (1) Notwithstanding the requirements of the *insurance accounts rules*, amounts included in **Forms 11** and **12** in respect of -
- (a) *gross premiums receivable*;
  - (b) *claims paid*;
  - (c) *claims outstanding*; and
  - (d) *reinsurance recoveries*,
- must be determined in accordance with *PRU 7.2.66R* and *PRU 7.2.71R*.
- (2) Where any amount included in **Form 11** or **12** pursuant to (1) differs from the aggregate of the corresponding amounts included in **Forms 21, 22, 24** and **25**, there must be stated by way of supplementary note to **Form 11** or **12** (code 1105 or 1205), as the case may be -
- (a) the amount of such difference; and
  - (b) an explanation for such difference.

#### **Counterparty exposure**

11. (1) There must be given by way of a supplementary note to **Form 13** (code 1305 for other than *long-term insurance business* and code 1311 for *long-term insurance business*) -

- (a) the maximum extent to which, in accordance with any investment guidelines operated by the *insurer*, it was permitted to be exposed to any one *counterparty* during the *financial year in question*;
  - (b) the maximum extent to which, in accordance with such guidelines, it was permitted to be exposed to any one *counterparty*, other than by way of exposure to an *approved counterparty*, during the *financial year in question*; and
  - (c) an account of any occasions during the *financial year* on which either of those amounts was exceeded.
- (2) In each case where the *exposure* of the *insurer* to a *counterparty* at the end of the *financial year in question* exceeds:
- (a) 5% of the sum of its *base capital resources requirement* and its *long-term insurance liabilities*, excluding *property linked liabilities* and net of *reinsurance ceded*, or
  - (b) the sum of 20,000 Euro and 5% of its liabilities arising from its *general insurance business*, net of *reinsurance ceded*,

as appropriate -

- (a) the amount of that *exposure*; and
- (b) the nature of the assets held which give rise to that *exposure*,

must be stated by way of a supplementary note to **Form 13** (code 1306 for other than *long-term insurance business* and code 1312 for *long-term insurance business*).

- (3) There must be stated by way of supplementary note to **Form 13** (code 1307 for other than *long-term insurance business* and code 1313 for *long-term insurance business*) the aggregate value of any rights to which *PRU 3.2.35R* or *PRU 3.2.36R* and *PRU 3.2.37R* relates.

#### **Provision for reasonably foreseeable adverse variations**

12. There must be stated by way of supplementary note to **Form 14** (code 1401) or **15** (code 1501) the methods and assumptions used to determine the amount of any adjustment or provision made pursuant to *PRU 1.3.26R* to *PRU 1.3.29R* or *PRU 4.3.17R* to *PRU 4.3.18R* or, if there is no such adjustment or provision, the methods and assumptions used to determine that no adjustment or provision is required.

## Liabilities

13. (1) Subject to (3), the following information must be given by way of a supplementary note to **Form 14** (code 1402) or **15** (code 1502) -
- (a) in the case of any ‘charge’ over assets of the *insurer*, the particulars specified in (2) or a statement that there are no such ‘charges’;
  - (b) the total potential liability, and the amount provided for that liability, to taxation on capital gains which might arise if the *insurer* disposed of its assets, or a statement that there is no such potential liability;
  - (c) a brief description of any other liabilities being contingent liabilities not included in **Form 14** or **15** (other than liabilities arising under an inwards *contract of insurance* or *reinsurance*) including, where practicable, the amounts or estimated amounts of those liabilities, or a statement that there are no such contingent liabilities;
  - (d) a brief description of any guarantee, indemnity or other contractual commitment, effected by the *insurer* other than in the ordinary course of its *insurance business*, in respect of the existing or future liabilities of any *related companies*, including -
    - (i) the maximum liability of the *company* specified in such guarantee, indemnity or contractual commitment or, where no such amount is specified, a statement to that effect,
    - (ii) the amount of any provision made in respect of such liability, and
    - (iii) the amount reported under (c) in respect of such liability,or a statement that there are no such guarantees, indemnities or contractual commitments; and
  - (e) a description of any other uncertainty where such a description is, in the opinion of the directors, necessary for a proper understanding of the financial position of the *insurer*.
- (2) The particulars referred to in (1)(a) are -
- (a) the nature of the ‘charge’, including a brief description of the terms which are relevant to securing the prior claim of any person to assets which are subject to the ‘charge’;
  - (b) for each line in **Form 13**, the amount included in respect of assets which are subject to the ‘charge’; and

- (c) for each line in **Form 14** or **15**, the amount included in respect of liabilities which are secured by the 'charge'.
- (3) (1)(a) and (c) may be disregarded by an *insurer* in the case of -
- (a) one or more 'charges' over assets which are attributable to either the *long-term insurance assets* or the 'other assets' and whose aggregate value (as shown on **Form 13**) does not exceed 2.5% of the *long-term insurance assets* (other than *reinsurance recoveries* and assets required to match *property linked liabilities*) or the 'other assets' (other than *reinsurance recoveries*), as the case may be; or
  - (b) one or more contingent liabilities whose aggregate value does not exceed 2.5% of the *long-term insurance assets* (other than *reinsurance recoveries* and assets required to match *property linked liabilities*) or the 'other assets' (other than *reinsurance recoveries*), as the case may be.
- (4) (1)(d) may be disregarded by an *insurer* in respect of one or more guarantees, indemnities or contractual commitments where the aggregate of the maximum liabilities specified in such guarantees, indemnities or contractual commitments does not exceed 2.5% of the *long-term insurance assets* (other than *reinsurance recoveries* and assets required to match *property linked liabilities*) or the 'other assets' (other than *reinsurance recoveries*), as the case may be.
- (5) For the purposes of this paragraph, **charge** includes any arrangement whatsoever, whether contractual or otherwise, which operates to secure the prior claim of any person over general creditors to any assets on a winding up of the *insurer*, and **other assets** means assets that are not *long-term insurance assets*.

### **Reconciliation**

14. A reconciliation of the *capital resources* of the *insurer* to the net *admissible assets* of the *insurer* must be provided in accordance with instruction 66 to **Form 3**.

### **Derivative contracts**

15. Any *derivative contract* entered into by an *insurer* -
- (a) the value of which is taken into account for the purposes of calculating benefits payable to *policy holders* under *property linked contracts*; or
  - (b) in order to match its liabilities in respect of the payment of *index linked benefits*,

must be excluded from **Form 17**.

16. Where, in respect of any *derivative contract* included in **Form 17**, assets have been transferred to or for the benefit of the *insurer* by way of *variation margin* there must be stated by way of supplementary note (code 1701) to **Form 17** -
- (a) the aggregate amount of any liability to repay such assets or equivalent assets;
  - (b) for each line in **Form 13**, the amount included in respect of such assets; and
  - (c) to what extent any amounts included in **Form 13** have taken account of any requirement to repay such assets or equivalent assets.

17. If -

- (a) the aggregate value of rights under contracts or in respect of assets, either of which have the effect of *derivative contracts*, exceeds 2.5% of the aggregate value of assets shown at line 89 of **Form 13**; or
- (b) the aggregate amount of liabilities under contracts or in respect of assets, either of which have the effect of *derivative contracts*, exceeds 2.5% of the aggregate of the amounts shown in lines 17 to 39 of **Form 14** or lines 31 to 51 of **Form 15**, as appropriate,

the corresponding value, if not zero, must be stated (by way of supplementary note (code 1702) to **Form 17**) for each line in **Form 13**, **14** or **15** and paragraph 16 applies to the *insurer* as if such contracts or assets had been included in **Form 17**.

## FORMS

[Forms 1-3 and 10-19 to follow]

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**Statement of solvency – general insurance business**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Solo solvency calculation / Adjusted solo solvency calculation

	Company registration number	GL/UK/CM	day	month	year	units
	R1					£000
					<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>

**Capital resources**

Capital resources arising outside the long-term insurance fund	11		
Capital resources allocated towards long-term insurance business arising outside the long-term insurance fund	12		
Capital resources available to cover general insurance business capital resources requirement (11-12)	13		

**Guarantee fund**

Guarantee fund requirement	21		
Excess (deficiency) of available capital resources to cover guarantee fund requirement	22		

**Minimum capital requirement (MCR)**

General insurance capital requirement	31		
Base capital resources requirement	33		
Individual minimum capital requirement	34		
Capital requirements of regulated related undertakings	35		
Minimum capital requirement (34 + 35)	36		
Excess (deficiency) of available capital resources to cover 50% of MCR	37		
Excess (deficiency) of available capital resources to cover 75% of MCR	38		

**Capital resources requirement (CRR)**

Capital resources requirement	41		
Excess (deficiency) of available capital resources to cover general insurance business CRR (13-41)	42		

**Contingent liabilities**

Quantifiable contingent liabilities in respect of other than long-term insurance business as shown in a supplementary note to Form 15	51		
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## Instructions for completion of Form 1

1. An *insurer* (other than a *Swiss general insurer* or an *EEA-deposit insurer*) carrying on *general insurance business* must complete Form 1 in respect of its entire *general insurance business*. An *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the *United Kingdom* is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the *United Kingdom* whose *insurance business* in the *EEA* is restricted to *reinsurance*) that is carrying on *general insurance business* must complete Form 1 in respect of business carried on through a *branch* in the *United Kingdom*. An *UK-deposit insurer* that is carrying on *general insurance business* must complete Form 1 in respect of business carried on through its *branches* in *EEA States* taken together. Form 1 is not required for *Swiss general insurers* or *EEA-deposit insurers*.
2. In the case of a *marine mutual* completing an abbreviated *return* under rule 9.36A, units must be the same as those used in Form M1.
3. For *financial years* commencing on or before 31 December 2004 lines 11 to 42, column 2 must be blank.
4. The entry at line 13 must be equal to the *total capital resources* after deductions at line 79, column 1 on Form 3. The entry at line 11 includes also *capital resources* allocated towards the *long-term insurance business* (and included in column 2 on Form 3) that arise outside the *long-term insurance fund*. For a *branch* the entry at line 11 is equal to Form 10 line 29.
5. For a *firm* carrying on *long-term insurance business* the entry at line 12 on Form 1 must equal the entry at line 12 on Form 2. For a *firm* not carrying on *long-term insurance business* the entry at line 12 on Form 1 is nil.

**Instructions 6-12 only apply to firms that do not meet the conditions specified in PRU 2.1.9R(2), i.e. that are not required to perform an adjusted solo calculation under PRU 8.3.**

6. The *guarantee fund* requirement at line 21 is calculated by reference to PRU 2.2.18R as the higher of line 33 and 1/3 of line 31.
7. The excess (deficiency) of available *capital resources* to cover the *guarantee fund* requirement at line 22 is equal to line 81 on Form 3 less line 21, except for a *branch*. For a *branch* this is equal to line 13 less line 21 less an adjustment because assets held to cover the *guarantee fund* must be held in the *United Kingdom* (or for *UK-deposit insurers*, in the *EEA States* where the *firm* carries on *insurance business*); the adjustment is the difference between form 13 line 89 for categories 4 and 3 (or 5), except for *branches* carrying on both *long-term insurance business* and *general insurance business* (composite *branches*); composite *branches* will need to state how the difference is allocated between *general insurance business* and *long-term insurance business* in a note to the Form (Note 0102).
8. The *general insurance capital requirement* at line 31 must be equal to the amount shown at line 43 of Form 12, which is calculated in accordance with PRU 2.1.30R.
9. The *base capital resources requirement* at line 33 must be taken from PRU 2.1.26R.
- 9A. The individual *minimum capital requirement* at line 34 is calculated in accordance with PRU 2.1.21R and is the higher of lines 31 and 33.
- 9B. The capital requirements of *regulated related undertakings* at line 35 must be nil.
- 9C. The *minimum capital requirement* at line 36 is equal to the sum of lines 34 and 35.

10. The excess (deficiency) of available *capital resources* to cover 50% of the *minimum capital requirement* at line 37 is equal to line 82, column 1 on Form 3 less 50% of line 36. For a *branch*, line 37 is to be left blank.
11. The excess (deficiency) of available *capital resources* to cover 75% of the *minimum capital requirement* at line 38 is equal to line 83, column 1 on Form 3 less 75% of line 36. For a *branch*, line 38 is to be left blank.
12. The *capital resources requirement* at line 41 is calculated in accordance with *PRU 2.1.14R* and is equal to line 36.

**Instructions 13-20 only apply to firms that meet the conditions specified in *PRU 2.1.9 R(2)*, i.e. that perform the adjusted solo solvency calculation in accordance with *PRU 8.3*.**

13. The *guarantee fund* requirement at line 21 is calculated as the share of the *general insurance business* of  $\frac{1}{3}X + (R - S - U - X)$  by reference to *PRU 8.3.45R*.
14. The excess (deficiency) of available *capital resources* to cover the *guarantee fund* requirement at line 22 is equal to line 81, column 1 on Form 3 less line 21.
15. The *general insurance capital requirement* at line 31 is taken from the amount shown at line 43 of Form 12, which is calculated in accordance with *PRU 2.1.30R*.
16. The *base capital resources requirement* at line 33 must be taken from *PRU 2.1.26R*.
- 16A. The *individual minimum capital requirement* at line 34 is calculated in accordance with *PRU 2.1.21R* and is the higher of lines 31 and 33.
- 16B. The capital requirements of *regulated related undertakings* at line 35 is line 36 less line 34.
17. The *minimum capital requirement* at line 36 must equal the amount represented by (R-S) with reference to *PRU 8.3.45R*.
18. The excess (deficiency) of available *capital resources* to cover 50% of the *minimum capital requirement* at line 37 is equal to line 82, column 1 on Form 3 less 50% of line 36.
19. The excess (deficiency) of available *capital resources* to cover 75% of the *minimum capital requirement* at line 38 is equal to line 83, column 1 on Form 3 less 75% of line 36.
20. The entry at line 41 must equal the amount represented by R with reference to *PRU 8.3.45R*.

**Instructions 21 onwards apply to all firms**

21. The entry at line 51 must not include provision for any liability to tax on capital gains referred to in paragraph 13(1)(b) of Appendix 9.1. Amounts in *related undertakings* must not be included.
22. Where a direction under section 148 of the *Act* has been issued disapplying or modifying any of the provisions of the *Accounts and Statements Rules*, a note to **Form 1** explaining the effect of the order is usually required. The requirement for such a note would be specified in the direction itself. [Code 0101].



**Statement of solvency – long-term insurance business**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Solo solvency calculation / Adjusted solo solvency calculation

Company registration number	GL/ UK/ CM	day	month	year	units
R2					£000
				<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>

**Capital resources**

Capital resources arising within the long-term insurance fund	11		
Capital resources allocated towards long-term insurance business arising outside the long-term insurance fund	12		
Capital resources available to cover long-term insurance business capital resources requirement (11+12)	13		

**Guarantee fund**

Guarantee fund requirement	21		
Excess (deficiency) of available capital resources to cover guarantee fund requirement	22		

**Minimum capital requirement (MCR)**

Long-term insurance capital requirement	31		
Resilience capital requirement	32		
Base capital resources requirement	33		
Individual minimum capital requirement	34		
Capital requirements of regulated related undertakings	35		
Minimum capital requirement (34+35)	36		
Excess (deficiency) of available capital resources to cover 50% of MCR	37		
Excess (deficiency) of available capital resources to cover 75% of MCR	38		

**Enhanced capital requirement**

With-profits insurance capital component	39		
Enhanced capital requirement	40		

**Capital resources requirement (CRR)**

Capital resources requirement (greater of 36 and 40)	41		
Excess (deficiency) of available capital resources to cover long-term insurance business CRR (13-41)	42		

**Contingent liabilities**

Quantifiable contingent liabilities in respect of long-term insurance business as shown in a supplementary note to Form 14	51		
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## Instructions for completion of Form 2

1. An *insurer* (other than an *EEA-deposit insurer*) carrying on *long-term insurance business* must complete Form 2 in respect of its entire *long-term insurance business*. An *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the *United Kingdom* is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the *United Kingdom* whose *insurance business* in the *EEA* is restricted to *reinsurance*) or *EEA-deposit insurer* that is carrying on *long-term insurance business* must complete Form 2 in respect of business carried on through a *branch* in the *United Kingdom*. An *UK-deposit insurer* that is carrying on *long-term insurance business* must complete Form 2 in respect of business carried on through its *branches* in *EEA States* taken together.
2. The entry at line 13 must be equal to the *total capital resources* after deductions at line 79, column 2 on Form 3. The entry at line 11 represents items relating to the *long-term insurance fund*, and that at line 12 represents amounts arising outside the *long-term insurance fund*. For a *branch*, line 11 is equal to the sum of any *implicit items* plus form 10 line 11 less the sum of lines 11, 12 and 49 in Form 14: when there are implicit items it would be appropriate for note 0202 (see instruction 26) to include an analysis of line 11; if the *insurer* is not carrying on *general insurance business* through the *branch*, line 12 will be equal to Form 10 line 29.
3. For *financial years* commencing on or before 31 December 2004 lines 11 to 42, column 2 must be blank.
4. For *EEA-deposit insurers*, lines 21 to 42 must be blank.

### **Instructions 5-14 only apply to firms that do not meet the conditions specified in PRU 2.1.9 R(2), i.e. that are not required to perform an adjusted solo calculation under PRU 8.3.**

5. The *guarantee fund* requirement at line 21 is calculated by reference to *PRU 2.2.17R* as the higher of line 33 and 1/3 of line 31.
6. The excess (deficiency) of available *capital resources* to cover the *guarantee fund* requirement at line 22 is equal to line 81, column 2 on Form 3 less line 21, except for a *branch*. For a *branch* this is equal to line 13 less line 21 less an adjustment because assets held to cover the *guarantee fund* must be held in the *United Kingdom* (or for *UK-deposit insurers*, in the *EEA States* where the *firm* carries on *insurance business*) and cannot include *implicit items*; an analysis would be appropriate in a note (code 0203) to the Form.
7. The *long-term insurance capital requirement* at line 31 must be equal to the amount shown at line 51 of Form 60, which is calculated in accordance with *PRU 2.1.32R*.
8. The *resilience capital requirement* at line 32 is calculated in accordance with the *rules* in *PRU 4.2*.
9. The *base capital resources requirement* at line 33 must be taken from *PRU 2.1.26R*.
- 9A. The individual *minimum capital requirement* at line 34 is calculated in accordance with *PRU 2.1.22R* and is the greater of line 33 and the sum of lines 31 and 32.
- 9B. The capital requirements of *regulated related undertakings* at line 35 must be nil.
- 9C. The *minimum capital requirement* at line 36 is equal to the sum of lines 34 and 35.
10. The excess (deficiency) of available *capital resources* to cover 50% of the *minimum capital requirement* at line 37 is equal to line 82, column 2 on Form 3 less 50% of line 36. For a *branch*, line 37 must be blank.
11. The excess (deficiency) of available *capital resources* to cover 75% of the *minimum capital requirement* at line 38 is equal to line 83, column 2 on Form 3 less 75% of line 36. For a *branch*, line 38 must be blank.
12. The *with-profits insurance capital component* at line 39 must be the total of the amounts shown at line 64 on Forms 18, calculated in accordance with the *rules* in *PRU 7.4*.

13. The *enhanced capital requirement* at line 40 is calculated as the sum of lines 31, 32 and 39.

14. The *capital resources requirement* at line 41 is calculated in accordance with *PRU 2.1.15R*.

**Instructions 15-23 only apply to firms that meet the conditions specified in PRU 2.1.9R(2), i.e. that perform the adjusted solo solvency calculation in accordance with PRU 8.3.**

15. The *guarantee fund* requirement at line 21 is calculated as the share of the *long-term insurance business* of  $\frac{1}{5}X + (R - S - U - X)$  by reference to *PRU 8.3.45R*.

16. The excess (deficiency) of available *capital resources* to cover the *guarantee fund* requirement at line 22 is equal to line 81, column 2 on Form 3 less line 21.

17. The *long-term insurance capital requirement* at line 31 is taken from the amount shown at line 51 of Form 60, which is calculated in accordance with *PRU 2.1.32R*.

17A. The *resilience capital requirement* at line 32 is calculated in accordance with the *rules* in *PRU 4.2*.

17B. The *base capital resources requirement* at line 33 must be taken from *PRU 2.1.26R*.

17C. The individual *minimum capital requirement* at line 34 is the greater of line 33 and the sum of lines 31 and 32.

17D. The capital requirements of *regulated related undertakings* at line 35 is the amount shown at line 36 less line 34.

18. The entry at line 36 must include the amount represented by (R-S) with reference to *PRU 8.3.45R*.

19. The excess (deficiency) of available *capital resources* to cover 50% of the *minimum capital requirement* at line 37 is equal to line 82, column 2 on Form 3 less 50% of line 36.

20. The excess (deficiency) of available *capital resources* to cover 75% of the *minimum capital requirement* at line 38 is equal to line 83, column 2 on Form 3 less 75% of line 36.

21. The *with-profits insurance capital component* at line 39 must be the total of 'S' with reference to *PRU 8.3.45R*.

22. The entry at line 40 must be the sum of lines 36 and 39.

23. The entry at line 41 must equal the amount represented by R with reference to *PRU 8.3.45R*.

**Instructions 24 onwards apply to all firms**

24. The entry at line 51 must not include provision for any liability to tax on capital gains referred to in paragraph 13(1)(b) of Appendix 9.1. Amounts in *related undertakings* must not be included.

25. Where a direction under section 148 of the *Act* has been issued disapplying or modifying any of the provisions of the *Accounts and Statements Rules*, a note to **Form 2** explaining the effect of the direction is usually required. The requirement for such a note would be specified in the direction itself. (Code 0201).

Components of capital resources

Name of insurer  
Global business  
Financial year ended

	Company registration number	GL/UK/CM	day	month	year	units
	R3					£000
		General insurance business	Long-term insurance business	Total as at the end of this financial year	Total as at the end of the previous year	
		1	2	3	4	
<b>Core tier one capital</b>						
Permanent share capital	11					
Profit and loss account and other reserves	12					
Share premium account	13					
Positive valuation differences	14					
Fund for future appropriations	15					
Core tier one capital in related undertakings	16					
Core tier one capital (sum of 11 to 16)	19					
<b>Tier one waivers</b>						
Unpaid share capital / unpaid initial funds and calls for supplementary contributions	21					
Implicit items	22					
Tier one waivers in related undertakings	23					
Total tier one waivers as restricted (21+22+23)	24					
<b>Other tier one capital</b>						
Perpetual non-cumulative preference shares as restricted	25					
Perpetual non-cumulative preference shares in related undertakings	26					
Innovative tier one capital as restricted	27					
Innovative tier one capital in related undertakings	28					
<b>Total tier one capital before deductions (19+24+25+26+27+28)</b>	<b>31</b>					
Investments in own shares	32					
Intangible assets	33					
Amounts deducted from technical provisions for discounting	34					
Other negative valuation differences	35					
Deductions in related undertakings	36					
Deductions from tier one (32 to 36)	37					
<b>Total tier one capital after deductions (31-37)</b>	<b>39</b>					

Components of capital resources

Name of insurer  
Global business  
Financial year ended

Company registration number	GL/UK/CM	day	month	year	units
R3					£000
		General insurance business	Long-term insurance business	Total as at the end of this financial year	Total as at the end of the previous year
		1	2	3	4

Tier two capital

Implicit items, (tier two waivers and amounts excluded from line 22)	41				
Perpetual non-cumulative preference shares excluded from line 25	42				
Innovative tier one capital excluded from line 27	43				
Tier two waivers, innovative tier one capital and perpetual non-cumulative preference shares treated as tier two capital (41 to 43)	44				
Perpetual cumulative preference shares	45				
Perpetual subordinated debt and securities	46				
Upper tier two capital in related undertakings	47				
<b>Upper tier two capital (44 to 47)</b>	49				

Fixed term preference shares	51				
Other tier two instruments	52				
Lower tier two capital in related undertakings	53				
<b>Lower tier two capital (51+52+53)</b>	59				

<b>Total tier two capital before restrictions (49+59)</b>	61				
Excess tier two capital	62				
Further excess lower tier two capital	63				
<b>Total tier two capital after restrictions, before deductions (61-62-63)</b>	69				

**Components of capital resources**

Name of insurer  
Global business  
Financial year ended

	Company registration number	GL/UK/CM	day	month	year	units
R3						£000
		General insurance business	Long-term insurance business	Total as at the end of this financial year	Total as at the end of the previous year	
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	

**Total capital resources**

Positive adjustments for regulated non-insurance related undertakings	71				
<b>Total capital resources before deductions (39+69+71)</b>	72				
Inadmissible assets other than intangibles and own shares	73				
Assets in excess of market risk and counterparty limits	74				
Deductions for related ancillary services undertakings	75				
Deductions for regulated non-insurance related undertakings	76				
Deductions of ineligible surplus capital	77				
<b>Total capital resources after deductions (72-73-74-75-76-77)</b>	79				

**Available capital resources for PRU tests**

Available capital resources for guarantee fund requirement	81				
Available capital resources for 50% MCR requirement	82				
Available capital resources for 75% MCR requirement	83				

**Financial engineering adjustments**

Implicit items	91				
Financial reinsurance – ceded	92				
Financial reinsurance – accepted	93				
Outstanding contingent loans	94				
Any other charges on future profits	95				
<b>Sum of financial engineering adjustments (91+92-93+94+95)</b>	96				

### Instructions for completion of Form 3

1. An *insurer* (other than a *Swiss general insurer* or an *EEA-deposit insurer*) must complete Form 3 in respect of its entire business. An *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the *United Kingdom* is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the *United Kingdom* whose *insurance business* in the *EEA* is restricted to *reinsurance*), an *EEA-deposit insurer* or a *Swiss general insurer* must complete Form 10 in respect of business carried on through a *branch* in the *United Kingdom*. An *UK-deposit insurer* must complete Form 10 in respect of business carried on through its *branches* in *EEA States* taken together.
2. An *insurer* that is carrying on *long-term insurance business*, other than a *mutual* not carrying on *general insurance business*, that includes within its *capital resources* any capital instruments issued by its *long-term insurance fund*, must include a supplementary note (code 0302) analysing those instruments.
3. In the case of a *marine mutual* completing an abbreviated *return* under rule 9.36A, units must be the same as those used in Form M1. If units are in US\$ or US\$000, then the bases of conversion used in determining the *base capital resources requirement* must be those used in Forms 11 and 12.
4. Amounts in columns 1 and 2 refer to capital supporting the *general insurance business* and the *long-term insurance business* respectively. For a *firm* carrying on only *general insurance business* column 2 should be blank. For a *firm* carrying on only *long-term insurance business* column 1 should be blank. All items relating to the *long-term insurance fund* should be included in column 2. For a *composite firm* capital items arising outside the *long-term insurance fund* should be allocated between *general insurance business* and *long-term insurance business* in a manner consistent with the *firm's* view of what business that capital supports. Where there is a material change in way capital items are allocated from one year to the next, the *firm* should explain the change in a supplementary note (code 0303).
5. Column 3 is the sum of columns 1 and 2.
6. For *financial years* commencing on or before 31 December 2004 column 4 must be blank.
7. Amounts at lines 11-13 should be taken from the *firm's* stand-alone accounts prepared under the Companies Act 1985 or (for *firms* not preparing accounts under the Companies Act) equivalent overseas legislation or the applicable UK legislation.
8. The entry at line 15.2 must be the FFA taken from the *firm's* stand-alone accounts prepared under the Companies Act 1985 or (for *firms* not preparing accounts under the Companies Act) equivalent overseas legislation or the applicable *United Kingdom* legislation. The entry at line 15 column 1 must be blank.
9. *PRU 2.2.78R* and *2.2.79G* explain how to calculate the valuation differences for inclusion at line 14 or 35. Inadmissible assets or assets in excess of *market risk* and *counterparty* limits are not to be included in the valuation differences. Net valuation differences are shown at line 14 if positive or in line 35 if negative. The *firm* must state in a supplementary note (code 0310) to this form -
  - (a) The amount of positive valuation differences included within line 14 or 35 in respect of assets where valuation in *PRU* exceeds the valuation that the *firm* uses for external financial reporting purposes, together with a brief explanation indicating the nature of those assets;
  - (b) The amount of positive valuation differences included within line 14 or 35 in respect of liabilities where valuation in *PRU* is lower than the valuation that the *firm* uses for external financial reporting purposes, together with a brief explanation indicating the nature of those liabilities;
  - (c) The amount of negative valuation included within line 14 or 35 in respect of assets where valuation in *PRU* is lower than the valuation that the *firm* uses for external financial reporting purposes (excluding inadmissible assets and assets in excess of *market risk* and *counterparty* limits), together with a brief explanation indicating the nature of those assets; and

- (d) The amount of negative valuation included within line 14 or 35 in respect of liabilities where valuation in *PRU* exceeds the valuation that the *firm* uses for external financial reporting purposes (excluding amounts deducted from *technical provisions* for discounting shown at line 34), together with a brief explanation indicating the nature of those liabilities.

The amount in (a) plus the amount in (b) less the amount in (c) less the amount in (d) should equal the amount shown at line 14 if positive or at line 35 if negative."

**Instructions 10-32 only apply to firms that do not meet the conditions specified in *PRU 2.1.9R(2)*, i.e. that are not required to perform an adjusted solo calculation under *PRU 8.3*.**

10. The entries at line 16 must be nil.
11. Amounts may only appear in lines 21 and 22 if the *FSA* has issued a *waiver* permitting these amounts to count as *tier one capital* (tier one waivers). These amounts are restricted by *PRU 2.2.20R (1)*, so that amounts in line 24 may not be greater than the sum of the corresponding amounts in lines 19 and 37. If the *FSA* has issued a *waiver* permitting amounts to count as *tier two capital* (tier two waivers), these are to be included at line 41, together with any amounts that arise from the restriction at *PRU 2.2.20R(1)*.
12. The entries at line 23 must be nil.
13. The entries at lines 25 and 27 must be restricted to comply with *PRU 2.2.20R*, so that the total of the amounts in lines 24, 25 and 27 is not greater than the total amount in line 19 plus line 37, and the amount in line 27 is not greater than 15/85 of the total of the amounts in lines 19, 24 and 25 minus line 37. Amounts in excess of the limits are entered at lines 42 and 43 respectively.
14. The entries at lines 26 and 28 must be nil.
15. The entries at line 32 for investments in own *shares* should, in the majority of cases, be zero.
16. For the purpose of completing line 33, the *firm* should refer to *PRU 2.2.84R* and *PRU 2.2.85G*.
17. The amounts in line 34 must be calculated in accordance with *PRU 2.2.80R* and *PRU 2.2.81R*.
18. The entries at line 36 must be nil.
19. The entries at lines 45 and 46 for perpetual cumulative *preference shares*, *subordinated debt* and *securities* must be the total, unrestricted, amounts that the *firm* can include in *upper tier two capital* in accordance with *PRU 2.2.100G* to *PRU 2.2.106G*.
20. The entries at line 47 must be nil.
21. The types of capital instrument that a *firm* can include within its *lower tier two capital* are set out at *PRU 2.2.107G* to *PRU 2.2.115G*. These should be split between fixed term *preference shares* and other *tier two instruments* and entered at lines 51 and 52 respectively.
22. The entries at line 53 must be nil.
23. The effect of the restrictions at *PRU 2.2.23R* applying to *tier two capital* are shown at lines 62 and 63. Line 62 relates to *tier two capital* as a whole and equals the excess (if any) of line 61 over line 39. Line 63 relates to *lower tier two capital* and equals the excess (if any) of line 59 over the sum of line 62 and 1/2 line 39.
24. Line 71 must show positive adjustments for *related undertakings* that are *regulated related undertakings* (other than *insurance undertakings*) required by *PRU 2.2.90R*.
25. Line 73 must show the deductions for assets that are not *admissible assets* required by *PRU 2.2.86R*.



26. Line 74 must show the assets in excess of *market risk* and *counterparty* limits in *PRU 3.2.22R*.
27. Line 75 must show negative adjustments for *related undertakings* that are *ancillary services undertakings* required by *PRU 2.2.89R*.
28. Line 76 must show negative adjustments for *related undertakings* that are *regulated related undertakings* (other than *insurance undertakings*) required by *PRU 2.2.90R*.
29. The entries at line 77 must be nil.
30. The entry at line 81 is determined as the amount of the *firm's capital resources* available to meet its *guarantee fund* requirement, having regard to *PRU 2.2.17R*, *PRU 2.2.18R* and *PRU 2.2.18AR*. Unless some *innovative tier one capital* does not meet the conditions for it to be treated as *upper tier two capital* (when an adjustment may be needed), line 81 must be either:
  - line 79; or
  - (if less) the sum of lines 19, 25, 27, 42, 43, 45, 46 and 59 less the sum of lines 37, 62 and 63 less the greatest of:
    - zero;
    - the sum of lines 27, 37, 43, 45, 46, 59, 73, 74, 75 and 76 less the sum of lines 19, 25, 42, 62, 63 and 71; and
    - line 59 plus one-third of the sum of lines 37, 73, 74, 75 and 76 less the sum lines 62 and 63 less one-third of the sum of lines 19, 25, 27, 42, 43, 45, 46 and 71
31. The entry at line 82 is determined as the amount of the *firm's capital resources* available to meet 50% of its *minimum capital requirement*, having regard to *PRU 2.2.16R*. Line 82 must be either:
  - line 79; or
  - (if less) the sum of lines 19, 24, 25 and 42 less line 37.
32. The entry at line 83 is determined as the amount of the *firm's capital resources* available to meet 75% of its *minimum capital requirement*, having regard to *PRU 2.2.24R* and *PRU 2.2.24AR*. Unless some *innovative tier one capital* does not meet the conditions for it to be treated as *upper tier one capital* (when an adjustment may be needed), line 83 must be either:
  - line 79; or
  - (if less) the sum of lines 19, 24, 25, 27, 41, 42, 43, 45 and 46 less the sum of line 37 and any excess of the sum of lines 27, 37, 41, 43, 45 and 46 over the sum of lines 19, 24, 25 and 42.

**Instructions 33-57 only apply to firms that meet the conditions specified in *PRU 2.1.9 R(2)*, i.e. that perform the adjusted solo solvency calculation in accordance with *PRU 8.3*.**

33. *Tier one capital resources* must be calculated in accordance with the *rules* in *PRU 8.3.41R* in relation to restricted assets.
34. The entries at line 16 must equal the net contribution to core *tier one capital resources* of the *firm's related undertakings* in accordance with the calculation in *PRU 8.3.55R (2)*.
35. Amounts may only appear in lines 21-23 if the *FSA* has issued a *waiver* permitting these amounts to count as *tier one capital* (tier one waivers). These amounts are restricted by *PRU 8.3.45R (1)(c)*, so the amounts in line 24 may not be greater than the sum of the corresponding amounts in lines 19 and 37. If the *FSA* has issued a *waiver* permitting amounts to count as *tier two capital* (tier two waivers), these are to be included at line 41, together with any amounts that arise from the restriction at *PRU 8.3.45R (1)(c)*.
36. The entries at line 26 must include the net contribution to the *firm* of perpetual non-cumulative *preference shares* issued by the *firm's related undertakings* – ie. the capital represented by perpetual non-cumulative *preference shares* of each of the *firm's related undertakings* that is a *regulated related undertaking* after deduction of the sum of the book value of the investments by the *firm* in the perpetual non-cumulative *preference shares* of each of its *related undertakings* that is a *regulated related undertaking* and the book value of the investments by *related undertakings* of the *firm* in the perpetual non-cumulative *preference shares* of each of its *related undertakings* that is a *regulated related undertaking* – in a manner consistent

with the calculation of *GCR* in *PRU* 8.3.

37. The entries at line 28 must equal the net contribution to innovative *tier one capital resources* of the *firm's related undertakings* in accordance with the calculation in *PRU* 8.3.53R (2).
38. The entries at lines 25-28 must be restricted to comply with *PRU* 8.3.45R, so that the total of the amounts in lines 24-28 is not greater than the total amount in line 19 plus line 37, and the total amount in lines 27 and 28 is not greater than 15/85 of the total of the amounts in lines 19, 24, 25, and 26 minus line 37. Amounts in excess of the limits are entered at lines 42 and 43 as appropriate. If line 42 or 43 includes amounts excluded from line 26 or 28, these amounts must be stated in a supplementary note (code 0304).
39. The entries at line 32 for investments in own *shares* should, in the majority of cases, be zero.
40. For the purpose of completing line 33, the *firm* should refer to *PRU* 2.2.84R and 2.2.85G.
41. The amounts in line 34 must be calculated in accordance with *PRU* 2.2.80R and 2.2.81R.
42. The entries at line 36 must equal the total of any of the deductions of the type specified in lines 32-35 that apply to the *firm's related undertakings*.
43. The entries at lines 45 and 46 for perpetual cumulative *preference shares*, subordinated *debt* and *securities* must be the total, unrestricted, amounts that the *firm* can include in *upper tier two capital* in accordance with *PRU* 2.2.100G to *PRU* 2.2.106G.
44. The entries at line 47 must equal the net contribution to *upper tier two capital resources* of the *firm's related undertakings* – ie. the sum of the *firm's* share of the *upper tier two capital resources* of each *related undertaking* less the book value of the *firm's* investment in the *upper tier two capital* of its *related undertakings* – in a manner consistent with the calculation of *GCR* in *PRU* 8.3.
45. The types of capital instrument that a *firm* can include within its *lower tier two capital* are set out at *PRU* 2.2.107G to *PRU* 2.2.115G. These should be split between fixed term *preference shares* and other *tier two instruments* and entered at lines 51 and 52 respectively.
46. The entries at line 53 must equal the net contribution to *lower tier two capital resources* of the *insurer's related undertakings* in accordance with the calculation in *PRU* 8.3.57R(2).
47. The effect of the restrictions at *PRU* 8.3.45R applying to *tier two capital* are shown at lines 62 and 63. Line 62 relates to *tier two capital* as a whole and equals the excess (if any) of line 61 over line 39. Line 63 relates to *lower tier two capital* and equals the excess (if any) of line 59 over the sum of line 62 and 1/2 line 39.
48. The entries at line 71 must be nil.
49. Line 73 must show the deductions for inadmissible assets required by *PRU* 8.3.59R.
50. Line 74 must show the assets in excess of *market risk* and *counterparty* limits in *PRU* 8.3.70R.
51. Line 75 must show negative adjustments for *related undertakings* that are *ancillary services undertakings* required by *PRU* 8.3.62R.
52. The entries at line 76 must be nil.
53. The entries in line 77 must show the total amount calculated in respect of ineligible surplus in accordance with *PRU* 8.3.65R.
54. The entry at line 81 is determined as the amount of the *firm's capital resources* available to meet its *guarantee fund* requirement, having regard to *PRU* 8.3.45R(2). Unless some innovative tier one capital does not meet the conditions for it to be treated as *upper tier two capital* (when an adjustment may be needed), line 81 must be either:

- line 79; or
  - (if less) the sum of lines 39 and 69 less the sum of lines 24 and 41 less the greatest of:
    - zero;
    - the sum of lines 27, 28, 37, 43, 45, 46, 47, 59 and 72 less the sum of lines 19, 25, 26, 42, 62, 63, 71 and 79.
    - line 59 plus one-third of the sum of lines 24, 41 and 72 less the sum of lines 62 and 63 less one-third of the sum of lines 49, 71 and 79.
55. The entry at line 82 is determined as the amount of the *firm's capital resources* available to meet 50% of its *minimum capital requirement*, having regard to PRU 8.3.45R(1)(a). Line 82 must be either:
- line 79; or
  - (if less) sum of lines 19, 24, 25, 26 and 42 less line 37.
56. The entry at line 83 is determined as the amount of the *firm's capital resources* available to meet 75% of its *minimum capital requirement*, having regard to PRU 8.3.45R(1)(b). Line 83 must be either:
- line 79; or
  - (if less) the sum of lines 19, 24, 25, 26, 41, 42, 45, 46 and 47 less line 37 and any excess of line 62 over line 59.
57. Amounts relating to financial engineering shown in lines 91-96 must not include amounts in *related undertakings*.

**Instructions 58 onwards apply to all firms**

58. Any arrangement relating to *long-term insurance business* which is not entered in lines 91 to 95, but which falls within the definition of financing arrangement in paragraph 12(4) of Appendix 9.4 (Abstract of valuation report) must be disclosed in a supplementary note (code 0305) to this Form.
59. The entry at line 91 (implicit items) must equal the sum of the entries at lines 22 and 41. Lines 92 to 95 do not apply to *general insurance business* and line 91 is only likely to apply to *long-term insurance business*.
60. The entry at line 92 must equal the gross amount of any contingent liability to repay a *debt* to or recapture a liability from a *reinsurer* not already recognised in Form 14. The *firm* must provide in a supplementary note (code 0306) to this Form the following information on each material *reinsurance* arrangement:
- the amount of any *reinsurance* offset (i.e. the amount of the difference between the *mathematical reserves* at the end of the *financial year in question* were that *reinsurance* to be ignored and the amount of the *mathematical reserves* after deducting the *mathematical reserves* reinsured);
  - the amount of the contingent liability for payment to the *reinsurer*; and
  - the commutation value at the end of the *financial year in question* of the *reinsurance* arrangement.
61. The entry at line 93 must equal the amount of any contingent asset receivable from a *cedant* not already recognised in Form 13 or 14. The *firm* must provide in a supplementary note (code 0307) to this Form the following information on each material outgoing *reinsurance* arrangement:
- the amount of any *reinsurance* liability (i.e. the amount of the difference between the *mathematical reserves* at the end of the *financial year in question* including the *mathematical reserves* reinsured 'in', and the amount of the *mathematical reserves* were that *reinsurance* to be ignored);
  - the amount of the contingent asset for payments from *cedants*; and
  - the commutation value at the end of the *financial year in question* of the *reinsurance* arrangement.
62. The amount to be shown for contingent loans at line 94 must be the amount, including any interest accrued, still to be repaid from future profits under the arrangements, as at the end of the *financial year in question*, not already recognised in Form 14.
63. Line 95 must include the potential charge against future profits in respect of any other types of financial engineering not included in lines 91 to 94 where the gross amount of any contingent liability is not already recognised in Form 14.

64. The *firm* must provide an explanation of the nature of the adjustments in line 94 and 95 in a supplementary note (code 0308) to this Form, together with the amount of the adjustment for each material arrangement. As part of this note, the commutation value of each of the items included at lines 94 and 95, to the extent that value is not already a component of line 79, must be disclosed.
65. Details of any promises to *long-term insurance business policyholders* conditional upon future profits (other than bonuses not yet declared), or other charges to future profits not already disclosed, must be provided in a supplementary note (code 0309) to this Form.
66. A reconciliation of net *admissible assets* to *total capital resources* after deductions (line 79) must be provided as a supplementary note (code 0301). The reconciliation must contain the following items:
- (i) Net *admissible assets* [Form 13 line 89 (other than long-term business) plus Form 13 line 89 (long-term) less the sum of lines 11, 12 and 49 in Form 14 less Form 15 line 69]
  - (ii) Any components of *capital resources* that are treated as a liability in Form 14 or 15 (each to be specified and identified to the entries on Forms 3 and 14/15). (In particular this would include any subordinated loan capital.) [These items would be added to net *admissible assets* in the reconciliation]
  - (iii) Any components of *capital resources*, not included in (ii), that arise as a result of a *waiver* and are not represented by *admissible assets* included in Form 13 (each to be specified and identified to the entries on Form 3). (In particular this would include any *implicit items* included as a result of a *waiver* within *capital resources*.) [These items would be added to net *admissible assets* in the reconciliation]
  - (iv) Any other items, each such item to be separately specified. An explanation of each such item is to be provided together with, if applicable, the reference to where the item is included elsewhere in the *return* or in the *firm's* stand-alone accounts prepared under the Companies Act 1985 or (for *firms* not preparing accounts under the Companies Act) equivalent overseas legislation or the applicable *United Kingdom* legislation). [These items would be added to or deducted from net *admissible assets* in the reconciliation as appropriate.]

The net *admissible assets* in item (i) plus or minus the additions and deductions in items (ii) to (iv), should equal line 79 (Total capital resources after deductions).

67. Where a direction under section 148 of the *Act* has been issued to an *insurer* permitting it to take into account *implicit items* on *long-term insurance business*, that direction may specify that a note is to be included in the *return* explaining such items. That note must be included as a note to **Form 3** (Code 0312).

**Statement of net assets**

Name of insurer

UK branch business/EEA branch business

Financial year ended

		Company registration number	GL/ UK/ CM	day	month	year	units
		R10					£000
				<b>As at end of this financial year 1</b>		<b>As at end of the previous year 2</b>	
Long term insurance business - admissible assets		11					
Long term insurance business - liabilities and margins		12					
Other than long term insurance business - admissible assets		21					
Other than long term insurance business - liabilities		22					
Net admissible assets (21-22)		23					
Other assets allowed to be taken into account in covering the capital resources requirement	Unpaid amounts (including share premium) on partly paid shares	24					
	Supplementary contributions for a mutual carrying on general insurance business	25					
Liabilities allowed to be left out of account in covering the capital resources requirement	Subordinated loan capital	26					
	Cumulative preference share capital	27					
Available assets (23 to 27)		29					
<b>Represented by</b>							
Paid up share capital (other than cumulative preference share capital)		51					
Amounts included in lines 24 to 27 above		52					
Amounts representing the balance of net assets		56					
Total (51 to 56) and equal to line 29 above		59					
<b>Movement of balance of net assets for solvency purposes - as per line 56</b>							
Balance brought forward at the beginning of the financial year		61					
Retained profit / (loss) for the financial year		62					
Movement in asset valuation differences		63					
Decrease (increase) in the provision for "reasonably foreseeable adverse variations"		64					
Other movements (particulars to be specified by way of supplementary note)		65					
Balance carried forward at the end of the financial year (61 to 65)		69					

## Instructions for completion of Form 10

1. An *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the *United Kingdom* is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the *United Kingdom* whose *insurance business* in the *EEA* is restricted to *reinsurance*), an *EEA-deposit insurer* or a *Swiss general insurer* must complete **Form 10** in respect of business carried on through a *branch* in the *United Kingdom*. An *UK-deposit insurer* must complete **Form 10** in respect of business carried on through its *branches* in *EEA States* taken together.
2. Lines 24-27, 51 and 52 should be blank.
3. Line 63 must be equal to lines 13.92.2 to 13.95.2 less lines 13.92.1 to lines 13.95.1 of the Form for the total other than *long-term insurance business assets* category.
4. Line 64 must be Form 15.61.2 less 15.61.1.
5. Line 65 should include transfers from or to head office (note 1002).

**Calculation of general insurance capital requirement– premiums amount and brought forward amount**

**Form 11**

Name of insurer

Global business / UK branch business / EEA branch business

Financial year ended

General/long-term insurance business

		Company registration number	GL/UK/CM	day	month	year	units
		R11					£000
						This financial year <b>1</b>	Previous year <b>2</b>
Gross premiums written		11					
Premiums taxes and levies (included in line 11)		12					
Premiums receivable net of taxes and levies (11-12)		13					
Premiums for classes 11, 12 or 13 (included in line 13)		14					
Premiums for "actuarial health insurance" (included in line 13)		15					
<b>Sub-total A</b> (13 + ½ 14 - ²/₃ 15)		16					
Gross premiums earned		21					
Premium taxes and levies (included in line 21)		22					
Premiums earned net of taxes and levies (21-22)		23					
Premiums for classes 11, 12 or 13 (included in line 23)		24					
Premiums for "actuarial health insurance" (included in line 23)		25					
<b>Sub-total H</b> (23 + ½ 24 - ²/₃ 25)		26					
<b>Sub-total I</b> (higher of sub-total A and sub-total H)		30					
<b>Adjusted sub-total I</b> if financial year is not a 12 month period to produce an annual figure		31					
Division of gross adjusted premiums amount: sub-total I (or adjusted sub-total I if appropriate)	x 0.18	32					
	Excess (if any) over 50M EURO x 0.02	33					
<b>Sub-total J</b> (32-33)		34					
Claims paid in period of 3 financial years		41					
Claims outstanding carried forward at the end of the 3 year period	For insurance business accounted for on an underwriting year basis	42					
	For insurance business accounted for on an accident year basis	43					
Claims outstanding brought forward at the beginning of the 3 year period	For insurance business accounted for on an underwriting year basis	44					
	For insurance business accounted for on an accident year basis	45					
<b>Sub-total C</b> (41+42+43-44-45)		46					
Amounts recoverable from reinsurers in respect of claims included in Sub-total C		47					
<b>Sub-total D</b> (46-47)		48					
<b>Reinsurance ratio</b> (Sub-total D / sub-total C or, if more, 50% or, if less, 100%)		49					
<b>Premiums amount</b> (Sub-total J x <b>reinsurance ratio</b> )		50					
Provision for claims outstanding (before discounting and net of reinsurance)		51					
<b>Brought forward amount</b> (12.43.2 x 51.1 / 51.2 or, if less, 12.43.2)		52					
Greater of lines 50 and 52		53					

**Calculation of general insurance capital requirement– claims amount and result**

**Form 12**

Name of insurer

Global business / UK branch business / EEA branch business

Financial year ended

General/long-term insurance business

		Company registration number	GL/UK/CM	day	month	year	units
		R12					£000
						This financial year 1	Previous year 2
Reference period (No. of months) See PRU 7.2.63R				11			
Claims paid in reference period				21			
Claims outstanding carried forward at the end of the reference period	For insurance business accounted for on an underwriting year basis			22			
	For insurance business accounted for on an accident year basis			23			
Claims outstanding brought forward at the beginning of the reference period	For insurance business accounted for on an underwriting year basis			24			
	For insurance business accounted for on an accident year basis			25			
Claims incurred in reference period (21+22+23-24-25)				26			
Claims incurred for classes 11, 12 or 13 (included in 26)				27			
Claims incurred for "actuarial health insurance" (included in 26)				28			
<b>Sub-total E</b> (26 + ½ 27 - ²/₃ 28)				29			
<b>Sub-total F</b> – Conversion of sub-total E to annual figure (multiply by 12 and divide by number of months in the reference period)				31			
Division of sub-total F (gross adjusted claims amount)	x 0.26			32			
	Excess (if any) over 35M EURO x 0.03			33			
<b>Sub-total G</b> (32 - 33)				39			
<b>Claims amount</b> Sub-total G x reinsurance ratio (11.49)				41			
Higher of <b>premiums amount</b> and <b>brought forward amount</b> (11.53)				42			
<b>General insurance capital requirement</b> (higher of lines 41 and 42)				43			



## Instructions for completion of Forms 11 and 12

### Long-term insurance business

1. For a *composite firm*, Forms 11 and 12 must be completed separately for the total *general insurance business* and for the total *long-term insurance business* which is *class IV* or supplementary accident and sickness insurance business. For other *firms*, the forms must be completed for the total *general insurance business* or for the total *long-term insurance business* which is *class IV* or supplementary accident and sickness insurance business, as appropriate.
2. Notwithstanding instruction 1, if the gross annual office premiums for *class IV* business and supplementary accident and sickness insurance in force on the 'valuation date' do not exceed 1% of the gross annual office premiums in force on that date for all *long-term insurance business*, Forms 11 and 12 need not be completed for *long-term insurance business* as long as it can be stated that the entry in line 21 of Form 60 exceeds the amount that would be obtained if Forms 11 and 12 were to be completed for *long-term insurance business*. In this circumstance, the method of estimating the entry in line 21 of Form 60, together with a statement of the gross annual office premiums in force at the 'valuation date' in respect of *Class IV* business and supplementary accident and sickness insurance, must be given.
3. When completing Forms 11 and 12 for *long-term insurance business* the accounting conventions for *general insurance business* should be followed, but reasonable approximations may be used if they are unlikely to result in an underestimate of the *insurance health risk capital component*.

### Marine mutuals

4. In the case of a *marine mutual* completing an abbreviated *return* under rule 9.36A, units must be the same as those used in Form M1. If units are in US\$ or US\$000, then references to the sterling equivalent of Euro in line 33 of Form 11 and lines 33 of Form 12 must be taken to be references to the US\$ equivalent of the specified amount of Euro and the Forms must be amended to reflect the use of US\$. The bases of conversion adopted must be stated by way of a supplementary note to Form 11 (code 1101).

### Pure reinsurers

5. Lines 14 and 24 of Form 11 and line 27 of Form 12 must be left blank for a *pure reinsurer* that does not have *permission* under the *Act* to effect *contracts of insurance*.

### Prior year figures

6. *PRU 7.2.71R* requires recalculation of the *gross adjusted premiums amount* and the *gross adjusted claims amount* (but not during *financial years* beginning before 31 December 2004, because of the transitional provisions) if there has been a significant change to the business portfolio. This may alter the *claims amount* or the *premiums amount* used in calculating the *general insurance capital requirement* for the *financial year* in question. For this reason, entries in column 2 (but not the *brought forward amount*: this should (errors excepted) equal the *brought forward amount* calculated in the previous year's return) may differ from the corresponding entries from the previous year. Any restatement of the figures should be explained by way of a supplementary note to Form 11 (code 1102) and Form 12 (code 1202).
7. If the *financial year* began before 1 January 2004: then
  - 11.14.2, 11.24.2, 11.52.2 and 12.27.2 should be left blank;
  - lines 21 to 41, column 2, of Form 12 relating to *long-term insurance business*, should be left blank; and
  - no amounts should be included in column 2 of Form 11 that relate to *class IV* business.
8. Where the *financial year* began between 1 January 2004 and 31 December 2004 (inclusive), the previous *financial year's* figures would normally be those sent to the *FSA* under rule 9.6(1B) and may be unaudited.

9. If the *financial year* began before 1 January 2005:

- the treatment of "actuarial health insurance" in the calculation will have changed and prior year figures in lines 32 and 33 of Form 11 and lines 32 and 33 of Form 12 may be inappropriate because the form does not represent the calculation at the time. If so, these figures should be left blank and an explanation should be provided by way of a supplementary note to Form 11 (code 1103) and Form 12 (code 1203).
- the *firm* would not have had a reference period in relation to the *previous financial year* if it had been in existence for less than 3 or 7 *financial years* (as appropriate). If it had no reference period, then lines 11 to 41, column 2, of Form 12 should be left blank.

#### Premiums and claims

10. *Premiums* and *claims* are defined by references to *contracts of insurance* and these themselves are defined by the *Regulated Activities Order* so that *premiums* or *claims* may be included for contracts that would not be treated as insurance under normal accounting conventions. All direct and indirect costs related to the *claims* must be included.

#### Euro

11. The Euro amounts in the calculation of line 33 of Form 11 and line 33 of Form 12 will change from time to time as the result of indexation in accordance with *PRU 7.2.49R*. The conversion rate to be used is described in *PRU 7.2.50R*. Changes in the Euro amounts or conversion rates will not affect prior year figures.

#### Actuarial health insurance

12. "Actuarial health insurance" refers to health insurance business that meets the conditions of *PRU 7.2.72R* or for *class IV insurance business* those conditions as modified by *PRU 7.2.86R*.

#### **Instructions for completion of Form 11**

1. Line 30 represents the *gross adjusted premiums amount* calculated in accordance with *PRU 7.2.56R*, if the *financial year* has 12 months. Otherwise line 31 represents the *gross adjusted premiums amount*.
2. In accordance with *PRU 7.2.54R*, the reinsurance ratio calculated at line 49 must be:
  - 100% if sub-total C is zero
  - 100% if sub-total D / sub-total C exceeds 100%;
  - 50% if sub-total D / sub-total C is less than 50%; and
  - sub-total D / sub-total C, otherwise.

The ratio at line 49 must be shown to two decimal places, but the unrounded ratio must be used for calculating **Form 11** line 50 and **Form 12** line 41.

3. The provisions in line 51 must be net of *reinsurance* and must not be discounted or reduced to take account of investment income, except for:
  - risks in *classes 1 or 2*;
  - reductions to reflect the discounting of annuities; and
  - a *pure reinsurer* that does not have *permission* under the *Act* to effect *contracts of insurance*.

For these exceptions, the discount must be calculated in accordance with *PRU 1.3.5R* and, if any amounts in line 51 are discounted, a supplementary note to the Form 11 (code 1104) must describe the items that are discounted.

4. If **Form 11** line 51 column 2 is zero, **Form 11** line 52 column 1 equals **Form 12** line 43 column 2.

### **Instructions for completion of Form 12**

1. The reference period in line 11 is specified in *PRU 7.2.63R*.
2. Statistical methods may be used to allocate the *claims*, provisions and recoveries in respect of *classes* 11, 12 and 13 in line 27.
3. Line 31 represents the *gross adjusted claims amount* calculated in accordance with *PRU 7.2.60R*.

Line 43 represents the *general insurance capital requirement* that relates to the following *financial year*: that is the year commencing on the day after the year end to which the *returns* relate.

**Analysis of admissible assets**

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended  
Category of assets

	Company registration number	GL/UK/CM	day	month	year	units	Category of assets
R13						£000	
						<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>
Land and buildings				11			

**Investments in group undertakings and participating interests**

UK insurance dependants	shares	21		
	debts and loans	22		
Other insurance dependants	shares	23		
	debts and loans	24		
Non- insurance dependants	shares	25		
	debts and loans	26		
Other group undertakings	shares	27		
	debts and loans	28		
Participating interests	shares	29		
	debts and loans	30		

**Other financial investments**

Equity shares	41		
Other shares and other variable yield participations	42		
Holdings in collective investment schemes	43		
Rights under derivative contracts	44		
Fixed interest securities	Approved	45	
	Other	46	
Variable interest securities	Approved	47	
	Other	48	
Participation in investment pools	49		
Loans secured by mortgages	50		
Loans to public or local authorities and nationalised industries or undertakings	51		
Loans secured by policies of insurance issued by the company	52		
Other loans	53		
Bank and approved credit & financial institution deposits	One month or less withdrawal	54	
	More than one month withdrawal	55	
Other financial investments	56		

**Analysis of admissible assets**

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended  
Category of assets

	Company registration number	GL/UK/CM	day	month	year	units	Category of assets
	R13					£000	
						<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>
Deposits with ceding undertakings						57	
Assets held to match linked liabilities	Index linked					58	
	Property linked					59	
<b>Reinsurers' share of technical provisions</b>							
Provision for unearned premiums						60	
Claims outstanding						61	
Provision for unexpired risks						62	
Other						63	
<b>Debtors and salvage</b>							
Direct insurance business	Policyholders					71	
	Intermediaries					72	
Salvage and subrogation recoveries						73	
Reinsurance	Accepted					74	
	Ceded					75	
Dependants	due in 12 months or less					76	
	due in more than 12 months					77	
Other	due in 12 months or less					78	
	due in more than 12 months					79	
<b>Other assets</b>							
Tangible assets						80	
Deposits not subject to time restriction on withdrawal with approved institutions						81	
Cash in hand						82	
Other assets (particulars to be specified by way of supplementary note)						83	
Accrued interest and rent						84	
Deferred acquisition costs (general business only)						85	
Other prepayments and accrued income						86	
Deductions from the aggregate value of assets						87	
Grand total of admissible assets after deduction of market risk and counterparty limits (11 to 86 less 87)						89	

**Analysis of admissible assets**

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended  
Category of assets

	Company registration number	GL/UK/CM	day	month	year	units	Category of assets
R13						£000	
						<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>

**Reconciliation to asset values determined in accordance with the insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting**

Total admissible assets after deduction of market risk and counterparty limits (as per line 89 above)	91		
Assets in excess of market and counterparty limits	92		
Capital resources requirement deduction of regulated related undertakings	93		
Ineligible surplus capital and restricted assets in regulated related insurance undertakings	94		
Inadmissible assets of regulated related insurance undertakings	95		
Book value of related ancillary services undertakings	96		
Other differences in the valuation of assets (other than for assets not valued above)	97		
Deferred acquisition costs excluded from line 89	98		
Reinsurers' share of technical provisions excluded from line 89	99		
Other asset adjustments (may be negative)	100		
Total assets determined in accordance with the insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting (91 to 100)	101		
Amounts included in line 89 attributable to debts due from related insurers, other than those under contracts of insurance or reinsurance	102		

## Instructions for completion of Form 13

1. Form 13 must be completed for the total *long-term insurance business assets* of the *insurer* or *branch* and for each fund or group of funds for which separate assets are appropriated. The words "total *long-term insurance business assets*" or the name of the fund must be shown against the heading "Category of assets". The corresponding code box must contain "10" for the total assets and, in the case of separate funds, code numbers allocated sequentially beginning with code "11".
2. Form 13 must be completed in respect of the total assets of the *insurer* or *branch* other than any *long-term insurance business assets*. The words "total other than *long-term insurance business assets*" must be shown against the heading "Category of assets", and the corresponding code box must contain "1".
3. (a) In the case of the *United Kingdom branch return* of an *external insurer* (other than a *non-EEA insurer* whose *insurance business* in the *United Kingdom* is restricted to *reinsurance* or an *insurer* whose head office is in any *EEA State* except the *United Kingdom* whose *insurance business* in the *EEA* is restricted to *reinsurance*) Form 13 must be completed for the following categories of assets -

Category	Code - other than long-term insurance business assets	Code - long-term insurance business assets
In the case of a <i>non-EEA insurer</i> , assets deposited under <i>PRU 7.6.54R</i>	2	6
Assets maintained in the <i>United Kingdom</i>	3	7
Assets maintained in the <i>United Kingdom</i> and the other <i>EEA States</i>	4	8

- (b) In the case of an *EEA branch return* of a *UK-deposit insurer* which has made a *deposit* under *PRU 7.6.54R*, Form 13 must be completed for the following categories of assets -

Category	Code – other than long-term insurance business assets	Code – long-term insurance business assets
Assets deposited under <i>PRU 7.6.54R</i>	2	6
Assets maintained in the <i>United Kingdom</i> and the other <i>EEA States</i>	4	8
Assets maintained in the <i>United Kingdom</i> and the <i>EEA States</i> where <i>insurance business</i> is carried on	5	9

4. In lines 11 to 86 -
  - (a) for the purpose of classifying (but not valuing) assets, headings and descriptions used above, wherever they also occur in the balance sheet format in Schedule 9A to the *Companies Act*, must have the same meaning as in that Schedule,
  - (b) *dependants* of the *firm* must be valued in accordance with *PRU 1.3.35R*,
  - (c) a *related undertaking* that is not a *dependant* of the *firm* must be valued in accordance with *PRU 1.3.35R* unless:



- It is an *ancillary services undertaking* which must be valued at zero;
  - It is a *related undertaking* that is not a *regulated related undertaking* which must be valued in accordance with *PRU 1.3.11R*; or
  - It is a *regulated related undertaking* which the *firm* has made an election to value in accordance with *PRU TR 25R*
- (d) other assets must be valued in accordance with rule 9.10,
- (e) assets of any particular description must be shown after deduction of assets of that description which (for any reason) fall to be left out of account under *PRU 3.2.22R(3)(a), (b), (c), (g) and (h)*. Negative amounts should not be shown at lines 11 to 86. If a deduction is more than the value of the assets to which it relates, the excess element of the deduction should be shown at line 87; and
- (f) deductions in respect of *market risk* and *counterparty risk* are to be shown in line 87, to the extent that (e) does not require them to be recognised in other lines.
5. The aggregate value of those investments which are:
- (a) *unlisted* investments falling within any of lines 41, 42, 46 or 48 which have been valued in accordance with the *rules* in *PRU 1.3*;
- (b) *listed* investments falling within any of lines 41, 42, 46 or 48 which have been valued in accordance with the *rules* in *PRU 1.3* and which are not *readily realisable*;
- (c) units or other beneficial interests in *collective investment schemes* that:
- (i) are not schemes falling within the *UCITS Directive*;
  - (ii) are not authorised unit trust schemes or recognised schemes within the meaning of Part XVII of the *Act*;
  - (iii) do not employ *derivative contracts* unless they meet the criteria in *PRU 4.3.5R*;
  - (iv) do not employ contracts or assets having the effect of *derivative contracts* unless they have the effect of *derivative contracts* that meet the criteria in *PRU 4.3.5R*; and
  - (v) do not include assets other than *admissible assets* among their property; or
- (d) reversionary interests or remainders in property other than land or buildings,
- must be stated by way of a supplementary note (code 1301 for other than *long-term insurance business* and code 1308 for *long-term insurance business*) to this Form, together with a description of such investments.
6. The aggregate value of those investments falling within lines 46 or 48 which are *hybrid securities* are to be stated by way of a supplementary note (code 1302 for other than *long-term insurance business* and code 1309 for *long-term insurance business*) to this Form.
7. Amounts in respect of salvage or subrogation included above other than at line 73 are to be stated by way of a supplementary note (code 1303) to this Form.
8. The entry at line 85 must be gross of any related reinsurance commission.

9. The amount to be shown in line 93 must equal the total of the relevant proportions in accordance with *PRU 1.3.37R* and *PRU 1.3.38R* of the *individual capital resources requirements* of the *regulated related undertakings*.
10. The amount to be shown in line 94 must equal the ineligible surplus capital and any restricted assets of any *regulated related undertaking* that is an *insurance undertaking* that are deducted in accordance with *PRU 1.3.35R (3)(b)*.
11. Lines 60 to 63 and 85 relate only to *general insurance business*.
12. Lines 60 to 63 and 85 must be left blank for “Category of assets” codes “2”.
13. Since the *technical provisions* for *claims* outstanding shown in **Form 15** may only be discounted or reduced to take account of investment income in limited circumstances, the amount shown at line 12 of **Form 15** may need to be increased (see instruction 4 to **Form 15**). In such cases, the *reinsurers’ share* shown at line 61 must be adjusted to be consistent with the amount shown in line 12.
14. The amount of any tangible leased asset included at line 80 must be disclosed by way of a supplementary note (code 1314 for other than *long-term insurance business* and code 1316 for *long-term insurance business*) to this Form.
15. Particulars of any other assets included at line 83 must be stated by way of a supplementary note (code 1315 for other than *long-term insurance business* and code 1317 for *long-term insurance business*) to this Form.
16. Lines 98-101 must be completed in accordance with the *insurance account rules* or *international accounting standards* as applicable to the *firm* for the purpose of its external financial reporting if the *firm* is required to produce such accounts. Otherwise these lines must be left blank. Line 99 includes the discounting adjustment for the *reinsurers’ share* of claims outstanding – see instruction 4 of **Form 15**. Details of amounts in line 100 must be disclosed in a supplementary note (code 1318). The previous year figures for lines 98-101 must be left blank for financial years ending on or before 30 December 2006.

## Long term insurance business liabilities and margins

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 Total business / subfund  
 Units

		As at end of this financial year 1	As at end of the previous year 2
Mathematical reserves, after distribution of surplus	11		
Cash bonuses which had not been paid to policyholders prior to end of the financial year	12		
Balance of surplus / (valuation deficit)	13		
Long term insurance business fund carried forward (11 to 13)	14		
Claims outstanding	Gross	15	
	Reinsurers' share	16	
	Net (15-16)	17	
Provisions	Taxation	21	
	Other risks and charges	22	
Deposits received from reinsurers	23		
Creditors	Direct insurance business	31	
	Reinsurance accepted	32	
	Reinsurance ceded	33	
Debenture loans	Secured	34	
	Unsecured	35	
Amounts owed to credit institutions	36		
Creditors	Taxation	37	
	Other	38	
Accruals and deferred income	39		
Provision for "reasonably foreseeable adverse variations"	41		
Total other insurance and non-insurance liabilities (17 to 41)	49		
Excess of the value of net admissible assets	51		
Total liabilities and margins	59		
Amounts included in line 59 attributable to liabilities to related companies, other than those under contracts of insurance or reinsurance	61		
Amounts included in line 59 attributable to liabilities in respect of property linked benefits	62		
Total liabilities (11+12+49)	71		
Increase to liabilities – DAC related	72		
Reinsurers' share of technical provisions	73		
Other adjustments to liabilities (may be negative)	74		
Capital and reserves and fund for future appropriations	75		
Total liabilities under insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting (71 to 75)	76		

## Instructions for completion of Form 14

1. The Form must be completed for the total *long-term insurance business liabilities* and margins of the *insurer* or *branch* and for each fund or group of funds for which separate assets are appropriated and each *with-profits fund*. The words “total *long term insurance business assets*” or the name of the fund must be shown against the heading “Category of assets”. The corresponding code box must be completed with the same entries as were used on the corresponding Form 40.
2. The entry at line 11 must equal the sum of lines 21, 43, 44 and 45 of the appropriate Form or Forms 58.
3. The entry at line 12 must equal line 42 of the appropriate Form or Forms 58.
4. The entry at line 13 must equal line 49 of the appropriate Form or Forms 58.
5. The entry at line 14 must equal line 59 of the appropriate Form or Forms 40.
6. Where the provision required by *PRU 4.3.17R(3)* is implicit (i.e. the obligation to pay the monetary amount is recognised under the *rules* in *PRU 1.3*), *insurers* must state the amount of the provision, in a supplementary note (code 1404).
7. The entry at line 51 must be:
  - (a) the value of the *admissible assets* (as included in line 89 of the appropriate Form 13) representing the *long-term insurance funds*, fund or group of funds to which the Form relates, less
  - (b) the amount of those funds, fund or group of funds, being the sum of the amounts shown at lines 14 and 49.
8. Lines 72-76 must be completed in accordance with the *insurance accounts rules* or *international accounting standards* as applicable to the *insurer* for the purpose of its external financial reporting if the *insurer* is required to produce such accounts. Otherwise, and for **Forms 14** at subfund level, these lines must be left blank. The amount of DAC in line 72 must be adjusted for any associated deferred tax. Details of amounts in line 74 must be disclosed in a supplementary note (code 1405). The previous year figures must be left blank for financial years ending on or before 30 December 2006.
9. The amount of each provision, included in line 22, in respect of a deficit in a *regulated related undertaking* and the identity of the *undertaking* must be disclosed in a supplementary note (code 1403) to this Form.

**Liabilities (other than long term insurance business)**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

	Company registration number	GL/ UK/ CM	day	month	year	units
	R15					£000
					<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>

**Technical provisions (gross amount)**

Provisions for unearned premiums		11		
Claims outstanding		12		
Provision for unexpired risks		13		
Equalisation provisions	Credit business	14		
	Other than credit business	15		
Other technical provisions		16		
Total gross technical provisions (11 to 16)		19		

**Provisions and creditors**

Provisions	Taxation	21		
	Other risks and charges	22		
Deposits received from reinsurers		31		
Creditors	Direct insurance business	41		
	Reinsurance accepted	42		
	Reinsurance ceded	43		
Debenture loans	Secured	44		
	Unsecured	45		
Amounts owed to credit institutions		46		
Creditors	Taxation	47		
	Recommended dividend	48		
	Other	49		
Accruals and deferred income		51		
Total (19 to 51)		59		
Provision for "reasonably foreseeable adverse variations"		61		
Cumulative preference share capital		62		
Subordinated loan capital		63		
Total (59 to 63)		69		

Amounts included in line 69 attributable to liabilities to related insurers, other than those under contracts of insurance or reinsurance	71		
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Reinsurers' share of DAC	81		
Amounts deducted from technical provisions for discounting	82		
Other adjustments (may be negative)	83		
Capital and reserves	84		
Total liabilities under insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting (69+81-82+83+84)	85		

## Instructions for completion of Form 15

1. Amounts in lines 11 to 13 and 16 must be stated gross of *reinsurers'* share.
2. The aggregate amount of any accrued dividend in respect of cumulative *preference shares* issued by the *insurer* must be shown by way of a supplementary note (code 1503) to this Form.
3. Only equalisation provisions that are created as a result of a regulatory requirement are to be included at lines 14 and 15
4. The amount shown in line 12 may only be discounted or reduced to take account of investment income:
  - (a) for *Class 1* or *2* business; or
  - (b) in respect of annuities; or
  - (c) if the *insurer* is a *pure reinsurer* which does not have permission under the *Act* to effect *contracts of reinsurance*.

So, if the *technical provisions* for *claims* outstanding for other business are discounted or reduced to take account of investment income, then they must be increased by the difference between the undiscounted and the discounted provisions. If the *technical provisions* are increased the amount of the increase must be shown in line 82 and the corresponding increase in the *reinsurers'* share must be included as a negative item in line 99 of **Form 13**.

5. The amount of each provision, included in line 22, in respect of a deficit in a *regulated related undertaking* and the identity of the *undertaking* must be stated in a supplementary note (code 1504).
6. Where the provision required by *PRU 4.3.17R(3)* is implicit (i.e. the obligation to pay the monetary amount is recognised under the *rules* in *PRU 1.3*), the amount of the provision must be stated in a supplementary note (code 1506).
7. The amount shown in line 51 must include reinsurance commissions related to *deferred acquisition costs* corresponding to the allowance included in **Form 13** line 85.
8. Lines 81-84 must be completed in accordance with the *insurance accounts rules* or *international accounting standards* as applicable to the *insurer* for the purpose of its external financial reporting if the *insurer* is required to produce such accounts. Otherwise these lines must be left blank. Details of amounts in line 83 must be disclosed in a supplementary note (code 1507). The previous year figures must be left blank for financial years ending on or before 30 December 2006.

**Profit and loss account (non-technical account)**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

		Company registration number	GL/ UK/ CM	day	month	year	units
		R16					£000
			This financial year 1	Previous year 2			
Transfer (to) / from the general insurance business technical account	From Form 20	11					
	Equalisation provisions	12					
Transfer from the long term insurance business revenue account		13					
Investment income	Income	14					
	Value re-adjustments on investments	15					
	Gains on the realisation of investments	16					
Investment charges	Investment management charges, including interest	17					
	Value re-adjustments on investments	18					
	Loss on the realisation of investments	19					
Allocated investment return transferred to the general insurance business technical account		20					
Other income and charges (particulars to be specified by way of supplementary note)		21					
Profit or loss on ordinary activities before tax (11+12+13+14+15+16-17-18-19-20+21)		29					
Tax on profit or loss on ordinary activities		31					
Profit or loss on ordinary activities after tax (29-31)		39					
Extraordinary profit or loss (particulars to be specified by way of supplementary note)		41					
Tax on extraordinary profit or loss		42					
Other taxes not shown under the preceding items		43					
Profit or loss for the financial year (39+41-(42+43))		49					
Dividends (paid and proposed)		51					
Profit or loss retained for the financial year (49-51)		59					

### Instructions for completion of Form 16

1. In addition to the supplementary note (code 1601) required under **Appendix 9.1** paragraph 5(2), where any brought forward amounts on any Form are restated due to currency reconversion it would be appropriate to briefly state this fact in a supplementary note (code 1602) to this Form in order to facilitate the *FSA's* computerised validation of the *return*. This fact may be stated by a simple statement, e.g. 'Some of the brought forward amounts shown in the forms xx to xx have been restated from the corresponding carried forward amounts included in the previous year's *return* due to the reconversion of foreign currency amounts at a different rate of exchange'. No further details need be given.
2. Particulars of any amounts included at lines 21 must be stated by way of a supplementary note (code 1603) to this Form.
3. Particulars of any amounts included at lines 41 must be stated by way of a supplementary note (code 1604) to this Form.



**Analysis of derivative contracts**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Category of assets

		Company registration number	GL/ UK/ CM	day	month	year	units	Category of assets
		R17					£000	
Derivative contracts			As at the end of this financial year		As at the end of the previous year			
			Assets 1	Liabilities 2	Assets 3	Liabilities 4		
Futures contracts	Fixed-interest securities	11						
	Equity shares	12						
	Land	13						
	Currencies	14						
	Other	15						
Options	Fixed-interest securities	21						
	Equity shares	22						
	Land	23						
	Currencies	24						
	Other	25						
Contracts for differences	Fixed-interest securities	31						
	Equity shares	32						
	Land	33						
	Currencies	34						
	Other	35						
Adjustment for variation margin		41						
Total (11 to 41)		49						

### Instructions for completion of Form 17

1. Form 17 must be completed in respect of the total *general insurance business assets* and in respect of the total *long-term insurance business assets*, if any, of the *insurer* or branch. Form 17 must also be completed for each fund or group of funds referred to in instruction 1 to Form 13.
2. The codes specified in instructions 1 to 3 to Form 13 must be used as appropriate.
3. *Derivative contracts* must be analysed according to the description of assets shown in the second column of Form 17 which represents the principal subject of the contract.
4. *Derivative contracts* must be reported as assets in column 1 of Form 17 if their value to the *insurer* (gross of *variation margin*) is positive and as liabilities in column 2 of Form 17 if their value (gross of *variation margin*) to the *insurer* is negative.
5. All amounts included at lines 11 to 35 of Form 17 in respect of *derivative contracts* must be determined without making any allowance for *variation margin*.
6. Amounts in respect of a *derivative contract* may only be included net of amounts in respect of any other *derivative contract* if -
  - (a) obligations of the *insurer* under the contracts may be set off against each other under generally accepted accounting practice; and
  - (b) such other contract has the effect (in whole or in part) of closing out the obligations of the *insurer* under the first mentioned contract.
7. The effect of any *variation margin* upon amounts included at lines 11 to 35 of Form 17 must be shown at line 41.
8. The entry at 17.49.1 must be included at 13.44.1.
9. The entry at 17.49.2 must be included at 14.38.1 or 15.49.1. as appropriate.
10. Rights to recover assets transferred by way of *initial margin* must not be shown on Form 17.

**With-profits insurance capital component for the fund**

Name of insurer  
 With-profits fund  
 Financial year ended  
 Units

	<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>
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**Regulatory excess capital**

Regulatory value of assets	Long-term admissible assets of the fund	11		
	Implicit items allocated to the fund	12		
	Mathematical reserves in respect of non-profit insurance contracts written in the fund	13		
	Long-term admissible assets of the fund covering the long-term insurance capital requirement allocated in respect of non-profit insurance contracts written in the fund	14		
	Long-term admissible assets of the fund covering the resilience capital requirement allocated in respect of non-profit insurance contracts written in fund	15		
	<b>Total (11+12-(13+14+15))</b>	<b>19</b>		
Regulatory value of liabilities	Mathematical reserves (after distribution of surplus) in respect of the fund's with-profit insurance contracts	21		
	Regulatory current liabilities of the fund	22		
	<b>Total (21+22)</b>	<b>29</b>		
Long-term insurance capital requirement in respect of the fund's with-profits insurance contracts	31			
Resilience capital requirement in respect of the fund's with-profits insurance contracts	32			
Sum of regulatory value of liabilities, long-term insurance capital requirement and resilience capital requirement (29+31+32)	39			
<b>Regulatory excess capital (19-39)</b>	<b>49</b>			

**Realistic excess capital**

Realistic excess capital	51		
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**Excess assets allocated to with-profits insurance business**

Excess (deficiency) of assets allocated to with-profits insurance business in fund (49-51)	61		
Face amount of capital instruments attributed to the fund and included in capital resources (unstressed)	62		
Realistic amount of capital instruments attributed to the fund and included in capital resources (stressed)	63		
With-profits insurance capital component for fund (if 62 exceeds 63, greater of 61+62-63 and zero; else greater of 61 and zero)	64		

**Instructions for completion of Form 18**

1. The entries at lines 11, 12, 13, 14 and 15 must equal the values determined in accordance with *PRU 7.4.24R*.
2. The entry at line 19 must equal the value determined in accordance with *PRU 7.4.23R(1)*.
3. The entries at lines 21 and 22 must equal the values determined in accordance with *PRU 7.4.29R*.
4. The entries at lines 29, 31 and 32 must equal the values determined in accordance with *PRU 7.4.23R(2)(a)*, (b) and (c) respectively.
5. The entry at line 39 must equal the value determined in accordance with *PRU 7.4.23R(2)*.
6. The entry at line 49 must equal the value determined in accordance with *PRU 7.4.23R*.
7. The entry at line 51 must equal the value at Form 19, Line 66.
8. The entry at line 62 must equal C, determined in accordance with *PRU 7.4.7R(3)(a)*.
9. The entry at line 63 must equal D, determined in accordance with *PRU 7.4.7R(3)(b)*.
10. The entry at line 64 must equal the contribution in respect of the fund to the aggregate value determined in accordance with *PRU 7.4.7R(1)*.

**Realistic balance sheet**

Name of insurer  
With-profits fund  
Financial year ended  
Units

	As at end of this financial year 1	As at end of the previous year 2
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**Realistic value of assets available to the fund**

Regulatory value of assets	11	
Implicit items allocated to the fund	12	
Value of shares in subsidiaries held in fund (regulatory)	13	
Excess admissible assets	21	
Present value of future profits (or losses) on non-profit insurance contracts written in the fund	22	
Value of derivatives and quasi-derivatives not already reflected in lines 11 to 22	23	
Value of shares in subsidiaries held in fund (realistic)	24	
Prepayments made from the fund	25	
Realistic value of assets of fund (11+21+22+23+24+25-(12+13))	26	
Support arrangement assets	27	
Assets available to the fund (26+27)	29	

**Realistic value of liabilities of fund**

With-profits benefit reserve	31		
Future policy related liabilities	Past miscellaneous surplus attributed to with-profits benefits reserve	32	
	Past miscellaneous deficit attributed to with-profits benefits reserve	33	
	Planned enhancements to with-profits benefits reserve	34	
	Planned deductions for the costs of guarantees, options and smoothing from with-profits benefits reserve	35	
	Planned deductions for other costs deemed chargeable to with-profits benefits reserve	36	
	Future costs of contractual guarantees (other than financial options)	41	
	Future costs of non-contractual commitments	42	
	Future costs of financial options	43	
	Future costs of smoothing (possibly negative)	44	
	Financing costs	45	
	Any other liabilities related to regulatory duty to treat customers fairly	46	
	Other long-term insurance liabilities	47	
	Total (32+34+41+42+43+44+45+46+47-(33+35+36))	49	
Realistic current liabilities of the fund	51		
Realistic value of liabilities of fund (31+49+51)	59		

**Realistic balance sheet**

Name of insurer  
With-profits fund  
Financial year ended  
Units

	As at end of this financial year 1	As at end of the previous year 2
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**Realistic excess capital and additional capital available**

Value of relevant assets before applying the most adverse scenario other than present value of future profits arising from business outside with-profits funds	62		
Amount of present value of future profits (or losses) on long-term insurance contracts written outside the fund included in the value of relevant assets before applying most adverse scenario	63		
Value of relevant assets before applying the most adverse scenario (62+63)	64		
Risk capital margin for fund (62-59)	65		
Realistic excess capital for fund (26-(59+65))	66		
Realistic excess available capital for fund (29-(59+65))	67		
Working capital for fund (29-59)	68		
Working capital ratio for fund (68/29)	69		

**Other assets potentially available if required to cover the fund's risk capital margin**

Additional amount potentially available for inclusion in line 62	81		
Additional amount potentially available for inclusion in line 63	82		

## Instructions for completion of Form 19

1. The entry at line 11 must equal the value at Form 18, Line 19.
2. The entry at line 12 must equal the value at Form 18, Line 12.
3. The entry at line 13 must be the amount determined in accordance with *PRU* 1.3 and excluded from the amount calculated in accordance with *PRU* 7.4.33R(1)(a).
4. The entry at line 21 must be the amount of the fund's excess *admissible assets*, determined in accordance with *PRU* 7.4.33R(1)(b).
5. The entry at line 22 must be the present value of future profits (or losses) on any *non-profit insurance contracts* written in the *with-profits fund*, determined in accordance with *PRU* 7.4.33R(1)(c).
6. The entry at line 23 must be the market value of any *derivative* or *quasi-derivative* determined in accordance with *PRU* 7.4.33R(1)(d).
7. The entry at line 24 must be the amount determined in accordance with *PRU* 7.4.33R(1)(e).
8. The entry at line 25 must be the amount determined in accordance with *PRU* 7.4.33R(1)(f).
9. The entry at line 26 must be the amount determined in accordance with *PRU* 7.4.32R(1).
10. The entry at line 27 must be any other amount providing capital support to the fund under a support arrangement, included with the prior agreement of the *FSA*.
11. The entry at line 31 must be the amount determined in accordance with *PRU* 7.4.40R(1).
12. The entries at lines 32, 33, 34, 35, 36, 41, 42, 43, 44, 45, 46 and 47 must be the amounts determined in accordance with *PRU* 7.4.137R(1) to (11).
13. The entry at line 32 is the (positive) amount determined in accordance with *PRU* 7.4.137R(1) if this represents a surplus.
14. The entry at line 33 is the (positive) amount determined in accordance with *PRU* 7.4.137R(1) if this represents a deficit.
15. The entries at lines 34, 35, 36, 41, 42, 43, 44 and 45 are the amounts determined in accordance with *PRU* 7.4.137R(2) to (9) respectively.
16. The entries at lines 46 and 47 are the values determined in accordance with *PRU* 7.4.137R(10) and (11).
17. The entry at line 49 must be the amount determined in accordance with *PRU* 7.4.40R(2).
18. The entry at line 51 must be the amount determined in accordance with *PRU* 7.4.40R(3).
19. The entry at line 59 must be the amount determined in accordance with *PRU* 7.4.32R(2)(a).
20. The entry at line 62 must be the amount described as A and determined in accordance with *PRU* 7.4.43R(3)(a) adjusted to exclude any amount taken into consideration under *PRU* 7.4.45R(2)(c).
21. The entry at line 63 must be any amount taken into consideration under *PRU* 7.4.45R(2)(c) in determining the amount described as A in accordance with *PRU* 7.4.43R(3)(a).
22. The entry at line 64 must be the amount described as A and determined in accordance with *PRU* 7.4.43R(3)(a).
23. The entry at line 65 must be the amount determined in accordance with *PRU* 7.4.32R(2)(b).
24. The entry at line 66 must be the amount determined in accordance with *PRU* 7.4.32R.
- 24A. The entry at line 69 must be shown as a percentage to two decimal places.
25. The entry at line 81 must be an amount not exceeding the sum of the value of the net shareholders assets of the *firm* and the surplus assets of the *firm's non-profit funds*, to the extent not included at any Form 19 line 27 or at any Form 19 line 62 and to the extent not required to meet regulatory capital requirements in respect of any business written outside the fund.
26. The entry at line 82 must be an amount not exceeding 50% of the present value of future profits arising from insurance contracts written by the *firm* outside its *with-profits funds* reduced by the sum of any amounts included at any Form 19 line 63.

**APPENDIX 9.2** (rules 9.14 to 9.22)

**GENERAL INSURANCE BUSINESS:  
REVENUE ACCOUNT AND ADDITIONAL INFORMATION  
(FORMS 20A and 20 TO 39)**

**Introduction**

1. All the Forms included in the part of the *return* to which this Appendix relates (**Forms 20A and 20 to 39**) are to be laid out as shown in this Appendix, except that the instructions to Forms need not be reproduced.
2. The provisions of paragraph 1(2) and paragraphs 2 to 7 of **Appendix 9.1**, unless otherwise provided, also apply for the purposes of this Appendix.

**Cases where forms are required**

- 2A Table: Forms required for the *FSA general insurance business reporting categories*:

FSA general insurance business reporting category	Form			
	F20, F21, F22, F23, F24, F25	F26, F27 F28 F29	F31 F34	F32 F34
<i>Combined categories</i>	√			
<i>Category numbers 160 and 350</i>	√		√	
<i>Risk categories with category numbers 121, 122, 123, 221, 222, 223 (i.e. direct and facultative motor)</i>				√
<i>Risk categories with category numbers below 400 other than category numbers 121, 122, 123, 221, 222, 223, 160 and 350 (i.e. all direct and facultative that is not motor, household or goods in transit and has not been allocated to a miscellaneous category)</i>			√	
<i>Risk categories with category numbers 510 to 590 and 610 to 690 (i.e. treaty reinsurance)</i>		√		
Miscellaneous primary (direct) and facultative business ( <i>category number 400</i> )	√		√	
Miscellaneous treaty reinsurance accepted business ( <i>category number 700</i> )	√	√		
<i>Balancing categories (category numbers 409, 709)</i>	√			



2B

Table: Criteria (if any) for whether a Form is required for a category of *general insurance business*. Paragraph 2C belongs to this Table.

Form	Category of business.	Reporting criteria (if any)
F20 to F25  Technical provisions and profit & loss account	Category number 001	Forms always required
	Category numbers 002,003	Either -  (a) the <i>insurer's</i> 'gross undiscounted provisions' in the category of business at the end of the <i>financial year</i> exceed zero; or  (b) the <i>insurer's gross written premiums</i> in the category of business in the <i>financial year</i> exceed zero.
	Category numbers 110, 120, 160, 180, 220, 260, 270, 280, 330, 340, 350, 400, 500, 600, 700	Either -  (a) the <i>insurer's</i> 'gross undiscounted provisions' in the category of business at the end of the <i>financial year</i> exceed:  (i) £100m; or (ii) the higher of 5% of the <i>insurer's</i> total 'gross undiscounted provisions' and £1 million  or  (b) the <i>insurer's gross written premiums</i> in the category of business in the <i>financial year</i> exceed:  (i) £100m; or (ii) the higher of 5% of the <i>insurer's</i> total <i>gross written premiums</i> and £1 million.
	Category number 409	Some business in <i>category number</i> 002 is not reported on <b>Forms 20 to 25</b> for <i>category numbers</i> 110 to 400.
Category number 709	Some business in <i>category number</i> 003 is not reported on <b>Forms 20 to 25</b> for <i>category numbers</i> 500, 600 and 700.	

<p><b>F26 to F29</b></p> <p>Results by year of origin for treaties accepted</p>	<p><i>Category numbers 510 to 590 and 610 to 690</i> denominated in any one currency.</p> <p><i>Category number 700</i></p>	<p>Either -</p> <p>(a) the <i>insurer's</i> 'gross undiscounted provisions' in the category of business at the end of the <i>financial year</i> exceed:</p> <p style="padding-left: 40px;">(i) £100m; or</p> <p style="padding-left: 40px;">(ii) the higher of 5% of the <i>insurer's</i> total 'gross undiscounted provisions' and £1 million</p> <p>or</p> <p>(b) the <i>insurer's gross written premiums</i> in the category of business in the <i>financial year</i> exceed:</p> <p style="padding-left: 40px;">(i) £100m; or</p> <p style="padding-left: 40px;">(ii) the higher of 5% of the <i>insurer's</i> total <i>gross written premiums</i> and £1 million.</p>
<p><b>F31, F32, F34</b></p> <p>Gross results by year of origin for direct and facultative business</p>	<p><i>Category numbers 330 to 350</i> denominated in any one currency.</p> <p><i>Category numbers 110 to 284</i> denominated in any one currency carried on in any 'reporting territory'</p> <p><i>Category number 400</i></p>	<p>Either -</p> <p>(a) the <i>insurer's</i> 'gross undiscounted provisions' in the category of business at the end of the <i>financial year</i> exceed:</p> <p style="padding-left: 40px;">(i) £100m; or</p> <p style="padding-left: 40px;">(ii) the higher of 5% of the <i>insurer's</i> total 'gross undiscounted provisions' and £1 million</p> <p>or</p> <p>(b) the <i>insurer's gross written premiums</i> in the category of business in the <i>financial year</i> exceed:</p> <p style="padding-left: 40px;">(i) £100m; or</p> <p style="padding-left: 40px;">(ii) the higher of 5% of the <i>insurer's</i> total <i>gross written premiums</i> and £1 million.</p>

2C For the purpose of column 2 of the Table in Paragraphs 2B and 3(1) –

(a) a currency in which a *contract of insurance* is denominated is –

- (i) the currency in which the contract requires settlement of claims or the successor to that currency if it has been superseded, or
- (ii) the currency in which the *insurer* records claim payments under the contract, if the contract permits settlement of claims in more

than one currency or if it is the *insurer's* internal practice to convert claim payments to that currency;

- (b) business denominated in converted sterling is to be treated as though it were denominated in a different currency from other business denominated in sterling; and
- (c) a **reporting territory** is one of -
  - (i) 'United Kingdom' if the business is carried on in the United Kingdom and is not *home foreign business*,
  - (ii) 'Home Foreign' if the business is *home foreign business*, or
  - (iii) 'Non-United Kingdom' if the business is carried on outside the United Kingdom.

### Currency

- 3. (1) Notwithstanding the provisions of 2, amounts on **Forms 26 to 29, 31, 32, and 34** submitted in accordance with rules 9.17, 9.19 or 9.20A must be shown in the currency in which the business on the Form is denominated except that figures must be shown in sterling in those columns and lines which the forms indicate are always to contain figures expressed in sterling –
  - (a) in those columns and lines which the forms indicate are always to contain figures expressed in sterling; and
  - (b) if business on the form is *category number 400 or 700*.
- (2) For every currency other than sterling in which amounts are shown on the Forms referred to in (1), an entry must be made on **Form 36** to show the rate used to convert those amounts to sterling for inclusion elsewhere in the *returns*.
- (3) Notwithstanding the provisions of 2, all amounts included in -
  - (a) columns 1, 2, 3 and 11 of **Form 23**;
  - (b) columns 1, 2, 3, and 11 of any **Form 26 or 27** for *category number 700*;
  - (c) columns 3 and 10 of any **Form 31** for *category number 400*; and
  - (d) columns 1 and 8 of any **Form 34** for *category number 400*,

must be expressed in sterling as if conversion of every currency had taken place at the closing middle rate on the last day for which the appropriate rate is available in the *financial year in question*.

- (5) A *insurer* need not apply (3) to amounts shown in any line of any of the forms mentioned in that sub-paragraph representing an accident year or underwriting year ending before 23 December 1996.
4. All amounts shown in sterling must be shown to the nearer £1,000. Amounts in any other currency on **Forms 26 to 29, 31, 32 and 34** must be shown to the nearer 1,000 principal monetary units of that currency except that, where the rate of exchange of the currency in relation to £1 sterling on the last day of the *financial year in question* exceeded 1,000 principal monetary units of that currency, the amounts must be shown to the nearer 1,000,000 principal monetary units and '000,000' must be inserted in the box labelled 'Monetary units'. In other cases, this box must be completed by inserting '000'.
7. (1) The following information must be stated by way of supplementary notes (codes 20Aa to 20Af) to **Form 20A** –
- (a) (code 20Aa) in respect of each *risk category* to which an *insurer* has allocated *general insurance business* under rule 9.14B –
    - (i) the name of the *risk category*,
    - (ii) a description of the *general insurance business* allocated to the relevant *risk category*,
    - (iii) the rationale for the allocation decision made,
    - (iv) the amounts included in **Form 20A** under the risk category in respect of *general insurance business* allocated to the *risk category* under rule 9.14B, and
    - (v) in the case of an allocation made under rule 9.14B(4), a description of the method used to make that allocation;
  - (b) (code 20Ab) the *risk categories* to which any *contracts of insurance* against risks of death of, or injury to, passengers has been allocated;
  - (c) (code 20Ac) a detailed explanation of business allocated to each of *category numbers* 187, 223, 400 and 700 ('Other personal financial loss', 'motor other', 'miscellaneous direct' and 'miscellaneous reinsurance' categories);

- (d) (code 20Ad) in respect of each *risk category* for which the amounts reported in **Form 20A** contain both *claims-made policies* and policies which are not *claims-made*:
    - (i) the name of the *risk category*,
    - (ii) the amounts reported in **Form 20A** under the *risk category* that have arisen from *claims-made policies*, and
    - (iii) the amounts reported in **Form 20A** under the *risk category* that have arisen from policies which are not *claims-made*;
  - (e) (code 20Ae) the amounts reported in **Form 20A** under *category number 002* ("Total primary (direct) and facultative business") that is *facultative business*;
  - (f) (code 20Af) the amounts reported in **Form 20A** under each of *category numbers 113* (Travel), *274* (Mixed commercial package) and *343* (Energy) that has arisen from business falling within -
    - (i) each group of *classes* in **Annex 11.2 Part II**, and
    - (ii) *classes 16, 17 and 18* combined (miscellaneous financial loss, legal expenses and assistance).
- (2) The *insurer* may make reasonable estimates of the amounts required under (1)(d) to (f).

### **Presentation of amounts**

- 8A Where in any Form an amount which is shown brought forward from a previous year differs from the corresponding amount shown as carried forward from that year and the difference is not due solely to the use of a different rate to express other currencies in sterling, an explanation of the reason for the difference must be given by way of a supplementary note to that Form in accordance with **Appendix 9.1** paragraph 7. For **Forms 21, 22, 23, 24, 26, 27, 28, 31, 32, 33, 34** or **35**, the code for the supplementary note is 2101, 2201, 2301, 2401, 2601, 2701, 2801, 3101, 3201, 3301, 3401 or 3501 respectively.
- 8B. Calculations must be performed using unrounded figures. Figures which are determined from other figures (whether or not on the same form) must be rounded after performing calculations on the unrounded component figures. Ratios must be reported to two decimal places.

### **Premiums**

9. In **Forms 23, 26, 27, 31** and **32** -

- (a) *gross premiums earned* in respect of an accident year must be such proportion of *gross premiums written* as is attributable to risks borne by the *insurer* during that accident year; and
- (b) the *reinsurers'* share of premiums earned must be attributed to the same accident years as the corresponding *gross premiums earned*, so as to calculate the *net earned premiums* for each accident year.

10. In **Forms 24, 25, 28, 29** and **34** -

- (a) *gross premiums written* in an underwriting year must be the amount of such premiums arising in respect of *contracts of insurance incepted* during that year, whether or not they are received during that year; and
- (b) the *reinsurers'* share of premiums written must be attributed to the same underwriting years as the corresponding *gross premiums written*.

11. For the purposes of 10 and 14, where an *insurer* has acquired *policies* under a transfer approved under Part VII of the *Act* or its predecessor legislation or approved by the competent authority of another *EEA State* under Article 12 of the *Third Non-Life Directive*, the *policies* transferred to the *insurer* must be taken to have *incepted* on the date of such transfer.

12. In all Forms to which this Appendix relates, amounts required to be shown in respect of premiums must be shown before deduction for commissions.

**Claims**

13. (1) In **Forms 23, 26, 27, 31** and **32**, where an amount or number is required to be shown for *claims* in respect of an accident year, that amount or number must be determined on the basis of *claims* arising from incidents occurring during that accident year.
- (2) For the purposes of (1), an incident giving rise to a claim under a *claims-made policy* is deemed to occur on the earlier of -
- (a) the date on which it is notified in accordance with the terms of that *policy*; or
  - (b) the date on which the period for which cover is provided under that *policy* expires.
- (3) For the purposes of (1), where an *insurer* has assumed, pursuant to a contract, responsibility (whether wholly or in part) for the payment or reimbursement of *claims* made under *policies* effected by another *insurer*, all incidents occurring prior to the date of such contract and giving rise to *claims* under those *policies* are deemed have occurred on the date of such contract.

- (4) In the application of (3), the reference to responsibility assumed by an *insurer* includes responsibility assumed as a *reinsurer* or under a transfer under Part VII of the Act or its predecessor legislation or approved by the competent authority of another *EEA State* under Article 12 of the *Third Non-Life Directive*; and in the case of such a transfer the date of the contract is taken to be the date of the transfer.
14. In **Forms 24, 25, 28, 29** and **34**, where an amount is required to be shown for *claims* in respect of a *financial year*, that amount must be determined on the basis of *claims* arising under *contracts of insurance incepted* during that year.
15. In all Forms to which this Appendix relates, amounts required to be shown for *claims* must not include amounts in respect of *claims management costs*.

#### **UK and overseas business**

16. (1) For each *risk category* there must be stated by way of supplementary note (code 20Ag) to **Form 20A** -
- (a) if any of the *gross written premiums* reported in **Form 20A** under the *risk category* is attributable to *home foreign business* or overseas business, the amount of the *gross written premiums* in the *risk category* attributable to overseas business, *home foreign business*, and other UK business;
  - (b) if any of the business reported in **Form 20A** under the *risk category* is attributable to overseas business, the countries in which the business in the *risk category* is carried on; and
  - (c) the name of the *risk category*.
- (2) For the purposes of this Appendix, and (1)(a) in particular, *gross written premiums* must be shown or included as UK premiums if, in the case of *direct and facultative insurance business* the *contract of insurance* was effected in the United Kingdom or if, in the case of a *reinsurance* treaty, the cedant was an *insurer* having its head office in the United Kingdom or was a member of the *Society*; and overseas premiums must be construed accordingly.
- (3) In a **Form 31, 32** or **34**, an *insurer* must enter in the space alongside 'reporting territory' –
- (a) 'World wide' if the business on the Form is a subset of *category numbers* 330 or 340 or *category number* 350; or
  - (b) one of the following if the business on the Form is otherwise
    - (i) 'United Kingdom other than home foreign' for business carried on in the *United Kingdom* that is not *home foreign business*,

- (ii) 'Home Foreign' for *home foreign business*, or
- (iii) 'Overseas' for business carried on outside the United Kingdom.

### Transfers of general insurance business

17. (1) If, during the *financial year*, *policies* already effected by another *insurer* have been transferred to the *insurer*, an *insurer* must state, in respect of each *risk category*, the following by way of supplementary note to **Form 20A** (code 20Ah) -
- (a) the date of the transfer;
  - (b) whether the transfer was approved under Part VII of the *Act* or its predecessor legislation or approved by the competent authority of another *EEA State* under Article 12 of the *Third Non-Life Directive* or was effected by novation;
  - (c) any amounts included in columns 1, 2, 3 and 4 on **Form 20A** in respect of consideration for the transfer;
  - (e) the earliest and latest dates upon which the relevant *policies* *incept*; and
  - (f) whether or not any of the *policies* has a duration of longer than 12 months and, if so, the date by which all those *policies* will have expired.
- (2) (1) does not apply in respect of any transfer by way of novation unless the amounts mentioned in (1)(c) exceed in aggregate 2.5% of the insurer's gross premium income for the financial year in question.
- (3) (a) For each *risk category* that contains *general insurance business* for which an *insurer* is required, by rules 9.17 and 9.19, to prepare a **Form 26 to 29, 31, 32** or **34** in the *return* for the *financial year in question*, the *insurer* must, subject to (b), state the amount included in columns 2 plus 3 and the amount included in column 4 on **Form 20A** that arise from *policies* already effected by another *insurer* that have been transferred to the *insurer*, by way of supplementary note to **Form 20A** (code 20Ai).
- (b) For each *risk category* (a) only applies if the amount included in columns 2 plus 3 plus 4 on **Form 20A** that arises from transferred *policies* exceeds £10m or the higher of £1m and 10% of the amount shown in columns 2 plus 3 plus 4 on **Form 20A** for that *risk category*.

### Unearned premiums



18. In **Forms 21** and **25**, the basis on which unearned premiums are calculated and the reason for adopting this basis must be stated by way of supplementary note (code 2102 in the case of **Form 21** and code 2501 in the case of **Form 25**).

#### **Provision for unexpired risks**

19. (1) The amount included for the provision for unexpired risks in **Form 22** or **25** prepared in respect of an *FSA general insurance business reporting category* must be determined without taking into account any surplus expected to arise on the unexpired risks falling within other *FSA general insurance business reporting categories*.
- (2) Where in determining the amount of the overall provision for unexpired risks (line 13 in **Form 15** less line 62 in **Form 13**) credit has been taken for any aggregate surplus expected to arise on the unexpired risks falling in any *FSA general insurance business reporting category*, the amount of that credit must be included as a negative amount at line 19 of **Form 22** or line 23 of **Form 25**, as appropriate, for that category.
20. (1) Where the amount included at column 3 line 19 (provision for unexpired risks) in any **Form 22** or at column 99-99 of line 23 (provision for unexpired risks) in any **Form 25** has been determined after taking into account expected investment return, the following must be stated by way of supplementary note (code 2205 in the case of **Form 22** and code 2502 in the case of **Form 25**) -
- (a) the provision for unexpired risks before taking such investment return into account;
- (b) the rates of investment return assumed; and
- (c) the average interval between the end of the *financial year in question* and the date at which *claims* are expected to be settled in cash.

#### **Cessation of business**

21. (1) If the *insurer* has effected no ‘new contracts of insurance’ of any one or more *classes* of *general insurance business* during the *financial year*, the date on which the last ‘new contract’ of each such *class* was effected must be stated by way of supplementary note (code 20Aj) to **Form 20A**.
- (2) For the purposes of this paragraph and 22, a **new contract of insurance** is any *contract of insurance* effected by the *insurer* other than in fulfilment of its obligations under subsisting *contracts of insurance*.

#### **Claims management costs**

22. (1) In **Forms 22** and **24**, the basis used for the determination of amounts for *claims management costs* payable in the *financial year in question* and carried

forward to the following *financial year* must be stated by way of supplementary note (code 2202 in the case of **Form 22** and code 2404 in the case of **Form 24**).

- (2) If, in respect of any *FSA general insurance business reporting category* -
- (a) no amount for *claims management costs* is shown as being carried forward to the following *financial year*; and
  - (b) an amount for net claims is shown as being carried forward to that year,

the reason for anticipating that there will be no *claims management costs* incurred during the following *financial years* must be included in the note required by (1) .

- (3) If, within an *FSA general insurance business reporting category*, an insurer has ceased to effect ‘*new contracts of insurance*’ during the *financial year in question*, the basis upon which any additional costs arising as a result of such cessation have been determined or the reason for anticipating that no such additional costs will be incurred must be included in the note required by (1).
- (4) Where the amount in respect of *claims management costs* carried forward and included in any Form 22 or 24 has been determined after taking into account expected investment return, there must be stated by way of supplementary note to **Form 22** (code 2203) or **Form 24** (code 2405) -
- (a) the rates of investment return assumed; and
  - (b) the average interval between the end of the *financial year in question* and the date by which the *claims management costs* are expected to be expended.

#### **Acquisition costs**

23. The basis used for the determination of amounts for acquisition costs (other than commission) payable in the *financial year in question* and carried forward to the next *financial year*, as shown at line 22 of **Form 22** and line 42 of **Form 24**, must be stated by way of a supplementary note to **Form 22** (code 2204) and **Form 24** (code 2406).

#### **Underwriting year accounting**

24. (1) With reference to the *financial year in question* and in respect of each *FSA general insurance business reporting category*, the following information must be stated by way of supplementary note (code 2402) to **Form 24** -
- (a) the reason for accounting for such business on an underwriting year basis;

- (b) the basis for distinguishing between such business and any other business falling within the same *FSA general insurance business reporting category* accounted for on an accident year basis;
  - (c) the accounting policy adopted for determining the provision for *claims* outstanding; and
  - (d) if the information provided in (a) to (c) differs in respect of risks *incepted* in the *financial year in question* from risks of a similar description *incepted* in *previous financial years*, the reason for that difference.
- (2) Where the provision for *claims* outstanding is set in respect of any business using the ‘non-annual method’, the note required by (1)(a) must include the following information -
- (a) the reason for using the ‘non-annual method’;
  - (b) the basis for distinguishing between such business and other business accounted for on an underwriting year basis falling within the same *FSA general insurance business reporting category*;
  - (c) the normal period for which an underwriting year is left ‘open’ or, if that period differs for different types of business within an *FSA general insurance business reporting category* -
    - (i) the basis for distinguishing between the types of business,
    - (ii) the normal period for each type, and
  - (d) where an underwriting year is left ‘open’ for longer than the normal period, the reason for not ‘closing the year’.
- (3) For the purposes of this Appendix -
- (a) **non-annual method** refers to the method described by paragraph 52 of the *insurance accounts rules*; and
  - (b) a year is **open** with respect to any business *incepted* during that year if the provision for outstanding *claims* in respect of that business is set using the ‘non-annual method’ and if so set previously has not now been replaced in accordance with the requirements of paragraph 52(4) of the *insurance accounts rules*, and **closed year** and **closing a year** is construed accordingly.

### **Business managed together**

25. (1) For the purposes of **Forms 25** and **29**, risks may be regarded as managed together if -
- (a) they *incept* in the same *financial year* and are accounted for using the ‘non-annual method’; and
  - (b) they may be treated as managed together under generally accepted accounting practice.
- (2) Where any amount is shown on **Form 25** or **29** for the transfer of anticipated surplus, the following must be stated by way of supplementary note to **Form 25** (code 2504) or **Form 29** (code 2901) -
- (a) a description of the business in respect of which the anticipated surplus arises and of the business in respect of which the deficit to be offset arises (including in the case of **Form 25** the *risk categories* into which such business falls); and
  - (b) the reason for treating the business as managed together.

### **Application of accounting practice**

26. (1) Amounts in respect of inward and outward *contracts of insurance* must be classified for inclusion in **Forms 20A, 20** to **39** according to their economic substance and in accordance with generally accepted accounting practice.
- (2) Where amounts in respect of an inwards or outwards *contract of insurance* have been excluded from the revenue account, the following must be shown by way of supplementary note (code 20Ak) to **Form 20A** -
- (a) a description of the terms of that contract;
  - (b) a description of the accounting treatment adopted and an explanation for adopting that treatment;
  - (c) a statement of the amounts paid and received during the *financial year* under that contract; and
  - (d) a statement of the amounts in respect of that contract included in each Form prepared under this Appendix or **Appendix 9.1**.
- (3) A *insurer* may elect to show the information required by (1) in respect of groups of contracts which were effected in the same *financial year* with substantially the same contract terms and in respect of which the same accounting treatment has been adopted.

### Discounting

27. (1) Sheet 2 of **Form 30** need only be completed if the provision for *claims* outstanding being discounted (before deduction for discounting) exceeds 25% of the total provision for *claims* outstanding (before deduction for discounting).
- (2) Where in accordance with (1) no Sheet 2 is prepared -
- (a) lines 21 and 29 of Sheet 1 need not be completed; and
  - (b) lines 11 to 20 need only be completed in respect of those currencies for which the provision for *claims* outstanding being discounted (before deduction for discounting) exceeds 25% of the total provision for that currency for *claims* outstanding (before deduction for discounting).
- (3) For the purposes of **Form 30**, a **major currency** is a currency in respect of which the provision for *claims* outstanding (before deduction for discounting) is not less than 10% of the total provision for *claims* outstanding (before deduction for discounting).
- (4) In **Form 30**, the value of an asset or liability which would be treated as an asset or liability in a particular currency for the purposes of *PRU 4.2.53R* (notwithstanding *PRU 4.2.54R*) must be shown in that currency.
- (5) The following must be stated by way of supplementary note (code 3003) to **Form 30** -
- (a) the *risk categories* where adjustments for discounting have been made; and
  - (b) in respect of each such *risk category* -
    - (i) the methods used in calculating the deduction for discounting,
    - (ii) the rate of interest used for the calculation of present values,
    - (iii) the expected average interval between the date for settlement of *claims* being discounted and the end of the *financial year in question*, and
    - (iv) the criteria adopted for estimating the period that will elapse before *claims* are settled.

### Reinsurance

28. Where the *reinsurers'* share of *claims* incurred (as stated in any **Form 22** or **25**) includes amounts expected to be recovered from *reinsurers* more than 12 months after the payment of the underlying gross *claims* by the *insurer*, the

following must be stated by way of supplementary note to **Form 22** (code 2206) or **25** (code 2503) as appropriate -

- (a) the amount of such recoveries; and
- (b) the accounting treatment which has been adopted in respect of discounting such recoveries.

### Continuation sheets

30. Continuation sheets to **Forms 31** and **34** need only be prepared in respect of *FSA general insurance business reporting categories 271 to 274*.

### Country codes

31. The currency codes required for **Forms 26 to 29, 31, 32** and **34** and country codes must be in accordance with the following Table:

COUNTRY	CODE	CURRENCY	CODE
Afghanistan	QS	Afghani	AFA
Albania	CE	Albanian Lek	ALL
Algeria	KA	Algerian dinar	DZD
Andorra	CG	Euro	EUR
Angola	MT	Kwanza	AOA
Anguilla	GY	East Caribbean Dollar	XCD
Antigua And Barbuda	GP	East Caribbean Dollar	XCD
Argentina	JA	Argentine Peso	ARP
Armenia	RB	Armenian dram	AMD
Aruba	GM	Aruban guilder	AWG
Australia	EA	Australian dollar	AUD
Austria	BL	Euro	EUR
Azerbaijan	RC	Azerbaijani menat	AZM
Bahamas	GD	Bahamian dollar	BSD
Bahrain	PN	Bahraini dinar	BHD
Bangladesh	QA	taka	BDT
Barbados	GA	Barbadian dollar	BBD
Belarus	RD	Belarusian ruble	BYR
Belgium	BD	Euro	EUR
Belize	HH	Belizean dollar	BBD
Benin	LK	CFA franc (BCEAO)	XOF
Bermuda	GE	Bermudan dollar	BMD
Bhutan	QX	ngultrum/Indian rupee	BTN/INR
Bolivia	JL	boliviano	BOB
Bosnia and Herzegovina	CH	marka	BAM
Botswana	MG	pula	BWP
Brazil	JC	real	BRL

Brunei	QY	Bruneian Dollar	BND
Bulgaria	CD	lev	BGN
Burkina Faso	LL	CFA franc (BCEAO)	XOF
Burundi	MW	Burundi franc	BIF
Cambodia	QU	riel	KHR
Cameroon	MV	CFA Franc (BEAC)	XAF
Canada	FA	Canadian dollar	CAD
Cape Verde	LM	Cape Verdean escudo	CVE
Central African Republic	MY	CFA franc (BCEAO)	XOF
Chad	NA	CFA franc (BCEAO)	XOF
Channel Islands	BA	British pound	GBP
Chile	JB	Chilean peso	CLP
China (Taiwan)	QQ	new Taiwan dollar	TWD
China, Peoples Rep. Of	QJ	Renminbi yuan	CNY
Christmas Island	ET	Australian dollar	AUD
Cocos Island	EU	Australian dollar	AUD
Colombia	JD	Colombian peso	COP
Comoros	MX	Comoran franc	EMF
Congo, Democratic Republic of	MM	Congolese franc	CDF
Congo (Republic of)	MU	CFA franc	XOF
Cook Islands	EV	New Zealand dollar	NZD
Costa Rica	HF	Costa Rican colon	CRC
Croatia	CJ	kuna	HRK
Cuba	GJ	Cuban peso	CUP
Curacao (Netherlands Antillies)	GL	Netherlands Antillean guilder	ANG
Cyprus	DA	Cypriot pound	CYP
Czech Republic	CP	Czech koruna	CZK
Denmark	BE	Danish krone	DKK
Djibouti	NB	Djiboutian franc	DJF
Dominica	GR	East Caribbean Dollar	XCD
Dominican Republic	GF	Dominican peso	DOP
Ecuador	JF	U.S. Dollar	USD
Egypt	KE	Egyptian pound	EGP
El Salvador	HB	Salvadoran colon,	SVC,
England	AC	British pound	GBP
Equatorial Guinea	NC	CFA franc (BCEAO)	XOF
Eritrea	NK	nakfa	ERN
Estonia	RE	kroon	EEK
Ethiopia	MP	birr	ETB
European Currencies, Weighted Average Of	CZ	European Currencies, Weighted Average Of	XBA
European Currency Unit	CY	European Currency Unit	XEU
Falkland Islands	AZ	British pound	GBP
Faro Islands	CT	Danish krone	DKK
Fiji	EC	Fijian dollar	FJD
Finland	BR	Euro	EUR
France	BF	Euro	EUR
French Guiana	JK	Euro	EUR
French Polynesia	EY	CFP Franc	XPF

Gabon	ND	CFA franc (BCEAO)	XOF
Gambia, The	LA	Dalasi	GMD
Georgia	RF	lari	GEL
Germany	BK	Euro	EUR
Ghana	LB	cedi	GHC
Gibraltar	DB	British pound	GBP
Grand Cayman Islands	GW	Caymanian Dollar	KYD
Greece	BN	Euro	EUR
Greenland	CS	Danish krone	DKK
Grenada	GQ	East Caribbean Dollar	XCD
Guam	RW	US dollar	USD
Guatemala	HD	quetzal	GTQ
Guinea	LN	Guinean franc	GNF
Guinea-Bissau	LP	CFA franc (BCEAO)	XOF
Guyana	JH	Guyanese dollar	GYD
Haiti	GK	gourde	HTG
Home Foreign- <i>United Kingdom</i>	AB		
Honduras	HC	Lempira	HNL
Hong Kong	QE	Hong Kong dollar	HKD
Hungary	CC	Hungarian forint	HUF
Iceland	BU	Icelandic krona	ISK
India	QB	Indian rupee	INR
Indonesia	QM	Indonesian rupiah	IDR
Iran	PB	Iranian rial	IRR
Iraq	PJ	Iraqi dinar	IQD
Irish Republic	BC	Euro	EUR
Isle Of Man	BB	British pound	GBP
Israel	PC	New Israeli shekel	ILS
Italy	BG	Euro	EUR
Ivory Coast	LH	CFA franc	XOF
Jamaica	GB	Jamaican dollar	JMD
Japan	QK	yen	JPY
Jordan	PL	Jordanian dinar	JOD
Kazakhstan	RG	tenge	KZT
Kenya	MA	Kenyan shilling	KES
Kiribati	ED	Australian dollar	AUD
Korea, South	QR	South Korean won	KRW
Korea,North	QP	North Korean won	KPW
Kuwait	PD	Kuwaiti dinar	KWD
Kyrgyz, republic of (Kyrgyzstan)	RV	Kyrgyzstani som	KGS
Laos	RT	kip	LAK
Latvia	RJ	Latvian lat	LVL
Lebanon	PE	Lebanese pound	LBP
Lesotho	MH	South African Rand	ZAR
Liberia	LG	Liberian dollar	LRD
Libya	KD	Libyan dinar	LYD
Liechtenstein	CK	Swiss Franc	CHF
Lithuania	RK	litas	LTL
Luxembourg	BH	Euro	EUR



Macau	QD	pataca	MOP
Macedonia	BZ	denars	MKD
Madagascar	MS	Malagasy franc	MGF
Malawi	MD	Malawian kwacha	MWK
Malaysia	QF	ringgit	MYR
Maldives	RU	rufiyaa	MVR
Mali	LE	CFA franc (BCEAO)	XOF
Malta	DC	Maltese lira	MTL
Marshall Islands	EM	US dollar	USD
Mauritania	LS	Ouguiya	MRO
Mauritius	ML	Mauritian rupee	MUR
Mexico	HA	Mexican peso	MXN
Micronesia	EN	US	USD
Moldova	RL	Moldovan leu	MDL
Monaco	CF	Euro	EUR
Mongolia	RM	todrog/tugrik	MNT
Monserrat	GS	East Caribbean Dollar	XCD
Morocco	KB	Moroccan dirham	MAD
Mozambique	MR	metical	MZM
Myanmar	QH	Myanmar kyat	MMK
Namibia	NE	Namibian dollar	NAD
Nauru	EE	Australian dollar	AUD
Nepal	QT	Nepalese rupee	NPR
Netherlands	BJ	Euro	EUR
Netherlands Antilles	GX	Netherlands Antillean guilder	ANG
New Caledonia	EZ	CFP Franc	XPF
New Zealand	EB	New Zealand dollar	NZD
Nicaragua	HE	gold cordoba	NIO
Niger	NF	CFA franc (BCEAO)	XOF
Nigeria	LC	naira	NGN
Niue	ER	New Zealand dollar	NZD
Norfolk Island	ES	Australian dollar	AUD
Northern Ireland	AF	British pound	GBP
Norway	BS	Norwegian krone	NOK
Oman	PP	Omani rial	OMR
Pakistan	QC	Pakistani rupee	PKR
Palau	EP	US dollar	USD
Panama	HG	Panama dollar	PAD
Papua New Guinea	EF	kina	PGK
Paraguay	JM	guarani	PYG
Peru	JG	nuevo sol	PEN
Philippines	QL	Philippine peso	PHP
Pitcairn Islands	EX	New Zealand dollar	NZD
Poland	BV	zloty	PLN
Portugal	BP	Euro	EUR
Puerto Rico	GG	US dollar	USD
Qatar	PG	Qatari riyal	QAR
Romania	BW	leu	ROL
Russia	RN	rouble	RUB

Rwanda	NG	Rwandan franc	RWF
San Marino	CL	Euro	EUR
Sao Tome And Principe	LQ	dobra	STD
Saudi Arabia	PF	Saudi riyal	SAR
Scotland	AE	British pound	GBP
Senegal	LJ	CFA franc (BCEAO)	XOF
Serbia and Montenegro	CR	Serbian dinar	CSD
Seychelles	NH	Seychelles rupee	SCR
Sierra Leone	LD	leone	SLL
Singapore	QG	Singapore dollar	SGD
Slovakia	CQ	Slovak koruna	SKK
Slovenia	CM	tolar	SIT
Solomon Islands	EG	Solomon Islands dollar	SBD
Somalia	MQ	Somali shilling	SOS
South Africa	MK	South African Rand	ZAR
Spain	BQ	Euro	EUR
Sri Lanka	QZ	Sri Lankan rupee	LKR
St Helena And Dependencies	NJ	British pound	GBP
St Kitts-Nevis	GT	East Caribbean Dollar	XCD
St Lucia	GV	East Caribbean Dollar	XCD
St Martin	GN	Netherlands Antillean guilder / Euro	ANG / EUR
St Vincent and The Grenadines	GU	East Caribbean Dollar	XCD
Sudan	MN	Sudanese dinar	SDD
Surinam	JJ	Surinamese guilder	SRG
Svalbard	BX	Norwegian krone	NOK
Swaziland	MJ	Swaziland lilangeni	SZL
Sweden	BT	Swedish krona	SEK
Switzerland	BM	Swiss franc	CHF
Syria	PK	Syrian pound	SYP
Tahiti	QV	CFP Franc	XPF
Tajikistan	RP	somoni	TJS
Tanzania	MC	Tanzanian shilling	TZS
Thailand	QN	baht	THB
Togo	LR	CFA franc (BCEAO)	XOF
Tolelau	EQ	New Zealand dollar	NZD
Tonga	EH	pa'anga	TOP
Trinidad And Tobago	GC	Trinidad and Tobago dollar	TTD
Tunisia	KC	Tunisian dinar	TND
Turkey	PA	Turkish lira	TRL
Turkmenistan	RQ	Turkmen manat	TMM
Turks & Caicos Islands	GZ	US dollar	USD
Tuvalu	EJ	Australian dollar	AUD
Uganda	MB	Ugandan shillings	UGX
Ukraine	RR	hryvnia	UAH
United Arab Emirates	PH	Emirati dirham	AED
United Kingdom	AA	British pound	GBP
		Converted to British pound	XBP
		British pound and converted to	YBP

Uruguay	JN	British pound combined	
USA	FB	Uruguayan peso	UYU
Uzbekistan	RS	US dollar	USD
Vanuatu	EK	Uzbekistani sum	UZS
Vatican City	CN	vatu	VUV
Venezuela	JE	Euro	EUR
Vietnam	QW	bolivar	VEB
Virgin Islands	GH	dong	VND
Wales	AD	US dollar	USD
Wallis and Futuna	EW	British pound	GBP
Western Sahara	KF	CFP Franc	XPF
Samoa	EL	Moroccan dirham	MAD
Yemen	PM	Samoa tala	WST
Zambia	ME	Yemeni rial	YER
Zimbabwe	MF	Zambian kwacha	ZMK
		Zimbabwean dollar	ZWD

32. The reporting territory codes required for **Forms 30, 31, 32** and **34** must be in accordance with the following Table:

<b>Reporting territory</b>	<b>Code</b>
<i>General insurance business carried on in the United Kingdom that is not home foreign business</i>	AA
<i>home foreign business</i>	AB
<i>General insurance business carried on outside the United Kingdom</i>	XX
World wide	WW

## FORMS

[Forms 20A and 20 – 39 to follow]

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General insurance business – summary of business carried on

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

		Company registration number	GL/ UK/ CM	day	month	year	units
R20A							£000
Category number	FSA return general insurance business reporting category		Gross premium written in this financial year	Provision for undiscounted gross claims outstanding at the end of this financial year		Provision for gross unearned premium at the end of this financial year	
				Reported	Incurred but not reported		
			1	2	3	4	
001	Total business		1				
002	Total primary (direct) and facultative business		2				
003	Total treaty reinsurance accepted business		3				
110	Total primary (direct) and facultative accident and health (category numbers 111 to 114)		4				
120	Total primary (direct) and facultative personal lines motor business (category numbers 121 to 123)		5				
160	Primary (direct) and facultative household and domestic all risks		6				
180	Total primary (direct) and facultative personal lines financial loss (category numbers 181 to 187)		7				
220	Total primary (direct) and facultative commercial motor business (category numbers 221 to 223)		8				
260	Total primary (direct) and facultative commercial lines property (category numbers 261 to 263)		9				
270	Total primary (direct) and facultative commercial lines liability business (category numbers 271 to 274)		10				
280	Total primary (direct) and facultative commercial lines financial loss (category numbers 281 to 284)		11				
330	Total primary (direct) and facultative aviation (category numbers 331 to 333)		12				
340	Total primary (direct) and facultative marine (category numbers 341 to 347)		13				
350	Total primary (direct) and facultative goods in transit		14				
400	Miscellaneous primary (direct) and facultative business		15				
500	Total non-proportional treaty reinsurance business accepted (category numbers 510 to 590)		16				
600	Total proportional treaty reinsurance business accepted (category numbers 610 to 690)		17				
700	Miscellaneous treaty reinsurance accepted business		18				
	TOTAL (lines 4 to 18)		20				

General insurance business – summary of business carried on

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended

	Company registration number	GL/UK/CM	day	month	year	units
	R20A					£000
Category number	FSA return general insurance business reporting category		Gross premium written in this financial year	Provision for undiscounted gross claims outstanding at the end of this financial year		Provision for gross unearned premium at the end of this financial year
				Reported	Incurred but not reported	
			1	2	3	4

PRIMARY (DIRECT) and FACULTATIVE PERSONAL LINES BUSINESS

111	Medical insurance	21				
112	HealthCare cash plans	22				
113	Travel	23				
114	Personal accident or sickness	24				
121	Private motor – comprehensive	25				
122	Private motor – non-comprehensive	26				
123	Motor cycle	27				
160	Household and domestic all risks (equals line 6)	28				
181	Assistance	29				
182	Creditor	30				
183	Extended warranty	31				
184	Legal expenses	32				
185	Mortgage indemnity	33				
186	Pet insurance	34				
187	Other personal financial loss	35				

PRIMARY (DIRECT) and FACULTATIVE COMMERCIAL LINES BUSINESS

221	Fleets	41				
222	Commercial vehicles (non-fleet)	42				
223	Motor other	43				
261	Commercial property	44				
262	Consequential loss	45				
263	Contractors or engineering all risks	46				
271	Employers liability	47				
272	Professional indemnity	48				
273	Public and products liability	49				
274	Mixed commercial package	50				
281	Fidelity and contract guarantee	51				
282	Credit	52				
283	Suretyship	53				
284	Commercial contingency	54				

**General insurance business – summary of business carried on**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

		Company registration number	GL/UK/CM	day	month	year	units
R20A							£000
Category number	FSA return general insurance business reporting category			Gross premium written in this financial year	Provision for undiscounted gross claims outstanding at the end of this financial year		Provision for gross unearned premium at the end of this financial year
					Reported	Incurred but not reported	
				1	2	3	4

PRIMARY (DIRECT) and FACULTATIVE: AVIATION, MARINE and TRANSPORT

331	Aviation liability	61				
332	Aviation hull	62				
333	Space and satellite	63				
341	Marine liability	64				
342	Marine hull	65				
343	Energy (on and off-shore)	66				
344	Protection and indemnity	67				
345	Freight demurrage and defence	68				
346	War risks	69				
347	Yacht	70				
350	Total primary (direct) and facultative goods in transit (equals line 14)	71				

PRIMARY (DIRECT) and FACULTATIVE: MISCELLANEOUS

400	Miscellaneous primary (direct) and facultative business (equals line 15)	72				
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NON-PROPORTIONAL TREATY

510	Non-proportional accident & health	81				
520	Non-proportional motor	82				
530	Non-proportional aviation	83				
540	Non-proportional marine	84				
550	Non-proportional transport	85				
560	Non-proportional property	86				
570	Non-proportional liability (non-motor)	87				
580	Non-proportional financial lines	88				
590	Non-proportional aggregate cover	89				

PROPORTIONAL TREATY

610	Proportional accident & health	91				
620	Proportional motor	92				
630	Proportional aviation	93				
640	Proportional marine	94				
650	Proportional transport	95				
660	Proportional property	96				
670	Proportional liability (non-motor)	97				
680	Proportional financial lines	98				
690	Proportional aggregate cover	99				

TREATY REINSURANCE: MISCELLANEOUS

700	Miscellaneous treaty reinsurance accepted business (equals line 18)	101				
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TOTAL (lines 21 to 101)		111				
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## Instructions for completion of Form 20A

1. The amount to be shown under *gross written premiums* for an *FSA general insurance business reporting category* must equate to F21. (11+12+13+14+15). (1+2) plus F24.11.12 as if **Forms 21** or **24** were required for that *FSA general insurance business reporting category*.
2. The amount to be shown under provision for gross unearned premium for an *FSA general insurance business reporting category* must equate to F21.19.2 + F25.22.12 as if **Forms 21** or **25** were required for that *FSA general insurance business reporting category*.
3. The amounts to be shown under provisions for gross claims outstanding/ reported for an *FSA general insurance business reporting category* must equate to the sum of (F27.29.5 + F29.11.12, converted to sterling if appropriate) over all currencies or the sum of (F31 or F32.30.5 + F34.30.3) over all the currencies and territories, for that *FSA general insurance business reporting category* as if **Forms 27, 29, 31, 32** or **34** were required for all business in that *FSA general insurance business reporting category*.
4. The amounts to be shown under provisions for gross claims outstanding/incurred but not reported for an *FSA general insurance business reporting category* must equate to the sum of (F27.29.6 + F29.13.12, converted to sterling if appropriate) over all currencies or the sum of (F31 or F32.30.6 + F34.30.4) over all the currencies an territories, for that *FSA general insurance business reporting category* as if **Forms 27, 29, 31, 32** or **34** were required for all business in that *FSA general insurance business reporting category*.
5. Where the unrounded value for one of the columns is zero for a particular *FSA general insurance business reporting category*, the relevant cell should be left blank.
6. Lines 1, 20 and 111 should all be the same and equal to the total *insurance business*.
7. Where line 1 column 1 is different to line 11 column 1 Form 11, the insurer must provide an explanation for the reason in a supplementary note (code 20A1).

**General insurance business : Technical account (excluding equalisation provisions)**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

		Company registration number	GL/ UK/ CM	day	month	year	units	Category number
		R20					£000	
Items to be shown net of reinsurance					This financial year 1	Previous year 2		
This year's underwriting (accident year accounting)	Earned premium (21. 19. 5)			11				
	Claims incurred (22. 17. 4)			12				
	Claims management costs (22. 18. 4)			13				
	Adjustment for discounting (22. 52. 4)			14				
	Increase in provision for unexpired risks (22. 19. 4)			15				
	Other technical income or charges (particulars to be specified by way of supplementary note)			16				
	Net operating expenses (22. 42. 4)			17				
	Balance of year's underwriting (11-12-13+14-15+16-17)			19				
Adjustment for prior years' underwriting (accident year accounting)	Earned premium (21.11. 5)			21				
	Claims incurred (22. 13. 4)			22				
	Claims management costs (22. 14. 4)			23				
	Adjustment for discounting (22. 51. 4)			24				
	Other technical income or charges (particulars to be specified by way of supplementary note)			25				
	Net operating expenses (22. 41. 4)			26				
	Balance (21-22-23+24+25-26)			29				
Balance from underwriting year accounting	Per Form 24 (24. 69. 99-99)			31				
	Other technical income and charges (particulars to be specified by way of supplementary note)			32				
	Total			39				
Balance of all years' underwriting (19+29+39)				49				
Allocated investment income				51				
Transfer to non-technical account (49+51)				59				



**Instructions for completion of Form 20**

1. Particulars of any amounts included at lines 16, 25 or 32 ('other technical income or charges') are required to be stated by way of a supplementary note (code 2005) to the form.

**General insurance business (accident year accounting): Analysis of premiums**

**Form 21**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

		Company registration number	GL/UK/CM	day	month	year	units	Category number
		R21					£000	
Premiums receivable during the financial year		Gross premiums written		Reinsurers' share			Net of reinsurance	
		Earned in previous financial years 1		Earned in previous financial years 3		Earned in previous financial years 5		
In respect of risk incepted in previous financial years		11						
		Earned in this financial year 1	Unearned at end of this financial year 2	Earned in this financial year 3	Unearned at end of this financial year 4	Earned in this financial year 5	Unearned at end of this financial year 6	
In respect of risks incepted in previous financial years		12						
In respect of risks incepted in this financial year	For periods of less than 12 months	13						
	For periods of 12 months	14						
	For periods of more than 12 months	15						
Premiums receivable (less rebates and refunds) in previous financial years not earned in those years and brought forward to the financial year		16						
Total (12 to 16)		19						

## Instructions for completion of Form 21

1. Lines 13 to 15 of **Form 21** should include *premiums* actually received prior to the *financial year*, but relating to risks incepted in the *financial year* and exclude *premiums* received during the *financial year*, but relating to risks incepting after the end of the *financial year*. In **Forms 13** and **15** the accounting treatment adopted for *premiums* received in respect of risks incepting in future *financial years* should be the same as that adopted in the shareholder accounts, or, if there are no shareholder accounts, should be in accordance with generally accepted accounting practice. If this results in different amounts for the provision of unearned premium (either gross or the *reinsurers'* share) being shown in **Forms 13** or **15** as compared to **Form 21**, it would be appropriate to identify, and provide an explanation, of the difference in a supplementary note (code 2103) to the form.

**General insurance business (accident year accounting) : Analysis of claims, expenses and technical provisions**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

		Company registration number	GL/UK/CM	day	month	year	units	Category number
		R22					£000	
			Amount brought forward from previous financial year	Amount payable / receivable in this financial year	Amount carried forward to next financial year	Amount attributable to this financial year		
			1	2	3	4		
Claims incurred in respect of incidents occurring prior to this financial year	Gross amount	11						
	Reinsurers' share	12						
	Net (11-12)	13						
	Claims management costs	14						
Claims incurred in respect of incidents occurring in this financial year	Gross amount	15						
	Reinsurers' share	16						
	Net (15-16)	17						
	Claims management costs	18						
Provision for unexpired risks		19						
Net operating expenses	Commissions	21						
	Other acquisition expenses	22						
	Administrative expenses	23						
	Reinsurance commissions and profit participations	24						
	Total (21+22+23-24)	29						
Adjustments for discounting in respect of the items shown at lines 11 to 18 above	Gross amount	31						
	Reinsurers' share	32						
	Claims management costs	33						
	Total (31-32+33)	39						
Split of line 29	Prior financial years	41						
	This financial year	42						
Split of line 39	Incidents occurring prior to this financial year	51						
	Incidents occurring in this financial year	52						

**Instructions for completion of Form 22**

1. Amounts included at lines 11 to 18 must be shown undiscounted and related adjustments for discounting must be shown at lines 31 to 39.
2. The values in column 4 are calculated as follows:  
  
for lines 11 to 18 values in columns 2+3-1;  
for lines 21 to 29 and lines 41 to 42 values in columns 1+2-3;  
for line 19, lines 31 to 39 and lines 51 to 52 values in columns 3-1.
3. Amounts shown at lines 11 to 13, lines 15 to 17 and lines 31 and 32 must exclude amounts in respect of *claims management costs*.

**General insurance business (accident year accounting): Analysis of net claims and premiums**

**Form 23**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Company registration number    GL/UK/CM    day    month    year    units    Category number

Accident year ended		Claims paid (net) during the accident year	Claims outstanding (net) as at end of the accident year	Total claims paid (net) since the end of the accident year but prior to this financial year	Claims paid (net) during this financial year	Claims outstanding carried forward		Claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year <small>(4+5+6-7-8)</small>	Deduction for discounting from claims outstanding carried forward (net)	Earned premiums (net)	Deterioration / (surplus) of original claims reserve %	Claims ratio %
Month	Year					Reported (net)	Incurred but not reported (net)	Reported (net)	Incurred but not reported (net)					
		1	2	3	4	5	6	7	8	9	10	11	12	13
		11												
		12												
		13												
		14												
		15												
		16												
		17												
		18												
		19												
		20												
Prior accident years		21												
Reconciliation		22												
Total (11 to 22)		29												

### Instructions for completion of Form 23

1. All figures are to be shown net of the *reinsurers'* share.
2. The accident years shown at lines 11 to 20 must correspond to the *financial year in question* and the nine *previous financial years* respectively.
3. Columns 1 to 9 must be shown before deduction for discounting.
4. All amounts shown must exclude *claims management costs*.
5. The percentage shown at column 12 must be the ratio of the columns 3+4+5+6-2 to column 2.
6. The percentage shown at column 13 must be the ratio of columns 1+3+4+5+6 to column 11.
7.  $23.29.5 + 23.29.6 = 22.13.3 + 22.17.3$ ;  $23.29.7 + 23.29.8 = 22.13.1$ ;  
 $23.29.10 = 22.31.3 - 22.32.3$ ; and  $23.29.4 = 22.13.2 + 22.17.2$ .
10. The percentages shown at columns 12 and 13 must be expressed as percentages to one place of decimals.
11. Line 22 is to be left blank.

**General insurance business (underwriting year accounting): Analysis of premiums, claims and expenses**

**Form 24**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Underwriting year ended		Prior underwriting years		MM		YY		MM		YY		MM		YY		MM		YY		MM		YY		Total all previous columns		
		29	29																						99	99
Premiums written	Gross amount	11																								
	Reinsurers' share	12																								
	Net (11-12)	19																								
Claims paid	Gross amount	21																								
	Reinsurers' share	22																								
	Net (21-22)	29																								
Claims management costs		39																								
Net operating expenses	Commissions	41																								
	Other acquisition expenses	42																								
	Administrative expenses	43																								
	Reinsurers' commissions and profit participations	44																								
	Payable net (41+42+43-44)	49																								
Technical provisions	Brought forward	Undiscounted	51																							
		Adjustment for discounting	52																							
	Carried forward	Undiscounted	53																							
		Adjustment for discounting	54																							
	Increase (decrease) in the financial year (53-54-51+52)		59																							
Balance on each underwriting year (19-29-39-49-59)		69																								



#### **Instructions for completion of Form 24**

1. The underwriting years shown between the columns headed "29 29" and "99 99" must correspond (in reverse order) to the *financial year in question* and the nine *previous financial years* respectively.
2. Amounts shown in lines 21 to 29 must exclude *claims management costs*.
4. The amounts shown at lines 51 to 54 must exclude equalisation provisions.

The amounts shown at lines 11 to 49 must be amounts payable or *receivable* during the *financial year in question*.

General insurance business (underwriting year accounting): Analysis of technical provisions

Form 25

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Underwriting year ended		Prior underwriting years		MM		YY		MM		YY		MM		YY		MM		YY		MM		YY		Total all previous columns		
		29	29																						99	99
Reported claims outstanding	Gross amount	11																								
	Reinsurers' share	12																								
Claims incurred but not reported	Gross amount	13																								
	Reinsurers' share	14																								
Claims management costs		15																								
Adjustment for discounting	Gross amount	16																								
	Reinsurers' share	17																								
	Claims management costs	18																								
Allocation to / (from) another risk category of anticipated surplus		19																								
Balance of the fund		20																								
Claims outstanding (11-12+13-14+15-16+17-18+19+20)		21																								
Provision for unearned premiums		22																								
Provision for unexpired risks		23																								
Deferred acquisition costs		24																								
Other technical provisions (particulars to be specified by way of supplementary note)		25																								
Total (21+22+23-24+25)		29																								

### Instructions for the completion of Form 25

1. The underwriting years shown between the columns headed "29 29" and "99 99" must correspond (in reverse order) to the *financial year in question* and the nine *previous financial years*, respectively.
2. Lines 11 to 15, 19 to 21 and 29 must be completed for open years and lines 11 to 18 and 21 to 29 for closed years.
3. Line 29 must equal line 53 less 54 on Form 24.
4. Lines 11 to 15 must be shown before adjustment for *discounting*.
5. Lines 11 to 14, 16 and 17 must exclude *claims management costs*.
7. Amounts may only be included at line 19 in so far as they arise from the offset of anticipated surpluses and deficits on *insurance business* managed together as defined by paragraph 25 of Appendix 9.2.
8. Particulars of any amounts included at line 25 on must be stated in a supplementary note (code 2505) to the form.

**General insurance business (accident year accounting): Analysis of net claims and premiums by risk category for treaty reinsurance**

**Form 26**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Accident year ended		Claims paid (net) during the accident year	Claims outstanding (net) as at end of the accident year	Total claims paid (net) since the end of the accident year but prior to this financial year	Claims paid (net) during this financial year	Claims outstanding carried forward		Claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year (4+5+6-7-8)	Deduction for discounting from claims outstanding carried forward (net)	Earned premiums (net)	Deterioration / (surplus) of original claims reserve %	Claims ratio %
Month	Year					Reported (net)	Incurred but not reported (net)	Reported (net)	Incurred but not reported (net)					
		1	2	3	4	5	6	7	8	9	10	11	12	13
		11												
		12												
		13												
		14												
		15												
		16												
		17												
		18												
		19												
		20												
Prior accident years		21												
Reconciliation		22												
Total (11 to 22)		29												

General insurance business (accident year accounting): Analysis of net claims and premiums by risk category for treaty reinsurance

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Accident year ended		Claims paid (net) during the accident year	Claims outstanding (net) as at end of the accident year	Total claims paid (net) since the end of the accident year but prior to this financial year	Claims paid (net) during this financial year	Claims outstanding carried forward		Claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year <small>(4+5+6-7-8)</small>	Deduction for discounting from claims outstanding carried forward (net)	Earned premiums (net)	Deterioration / (surplus) of original claims reserve %	Claims ratio %
Month	Year					Reported (net)	Incurred but not reported (net)	Reported (net)	Incurred but not reported (net)					
		1	2	3	4	5	6	7	8	9	10	11	12	13

### Instructions for completion of Form 26

1. All figures are to be shown net of the *reinsurers'* share.
2. The accident years shown at lines 11 to 20 must correspond to the *financial year in question* and the *nine previous financial years* respectively.
3. Columns 1 to 9 must be shown before deduction for *discounting*.
4. All amounts shown must exclude *claims management costs*.
5. The percentage shown at column 12 must be the ratio of the columns 3+4+5+6-2 to column 2.
6. The percentage shown at column 13 must be the ratio of columns 1+3+4+5+6 to column 11.
8. The percentages shown at columns 12 and 13 must be expressed as percentages to one place of decimals.
9. The amounts shown in line 21 must be analysed on continuation sheets by accident year subject to instruction 10 below.
10. On the continuation sheet, for *category numbers* 590 and 690, the amounts in columns 2 and 4 to 10 for accident years ending prior to 31 December 1996 may be shown in the aggregate and columns 1, 3 11 to 13 need not be completed for underwriting years ending prior to 31 December 1996.
11. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
12. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.
13. Line 22 is to be left blank.

**General insurance business (accident year accounting): Analysis of gross claims and premiums by risk category for treaty reinsurance**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Accident year ended		Claims paid (gross) during the accident year	Claims outstanding (gross) as at end of the accident year	Total claims paid (gross) since the end of the accident year but prior to this financial year	Claims paid (gross) during this financial year	Claims outstanding carried forward		Claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year  (4+5+6-7-8)	Deduction for discounting from claims outstanding carried forward (gross)	Earned premiums (gross)	Deterioration / (surplus) of original claims reserve %	Claims ratio %
Month	Year					Reported (gross)	Incurred but not reported (gross)	Reported (gross)	Incurred but not reported (gross)					
		1	2	3	4	5	6	7	8	9	10	11	12	13
		11												
		12												
		13												
		14												
		15												
		16												
		17												
		18												
		19												
		20												
Prior accident years		21												
Reconciliation		22												
Total (11 to 22)		29												

**General insurance business (accident year accounting): Analysis of gross claims and premiums by risk category for treaty reinsurance**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Accident year ended		Claims paid (gross) during the accident year	Claims outstanding (gross) as at end of the accident year	Total claims paid (gross) since the end of the accident year but prior to this financial year	Claims paid (gross) during this financial year	Claims outstanding carried forward		Claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year <small>(4+5+6-7-8)</small>	Deduction for discounting from claims outstanding carried forward (gross)	Earned premiums (gross)	Deterioration / (surplus) of original claims reserve %	Claims ratio %
Month	Year					Reported (gross)	Incurred but not reported (gross)	Reported (gross)	Incurred but not reported (gross)					
		1	2	3	4	5	6	7	8	9	10	11	12	13



### Instructions for completion of Form 27

1. All figures must be shown gross of the *reinsurers'* share.
2. The accident years shown at lines 11 to 20 must correspond to the *financial year in question* and the nine *previous financial years* respectively.
3. Columns 1 to 9 are to be shown before deduction for *discounting*.
4. All amounts shown must exclude *claims management costs*.
5. The percentage shown at column 12 must be the ratio of the columns 3+4+5+6-2 to column 2.
6. The percentage shown at column 13 must be the ratio of columns 1+3+4+5+6 to column 11.
8. The percentages shown at columns 12 and 13 must be expressed as percentages to one place of decimals.
9. The amounts shown in line 21 must be analysed on continuation sheets by accident year subject to instruction 10 below.
10. On the continuation sheet, for *category numbers* 590 and 690, the amounts in columns 2 and 4 to 10 for accident years ending prior to 31 December 1996 may be shown in the aggregate and columns 1, 3 11 to 13 need not be completed for underwriting years ending prior to 31 December 1996.
11. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
12. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.
13. Line 22 is to be left blank.

General insurance business (underwriting year accounting): Analysis of premiums, claims and expenses by risk category for treaty reinsurance

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Underwriting year ended		Prior underwriting years		MM		YY		MM		YY		MM		YY		MM		YY		MM		YY		Total all previous columns		
		29	29																					99	99	
Premiums written	Gross amount	11																								
	Reinsurers' share	12																								
	Net (11-12)	19																								
Claims paid	Gross amount	21																								
	Reinsurers' share	22																								
	Net (21-22)	29																								
Claims management costs		39																								
Net operating expenses	Commissions	41																								
	Other acquisition expenses	42																								
	Administrative expenses	43																								
	Reinsurers' commissions and profit participations	44																								
	Payable net (41+42+43-44)	49																								
Technical provisions	Brought forward	Undiscounted	51																							
		Adjustment for discounting	52																							
	Carried forward	Undiscounted	53																							
		Adjustment for discounting	54																							
	Increase (decrease) in the financial year (53-54-51+52)		59																							
Balance on each underwriting year (19-29-39-49-59)		69																								

General insurance business (underwriting year accounting): Analysis of premiums, claims and expenses by risk category for treaty reinsurance

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Currency

FSA general insurance business reporting category

		Company registration number		GL/UK/CM		day		month		year		Monetary units		Category number		Currency code		
		MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	
		R28																
Underwriting year ended		MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	
Premiums written	Gross amount	11																
	Reinsurers' share	12																
	Net (11-12)	19																
Claims paid	Gross amount	21																
	Reinsurers' share	22																
	Net (21-22)	29																
Claims management costs		39																
Net operating expenses	Commissions	41																
	Other acquisition expenses	42																
	Administrative expenses	43																
	Reinsurers' commissions and profit participations	44																
	Payable net (41+42+43-44)	49																
Technical provisions	Brought forward	Undiscounted	51															
		Adjustment for discounting	52															
	Carried forward	Undiscounted	53															
		Adjustment for discounting	54															
	Increase (decrease) in the financial year (53-54-51+52)		59															
	Balance on each underwriting year (19-29-39-49-59)		69															

### Instructions for completion of Form 28

1. The underwriting years shown between the columns headed "29 29" and "99 99" must correspond (in reverse order) to the *financial year in question* and the nine *previous financial years*.
2. Amounts shown in lines 21 to 29 must exclude *claims management costs*.
3. The amounts shown at lines 51 to 54 must exclude equalisation provisions.
5. The amounts shown in the first column must be analysed on continuation sheets by underwriting year (although for *category numbers* 590 and 690 amounts in respect of underwriting years ended before 31 December 1996 may be shown in aggregate, for *risk categories* 610, 620, 650, 660 and 680 amounts in respect of underwriting years ended before 23 December 1993 may be shown in aggregate and for other business amounts in respect of underwriting years beginning prior to 1 January 1983 may be shown in aggregate).
6. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
7. The amounts shown at lines 11 to 49 must be amounts payable or *receivable* during the *financial year in question*.
8. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

**General insurance business (underwriting year accounting): Analysis of technical provisions by risk category for treaty reinsurance**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

Underwriting year ended		Prior underwriting years		MM		YY		MM		YY		MM		YY		MM		YY		MM		YY		Total all previous columns	
		29	29																					99	99
Reported claims outstanding	Gross amount	11																							
	Reinsurers' share	12																							
Claims incurred but not reported	Gross amount	13																							
	Reinsurers' share	14																							
Claims management costs		15																							
Adjustment for discounting	Gross amount	16																							
	Reinsurers' share	17																							
	Claims management costs	18																							
Allocation to / (from) another risk category of anticipated surplus		19																							
Balance of the fund		20																							
Claims outstanding (11-12+13-14+15-16+17-18+19+20)		21																							
Provision for unearned premiums		22																							
Provision for unexpired risks		23																							
Deferred acquisition costs		24																							
Other technical provisions (particulars to be specified by way of supplementary note)		25																							
Total (21+22+23-24+25)		29																							

**General insurance business (underwriting year accounting): Analysis of technical provisions by risk category for treaty reinsurance**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

FSA general insurance business reporting category

Currency

		Company registration number	GL/UK/CM	day	month	year	Monetary units				Category number				Currency code									
Underwriting year ended		MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY	
		<b>R29</b>																						
Reported claims outstanding	Gross amount	11																						
	Reinsurers' share	12																						
Claims incurred but not reported	Gross amount	13																						
	Reinsurers' share	14																						
Claims management costs		15																						
Adjustment for discounting	Gross amount	16																						
	Reinsurers' share	17																						
	Claims management costs	18																						
Allocation to / (from) another risk category of anticipated surplus		19																						
Balance of the fund		20																						
Claims outstanding (11-12+13-14+15-16+17-18+19+20)		21																						
Provision for unearned premiums		22																						
Provision for unexpired risks		23																						
Deferred acquisition costs		24																						
Other technical provisions (particulars to be specified by way of supplementary note)		25																						
Total (21+22+23-24+25)		29																						

### Instructions for completion of Form 29

1. The underwriting years shown between the columns headed "29 29" and "99 99" must correspond (in reverse order) to the *financial year in question* and the nine *previous financial years*, respectively.
2. Lines 11 to 15, 19 to 21 and 29 must be completed for open years and lines 11 to 18 and 21 to 29 for closed years.
3. Line 29 equals line 53 less 54 on Form 28.
4. Lines 11 to 15 must be shown before adjustment for *discounting*.
5. Lines 11 to 14, 16 and 17 must exclude *claims management costs*.
7. The amounts shown in the first column must be analysed on continuation sheets by underwriting year (although for *category numbers* 590 and 690 amounts in respect of underwriting years ended before 31 December 1996 may be shown in aggregate, for *category numbers* 610, 620, 650, 660 and 680 amounts in respect of underwriting years ended before 23 December 1993 may be shown in aggregate, and for other business amounts in respect of underwriting years beginning prior to 1 January 1983 may be shown in aggregate).
8. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
9. Amounts may only be included at line 19 in so far as they arise from the offset of anticipated surpluses and deficits on business managed together (as defined by paragraph 25 of Appendix 9.2).
10. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.

**General insurance business : Expected income and yield from admissible assets covering discounted provisions**

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended

											Company registration number	GL/UK/CM	day	month	year	units
											R30					£000
Major currencies	Reporting territory code		Total admissible assets as shown on Form 13	Admissible assets hypothecated to cover the provision for outstanding claims being discounted	Expected income from assets included in column 2	Yield %	Technical provisions	Provision for outstanding claims being discounted		Unwind in the discount in the next financial year	Rates of interest at which the provision is being discounted					
								Before deduction for discounting	Deduction for discounting		Highest	Lowest	Average rate			
			1	2	3	4	5	6	7	8	9	10	11			
		11														
		12														
		13														
		14														
		15														
		16														
		17														
		18														
		19														
		20														
Other currencies		21														
Total		29														



General insurance business : Expected income and yield from admissible assets covering discounted provisions

Name of insurer  
Global business/UK branch business/EEA branch business  
Financial year ended

			Company registration number	GL/UK/CM	day	month	year	units
		R30						£000
Type of asset		Value of admissible assets as shown on Form 13	Admissible assets hypothecated to cover the provision for outstanding claims being discounted	Expected income from assets included in column 2	Yield %			
		1	2	3	4			
Land and buildings		31						
Fixed interest securities	Approved securities	32						
	Other	33						
Variable interest and variable yield securities (excluding items shown at line 36)	Approved securities	34						
	Other	35						
Equity shares and holding in collective investment schemes		36						
Loans secured by mortgages		37						
All other assets	Producing income	38						
	Not producing income	39						
Total		49						

### Instructions for completion of Form 30

1. The entry at-  
  
30.31.1 must equal 13.11.1  
30.32.1 must equal 13.45.1 + the appropriate part of 13.84.1  
30.33.1 must equal 13.46.1 + the appropriate part of 13.84.1  
30.34.1 must equal 13.47.1 + the appropriate part of 13.84.1  
30.35.1 must equal 13.42.1 + 13.48.1 + the appropriate part of 13.84.1  
30.36.1 must equal 13.41.1 + 13.43.1  
30.37.1 must equal 13.50.1 + the appropriate part of 13.84.1  
30.49.1 must equal 13.87.1 + 13.89.1 - 13.60.1 - 13.61.1 - 13.62.1 - 13.63.1 - 13.85.1.
2. The hypothecated assets shown in column 2 must not be less than (but need not equal) the provision for outstanding *claims* being discounted (column 6 less column 7 on sheet 1). Where specific assets are not hypothecated to cover the provision for outstanding *claims* being discounted, column 2 equals column 1.
3. The income in column 3 must be the amounts before deduction of tax which would be received in the next *financial year* on the assumption that-
  - (i) the assets are held throughout that year, and
  - (ii) the factors which affect income remain unchanged but account is to be taken of any changes in those factors known to have occurred.
4. The yield in column 4 must be-
  - (i) for *securities* with a redemption value, the rate of interest which, when used to obtain a present value of expected future income or capital payments, gives the current asset value, and
  - (ii) for all other assets the ratio of the income included in column 3 to the value included in column 2,  
  
or where appropriate an average of the above weighted by reference to the values included in column 2.
5. The methods and assumptions used in determining the yield in accordance with instruction 4 must be stated by way of a supplementary note (code 3001) to this Form.
6. Where a particular asset is required to be taken into account only to a specified extent by the application of admissibility limits, the expected income and capital payments from that asset must be included only to the same extent.
7. The treatment of expected income payments from any asset where such payment is in default must be stated by way of a supplementary note (code 3002) to this Form.
8. In column 8 "Unwind in discount in the next *financial year*" refers to the expected reduction in the deduction for the discounting between-
  - (i) that shown at the end of the *financial year in question*, and
  - (ii) that expected to be shown at the end of the next *financial year* but in respect of *claims* incurred prior to the end of the *financial year in question*.
9. Columns 4 and 9 to 11 must be expressed as a percentage to one place of decimals.
10. In the above instructions, income excludes capital gains or losses or value adjustments.

11. The discount rate in column 11 must be the average rate of interest at which the provisions are being discounted, weighted by the provisions contained in column 6.
12. The references in the Form to “outstanding claims” and “technical provisions” are to those amounts net of *reinsurance*.
13. The entry under the column headed 'reporting territory code' must be one of the codes listed in **Appendix 9.2 Paragraph 32**.

**General insurance business (accident year accounting): Analysis of gross claims and premiums by risk category for direct insurance and facultative reinsurance**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Currency  
 Reporting territory

Accident year ended		Number of claims		Gross claims paid		Gross claims outstanding carried forward		Gross claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year (4+5+6-7-8)	Gross earned premiums	Claims ratio %
Month	Year	Closed at some cost during this or previous financial years	Reported claims outstanding	In previous financial years	In this financial year	Reported	Incurred but not reported	Reported	Incurred but not reported			
		1	2	3	4	5	6	7	8	9	10	11
		11										
		12										
		13										
		14										
		15										
		16										
		17										
		18										
		19										
		20										
Prior accident years		21										
Total (11 to 21)		29										
Line 29 expressed in sterling		30										

**General insurance business (accident year accounting): Analysis of gross claims and premiums by risk category for direct insurance and facultative reinsurance**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Currency  
 Reporting territory

Accident year ended		Number of claims		Gross claims paid		Gross claims outstanding carried forward		Gross claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year <small>(4+5+6-7-8)</small>	Gross earned premiums	Claims ratio %
Month	Year	Closed at some cost during this or previous financial years	Reported claims outstanding	In previous financial years	In this financial year	Reported	Incurred but not reported	Reported	Incurred but not reported			
		1	2	3	4	5	6	7	8	9	10	11

### Instructions for completion of Form 31

1. All figures must be shown gross of the *reinsurers'* share and before any deduction for *discounting*.
2. The accident years at lines 11 to 20 must correspond to the *financial year in question* and the nine *previous financial years* respectively.
3. All amounts shown must exclude *claims management costs*.
4. The percentage shown at column 11 is the ratio of the sum of columns 3 to 6 to column 10.
5. Columns 10 and 11 need not be completed in respect of accident years ended before 23 December 1994.
6. The percentages shown at column 11 must be expressed as percentages to one place of decimals.
7. For *risk categories 271 to 274* the amounts shown in line 21 must be analysed by accident year on continuation sheets subject to instructions 8 and 9 below.
8. On the continuation sheet columns 10 and 11 need not be completed in respect of accident years ended before 23 December 1994.
9. On the continuation sheet, for *category number 274*, the amounts in columns 2 and 4 to 8 for accident years ending prior to 31 December 1996 may be shown in the aggregate and columns 1 and 3 need not be completed for accident years ending prior to 31 December 1996.
10. Columns 1 and 2 need not be completed in respect of *risk categories 331 to 400*.
11. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
12. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.
13. The entry alongside "reporting territory" must be that required by **Appendix 9.2 Paragraph 16(3)** and the entry in the box marked "reporting territory code" must be the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

**General insurance business (accident year accounting): Analysis of gross claims and premiums for motor vehicle direct insurance and facultative reinsurance**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Currency  
 Reporting territory

Accident year ended		Number of claims		Gross claims paid		Gross claims outstanding carried forward		Gross claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year (4+5+6-7-8)	Gross earned premiums	Claims ratio %	Vehicle years (000s)	Claims frequency %
Month	Year	Closed at some cost during this or previous financial years	Reported claims outstanding	In previous financial years	In this financial year	Reported	Incurred but not reported	Reported	Incurred but not reported					
		1	2	3	4	5	6	7	8	9	10	11	12	13
		11												
		12												
		13												
		14												
		15												
		16												
		17												
		18												
		19												
		20												
Prior accident years		21												
Total (11 to 21)		29												
Line 29 expressed in sterling		30												

### Instructions for completion of Form 32

1. All figures must be shown gross of the *reinsurers'* share and before any deduction for *discounting*.
2. The accident years at lines 11 to 20 must correspond to the *financial year in question* and the nine *previous financial years* respectively.
3. All amounts shown must exclude *claims management costs*.
4. The percentage shown at column 11 must be the ratio of the sum of columns 3 to 6 to column 10.
5. Columns 10 to 13 need not be completed in respect of accident years ended before 23 December 1994.
6. The number of vehicle years insured in any accident year is the aggregate of the product for each *contract of insurance* of the period (being the period during that accident year when the contract was in force) and the number of vehicles insured under the contract. Figures are to be rounded to the nearest thousand-vehicle years only after aggregating component figures.
7. For accident years ended on or after 31 December 2006, the percentage shown at column 13 must be the ratio of the sum of columns 1 and 2 to unrounded number of years underpinning column 12. For accident years ended before 31 December 2006, the percentage shown at column 13 must be the ratio of the sum of columns 1 and 2 to either the unrounded number of years underpinning column 12 or the product of 1000 and column 12.
8. The percentages shown at columns 11 and 13 must be expressed as percentages to one place of decimals.
9. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
10. The entry alongside "currency code" must be the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.
11. The entry alongside "reporting territory" must be that required by **Appendix 9.2 Paragraph 16(3)** and the entry in the box marked "reporting territory code" must be the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.



General insurance business (underwriting year accounting): Analysis of gross claims and premiums by risk category for direct insurance and facultative reinsurance

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Currency  
 Reporting territory

Underwriting year ended		Company registration number	GL/UK/CM	day	month	year	Monetary units	Category number	Currency code	Reporting territory code
		R34								
Month	Year	Gross claims paid		Gross claims outstanding carried forward		Gross claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year  (2+3+4-5-6)	Gross written premiums	Claims ratio %
		In previous financial years	In this financial year	Reported	Incurred but not reported	Reported	Incurred but not reported			
		1	2	3	4	5	6	7	8	9
		11								
		12								
		13								
		14								
		15								
		16								
		17								
		18								
		19								
		20								
Prior underwriting years		21								
Total (11 to 21)		29								
Line 29 expressed in sterling		30								

**Form 34  
(continuation sheet)**

**General insurance business (underwriting year accounting): Analysis of gross claims and premiums by risk category for direct insurance and facultative reinsurance**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended  
 FSA general insurance business reporting category

Currency  
 Reporting territory

Underwriting year ended		Gross claims paid		Gross claims outstanding carried forward		Gross claims outstanding brought forward		Claims incurred (latest year) or developed (other years) during this financial year  (2+3+4-5-6)	Gross written premiums	Claims ratio %
Month	Year	In previous financial years	In this financial year	Reported	Incurred but not reported	Reported	Incurred but not reported			
		1	2	3	4	5	6	7	8	9

### Instructions for completion of Form 34

1. All figures must be shown gross of the *reinsurers'* share and before any deduction for *discounting*.
2. The underwriting years at lines 11 to 20 must correspond to the *financial year in question* and the nine *previous financial years* respectively.
3. All amounts shown must exclude *claims management costs*.
4. The percentage shown at column 9 must be the ratio of the sum of columns 1 to 4 to column 8.
5. Columns 8 and 9 need not be completed in respect of *financial years* ended before 23 December 1994.
6. The percentages shown at column 9 must be expressed as percentages to one place of decimals.
7. For risk categories 271 to 274, the amounts shown in line 21 must be analysed by underwriting year on continuation sheets subject to instructions 8 and 9 below.
8. On the continuation sheet columns 8 and 9 need not be completed in respect of *financial years* ended before 23 December 1994.
9. On the continuation sheet, for *category number 274*, the amounts in columns 2 to 6 for underwriting years ending prior to 31 December 1996 may be shown in the aggregate and column 1 need not be completed for underwriting years ending prior to 31 December 1996.
10. The box marked "category number" must be completed by inserting the 3 digit *category number* to which the *FSA general insurance business reporting category* relates.
11. The box marked "currency code" must be completed by inserting the relevant 3 character currency code from the list in the Table in **Appendix 9.2 Paragraph 31**.
12. The entry alongside "reporting territory" must be that required by **Appendix 9.2 Paragraph 16(3)** and the entry in the box marked "reporting territory code" must be the relevant 2 character code from the list in the Table in **Appendix 9.2 Paragraph 32**.

**Currency rates**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

	Company registration number	GL/ UK/ CM	day	month	year
R36					

Name of currency	Currency code	no. of units to £ sterling

**Instructions for completion of Form 36**

1. Where any of Forms 26 to 29 or 31, 32 or 34 contains a figure in a currency other than sterling the rate of conversion of those figures into sterling must be stated in column 1 to this Form.
2. Where the rate of conversion differs according to whether it applies to income and expenditure items, or asset and liability items, the former rate must be used

**Equalisation provisions**

**Form 37**

Name of insurer  
 Global business/UK branch business/EEA branch business  
 Financial year ended

		Company registration number		GL/UK/CM		day	month	year	units
		R37							£000
		Business grouping A (property)	Business grouping B (business interruption)	Business grouping C (marine and aviation)	Business grouping D (nuclear)	Business grouping E (non-proportional treaty)	All business groupings		Credit insurance business
		1	2	3	4	5	6		7
<b>Calculation of the maximum provision</b>									
Total net premiums written in the previous 4 years	11								
Net premiums written in the current year	12								
Maximum provision	13								
<b>Calculation of the transfer to/from the provision</b>									
Equalisation provision brought forward	21								
Transfers in	22								
Total abnormal loss	23								
Provisional transfers out	24								
Excess of provision transfer out over fund available	25								
Provisional amount carried forward (21+22-24+25)	26								
Excess, if any, of 26 over 13	27								
Equalisation provision carried forward (26-27)	28								
Transfer in/(out) for financial year (28-21)	29								

### Instructions for completion of Form 37

1. Lines 11 & 12, columns 1 to 5, must include net written premium from Form 21 (accident year *insurance business*) and/or Form 24 (underwriting year *insurance business*) that in whole or in part covers each *insurance business grouping*.
2. Only premium for *financial years* covered by the scheme may be included in lines 11 & 12, columns 1 to 5 (see *PRU 7.5.20R*). Adjustments in respect of prior years must be included at line 12.
3. Any *insurance business* that has been transferred must be excluded from lines 11 & 12, columns 1 to 5 (see *PRU 7.5.32R* to *PRU 7.5.37G*).
4. Line 13, columns 1 to 5 must show the maximum provision for each *insurance business grouping* calculated in accordance with *PRU 7.5.24R*. If *insurance business* in a group has been written for less than 5 years, the average of the qualifying years must be used.
5. If all rights and obligations in an *insurance business grouping* have been transferred, line 13 columns 1 to 5 must be left blank at the appropriate column.
6. Line 22, columns 1 to 5 must be calculated by multiplying the figure at line 12 for each *insurance business grouping* by the % in *PRU 7.5.27R*.
7. Line 23 must be, for each *insurance business grouping*, the total of abnormal losses, if any, brought forward from Forms 38 and 39, line 19. These must be entered in the same columns as they were on Forms 38 and 39.
8. The transfer out for each *insurance business grouping* at line 24, columns 1 to 5 must not exceed the line 13 maximum provision for that group.
9. The sum of columns 1 to 5 of lines 13, 22 and 24 must be entered in column 6 of the relevant line.
10. In the first year of the scheme, line 21 column 6 must be left blank. In subsequent years this figure must be brought forward from the previous year's figure (normally the figure at Form 15, line 15). Only equalisation provisions required by the *rules* in *PRU 7.5.11R* to *PRU 7.5.37G* may be included.
11. The calculations for lines 25 to 29, column 6 must be carried out and the net transfer in or out for the year must be entered at Form 16, line 12, and the provision carried forward entered at Form 15, line 15.
12. Line 13, column 7 must be 150% of the highest annual amount of net premiums written in the last 5 years.
13. Line 21, column 7 must equal the statutory credit equalisation provision, if any, brought forward from the previous year at Form 15, line 14.
14. Line 22, column 7 must be 75% of the technical surplus, if any, brought forward from Forms 38 and/or 39, line 29, subject to a limit of 12% of line 12.
15. Line 24, column 7 must equal the technical deficit, if any, brought forward from Forms 38 and/or 39, line 29.
16. The calculations for lines 25 to 29, column 7 must be carried out and the net transfer in or out for the year must be entered at Form 16, line 12, and the provision carried forward entered at Form 15, line 14.

**Equalisation provisions technical account: Accident year accounting**

**Form 38**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Company registration number	GL/UK/CM	day	month	year	units
R38					£000

		Business grouping A (property)	Business grouping B (business interruption)	Business grouping C (marine and aviation)	Business grouping D (nuclear)	Business grouping E (non-proportional treaty)
		1	2	3	4	5
<b>Other than credit business</b>						
Net premiums earned	11					
Claims incurred net of reinsurance	12					
Trigger claims value	13					
Abnormal loss	19					
Trigger claims ratio		72.5%	72.5%	95%	25%	100%

**Credit business**

Net premiums earned	21	
Claims incurred net of reinsurance	22	
Claims management costs	23	
Net operating expenditure	24	
Technical surplus / (deficit) (21-22-23-24)	29	



### Instructions for completion of Form 38

1. Apart from *credit insurance business*, any *insurance business* transferred to an *insurer* by novation or under Part VII of the *Act* (or the *1982 Act*) must be accounted for in accordance with *PRU 7.5.34R*.
2. The entries at line 11 must be the part of the amount that would appear on Form 21 at line 11, column 5 and line 19, column 5, that in whole or in part covers the *insurance business grouping* (whether or not a Form 21 for that business is required).
3. The entries at line 12 must be the part of the amount that would appear on Form 22 at line 13 and 17 column 4, that in whole or part covers the *insurance business grouping* (whether or not a Form 21 for that business is required).
4. The entries at line 13 must be line 11 (or nil if line 11 is negative) multiplied by the trigger *claims* ratio for the *insurance business grouping*.
5. For each *insurance business grouping* the entry at line 19 must be the amount, if any, by which the entry at line 12 for that *insurance business grouping* exceeds the entry at line 13. If the entry at line 12 does not exceed the entry at line 13, line 19 must be left blank.
6. The entry at line 21 must be the part of the amount that would appear on Form 21 for *combined categories* 180 and 280, at line 11 column 5 and line 19 column 5 (whether or not a Form 21 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
7. The entry at line 22 must be the part of the amount that would appear on Form 22 for *combined categories* 180 and 280, at lines 13 and 17 column 4 (whether or not a Form 22 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
8. The entry at line 23 must be the part of the amount that would appear on Form 22 for *combined categories* 180 and 280, at lines 14 and 18 column 4 (whether or not a Form 23 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
9. The entry at line 24 must be the part of the amount that would appear on Form 22 for *combined categories* 180 and 280, at lines 19 and 29 column 4 (whether or not a Form 23 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.

**Equalisation provisions technical account: Underwriting year accounting**

**Form 39**

Name of insurer

Global business/UK branch business/EEA branch business

Financial year ended

Company registration number	GL/UK/CM	day	month	year	units
R39					£000

		Business grouping A (property)	Business grouping B (business interruption)	Business grouping C (marine and aviation)	Business grouping D (nuclear)	Business grouping E (non-proportional treaty)
		1	2	3	4	5
<b>Other than credit business</b>						
Net premiums written	11					
Claims net of reinsurance	12					
Trigger claims value	13					
Abnormal loss	19					
Trigger claims ratio		72.5%	72.5%	95%	25%	100%

**Credit business**

Net premiums written	21	
Claims net of reinsurance	22	
Claims management costs	23	
Net operating expenditure	24	
Technical surplus / (deficit) (21-22-23-24)	29	

### Instructions for completion of Form 39

1. Apart from *credit insurance business*, any *insurance business* transferred to an insurer by novation or under Part VII of the *Act* (or the *1982 Act*) must be accounted for in accordance with *PRU 7.5.34R*
2. The entries at line 11 must be that part of the amount that would appear on Form 24 at line 19, column 99-99, that in whole or in part covers the *insurance business grouping* (whether or not a Form 24 for that business is required).
3. The entries at line 12 must be that part of the amount that would appear on Forms 24 and 25 at column 99-99, that in whole or part covers the *insurance business grouping* (whether or not Forms 24 and 25 for that business is required), as follows:  
  
line 29 on Form 24 plus line 29 less line 15 plus line 24 on Form 25 less line 29 plus line 15 less line 24 on Form 25 for the *preceding financial year*.
4. The entries at line 13 must be line 11 (or nil if line 11 is negative) multiplied by the trigger *claims* ratio for the *insurance business grouping*.
5. For each *insurance business grouping* the entry at line 19 must be the amount, if any, by which the entry at line 12 for that *insurance business grouping* exceeds the entry at line 13. If the entry at line 12 does not exceed the entry at line 13, line 19 must be left blank.
6. The entry at line 21 must be that part of the amount that would appear on Form 24 for *combined categories* 180 and 280, at line 19 column 99-99 (whether or not a Form 24 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
7. The entry at line 22 must be that part of the amount that would appear on Form 24 for *combined categories* 180 and 280, at line 29, column 99-99, plus line 53, column 99-99 less line 51 column 99-99 (whether or not a Form 24 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
8. The entry at line 23 must be that part of the amount that would appear on Form 24 for *combined categories* 180 and 280, at line 39, column 99-99 (whether or not a Form 24 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.
9. The entry at line 24 must be that part of the amount that would appear on Form 24 for *combined categories* 180 and 280, at line 49 column 99-99 (whether or not a Form 24 for *combined categories* 180 or 280 is required) that relates only to *credit insurance business*.

## APPENDIX 9.3 (rules 9.14 and 9.23)

### LONG-TERM INSURANCE BUSINESS REVENUE ACCOUNT AND ADDITIONAL INFORMATION (FORMS 40 TO 60)

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1. All the Forms included in the part of the *return* to which this Appendix relates (**Forms 40 to 60**) are to be laid out as shown in this Appendix, except that the instructions to Forms need not be reproduced.
2. The provisions of paragraph 1(2) and paragraphs 3 to 7 of **Appendix 9.1** must, unless otherwise provided, also apply for the purposes of this Appendix. All amounts must be shown in sterling to the nearer £1,000 except valuation unit prices in Form 55 where the currency and rounding must be that used in the valuation. Calculations must be performed using unrounded figures. Figures which are determined from other figures (whether or not on the same form) must be rounded after performing calculations on the unrounded component figures. Percentages must be shown to two decimal places.
3. For the purposes of this Appendix:
  - (a) "overseas business" means *long-term insurance business* which is Overseas Life Assurance Business or Overseas PHI and Sickness Business as defined by the Income and Corporation Taxes Act 1988;
  - (b) "regular premiums" means premiums under *contracts of insurance* which are payable at regular intervals during the *policy* year, including repeated or recurring single premiums where the level of premium is defined;
  - (c) "single premiums" means premiums under *contracts of insurance* under which there is no expectation of continuing premiums being paid at regular intervals, additional single premiums paid in respect of existing individual contracts and National Insurance rebates received from the Department of Work and Pensions;
  - (d) "UK life business" means *long-term insurance business* which is not overseas business or UK pension business;
  - (e) "UK pension business" means *long-term insurance business* which is Pension Business as defined by the Income and Corporation Taxes Act 1988.

4. (1) Where an *insurer* maintains more than one *long-term insurance fund*, there must be stated by way of a supplementary note to **Form 40** the principles and methods applied to apportioning the investment income, increase or decrease in the value of assets brought into account, expenses and taxation between the different funds.
5. Where arrangements have been made for the provision of management services to an *insurer* by another *company* (whether an *insurer* or not) which are a substantial part of the day-to-day administration of the undertaking receiving the services -
- (a) the *insurer* receiving the services must state, by way of a supplementary note to **Form 40**; and
- (b) the *company* (if an *insurer*) providing the services must state, by way of a supplementary note to **Form 40**,
- that the arrangements have been in force in the *financial year* and naming the parties to them.
6. Where neither the *mathematical reserves* nor the *gross premiums* with respect to the total overseas business exceeds £50m or 5% of the total *mathematical reserves*, an *insurer* may treat that business –
- (a) in the case of business which would fall within 3(e) if it were business effected in the United Kingdom, as UK pension business, or
- (b) otherwise, as UK life business.
7. For *financial years* ending on or before 30 December 2006, an *insurer* is not required to complete entries in the 'previous year' column in **Forms 40 to 46, 50 and 58** if the entry cannot be obtained directly from the previous year's *return*.
8. The full amount of *premiums* and *claims* under a *contract of insurance* must be reported under heading relating to these items. **Forms 40 to 60** must not be completed on the basis of deposit accounting, regardless of whether the *insurer* or any *group* of which it is part uses this basis in accordance with *international accounting standards*.

## FORMS

[Forms 40 – 60 follow]

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**Long-term insurance business: Revenue account**

**Form 40**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		<b>Financial year</b>	<b>Previous year</b>
		<b>1</b>	<b>2</b>
<b>Income</b>			
Earned premiums	11		
Investment income receivable before deduction of tax	12		
Increase (decrease) in the value of non-linked assets brought into account	13		
Increase (decrease) in the value of linked assets	14		
Other income	15		
<b>Total income</b>	19		
<b>Expenditure</b>			
Claims incurred	21		
Expenses payable	22		
Interest payable before deduction of tax	23		
Taxation	24		
Other expenditure	25		
Transfer to (from) non technical account	26		
<b>Total expenditure</b>	29		
Business transfers-in	31		
Business transfers-out	32		
Increase (decrease) in fund in financial year (19 - 29 + 31 - 32)	39		
Fund brought forward	49		
Fund carried forward (39+49)	59		

## Instructions for completion of Form 40

1. The entry at 40.11.1 must be equal to 41.21.4, the entry at 40.21.1 must be equal to 42.46.4, and the entry at 40.22.1 must be equal to 43.46.4.
2. Line 13 is the amount of the increase or decrease (realised or unrealised) in the admissible value of assets (other than linked assets) or, where advantage has been taken by virtue of Rule 9.10 to apply a different value for the purposes of the Actuarial investigation under rule 9.4, the increase or decrease in that value.
3. Line 14 must include all gains and losses in respect of *linked assets*.
4. Any item of income which cannot properly be allocated to lines 11, 12, 13 or 14 must be entered at line 15, and similarly, any item of expenditure which cannot properly be allocated to lines 21, 22, 23 or 24 must be entered at line 25. Particulars of such items must be specified in a supplementary note [Code 4002]. Lines 15 and 25 must be used for transfers of unit management charges into or out of the fund or subfund.
5. Where an *insurer* decides to allocate to the *long-term insurance business* the whole or any part of investment income or net capital gains arising from assets not attributable to its *long-term insurance business*, the amounts in question must first be shown in Form 16 at lines 14 to 16, and then as a transfer at line 26 and particulars must be specified in a supplementary note [Code 4003].
6. Interest payable must be included at line 23 and not line 22.
7. Taxation at line 24 is that attributable to the *long-term insurance business* including payments received in consideration of surrendering losses as group relief.
8. Where a transfer is made to the non-technical account, the entry at line 26 must show amounts which have been included at line 47 of Form 58. However, if there is a net transfer into the fund the entry at line 26 will be negative. The sum of Form 58 lines 32 and 33 will be positive, lines 13, 14 and 47 remaining blank.
9. The entry at line 12 must exclude value re-adjustments on investments and gains on the realisation of investments, which must be shown at lines 13 or 14 as appropriate.
10. The entry at line 11 must exclude any change in the provision for unearned premiums, even though it may be included in statutory (e.g., *Companies Act*) accounts.
11. The entry at line 21 must exclude *claims management costs*, which must be included at line 22, and any change in the provision for *claims*.
12. Transfers of contracts from or to other funds or from another insurer must be included at line 31 or 32, with details specified in a supplementary note [Code 4004].
13. If any of the brought forward amounts differs from the corresponding carried forward amounts in the previous *return*, the reason must be stated as specified in paragraph 7 of Appendix 9.1 [Code 4001].

14. If the bases of conversion adopted in respect of foreign currency for income and expenditure have not already been stated in a note to Form 16, the bases must be stated in a supplementary note as specified in paragraph 5(2) of Appendix 9.1 [Code 4005].
15. Where an *insurer* maintains more than one *long-term insurance business fund*, the principles and methods applied to apportioning the investment income, the increase or decrease in the value of assets brought into account, expenses and taxation between the different funds must be stated in a supplementary note as specified in paragraph 4(1) of Appendix 9.3 [Code 4006].
16. Where arrangements have been in force during the *financial year* for the provision either by or to the *insurer* of management services, this fact must be stated in a supplementary note together with the name of the other party (to whom or from whom such services were provided or received) - see paragraph 5 of **Appendix 9.3**. This statement is only needed where a substantial part of the day-to-day administration of an *insurer* is undertaken by another company or vice versa. [Code 4008]
17. Details of any *material connected-party transactions* as required under rule 9.39 must be stated in a supplementary note [Code 4009].



**Long-term insurance business: Analysis of premiums**

**Form 41**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		<b>UK Life</b>	<b>UK Pension</b>	<b>Overseas</b>	<b>Total Financial year</b>	<b>Total Previous year</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Gross</b>						
Regular premiums	11					
Single premiums	12					
<b>Reinsurance - external</b>						
Regular premiums	13					
Single premiums	14					
<b>Reinsurance - intra-group</b>						
Regular premiums	15					
Single premiums	16					
<b>Net of reinsurance</b>						
Regular premiums	17					
Single premiums	18					
<b>Total</b>						
Gross	19					
Reinsurance	20					
Net	21					

**Instructions for completion of Form 41**

1. Single and regular premiums must include that part of the premium which was or will be recoverable from the Inland Revenue.
  
2. The entries in line 17 must equal line 11 less the sum of lines 13 and 15.  
The entries in line 18 must equal line 12 less the sum of lines 14 and 16.  
The entries at line 19 must equal the sum of lines 11 and 12.  
The entries at line 20 must equal the sum of lines 13 to 16.  
The entries at line 21 must equal line 19 less line 20.

Long-term insurance business: Analysis of claims

Form 42

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		UK Life	UK Pension	Overseas	Total Financial year	Total Previous year
		1	2	3	4	5
<b>Gross</b>						
Death or disability lump sums	11					
Disability periodic payments	12					
Surrender or partial surrender	13					
Annuity payments	14					
Lump sums on maturity	15					
<b>Total</b>	16					
<b>Reinsurance - external</b>						
Death or disability lump sums	21					
Disability periodic payments	22					
Surrender or partial surrender	23					
Annuity payments	24					
Lump sums on maturity	25					
<b>Total</b>	26					
<b>Reinsurance - intra-group</b>						
Death or disability lump sums	31					
Disability periodic payments	32					
Surrender or partial surrender	33					
Annuity payments	34					
Lump sums on maturity	35					
<b>Total</b>	36					
<b>Net of reinsurance</b>						
Death or disability lump sums	41					
Disability periodic payments	42					
Surrender or partial surrender	43					
Annuity payments	44					
Lump sums on maturity	45					
<b>Total</b>	46					

### **Instruction for completion of Form 42**

1. In the case of *industrial assurance business*, *claims* incurred on survival in respect of periodical endowment benefits must be shown in line 13.
2. Maturity payments are lump sums paid to *policy holders*. Amounts paid to another *insurer* must be included in 'surrender or partial surrender'.
3. The entries in line 41 must equal line 11 less the sum of lines 21 and 31.  
The entries in line 42 must equal line 12 less the sum of lines 22 and 32.  
The entries at line 43 must equal line 13 less the sum of lines 23 and 33.  
The entries at line 44 must equal line 14 less the sum of lines 24 and 34.  
The entries at line 45 must equal line 15 less the sum of lines 25 and 35.  
The entries at line 46 must equal line 16 less the sum of lines 26 and 36.

**Long-term insurance business: Analysis of expenses**

**Form 43**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		<b>UK Life</b>	<b>UK Pension</b>	<b>Overseas</b>	<b>Total Financial year</b>	<b>Total Previous year</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Gross</b>						
Commission - acquisition	11					
Commission - other	12					
Management - acquisition	13					
Management - maintenance	14					
Management - other	15					
<b>Total</b>	16					
<b>Reinsurance - external</b>						
Commission - acquisition	21					
Commission - other	22					
Management - acquisition	23					
Management - maintenance	24					
Management - other	25					
<b>Total</b>	26					
<b>Reinsurance - intra-group</b>						
Commission - acquisition	31					
Commission - other	32					
Management - acquisition	32					
Management - maintenance	34					
Management - other	35					
<b>Total</b>	36					
<b>Net of reinsurance</b>						
Commission - acquisition	41					
Commission - other	42					
Management - acquisition	43					
Management - maintenance	44					
Management - other	45					
<b>Total</b>	46					

## Instructions for completion of Form 43

1. In allocating *management expenses* to the relevant lines:
  - (a) subject to (b), costs of a non-recurring nature, such as those incurred in developing new systems or new premises, or the costs of corporate restructuring, must be reported as 'management – other';
  - (b) where they do not exceed 2% of the total *management expenses*, non-recurring costs may be included as 'management – acquisition' or 'management - maintenance';
  - (c) the costs incurred in writing new business (or in obtaining incremental (but not indexed) premiums on existing business), such as underwriting, *policy* issue, setting up (or amending) records, and the maintenance and development of the sales and marketing organisation must be reported as 'management – acquisition'; and
  - (d) the balancing item will be expenses related to the ongoing costs throughout the year of maintaining the business in force (including any investment management costs) which must be reported as 'management – maintenance'.
2. Commission payable to employees of the *insurer* whose job is to sell *policies* must be included as 'management – acquisition' or 'management – maintenance'. Commission payable to employees who sell *policies* on a casual basis must be treated in the same way as that paid to *intermediaries* and to *cedents* and so must be included as 'commission – acquisition' or 'commission – other', as the case may be.
3. Expenses must be those which relate only to the *insurer's long-term insurance business*. Those relating to any other business of the *insurer* cannot, by virtue of PRU 7.6.30R, be paid out of the *long-term insurance fund* and must therefore be shown in the *general insurance business* technical account (Form 20) or the non-technical account (Form 16).
4. The entries in line 41 must equal line 11 less the sum of lines 21 and 31.  
The entries in line 42 must equal line 12 less the sum of lines 22 and 32.  
The entries at line 43 must equal line 13 less the sum of lines 23 and 33.  
The entries at line 44 must equal line 14 less the sum of lines 24 and 34.  
The entries at line 45 must equal line 15 less the sum of lines 25 and 35.  
The entries at line 46 must equal line 16 less the sum of lines 26 and 36.

**Long-term insurance business: Linked funds balance sheet**

**Form 44**

Name of insurer  
 Total business  
 Financial year ended  
 Units

		<b>Financial year</b>	<b>Previous year</b>
		<b>1</b>	<b>2</b>
<b>Internal linked funds (excluding cross investment)</b>			
Directly held assets (excluding collective investment schemes)	11		
Directly held assets in collective investment schemes of connected companies	12		
Directly held assets in other collective investment schemes	13		
<b>Total assets (excluding cross investment) (11+12+13)</b>	14		
Provision for tax on unrealised capital gains	15		
Secured and unsecured loans	16		
Other liabilities	17		
<b>Total net assets (14-15-16-17)</b>	18		
<b>Directly held linked assets</b>			
Value of directly held linked assets	21		
<b>Total</b>			
Value of directly held linked assets and units held (18+21)	31		
Surplus units	32		
Deficit units	33		
<b>Net unit liability (31-32+33)</b>	34		

#### Instructions for completion of Form 44

1. Double counting of items arising from cross investment between *internal linked funds* must be eliminated.
2. The basis on which the assets have been valued must be stated in a supplementary note [Code 4401].
3. The aggregate value of rights (gross of *variation margin*) and the aggregate amount of liabilities (gross of *variation margin*) under *derivative contracts* (or in respect of contracts or assets which have the effect of a *derivative contract*) must each be stated in a supplementary note. The corresponding figures net of *variation margin* must also be stated [Code 4402]. For this purpose, rights and liabilities must not be set off against one another unless-
  - (a) such rights and liabilities may be set off against each other in accordance with generally accepted accounting practice; and
  - (b) such set off results (in whole or in part) from the closing out of obligations under a *contract of insurance*.
4. Where there is a liability to repay *variation margin* and there are no arrangements for netting of amounts outstanding, or the arrangements would not permit the accounting of such amounts on a net basis in accordance with generally accepted accounting practice, it must be so stated in a supplementary note [Code 4403].
5. The total of the net asset value at line 18 must equal line 59 of Form 45.
6. If the surplus units exceed 1% of the net unit liability, a statement of the purpose of the surplus units must be given in a supplementary note [Code 4404].
7. A supplementary note setting out the name of the fund, the net asset value and the liquidity ratio [Code 4405] must be provided for any fund –
  - (a) whose net asset value is greater than £10m, and with respect to which there is negative liquidity (i.e., liabilities of the fund less *approved securities*, short term deposits and cash held in the fund is a negative amount) exceeding 5% of the net asset value of the fund; and
  - (b) whose net asset value is greater than £500,000, and with respect to which there is negative liquidity exceeding 50% of the net asset value of the fund.
8. ‘Connected company’ has the meaning given in rule 11.1.



**Long-term insurance business: revenue account for internal linked funds**

**Form 45**

Name of insurer  
 Total business  
 Financial year ended  
 Units

		<b>Financial year</b>	<b>Previous year</b>
		<b>1</b>	<b>2</b>
<b>Income</b>			
Value of total creation of units	11		
Investment income attributable to the funds before deduction of tax	12		
Increase (decrease) in the value of investments in the financial year	13		
Other income	14		
<b>Total income</b>	19		
<b>Expenditure</b>			
Value of total cancellation of units	21		
Charges for management	22		
Charges in respect of tax on investment income	23		
Taxation on realised capital gains	24		
Increase (decrease) in amount set aside for tax on capital gains not yet realised	25		
Other expenditure	26		
<b>Total expenditure</b>	29		
Increase (decrease) in funds in financial year (19-29)	39		
Internal linked fund brought forward	49		
Internal linked funds carried forward (39+49)	59		

### **Instructions for completion of Form 45**

1. Double counting of items arising from cross investment between *internal linked funds* must be eliminated.
2. If any of the brought forward amounts differs from the corresponding carried forward amounts in the previous *return*, then the reason for the difference must be stated in a supplementary note as specified in paragraph 7 of Appendix 9.1 [Code 4501].
3. Any item of income which cannot properly be allocated to lines 11, 12, or 13 must be entered at line 14, and similarly, any item of expenditure which cannot properly be allocated to lines 21, 22, 23, 24 or 25 must be entered at line 26. Particulars of such items must be specified in a supplementary note [Code 4502].
4. The gross value of units created must be shown at line 11. The gross value of units cancelled must be shown at line 21. Each day's movements must be netted or recorded as two separate entries, one positive and one negative. The total net positive and negative movements must be recorded at lines 11 or 21 as appropriate.

Long-term insurance business: Summary of new business

Form 46

Name of insurer  
 Total business  
 Financial year ended  
 Units

		UK Life	UK Pension	Overseas	Total Financial year	Total Previous year
		1	2	3	4	5
<b>Number of new policyholders / scheme members for direct insurance business</b>						
Regular premium business	11					
Single premium business	12					
<b>Total</b>	13					
<b>Amount of new regular premiums</b>						
Direct insurance business	21					
External reinsurance	22					
Intra-group reinsurance	23					
<b>Total</b>	24					
<b>Amount of new single premiums</b>						
Direct insurance business	25					
External reinsurance	26					
Intra-group reinsurance	27					
<b>Total</b>	28					

### **Instructions for completion of Form 46**

1. Line 11 is the sum of column 3 of Form 47.  
Line 12 is the sum of column 5 of Form 47.  
Lines 21, 22 and 23 are the sum of column 4 of Form 47 for that business.  
Lines 25, 26 and 27 are the sum of column 6 of Form 47 for that business.
2. 'New' *policy holders* or scheme members are those who have effected a new individual contract or joined the scheme during the *financial year in question*.
3. 'New' regular premiums and 'new' single premiums are premiums from new *policy holders* and scheme members, and may also include new increments on existing *policies* accepted by the *insurer*, in the *financial year in question*.

**Long-term insurance business: Analysis of new business**

**Form 47**

Name of insurer

Total business

Financial year ended

Units

UK Life / UK Pension / Overseas (State or Territory) / Direct Insurance Business / Reinsurance accepted

external / Reinsurance accepted intra-group

Product code number	Product description	Regular premium business		Single premium business	
		Number of policyholders / scheme members	Amount of premiums	Number of policyholders / scheme members	Amount of premiums
1	2	3	4	5	6

### Instructions for completion of Form 47

1. Information must be shown separately for each type of *insurance business* in the sequence specified below:

- (a) UK life ('UKL');
- (b) UK pension ('UKP'); and
- (c) overseas ('OS').

Overseas business may, at the discretion of the insurer, be subdivided by state or territory.

2. The information must be shown separately within each type of *insurance business* in the sequence specified below:

- (a) *direct insurance business* ('DB');
- (b) *reinsurance* accepted which is external to the *insurance group* ('RE'); and
- (c) *reinsurance* accepted which is from within the *insurance group* ('RG').

3. Information must be further divided by product code as follows:

Code	Product description
100	Conventional whole life with-profits OB
105	Conventional whole life with-profits IB
110	Conventional whole life with-profits (ISA)
115	Conventional whole life with-profits (tax exempt)
120	Conventional endowment with-profits OB savings
125	Conventional endowment with-profits OB target cash
130	Conventional endowment with-profits IB
135	Conventional endowment with-profits (ISA)
140	Conventional endowment with-profits (tax exempt)
145	Income protection with-profits
150	Income protection with-profits (Holloway)
155	Conventional pensions endowment with-profits
160	Conventional pensions endowment with-profits - increments
165	Conventional deferred annuity with-profits
170	Conventional deferred annuity with-profits - increments
175	Group conventional deferred annuity with-profits
180	Group conventional deferred annuity with-profits - increments
185	Group conventional pensions endowment with-profits
190	Group conventional pensions endowment with-profits - increments
195	Annuity with-profits (PLA)
200	Annuity with-profits (CPA)
205	Miscellaneous conventional with-profits
210	Additional reserves with-profits OB
215	Additional reserves with-profits IB
300	Regular premium non-profit WL/EA OB
305	Single premium non-profit WL/EA OB
310	Non-profit IB

315	Individual deposit administration non-profit
320	Group deposit administration non-profit
325	Level term assurance
330	Decreasing term assurance
335	Decreasing term assurance (rider benefits)
336	Mortality risk premium reinsurance
340	Accelerated critical illness (guaranteed premiums)
345	Accelerated critical illness (reviewable premiums)
350	Stand-alone critical illness (guaranteed premiums)
355	Stand-alone critical illness (reviewable premiums)
360	Income protection non-profit (guaranteed premiums)
365	Income protection non-profit (reviewable premiums)
370	Long-term care policy
375	Protection menu policy
380	Miscellaneous protection rider
385	Income protection claims in payment
390	Deferred annuity non-profit
395	Annuity non-profit (PLA)
400	Annuity non-profit (CPA)
405	Annuity non-profit (CPA impaired life)
410	Group Life
411	Group death in service dependants' annuities
415	Collective Life
420	Group income protection
425	Group income protection claims in payment
430	Group critical illness
435	Miscellaneous non-profit
440	Additional reserves non-profit OB
445	Additional reserves non-profit IB
500	Life UWP single premium
505	Life UWP whole life regular premium
506	Life UWP whole life regular premium (ISA)
510	Life UWP endowment regular premium - savings
515	Life UWP endowment regular premium – target cash
516	Life UWP endowment regular premium (ISA)
520	Holloway member accounts
525	Individual pensions UWP
530	Individual pensions UWP - increments
535	Group money purchase pensions UWP
540	Group money purchase pensions UWP - increments
545	Individual deposit administration with-profits
550	Individual deposit administration with-profits - increments
555	Group deposit administration with-profits
560	Group deposit administration with-profits - increments
565	DWP National Insurance rebates UWP
570	Income drawdown UWP
571	Trustee investment plan UWP
575	Miscellaneous UWP
580	Term assurance rider
585	Accelerated critical illness rider
590	Stand-alone critical illness rider

595	Income protection rider
605	Miscellaneous protection rider
610	Additional reserves UWP
700	Life property linked single premium
705	Life property linked single premium quasi index linked
710	Life property linked whole life regular premium
715	Life property linked endowment regular premium - savings
720	Life property linked endowment regular premium – target cash
725	Individual pensions property linked
730	Individual pensions property linked - increments
735	Group money purchase pensions property linked
740	Group money purchase pensions property linked - increments
745	DWP National Insurance rebates property linked
750	Income drawdown property linked
755	Trustee investment plan
760	Small self administered schemes
765	Group managed fund
770	Term assurance rider
775	Accelerated critical illness rider
780	Stand-alone critical illness rider
785	Income protection rider
790	Miscellaneous protection rider
795	Miscellaneous property linked
800	Additional reserves property linked
900	Life index linked single premium
901	Index linked income protection claims in payment
902	Group index linked income protection claims in payment
905	Index linked annuity
910	Miscellaneous index linked
915	Additional reserves index linked

Codes 100-215 are for with-profits business in Form 51.

Codes 300-445 are for non-profits business in Form 51.

Codes 500-610 are for Form 52.

Codes 700-800 are for Form 53.

Codes 900-915 are for Form 54.

Life regular *premium product codes* include paid-up policies.

CPA annuities include those arising from group death in service *policies* and bulk purchase of annuities from occupational pension schemes.

For the purposes of allocation to product codes (e.g. code 175), group business is where there is another party in the arrangement, normally an employer. An *insurer* may use an internal definition to allocate between individual and group business for schemes with less than ten members.

4. There may be more than one line for the same *product code* within a type and source of business to identify specific brands.
5. For direct individual *policies*, columns 3 and 5 are the number of new plans, i.e. eliminating the effect of multiple policies being issued as part of the same premium, identifiable increments and rider benefits. A *policy holder* who takes out plans of the same product code during the year will contribute to column 3 or 5 for each such plan. For direct group scheme business, where the *insurer* has records of benefits at member level, columns 3 and 5 are the number of new members. For group scheme



business, where the *insurer* has no records of benefits at member level, columns 3 and 5 must be zero. For business without such records, the number of new group schemes, divided by *product code*, must be set out in a supplementary note (code 4701). Details of approximations made in determining columns 3 and 5 must be given in a note. For reinsurance accepted columns 3 and 5 are nil.

6. To avoid double counting, a new scheme member for a plan offering a choice of funds may be treated as contributing to column 3 or 5 for unitised with-profits business if all the premiums in the plan are invested in the *with-profits fund*. For *policies* with protection rider benefits, the entry in column 3 or 5 must be for the main benefit in the plan.
7. Details must be given in a supplementary note (code 4702) of approximations used to apportion between product codes.

Long-term insurance business: Non-linked assets

Form 48

Name of insurer  
 Category of assets  
 Financial year ended  
 Units

		Unadjusted assets	Economic exposure	Expected income from assets in column 2	Yield before adjustment	Return on assets in financial year
		1	2	3	4	5
<b>Assets backing non-profit liabilities and non-profit capital requirements</b>						
Land and buildings	11					
Approved fixed interest securities	12					
Other fixed interest securities	13					
Variable interest securities	14					
UK listed equity shares	15					
Non-UK listed equity shares	16					
Unlisted equity shares	17					
Other assets	18					
<b>Total</b>	19					
<b>Assets backing with-profits liabilities and with-profits capital requirements</b>						
Land and buildings	21					
Approved fixed interest securities	22					
Other fixed interest securities	23					
Variable interest securities	24					
UK listed equity shares	25					
Non-UK listed equity shares	26					
Unlisted equity shares	27					
Other assets	28					
<b>Total</b>	29					
<b>Overall return on with-profits assets</b>						
Post investment costs but pre-tax	31					
Return allocated to non taxable 'asset shares'	32					
Return allocated to taxable 'asset shares'	33					

## Instructions for completion of Form 48

1. Line 11.1 + 21.1 must equal 13.11.1.  
Line 12.1 + 22.1 must equal 13.45.1 + the relevant part of 13.84.1.  
Line 13.1 + 23.1 must equal 13.46.1 + the relevant part of 13.84.1.  
Line 14.1 + 24.1 must equal 13.47.1 + 13.48.1 + the relevant part of 13.84.1.  
Line 15.1 + 25.1 must equal the relevant part of 13.41.1.  
Line 16.1 + 26.1 must equal the relevant part of 13.41.1  
Line 17.1 + 27.1 must equal the relevant part of 13.41.1 + 13.21.1 + 13.23.1 + 13.25.1 + 13.27.1.
2. *Collective investment schemes* (in line 13.43) and collective investment pools (in line 13.49) must be allocated in column 1 to line 18 or 28. In column 2 they must be allocated according to the underlying assets, but holdings of a type of asset within a collective investment scheme or pool of less than 5% of the assets for that collective investment scheme or pool may be grouped with the main type of underlying asset for that collective investment scheme or pool.
3. *Shares* (lines 21, 23, 25 and 27 of Form 13) must be allocated in column 2 to lines 11, 15, 16, 21, 25 or 26 as appropriate if the undertaking is principally a holding company for equity *shares* or property.
4. Where there is an obligation to purchase any of the underlying assets or they are ‘in the money’ at the *relevant date*, *derivative contracts* must be allocated in column 2 as if the underlying asset had been purchased on the *relevant date*.
5. For a *with-profits fund* the assets backing the non-profit business must equal the amount of the non-profit *mathematical reserves* (lines 42, 45 and 47 of Form 50), plus the relevant part of the *long-term insurance capital requirement* and *resilience capital requirement* if these are backed by assets in that fund. The remaining assets must be treated as backing the with-profits business. For a fund without with-profits business all assets are to be included in lines 11-19. Allocation of assets to back *mathematical reserves* in the base scenario between lines 11-19 and 21-29 does not prevent switches between these lines for the purposes of the *market risk scenario* used in calculating the *resilience capital requirement*.
6. Where part of the with-profits business is with respect to business which falls within paragraph (1)(b) of the definition of *with-profits fund* and that part represents more than 10% of the total with-profits *mathematical reserves*, the *insurer* must set out in a supplementary note (code 4801):
  - (a) where the *insurer’s* ‘asset share’ philosophy for the block of business assumes a variation of asset mix by duration of *policy*, the brand names of the bonus series in the block of business; and
  - (b) where the *insurer’s* ‘asset share’ philosophy for the block of business assumes an asset mix which is 5% more or less for any of the asset categories in lines 21 to 28 than the asset mix derived from lines 21 to 29 of column 2, the brand names of the bonus series in, and the asset mix for, the block of business.
7. The expected income in column 3 must be the amounts before deduction of tax which would be received in the next *financial year* on the assumption that the assets will be held throughout the year and that the factors which affect income will remain unchanged, but account must be taken of any changes in those factors known to have occurred by the *relevant date* (in particular changes of the type (1), (2), (3), (4), (5) and (6) in PRU 4.2.33R). The expected income shown in this Form must be that determined before any adjustments considered necessary because of rule PRU 4.2.41R and PRU 4.2.44R.

8. Where a particular asset is required to be taken into account only to a specified extent by the application of the admissibility limits, the expected income from that asset must be included only to the same extent.
9. The treatment of the expected income from any asset where the payment of interest is in default and the amount of interest involved must be stated in a supplementary note (code 4802).
10. The gross redemption yield in column 4 for fixed and variable interest securities must be calculated as in PRU 4.2.34R(2) before any allowance for tax required by PRU 4.2.29R, leaving out of account any adjustment considered necessary because of PRU 4.2.41R and PRU 4.2.46R. Where a number of assets with different gross redemption yields are held, the weighted average gross redemption yield must be calculated using as weights the value of the asset applicable for entry into column 2. Where *securities* may be redeemed over a period at the option of the guarantor or the issuer, they must be classified on the assumption that they will be redeemed at the latest possible date or, if it is assumed that they will be redeemed at any earlier date, a supplementary note (code 4803) must be provided explaining what assumption has been made. Subject to paragraphs 13 and 14, the yields to be inserted in column 4 for other categories of asset must be the running yields determined in accordance with PRU 4.2.33R to PRU 4.2.34R before any allowance for tax required by PRU 4.2.29R. The entries at 48.19.4 and 48.29.4 must be the weighted average of the yields in column 4, where the weight given to each asset is the value of that asset applicable for entry into column 2. Assets not producing income must be included in the calculation.
11. Where the yield in column 4 for a type of asset shown at line 18 or 28 is significantly different from the weighted average of the yields for each asset of that type determined in accordance with PRU 4.2.34R(2) before any allowance for tax required by PRU 4.2.29R, then the latter yield figure must be shown in a supplementary note (code 4804). For this purpose, the weighted average of the yields means an average yield weighted by the value of each asset of that type as entered in column 2.
12. Where an entry at 13.87.1 has resulted from excess *exposure* to a *counterparty* or *excess concentration with a number of counterparties*, the aggregate value of the assets of the *insurer* giving rise to *exposure* to such *counterparties* must be stated in a supplementary note (code 4805), together with the expected income from those assets.
13. To the extent that PRU 4.2.34R(2) has not been, or would otherwise not be required to be, applied to calculate the yield on equity *shares* or holdings in *collective investment schemes*, that rule may be ignored (in which case PRU 4.2.33R and PRU 4.2.34R(1) will apply, before any allowance for tax required by PRU 4.2.29R) for an amount up to the higher of £5 million or 5% of the value of equity *shares* and holdings in *collective investment schemes* required to be reported in Form 48.
14. To the extent that a yield greater than zero on equity *shares* or holdings in *collective investment schemes* is not needed for the purpose of determining rates of interest under PRU 4.2.28R, PRU 4.2.33R and PRU 4.2.34R may be ignored for an amount of up to 1% of the value of equity *shares* and holdings in *collective investment schemes* required to be reported in Form 48, and the relevant yield will be taken as zero.
15. Firms must state in a supplementary note (code 4806) which assets have been used to calculate the investment returns shown in lines 21-29 column 5. If the firm identifies a portfolio of assets to back asset shares the returns must be based on these assets. If there are several asset share portfolios the return must be based on the largest. The assets used to calculate the investment returns in column 5 will not necessarily be the same as those assets in columns 1 and 2. The returns in lines 21-29 are before allowance for tax and investment costs, as is the return disclosed in Appendix 9.4A paragraph 4(7).

**Long-term insurance business: Fixed and variable interest assets**

**Form 49**

Name of insurer  
 Category of assets  
 Financial year ended  
 Units

		<b>Value of assets</b>	<b>Mean term</b>	<b>Yield before adjustment</b>	<b>Yield after adjustment</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>UK government approved fixed interest securities</b>	11				
<b>Other approved fixed interest securities</b>	21				
<b>Other fixed interest securities</b>					
AAA/Aaa	31				
AA/Aa	32				
A/A	33				
BBB/Baa	34				
BB/Ba	35				
B/B	36				
CCC/Caa	37				
Other (including unrated)	38				
<b>Total other fixed interest securities</b>	39				
<b>Approved variable interest securities</b>	41				
<b>Other variable interest securities</b>	51				
<b>Total (11+21+39+41+51)</b>	61				

### Instructions for completion of Form 49

1. Where non-linked *fixed interest securities* (which are not *approved securities*) for the *long-term insurance fund* (48.13.2 + 48.23.2) exceed £100m, fixed and variable interest assets must be reported in Form 49.
2. The value of assets in column 1 must correspond to the value of assets in column 2 of Form 48.
3. The mean term in column 2 may be calculated by using the expected yearly cashflows discounted by the internal rate of return, or an alternative actuarial method. Undated stocks must be assumed to be redeemed after 40 years.
4. The gross redemption yield in column 3 must be calculated in accordance with instruction 10 to Form 48.
5. The gross redemption yield after adjustment in column 4 makes allowance for the risk adjustment required by PRU 4.2.41R and PRU 4.2.44R.
6. A supplementary note (code 4901) must be provided stating which rating agency has been used to provide the split by credit rating.

**Long-term insurance business: Summary of mathematical reserves**

**Form 50**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		<b>UK Life</b>	<b>UK Pension</b>	<b>Overseas</b>	<b>Total Financial year</b>	<b>Total Previous year</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Gross</b>						
Form 51 - with-profits	11					
Form 51 - non-profit	12					
Form 52	13					
Form 53 - linked	14					
Form 53 - non-linked	15					
Form 54 - linked	16					
Form 54 - non-linked	17					
<b>Total</b>	<b>18</b>					
<b>Reinsurance - external</b>						
Form 51 - with-profits	21					
Form 51 - non-profit	22					
Form 52	23					
Form 53 – linked	24					
Form 53 - non-linked	25					
Form 54 – linked	26					
Form 54 - non-linked	27					
<b>Total</b>	<b>28</b>					
<b>Reinsurance - intra-group</b>						
Form 51 - with-profits	31					
Form 51 - non-profit	32					
Form 52	33					
Form 53 – linked	34					
Form 53 - non-linked	35					
Form 54 – linked	36					
Form 54 - non-linked	37					
<b>Total</b>	<b>38</b>					
<b>Net of reinsurance</b>						
Form 51 - with-profits	41					
Form 51 - non-profit	42					
Form 52	43					
Form 53 – linked	44					
Form 53 - non-linked	45					
Form 54 – linked	46					
Form 54 - non-linked	47					
<b>Total</b>	<b>48</b>					

## Instructions for completion of Form 50

1. Lines 11 to 18 are just for gross business.

Line 11 is the sum of column 9 of Form 51 for *product codes* 100-299.

Line 12 is the sum of column 9 of Form 51 for *product codes* 300-499.

Line 13 is the sum of column 9 of Form 52.

Line 14 is the sum of column 7 of Form 53.

Line 15 is the sum of column 8 of Form 53.

Line 16 is the sum of column 7 of Form 54.

Line 17 is the sum of column 8 of Form 54.

2. Lines 21 to 28 are just for reinsurance ceded external.

Line 21 is the sum of column 9 of Form 51 for *product codes* 100-299.

Line 22 is the sum of column 9 of Form 51 for *product codes* 300-499.

Line 23 is the sum of column 9 of Form 52.

Line 24 is the sum of column 7 of Form 53.

Line 25 is the sum of column 8 of Form 53.

Line 26 is the sum of column 7 of Form 54.

Line 27 is the sum of column 8 of Form 54.

Line 28 is the sum of lines 21 to 27.

3. Lines 31 to 38 are just for reinsurance ceded intra-group.

Line 31 is the sum of column 9 of Form 51 for *product codes* 100-299.

Line 32 is the sum of column 9 of Form 51 for *product codes* 300-499.

Line 33 is the sum of column 9 of Form 52.

Line 34 is the sum of column 7 of Form 53.

Line 35 is the sum of column 8 of Form 53.

Line 36 is the sum of column 7 of Form 54.

Line 37 is the sum of column 8 of Form 54.

Line 38 is the sum of lines 31 to 37.

4. Line 41 = line 11 – line 21 – line 31.

Line 42 = line 12 – line 22 – line 32.

Line 43 = line 13 – line 23 – line 33.

Line 44 = line 14 – line 24 – line 34.

Line 45 = line 15 – line 25 – line 35.

Line 46 = line 16 – line 26 – line 36.

Line 47 = line 17 – line 27 – line 37.

Line 48 = line 18 – line 28 – line 38.



**Long-term insurance business: Valuation summary of non-linked contracts** (other than accumulating with-profits contracts)

**Form 51**

Name of insurer

Total business / subfund

Financial year ended

Units

UK Life / UK Pension / Overseas (State or Territory) / Gross / Reinsurance ceded external / Reinsurance ceded intra-group

<b>Product code number</b>	<b>Product description</b>	<b>Number of policyholders / scheme members</b>	<b>Amount of benefit</b>	<b>Amount of annual office premiums</b>	<b>Nominal value of units</b>	<b>Discounted value of units</b>	<b>Other liabilities</b>	<b>Amount of mathematical reserves</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
					n/a	n/a	n/a	
					n/a	n/a	n/a	

**Long-term insurance business: Valuation summary of accumulating with-profits contracts**

**Form 52**

Name of insurer

Total business / subfund

Financial year ended

Units

UK Life / UK Pension / Overseas (State or Territory) / Gross / Reinsurance ceded external / Reinsurance ceded intra-group

<b>Product code number</b>	<b>Product description</b>	<b>Number of policyholders / scheme members</b>	<b>Amount of benefit</b>	<b>Amount of annual office premiums</b>	<b>Nominal value of units</b>	<b>Discounted value of units</b>	<b>Other liabilities</b>	<b>Amount of mathematical reserves</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

**Long-term insurance business: Valuation summary of property linked contracts**

**Form 53**

Name of insurer

Total business / subfund

Financial year ended

Units

UK Life / UK Pension / Overseas (State or Territory) / Gross / Reinsurance ceded external / Reinsurance ceded intra-group

<b>Product code number</b>	<b>Product description</b>	<b>Number of policyholders / scheme members</b>	<b>Amount of benefit</b>	<b>Amount of annual office premiums</b>	<b>Nominal value of units</b>	<b>Discounted value of units</b>	<b>Other liabilities</b>	<b>Amount of mathematical reserves</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

**Long-term insurance business: Valuation summary of index linked contracts**

**Form 54**

Name of insurer

Total business / subfund

Financial year ended

Units

UK Life / UK Pension / Overseas (State or Territory) / Gross / Reinsurance ceded external / Reinsurance ceded intra-group

<b>Product code number</b>	<b>Product description</b>	<b>Number of policyholders / scheme members</b>	<b>Amount of benefit</b>	<b>Amount of annual office premiums</b>	<b>Nominal value of units</b>	<b>Discounted value of units</b>	<b>Other liabilities</b>	<b>Amount of mathematical reserves</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>

## Instructions for completion of Forms 51, 52, 53 and 54

1. Separate valuation summaries must be completed in respect of each separate fund or part of a fund for which a surplus is determined.
2. Information must be shown separately for each type of *insurance business* for each of the following:
  - (a) UK life ('UKL');
  - (b) UK pension ('UKP'); and
  - (c) overseas ('OS').Overseas business may, at the discretion of the insurer, be subdivided by state or territory.
3. The information must be shown separately for each source of business for each type of *insurance business* in the sequence specified below:
  - (a) *gross insurance business* ('GR');
  - (b) *reinsurance ceded* which is external to the *insurance group* ('RE'); and
  - (c) *reinsurance ceded* which is from within the *insurance group* ('RG').
4. Subject to 11, information must be further divided by *product code*. 'Product description' in column 2 is the narrative description beside the number of the product code in the table in paragraph 3 of the Instructions for completion of Form 47 but may, at the discretion of the *insurer*, include the brand name. Subdivision of pensions business into increments and DWP National Insurance rebates is not required in Forms 51-54.
5. There may be more than one line for the same *product code* within a type and source of business to identify specific brands or *policies* with special features.
6. For direct individual *policies*, column 3 is the number of plans, i.e. eliminating the effect of multiple policies being issued as part of the same premium, identifiable increments and rider benefits. A *policy holder* who holds plans of the same product code taken out at different dates will contribute to column 3 for each such plan. For direct group scheme business, where the *insurer* has records of benefits at member level, column 3 is the number of members. For group scheme business, where the *insurer* has no records of benefits at member level, column 3 must be zero. For business without such records, the number of group schemes, divided by the *product code*, must be set out in a supplementary note (codes 5101-5401). Details of approximations made in estimating the number of policyholders from the number of contracts must be given in a supplementary note (codes 5102-5402). For reinsurance accepted and reinsurance ceded column 3 is nil.
7. To avoid double counting, if all the premiums in the plan are invested in the *with-profits fund*, a member of a plan offering a choice of funds may be treated as contributing to column 3 for unitised with-profits business. For *policies* with protection rider benefits, the entry in column 3 must be for the main benefit in the plan.
8. Columns 6, 7 and 8 must be left blank on Form 51. The purpose of the unused columns in Form 51 is the standardisation of column headings in Forms 51-54.
9. For *non-linked contracts* the amount of benefit in column 4 is the current death benefit for assurances, the amount payable on claim for stand-alone critical illness, the annual amount of annuity for deferred annuities and annuities in payment and the annual amount of benefit for income protection and waiver

of premium. For *linked long-term contracts* including life assurance, column 4 must be the current amount payable on death.

10. For *linked long-term contracts*, unitised *with-profits policies* and deposit administration contracts, column 6 must be the current value of the units or fund as presented to the *policy holder*. The amount in column 7 is the amount in column 6 allowing for any discounting in the valuation. The amount in column 9 is the sum of columns 7 and 8.
11. Notwithstanding 4, where neither the gross *mathematical reserves* nor the gross annual premiums with respect to products with the same product code exceed the lesser of £10m and 1% of the total gross *mathematical reserves*, the products may be entered as the appropriate miscellaneous product code in column 1 and 2. The test of whether the appropriate miscellaneous product code may be used must be carried out at firm level combining all subfunds. The product code for reinsurance must correspond to the product code for the related gross business.
12. Where a product does not appear to fit into any other product code, the miscellaneous product code can be used. Details must be disclosed in a supplementary note (codes 5103-5403) if the amount of business for the product exceeds the threshold in instruction 11.
13. Details must be given in a supplementary note (codes 5104-5404) of approximations used to apportion between product codes.

**Long-term insurance business: Unit prices for internal linked funds**

**Form 55**

Name of insurer  
Total business  
Financial year ended  
Units

<b>Fund name</b>	<b>Type of fund</b>	<b>Net assets</b>	<b>Main series</b>	<b>Unit mgmt charge</b>	<b>Price at previous valuation date</b>	<b>Price at current valuation date</b>	<b>Change in price during year</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

## Instructions for completion of Form 55

1. Where the net assets held by the *insurer* for all the *internal linked funds* sharing the same underlying assets for pricing purposes exceed the lesser of £100m and 10% of the total *internal linked funds* (line 59 of Form 45), with the exception of share index tracker funds, any such *internal linked fund* which is in one of the categories listed in 2 must be reported in Form 55.
2. The fund types for column 2 are as follows:
  - 01 - life - stock market managed fund
  - 02 - life - balanced managed fund
  - 03 - life - defensive managed fund
  - 04 - life - other managed fund
  - 05 - life - UK equity
  - 06 - life - overseas equity
  - 07 - life - property
  - 11 - individual pension - stock market managed fund
  - 12 - individual pension - balanced managed fund
  - 13 - individual pension - defensive managed fund
  - 14 - individual pension - other managed fund
  - 15 - individual pension - UK equity
  - 16 - individual pension - overseas equity
  - 17 - individual pension - property
  - 21 - group managed fund - stock market managed fund
  - 22 - group managed fund - balanced managed fund
  - 23 - group managed fund - defensive managed fund
  - 24 - group managed fund - other managed fund
  - 25 - group managed fund - UK equity
  - 26 - group managed fund - overseas equity
  - 27 - group managed fund - property.
3. The amount in column 3 is the total net assets attributable to the fund.
4. Column 4 is the name of the largest series (by unit liability).
5. Column 5 is the unit management charge for the largest series.
6. Columns 6 and 7 are the prices used to value the unit liabilities.
7. Column 8 is  $(\text{column 7} - \text{column 6}) / \text{column 6}$ .



**Long-term insurance business: index linked business****Form 56**

Name of insurer  
Total business  
Financial year ended  
Units

<b>Type of assets and liabilities</b>	<b>Name of index link</b>	<b>Value of assets or liabilities</b>	<b>Gross derivative value</b>
	<b>1</b>	<b>2</b>	<b>3</b>
<b>Total assets</b>			n/a
Total liabilities			n/a
Net total assets			n/a

### Instructions for completion of Form 56

1. Assets and liabilities in column 2 must be listed individually except that where a group of assets of similar type is held which is intended to mirror the performance of an index, a description of the type of assets held may be given. Liabilities must be shown between round brackets and must be fully described.
2. Assets and liabilities for each index link and for each combination of assets and liabilities matching the *insurer's* liability under any *deposit back arrangement* must be shown separately. Links to different percentages of an index must be treated as different index links.
3. For each index link, the sub-total of values in column 2 (excluding those held in respect of any *deposit back arrangement*) must match the appropriate entries in column 7 of Form 54 net of *reinsurance ceded*.
4. Assets and liabilities arising from *derivative contracts* (or contracts or assets which have the effect of a *derivative contract*) must be shown separately. Amounts must be shown net of *variation margin* in column 2 and gross of *variation margin* in column 3. Rights to recover assets transferred by way of *initial margin* must not be shown on Form 56.
5. Where there is a liability to repay *variation margin* and there are no arrangements for netting of amounts outstanding or the arrangements would not permit the accounting of such amounts on a net basis in accordance with generally accepted accounting practice, it must be so stated in a supplementary note (code 5601).
6. Any provision for "reasonably foreseeable adverse variations" must be determined in accordance with PRU 4.3.17R(3) and shown in a supplementary note (code 5602).
7. The *insurer* must include a supplementary note (code 5603) of any circumstances which make the natural relationships break down (e.g., particular tax treatments).
8. Where unit liabilities are *reinsured* and deposited back with the *ceding insurer*, the amounts deposited back which are either unit liabilities in respect of *property linked benefits* or investment liabilities in respect of *index linked benefits* must be treated as though they are unit liabilities.

**Long-term insurance business – analysis of valuation interest rate**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

<b>Product group</b>	<b>Net mathematical reserves</b>	<b>Net valuation interest rate</b>	<b>Gross valuation interest rate</b>	<b>Risk adjusted yield on matching assets</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Total</b>		n/a	n/a	n/a

### Instructions for completion of Form 57

1. This Form must be completed for each fund or subfund where *mathematical reserves* for non-linked business exceed £100m. Form 57 must not be completed for the total business where the firm has subfunds.
2. Separate lines are required for UK Life, UK Pension and overseas business and for with-profits and non-profit business.
3. Separate lines are required for each separate asset mix determined by the notional allocation of assets to contracts.
4. Separate lines are required for each valuation interest rate.
5. The product group in column 1 must be a narrative description of the products included in the line sufficient to give an easy cross reference to Forms 51-54, e.g. 'UK L&GA WP Form 51 assurances'.
6. The *mathematical reserves* in column 2 must include any increase in reserves resulting from the bonus declaration for the year and must be net of *reinsurance ceded*.
7. Up to 10% of the total relevant liabilities for the fund may be shown in a line labelled 'Misc' in column 1. In this case columns 3 and 4 must be 'n/a'. The relevant liabilities are the total *mathematical reserves* including cost of bonus plus any deposit back, less property linked unit liabilities and index linked investment liabilities.
8. The risk adjusted yield in column 5 must allow for the adjustments from *PRU 4.2.41R*.

**Long-term insurance business: distribution of surplus**

**Form 58**

Name of insurer  
 Total business / subfund  
 Financial year ended  
 Units

		<b>Financial year</b>	<b>Previous year</b>
		<b>1</b>	<b>2</b>
<b>Valuation result</b>			
Fund carried forward	11		
Bonus payments in anticipation of a surplus	12		
Transfer to non-technical account	13		
Transfer to other funds / parts of funds	14		
Subtotal (11 to 14)	15		
Mathematical reserves	21		
Surplus including contingency and other reserves held towards the solvency margin (deficiency) (15-21)	29		
<b>Composition of surplus</b>			
Balance brought forward	31		
Transfer from non-technical account	32		
Transfer from other funds / parts of fund	33		
Surplus arising since the last valuation	34		
Total	39		
<b>Distribution of surplus</b>			
Bonus paid in anticipation of a surplus	41		
Cash bonuses	42		
Reversionary bonuses	43		
Other bonuses	44		
Premium reductions	45		
Total allocated to policyholders (41 to 45)	46		
Net transfer out of fund / part of fund	47		
Total distributed surplus (46+47)	48		
Surplus carried forward	49		
Total (48+49)	59		
<b>Percentage of distributed surplus allocated to policyholders</b>			
Current year	61		
Current year - 1	62		
Current year - 2	63		
Current year - 3	64		

## Instructions for completion of Form 58

1. Separate Forms must be completed for the total business and each subfund.
2. The entry at line 11 must be equal to the entry at line 59 in Form 40 for the relevant subfund.
3. Where interim, mortuary or terminal bonuses are determined in advance of a valuation and are paid in anticipation of surplus arising at the valuation, the amounts of such bonus actually paid in the period up to the *relevant date* must be entered at lines 12 and 41. To the extent that it is the practice of the *insurer* to make special provision for the cost of such bonuses payable on future *claims* out of surplus arising at a valuation, such amounts must be treated as amounts allocated to *policy holders* at the valuation in question and included at line 44, and the actual amounts paid must not appear at lines 12 and 41 at future valuations. An appropriate supplementary note (code 5801) must identify the various items where necessary.
4. Where *policies* have been transferred from one subfund to another, the associated transfer of reserves must not be included as a “transfer” in this Form. Where any other transfer has been made, only one block of lines must be used (lines 13 and 14 or 32 and 33, depending on the direction of the net transfer) leaving the other block blank.
5. When the *insurer* records a transfer to the non-technical account or to another fund or part fund in a revenue account (Form 40) for a particular period, the amount of which has been derived from a valuation completed at the end of that period, that transfer must be shown at line 13 or 14 as appropriate, so that the true surplus appears in line 29.
6. Where the *insurer* decides to allocate to the *long-term insurance business* the whole or any part of the investment income or net capital gains arising from assets not attributable to its *long-term insurance business*, the allocation must be included in Form 58 as a transfer from the non-technical account. This transfer must be included at lines 13 or 32, depending on whether, for the *financial year in question*, there is an overall net transfer out of, or into, the fund (or part fund).
7. Where the entry at line 14 or line 33 represents more than one transaction, each transfer must be separately identified in a supplementary note (code 5802).
8. Line 61 is line 46 expressed as a percentage of line 48.
9. For each fund/subfund, the entry at line 21 must equal the total liabilities shown at line 48 in column 4 of Form 50.
10. The figure at lines 39 and 59 must equal the figure at line 29.
11. The figure at line 47 must equal the sum of lines 13 and 14.
12. Lines 61-64 are not applicable for the total business where there is more than one subfund.

**Long-term insurance business: With-profits payouts on maturity (normal retirement)**

**Form 59A**

Name of insurer

Original insurer

Date of maturity value / open market option

<b>Category of with-profits policy</b>	<b>Original term (years)</b>	<b>Maturity value / open market option</b>	<b>Terminal bonus</b>	<b>MVA</b>	<b>CWP / UWP</b>	<b>MVA permitted?</b>	<b>Death benefit</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Endowment assurance	10						
Endowment assurance	15						
Endowment assurance	20						
Endowment assurance	25						
Regular premium pension	5						
Regular premium pension	10						
Regular premium pension	15						
Regular premium pension	20						
Single premium pension	5						
Single premium pension	10						
Single premium pension	15						
Single premium pension	20						

**Long-term insurance business: With-profits payouts on surrender**

**Form 59B**

Name of insurer  
 Original insurer  
 Date of surrender value

<b>Category of with-profits policy</b>	<b>Duration at surrender (years)</b>	<b>Surrender value</b>	<b>Terminal bonus</b>	<b>MVA</b>	<b>CWP / UWP</b>	<b>MVA permitted?</b>	<b>Death benefit</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
Endowment assurance	5						
Endowment assurance	10						
Endowment assurance	15						
Endowment assurance	20						
With-profits bond	2						
With-profits bond	3						
With-profits bond	5						
With-profits bond	10						
Single premium pension	2						
Single premium pension	3						
Single premium pension	5						
Single premium pension	10						



## Instructions for completion of Forms 59A and 59B

1. 'Original insurer' means the insurance undertaking which effected the *policy* (which may be same entity as the *insurer*).
2. Where the with-profits *mathematical reserves* relating to the business of the original insurer exceed £100m, Forms 59A and 59B must be completed for the original insurer.
3. The date of the maturity value, open market option or surrender value is the 1<sup>st</sup> of the month preceding the date that the submission of the *return* is due.
4. In Form 59A, column 3 is the maturity value for endowment assurances or the open market option for regular and single premium pension business.
5. Maturity values for endowment assurances must be based on a £50 monthly premium paid by a male non-smoker aged 30 next birthday at the date the *policy* commenced.
6. Open market options for regular premium pension must be based on a personal pension or s226 *policy* with a £200 monthly premium paid by a male aged 65 at retirement, for a selected retirement age of 65 at outset. The *insurer* must assume that the *policy* commenced on the relevant birthday date appropriate to the term of the *policy* with the final premium payable one month before retirement aged 65.
7. Open market options for single premium pensions must be based on a personal pension or s226 *policy* with a £10,000 single premium paid by a male aged 65 at retirement, for a selected retirement age of 65 at outset. The *insurer* must assume that the *policy* commenced on the relevant birthday date appropriate to the term of the *policy*.
8. Surrender values for endowment assurances must be based on a £50 monthly premium paid by a male non-smoker aged 30 next birthday with an original term of 25 years at the date the *policy* commenced.
9. Surrender values for with-profits bonds must be based on a £10,000 single premium paid by a male aged 50 at the date the *policy* commenced. The *insurer* must assume that no prior withdrawals have taken place.
10. Surrender values for single premium pensions must be based on a personal pension or s226 *policy* with a £10,000 single premium paid by a male aged 40 at the date the *policy* commenced.
11. Where the *insurer* did not effect *policies* in a particular category or the *policy* category was not open to new business (apart from increments) at the date the *policy* is assumed to have commenced, the entry in columns 3 to 8 must be 'n/a'.
12. Column 4 is the amount of terminal bonus included in column 3. If a market value (or similar) adjustment has been applied, then that amount must be shown as a negative amount in column 5.
13. Column 6 is CWP (conventional with-profits) or UWP (unitised with-profits).
14. Column 7 is Y if an MVA is permitted by the policy conditions at the date of maturity / date of surrender for that policy, otherwise N.
15. Where there is more than one version or premium rate for one of the data lines, the data shown must be for the version where there is the largest amount of business.

**Long term insurance capital requirement**

**Form 60**

Name of insurer

Global business / UK branch business / EEA branch business

Financial year ended

Units

		LTICR factor	Gross reserves / capital at risk	Net reserves / capital at risk	Reinsurance factor	LTICR Financial year	LTICR Previous year
		1	2	3	4	5	6
<b>Insurance death risk capital component</b>							
Classes I, II and IX	11	0.1%					
Classes I, II and IX	12	0.15%					
Classes I, II and IX	13	0.3%					
Classes III, VII and VIII	14	0.3%					
<b>Total</b>	15						
<b>Insurance health risk capital component</b>							
Class IV and supplementary classes 1 and 2	21						
<b>Insurance expense risk capital component</b>							
Classes I, II and IX	31	1%					
Classes III, VII and VIII (investment risk)	32	1%					
Classes III, VII and VIII (expenses fixed 5 yrs +)	33	1%					
Classes III, VII and VIII (other)	34	25%					
Class IV	35	1%					
Class V	36	1%					
Class VI	37	1%					
<b>Total</b>	38						
<b>Insurance market risk capital component</b>							
Classes I, II and IX	41	3%					
Classes III, VII and VIII (investment risk)	42	3%					
Classes III, VII and VIII (expenses fixed 5 yrs +)	43	0%					
Classes III, VII and VIII (other)	44	0%					
Class IV	45	3%					
Class V	46	0%					
Class VI	47	3%					
<b>Total</b>	48						
<b>Long term insurance capital requirement</b>	51						

## Instructions for completion of Form 60

1. The *insurance death risk capital component* in lines 11-14 column 5 is based on capital at risk for those contracts where it is not negative. Capital at risk is the benefit payable as a result of death less the *mathematical reserves* after distribution of surplus. Business in classes I, II and IX must be split between lines 11, 12 and 13 in accordance with *PRU 7.2.82R*. Line 11 is for temporary insurance on death where the original term of the contract is 3 years or less or for a *pure reinsurer*. Line 12 is for temporary insurance where the original term is 5 years or less but more than 3 years. Line 13 is for other *class I, II or IX* business. For a *pure reinsurer* the factor of 0.3% in column 1 of line 14 must be replaced by 0.1%.
2. In lines 11-14 columns 2 and 3 are the gross and net capital at risk in accordance with *PRU 7.2.83R*. For lines 11-13 the reinsurance factor is calculated in aggregate, so column 4 is the sum of lines 11-13 column 3 divided by the sum of lines 11-13 column 2, subject to a minimum of 0.5 in accordance with *PRU 7.2.81R*. For line 14 column 4 is column 3 divided by column 2, subject to a minimum of 0.5 in accordance with *PRU 7.2.81R*. Column 5 is column 1 x column 2 x column 4.
3. The *insurance health risk capital component* in line 21 column 5 must be equal to the entry at line 43 in Form 12 for *long-term insurance business*.
4. For the purpose of calculating the *insurance expense risk capital component* and the *insurance market risk capital component* linked contracts must be allocated to:
  - lines 32 and 42 where the *firm* bears an investment risk,
  - lines 33 and 43 where the *firm* does not bear an investment risk but where the allocation to cover *management expenses* is fixed for a period exceeding 5 years from the commencement of the contract, and
  - lines 34 and 44, otherwise.
5. The *insurance expense risk capital component* for linked contracts where the *firm* bears no investment risk and the allocation to cover *management expenses* does not have a fixed upper limit for a period exceeding 5 years from the commencement of the contract in line 34 is 25% of net *administrative expenses* in accordance with *PRU 7.2.88R(1)*.
6. The *insurance expense risk capital component* for *class V* in line 36 column 5 is 1% of the assets of the tontine in accordance with *PRU 7.2.88R(2)*.
7. The *insurance expense risk capital component* for other business in lines 31, 32, 33, 35 and 37 column 5 is 1% of adjusted *mathematical reserves* after distribution of surplus in accordance with *PRU 7.2.88R(3)*. Column 4 is column 3 divided by column 2, subject to a minimum of 85% (50% for a pure reinsurer) in accordance with *PRU 7.2.90R*. Column 5 is column 1 x column 2 x column 4.
8. The *insurance market risk capital component* in lines 43 and 44 column 5 for class III, VII and VIII contracts where the *firm* does not bear any investment risk and in line 45 for class V contracts is nil in accordance with *PRU 7.2.89R*.
9. The *insurance market risk capital component* in line 41, 42, 45 and 47 column 5 is 3% of adjusted *mathematical reserves* after distribution of surplus in accordance with *PRU 7.2.89R*. Column 4 is column 3 divided by column 2 subject to a minimum of 85% (50% for a pure reinsurer) in accordance with *PRU 7.2.90R*. Column 5 is column 1 x column 2 x column 4.
10. The *long term insurance capital requirement* in line 51 column 5 is the sum of column 5 in lines 15, 21, 38 and 48.
11. The rates in column 4 must be shown to 2 decimal places, but the unrounded ratios must be used for the purposes of calculating column 5.

## APPENDIX 9.4 (rule 9.31)

### ABSTRACT OF VALUATION REPORT

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The following information must be provided in the abstract of the report required under rule 9.31, the answers being numbered to accord with the numbers of the corresponding paragraphs of this Appendix. For the purposes of this Appendix, the “report period” means the period from the date to which the previous investigation under rule 9.4 related to the ‘valuation date’ (as defined in 1).

#### **Introduction**

1. (1) The date to which the actuarial investigation relates, namely, the **valuation date**.
- (2) The previous valuation.
- (3) The dates of any interim valuations (for the purposes of rule 9.4) carried out since the previous ‘valuation date’.

#### **Product range**

2. Any significant changes in products during the *financial year* (new products, new bonus series, products withdrawn, changes to options or guarantees under existing products), including product brand names and charging methods, but not the amounts of the charges where these form part of the product terms.

#### **Discretionary charges and benefits**

3. (1) For each product where the *insurer* has the option to apply a market value reduction (or equivalent), a statement of the period when this has been applied during the year and a summary of the policy years of entry to which it applied.
- (2) Any changes to premiums on reviewable protection policies, including for each product affected, the range of the changes (x% to y%), the amount of business affected by a change, and the amount of business where a change was permitted but did not occur at this review date.
- (3) For non-profit deposit administration benefits, the interest rate added during the year.
- (4) For service charges on linked *policies*, the percentage changes to service charges for in force *policies*.
- (5) For benefit charges on linked *policies*, any changes to benefit charges (mortality, morbidity, etc) on linked *policies*, including for each product

affected the range of the changes (x% to y%), and the amount of business affected by the change.

- (6) Any changes to unit management charges or notional charges to accumulating with-profits *policies*, and the amount of business affected by the change.
- (7) For unit pricing of *internal linked funds*:
  - (a) a description of the methods, and the types of unit to which each applies, used for:
    - (i) the creation and cancellation of units in *internal linked funds*, and
    - (ii) determining unit prices for the allocation of units to, and the de-allocation of units from, *policies*including information on:
    - (iii) the basis of the valuation of assets and how the basis is selected (for example, offer basis for net creations of units and bid basis for net cancellations), and
    - (iv) the timing of the asset valuation used in respect of such operations in relation to the time at which the operation is decided upon and effected;
  - (b) when at any one time different pricing bases apply to different *policies*, details of the circumstances which give rise to the difference; and
  - (c) where assets are units in *collective investment schemes* or similar assets, the price used and the relationship between the last opportunity to deal at that price and the time of the valuation.
- (8) For tax deductions from *internal linked funds*, the allowance and timing of withdrawal from the fund for tax on realised and unrealised gains and losses, including notional gains on unit trusts, specifying the tax rate used.
- (9) For tax provisions for *internal linked funds*, a description of the methods and the types of unit to which each applies, used to determine the provision for tax on realised and unrealised capital gains and the percentage of these gains deducted or provided for during the report period.
- (10) Wherever units of the type referred to in paragraph 5 of Part I of **Appendix 3.2** are held in an *internal linked fund*, or where *property linked benefits* are linked to such units, the rate of discount, commission or other allowance made to the *insurer* on the purchase, sale or holding of units and the extent to which the *policy holder* benefits from such discount, commission or other allowance.

### Valuation basis (other than for special reserves)

Where either the gross *mathematical reserves* or the gross annual premiums for a group of products using the same valuation method and basis exceed the lesser of £10m and 1% of the total gross *mathematical reserves*, the method and basis of valuation must be given in accordance with 4(1) to 4(9). Where a prospective method has not been used, the basis reported must be the basis used by the *insurer* to test the adequacy of the reserves.

4. (1) The valuation methods used and the types of product to which each method applies, including a description of any non-standard method. See 5 to 8 for special reserves.
- (2) A table of the interest rates used, showing the product group, the rate used at the end of the *financial year in question*, and the rate used at the end of the previous *financial year*. Where the valuation with respect to a product involves more than one interest rate (e.g. a rate in deferment and a rate in possession), both interest rates must be shown.
- (3) How the yield was adjusted to allow for risk for equity *shares*, property and other *fixed interest securities* to determine the risk adjusted yield in **Form 57**.
- (4) A table of mortality bases used, showing the product group and the bases used at the end of the *financial year in question* and at the end of the previous *financial year*. If a mortality basis cannot be expressed as a flat percentage of a standard table or as a standard table subject to a flat age rating, then the mortality basis should be shown as 'modified <name of table>'. For assurance where the 'modified table' description is used, rates must be provided for ages 25, 35, 45 and 55. For all annuitant mortality bases covered by this paragraph, the expectation of life at age 65 and 75 for annuities in payment and the expectation of life at age 65 for current ages 45 and 55 for deferred annuities must be provided. Allowances made for future changes in mortality where not implicit in the basis, and details of any allowance made and the amount of any reserve held, for any possible detrimental impact of significant changes in the incidence of disease or developments in medical science on the mortality experience of the *insurer* assumed in the valuation of the *contracts of insurance* must be provided.
- (5) A table of morbidity bases used, showing the product group and the bases used at the end of the *financial year in question* and at the end of the previous *financial year*. If a basis cannot be expressed as a simple modification to a standard table (e.g. flat percentage, age rating), the basis must be shown as 'modified <name of table>'. Where the 'modified table' description is used the morbidity rates and recovery rates must be provided for ages 25, 35, 45 and 55. Inception and recovery rates for income protection business are only required for the most common deferred period in the firm's business and for occupation class 1. The deferred period must be stated. Recovery rates must be provided at durations of 2 and 5 years. Allowances made for future changes in

morbidity, and details of any allowance made and the amount of any reserve held, for any possible detrimental impact of significant changes in the incidence of disease or developments in medical science on the morbidity experience of the *insurer* assumed in the valuation of the *contracts of insurance* must be provided.

- (6) A table of expense bases used, showing the product group, the basis for the *financial year in question*, and the basis for the previous *financial year*. The table must show zillmer adjustments, expense assumptions for prospective methods where no further premiums are payable, expense assumptions for gross premium valuations of with-profits and non-profit premium paying business and expense assumptions for non-unit liability calculations for linked business, identifying monetary amounts and the percentages of premiums. The table must show the unit growth rates for gross and net linked business before management charges and the inflation rates assumed for future expenses and future increases in *policy* charges. For non-unit liability calculations, the expense bases must be shown only for the main products (e.g. life regular premium, life single premium, pensions regular premium, and pensions single premium).
- (7) Future bonus rates for gross premium valuations of with-profits business and for valuations of unitised with-profits business.
- (8) Any other material basis assumptions not stated elsewhere (e.g. persistency).
- (9) How the valuation of liabilities allowed for *derivative contracts* (or contracts or assets having the effect of *derivative contracts*). Derivatives held in connection with options or guarantees must be included in 5. If the valuation does not correspond to the **Form 48** presentation, an explanation and reconciliation must be provided. A statement of how any out-of-the-money derivatives have been used to back liabilities must be provided.

### Options and guarantees

Where the basic reserve exceeds lesser than £10m or 1% of the total gross *mathematical reserves*, the methods and bases used for the calculation of the reserves options and guarantees must be given in accordance with 5(1) to 5(4). The bases must include the assumptions for the take-up of the options and guarantees. For the purposes of 5, guarantees do not include those which have already been explicitly valued (e.g. the guaranteed sum assured on endowment contracts).

5. (1) Guaranteed annuity rate options (where the ‘asset share’ or amount of benefit may be converted, at the option of the *policy holder* from cash to annuity at a guaranteed rate), including:
  - (a) a description of the method used; and
  - (b) a table showing:
    - (i) product name,
    - (ii) basic reserve,
    - (iii) spread of outstanding durations,
    - (iv) guarantee reserve,
    - (v) guaranteed annuity rate (expressed as a percentage of the cash sum for a male age 65). If there are categories of business with guaranteed annuity rates differing by more than one percentage point, these categories must be shown separately,
    - (vi) whether *policy holders* may make increments to the *policy*
    - (vii) form of the annuity (e.g. yearly in arrears, single or joint life, and so on), and
    - (viii) retirement ages.
- (2) Guaranteed surrender and unit-linked maturity values, including:
  - (a) a description of the method and basis used; and
  - (b) a table showing:
    - (i) product name,
    - (ii) basic reserve,
    - (iii) spread of outstanding durations,



- (iv) guarantee reserve,
  - (v) guaranteed amount,
  - (vi) MVA free conditions,
  - (vii) in force premiums, and
  - (viii) whether *policy holders* may make increments to the *policy*.
- (3) Guaranteed insurability options, including:
- (a) a description of the method and basis used; and
  - (b) for conversion and renewal options where the total sum assured exceeds £1b, a table showing:
    - (i) product name,
    - (ii) in force premiums,
    - (iii) sum assured,
    - (iv) description of the option, and
    - (v) guarantee reserve.
- (4) The nature of any other guarantees and options, including a description of the method and basis used, the amount of business (premium, sum assured or reserve), and the amount of additional reserve.

#### **Expense reserves**

6. (1) The aggregate amount of expense loadings, grossed up for taxation where appropriate, expected to arise during the 12 months from the ‘valuation date’ from implicit and explicit reserves made at the ‘valuation date’ to meet expenses in fulfilling contracts in force at the ‘valuation date’, the amounts arising from each of explicit and implicit allowances, the amount of investment expenses and the amount of any other maintenance expenses.
- (2) A brief statement of the basis of calculating implicit allowances.
- (3) Where the amount of maintenance expenses is significantly different from the maintenance expenses shown at line 14 of **Form 43**, an explanation of this.
- (4) New business expense overrun reserve, including the method and basis of calculation (whether or not a reserve is required) in respect of the expenses of continuing to transact new business during the 12 months following the ‘valuation date’ and the amount of the reserve so calculated.

- (5) The maintenance expense overrun reserve or, where an explicit reserve has not been made for meeting the expenses likely to be incurred in future in fulfilling the existing contracts on the basis of specific assumptions in regard to the relevant factors, details of the basis used to test the adequacy of the reserves to satisfy PRU 7.3.50R, in either case stating whether redundancy costs or costs of terminating management agreements have been taken into account (with or without stating the amount of such costs).

### **Mismatching reserves**

7. (1) Subject to (2), a table of the sum of the *mathematical reserves* (other than liabilities for *property linked benefits*) and the liabilities in respect of the deposits received from *reinsurers* as shown in **Form 14**, analysed by reference to the currencies in which the liabilities are expressed to be payable, together with the value of the assets, analysed by reference to currency, which match the liabilities.
- (2) Liabilities totalling up to 2% of the total under (1) may be grouped together as ‘other currencies’, and the assets matching those liabilities are not required to be analysed by reference to currencies as long as the proportion of such liabilities which are matched by assets in the same currency is stated.
- (3) The amount of reserve for currency mismatching and a description of the method used to calculate the reserve.
- (4) A statement of the most onerous scenario under PRU 4.2.16R for assets invested in the UK and other assets that fall under PRU 4.2.16R for the purposes of calculating the resilience capital requirement in PRU 4.2.10R.
- (5) A statement of the most onerous scenario under PRU 4.2.23R for each significant territory in which assets are invested outside the UK for the purposes of calculating the resilience capital requirement in PRU 4.2.10R.
- (6) In respect of the scenarios described under (4) and (5) which produce the most onerous requirement (whether or not a resilience capital requirement is required),
  - (a) the amount of the *resilience capital requirement* if such a requirement arises,
  - (b) the change in the aggregate amount of the *long-term insurance liabilities*, and
  - (c) the aggregate amount by which the assets allocated to match such liabilities in the scenario have changed in value from the amount of those assets shown in Form 13.

- (7) A statement of any further reserve made arising from the test on assets in *PRU 7.2.34R(2)* together with a brief description of the method used and assumptions made to calculate any such reserve.

### **Other special reserves**

8. For other special reserves which exceed the lesser of £10m and 0.1% of total *mathematical reserves*, the nature and amount of the reserves, including (where the reserve is greater than the lesser of £10m and 0.5% of total *mathematical reserves*) a description of the method and basis used to calculate each reserve.

### **Reinsurance**

9. (1) For *long-term insurance business ceded* on a facultative basis to a *reinsurer* who is not authorised to carry on *insurance business* in the United Kingdom at any time during the report period –

- (a) the aggregate of premiums payable by the *insurer* to all such *reinsurers* (sub-divided according to financial years, if appropriate) and the aggregate amount deposited at the ‘valuation date’ under any *deposit back arrangement*; and
- (b) the amount of any such premiums payable by the *insurer* to any *reinsurer* which is a *connected company* of the *insurer* and the aggregate amount deposited at the ‘valuation date’ under any *deposit back arrangement*.

- (2) Where:

- (a) the treaty is a ‘financing arrangement’;
- (b) premiums under (f) exceed the lesser of £10m and 1% of *gross premiums*; or
- (c) reserves under (j) exceed the lesser of £10m and 1% of total *mathematical reserves*,

a table showing for each treaty, or group of similar treaties, of *reinsurance* where the *insurer* is the *cedent* and under which business is in force at the ‘valuation date’:

- (d) the name of the *reinsurer*;
- (e) an indication of the nature and extent of the cover given under the treaty;
- (f) the premiums payable by the *insurer* under the treaty during the report period;

- (g) the amount deposited at the ‘valuation date’ in respect of the treaty under any *deposit back arrangements*;
- (h) whether the treaty is closed to new business.
- (i) the amount of any undischarged obligation of the *insurer*;
- (j) the amount of *mathematical reserves* ceded under the treaty; and
- (k) the retention by the *insurer* (e.g., x% up to £Y) for new *policies* being *reinsured*,

with a note setting out:

- (l) whether the *reinsurer* is authorised to carry on *insurance business* in the United Kingdom;
- (m) whether the *reinsurer* is a *connected company* of the *insurer*;
- (n) a description of any material contingencies, such as credit risk or legal risk, to which the treaty is subject;
- (o) the extent to which provision has been made for any liability of the *insurer* to refund any amounts of *reinsurance* commission in the event of lapses or surrender of the contract; and
- (p) for each ‘financing arrangement’:
  - (i) a brief description of the conditions for the discharge of any undischarged obligation of the *insurer*, and
  - (ii) a description of how, if at all, all such undischarged obligations have been taken into account in the valuation, including a description of the impact of the arrangement on the reported valuation result and any allowance made for contingencies, such as credit risk or legal risk, associated with the financing arrangement for the purposes of the *return*.

(3) In this paragraph 9:

- (a) **financing arrangement** means any contract entered into by the *insurer*, in respect of *contracts of insurance* of the *insurer*, which has the effect of increasing the long term capital resources in line 11 of **Form 2**, and which includes terms for -
  - (i) the transfer of assets to the *insurer*, the creation of a *debt* to the *insurer* or the transfer of liabilities to *policy holders* from the *insurer* (or any combination of these), and

- (ii) either an obligation for the *insurer* to return (with or without interest) some or all of such assets, a provision for the diminution of such *debt* or a provision for the recapture of such liabilities, in each case, in specified circumstances; and
- (b) paragraphs (1), (2) and (3)(a) of rule 9.28 (which relate to connected persons) have effect for the purposes of this paragraph as they have effect for the purposes of those rules.

**Reversionary (or annual) bonus**

10. (1) Where the *mathematical reserves* under (b) exceed the lesser of £10m and 1% of the total *mathematical reserves*, a table showing (by bonus series):
- (a) name of bonus series;
  - (b) amount of *mathematical reserves*;
  - (c) reversionary bonus rate for the *financial year in question*;
  - (d) reversionary bonus rate for the preceding *financial year*; and
  - (e) total guaranteed bonus rate for the *financial year in question* (whether in the form of a guaranteed cash benefit, guaranteed investment return or reversionary bonus).
- (2) For unitised with-profits business, the table under (1) must show the percentage increase in unit price during the year or the equivalent in bonus units added.
- (3) For super compound bonuses, the table under (1) must show both rates (e.g., 2%/3% for 2% bonus on the sum assured and 3% bonus on the existing bonus).
- (4) For bonus series where bonus rates vary (e.g., by age or term), the table must show an approximate weighted average reversionary bonus and a note must be included stating the factors by which reversionary bonus rates vary. If they vary according to premium paying status, bonus rates must be shown in separate lines.

## APPENDIX 9.4A (rule 9.31(b))

### ABSTRACT OF VALUATION REPORT FOR REALISTIC VALUATION

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The following information must be provided in the abstract of the report required under rule 9.31(b), the answers being numbered to accord with the numbers of the corresponding paragraphs of this Appendix. For the purposes of this Appendix, the “report period” means the period from the date to which the previous calculation of the *with-profits insurance capital component* under rule 9.4(2)(c) related to the ‘valuation date’ (as defined in 1).

#### Introduction

1. (1) The date to which the actuarial investigation relates, namely, the **valuation date**.
- (2) The date of the previous valuation.
- (3) The dates of any interim valuations carried out since the previous ‘valuation date’.

#### Assets

2. (1) For each *with-profits fund* in which any *non-profit insurance contracts* are written, a table of the economic assumptions used to determine the value of future profits (or losses) on those contracts, showing the economic assumptions used at the end of the *financial year in question*, and used at the end of the *preceding financial year*.
- (2) For each *with-profits fund* in respect of which the *realistic value of the assets* includes an amount determined under *PRU 7.4.33R(2)*, a table of the economic assumptions used to determine any additional amount by reference to the value of future profits (or losses) on *non-profit insurance contracts* according to *PRU 7.4.33R(3)(b)(iii)*.
- (3) For each *with-profits fund* in respect of which an asset not exceeding 50 % of the present value of future profits arising from insurance contracts written outside the *with-profits funds* is included in the relevant assets for the purpose of *PRU 7.4.43R* in accordance with *PRU 7.4.45R(2)(c)* and *PRU 7.4.45R(5)*, a table of the economic assumptions used to determine that present value.
- (4) Where the valuation of the future profits (or losses) on *non-profit insurance contracts* in (1) or of any additional amount in (2) or of any present value in (3) involves more than one set of economic assumptions, (for example, different sets of economic assumptions are used for different *with-profits funds*), each different set of economic assumptions must be shown.
- (5) The separate disclosure of economic assumptions used to determine the valuation of future profits (or losses) on *non-profit insurance contracts* in (1)

or of any additional amount in (2) or of any present value in (3) is not required to the extent the total of the values derived by reference to assumptions which are not disclosed is less than £20 million.

### **With-Profits Benefits Reserve Liabilities**

3. (1) For each *with-profits fund*, a table of the retrospective methods (see *PRU 7.4.119R*) and/or prospective methods (see *PRU 7.4.128R*) used to calculate the *with-profits benefits reserve* for that fund, showing:
  - (a) the types of product or classes of *with-profits insurance contracts* to which each of the retrospective methods and/or prospective methods applies;
  - (b) for each type of product or class of *with-profits insurance contracts* and method, the corresponding amounts of the *with-profits benefits reserve* and the *future policy related liabilities*; and
  - (c) the aggregate amount of the *with-profits benefits reserve* and the *future policy related liabilities* for those types of product or classes of *with-profits insurance contracts* which are not required to be disclosed separately (in accordance with 3(3)).
- (2) If the total of the amounts of the *with-profits benefits reserve* and *future policy related liabilities* shown in the table under (1) do not correspond to the respective amounts shown at lines 31 and 49 of the appropriate **Form 19**, an explanation and reconciliation must be provided.
- (3) The separate disclosure of the retrospective methods and prospective methods used to calculate the *with-profits benefits reserve* of a *with-profits fund* is not required for types of products and/or classes of *with-profits insurance contracts* to the extent the aggregate amount of the *realistic value of liabilities* for all types of products and/or classes of *with-profits insurance contracts* in respect of which the valuation methods are not disclosed is less than the higher of 5% of the *realistic value of liabilities* for that fund and £20 million.
- (4) References in paragraph 3 of this Appendix to types of product and/or classes should be taken as meaning the constituent elements of a division of the portfolio of *with-profits insurance contracts* by grouping those contracts having regard to materially different guarantees and options such as pension contracts with minimum bonuses and annuity rate options, pension contracts with minimum bonuses, pension contracts with no minimum bonuses, life bonds issued with no Market Value Reduction / Market Value Adjustment type clauses (MVR/MVAs), life bonds with spot MVR/MVA free dates (dates on which the MVR/MVAs do not apply), life bonds with no MVR/MVA free dates, etc.. The extent of disclosure should be sufficient to permit an identification of material groupings of contracts which offer significant variance in terms of the nature of benefits provided to *policyholders*.

### **With-profits benefits reserve – Retrospective method**

4. (1) For each *with-profits fund*, a table of the retrospective methods used to calculate the *with-profits benefits reserve* showing for each retrospective method:
  - (a) the proportion of the *with-profits benefit reserve* calculated using that retrospective method for which contracts have been valued on an individual basis;
  - (b) the proportion of the *with-profits benefit reserve* calculated using that retrospective method for which contracts have been valued on a grouped basis; and
  - (c) in relation to any *with-profits insurance contracts* that have been grouped:
    - (i) a statement of the basis used to group contracts;
    - (ii) the number of individual contracts and the number of model points used to represent them; and
    - (iii) the nature of the validations made to ensure that significant attributes of the contract groupings have not been lost.
- (2) For each *with-profits fund*:
  - (a) a description of any significant changes to the valuation method for any types of product or classes of *with-profits insurance contracts* written in that fund compared to the previous valuation; and
  - (b) where the changes in (a) have resulted in any types of product or classes of *with-profits insurance contracts* written in that fund being valued using approaches more approximate than used for the previous valuation, a statement of the types of product or classes of *with-profits insurance contracts* affected.
- (3) For each *with-profits fund*, a description of the basis of allocating expenses to that fund during the *financial year in question* identifying:
  - (a) the date of the previous expense investigation;
  - (b) the frequency of expense investigations;
  - (c) a table of the total expenses allocated to the *with-profits benefits reserve* during the *financial year in question* showing:
    - (i) the nature and amount of expenses identified as initial expenses;



- (ii) the nature and amount of expenses identified as maintenance expenses;
  - (iii) how expenses are charged to the *with-profits benefits reserve* in respect of individual contracts (for example, by way of an average expense charge deducted from all contracts); and
  - (iv) the nature and amount of any expenses charged other than to the *with-profits benefits reserve*.
- (4) For each *with-profits fund*, a description of the nature and amount of any significant charges (for example for the costs of guarantees or the use of capital) deducted from the *with-profits benefits reserve* during the *financial year in question* and a comparison to the charges in the *preceding financial year*.
- (5) For each *with-profits fund*, a description of the nature and amount of any charges deducted from that fund for non-insurance risk (for example, charges deducted from investment only accumulating with-profit business).
- (6) For each *with-profits fund*, a statement of the average (expressed as a percentage) of the ratio of A to B for each of the three *preceding financial years* where:
- A is the total *claims* paid during the financial year on *with-profits insurance contracts* written in that fund; and
  - B is the sum of:
    - (i) *with-profits benefits reserve* for those *claims*; plus
    - (ii) any past miscellaneous surplus attributed to the *with-profits benefits reserve* in respect of those *claims*; less
    - (iii) any past miscellaneous deficit attributed to the *with-profits benefits reserve* in respect of those *claims*;

Where there has been a change in procedures such that the ratio of A to B would not be directly comparable with that ratio disclosed at the end of the *preceding financial year*, details should be disclosed as to the change in procedures.

- (7) For each *with-profits fund*, the investment return before tax and expenses allocated to the *with-profits benefits reserve* in respect of the *financial year in question*. If the investment return allocated to the *with-profits benefits reserve* in respect of any types of product or classes of *with-profits insurance contracts* differs materially from that allocated to the *with-profits benefits reserve* in respect of other types of product or classes of *with-profits insurance*

*contracts*, other than because of tax, an explanation and reconciliation must be provided.

#### **With-profits benefits reserve – Prospective method**

5. (1) For each *with-profits fund*, a table of the key assumptions used in the prospective method(s) of calculating the *with-profits benefits reserve* showing:
  - (a) the discount rate, together with an explanation of any difference between this rate and the risk free rates denoted "r" in the table required by 6(4)(a)(iii) below;
  - (b) the investment returns and risk adjustments made to assets (categorised as in **Form 48**);
  - (c) expense inflation;
  - (d) future assumed *annual* and *final bonus* rates for major types of products and/or classes of *with-profits insurance contracts*;
  - (e) assumptions as to future expenses and future charges for expenses for major types of products and/or classes of *with-profits insurance contracts*; and
  - (f) any significant persistency assumptions at quinquennial durations.
- (2) Where any of the prospective methods in (1) involves more than one set of key assumptions, each different set of key assumptions must be shown.

#### **Costs of guarantees, options and smoothing**

6. (1) For each *with-profits fund*, where the costs of guarantees, options and smoothing do not exceed the lesser of £50m and 0.5% of the total *realistic value of liabilities*, disclosure of the valuation methods in accordance with the following sub-paragraphs is not required.
- (2) For each *with-profits fund*, a table of the valuation methods used to calculate the costs of guarantees, options and smoothing showing:
  - (a) the types of product and/or classes of *with-profits insurance contracts* to which each valuation method applies;
  - (b) for each valuation method and each type of product and/or class of *with-profits insurance contract*:
    - (i) the proportion, measured by reference to the underlying asset shares, of the *with-profits insurance contracts* being valued for which costs have been valued on an individual basis;

- (ii) the proportion, measured by reference to the underlying asset shares, of the *with-profits insurance contracts* being valued for which costs have been valued on a grouped basis; and
  - (iii) in relation to any *with-profits insurance contracts* that have been grouped,
    - a statement of the basis used to group contracts;
    - the number of individual contracts and the number of model points used to represent them; and
    - the nature of the validations made to ensure that significant attributes of the contract groupings have not been lost;
  - (c) if applicable to the disclosures in (a) and (b), a description of any significant approximations in method used for any residual types of product or classes of *with-profits insurance contracts*.
- (3) A description of any significant changes to the valuation methods for valuing the costs of guarantees, options or smoothing since the previous valuation.
- (4) For each of the valuation methods under (2)(b), the following information must be disclosed:
  - (a) for each of the costs of guarantees, options and smoothing which have been valued using a full stochastic approach:
    - (i) the nature of the guarantee, option or smoothing being valued, including a description of the extent to which the guarantee or option is in or out of the money at the valuation date;
    - (ii) a description of the nature of the asset model(s), including the choice of parameters for each model (including the assumed volatility of assets both short term and long term) and any assumed correlations between asset classes and/or between asset classes and economic indicators (such as inflation), and a justification for these assumptions;
    - (iii) completion of the following table showing the annualised compound equivalent of the risk free rate(s) assumed for each duration (n) and values derived from the asset model(s) of specified assets/options as shown in the table:

	<b>Asset type (all UK assets)</b>	<b>K=0.75</b>				<b>K=1</b>				<b>K=1.5</b>			
n		5	15	25	35	5	15	25	35	5	15	25	35
r	Annualised compound equivalent of the risk free rate assumed for the period. (to two decimal places)					x	x	x	x	x	x	x	x
1	Risk-free zero coupon bond					x	x	x	x	x	x	x	x
2	FTSE All Share Index (p=1)												
3	FTSE All Share Index (p=0.8)												
4	Property (p=1)												
5	Property (p=0.8)												
6	15 year risk free zero coupon bonds (p=1)												
7	15 year risk free zero coupon bonds (p=0.8)												
8	15 year corporate bonds (p=1)												
9	15 year corporate bonds (p=0.8)												
10	Portfolio of 65% FTSE All Share and 35% property (p=1)												
11	Portfolio of 65% FTSE All Share and 35% property (p=0.8)												
12	Portfolio of 65% equity and 35% 15 risk free zero coupon bonds (p=1)												
13	Portfolio of 65% equity and 35% 15 risk free zero coupon bonds (p=0.8)												
14	Portfolio of 40% equity, 15% property, 22.5% 15 year risk free zero coupon bonds and 22.5% 15 year corporate bonds (p=1)												
15	Portfolio of 40% equity, 15% property, 22.5% 15 year risk free zero coupon bonds and 22.5% 15 year corporate bonds (p=0.8)												
		<b>L=15</b>				<b>L=20</b>				<b>L=25</b>			
16	Receiver swaptions												

## Notes to Table

Row 1 should be completed showing the value of cash payments of £1,000,000 due  $n$  years after the valuation date.

Rows 2 to 15 inclusive should be completed for the appropriate asset classes showing the value of a put option on a portfolio worth £1,000,000 on the valuation date exercisable  $n$  years after the valuation date with strike price of  $K * £1,000,000 * (1+r*p)^n$ .

All references to 15 year bonds mean rolling bonds traded to maintain the 15 year duration at all future dates. The corporate bonds should be assumed to be rolling AA rated zero coupon bonds.

Row 16 should be completed showing the value of sterling receiver swaptions with a strike of 5% exercisable  $n$  years after the valuation date with swap durations on exercise of  $L$  years. The values should be expressed as a percentage of nominal.

In carrying out the calculations required to complete the table above firms must assume, where appropriate, that the options for which a value is to be included in the table are options which, where appropriate, are based on underlying asset portfolios which are continuously rebalanced to the stated proportions. Swaptions in relation to which a value must be included in the table must be based on swaptions with monthly payments. Firms must include in the table the value that their liability model would produce for such options and values will thus reflect the actual time-intervals underlying their valuation models. The property put options should be assumed to relate to a well diversified portfolio of *United Kingdom* commercial property.

A zero trend growth in property prices should be assumed where this is relevant.

In each case the options should be valued with reinvestment of any dividend income into the FTSE All Share index and reinvestment of any rental or other property income into *United Kingdom* property.

Tax should be ignored in all calculations.

All options should be assumed to be European-style.

A *firm* may consider that its model does not need to be calibrated to produce a reasonable value for a particular entry in the table because that entry is insignificant to the valuation of its assets and liabilities. In such circumstances the *firm* may leave an entry in the table blank, but must give an explanation as a note to the table.

- (iv) a statement of the initial equity and property rental yields assumed for the *United Kingdom* and each significant territory as applicable;
- (v) for each significant territory other than the *United Kingdom* a statement of the entries that would be appropriate (for  $K=1$  only) for the risk free rate and lines 1 and 2;

- (vi) a table showing the outstanding durations of significant guarantees within material types of products and/or classes of *with-profits insurance contracts* together with the details of the fit of the asset model(s) to specimen relevant market-traded instruments at these durations;
  - (vii) a statement of the nature of the validations of the asset model(s) by projecting future income, gains and losses on asset values and comparing the net present value of these amounts to the current asset values;
  - (viii) a statement of the number of projections of assets and liabilities carried out and the nature of the validations to ensure reasonable convergence of the model results;
- (b) for each of the costs of guarantees, options and smoothing which have been valued using the market costs of hedging:
- (i) a description of the method and assumptions used to determine the option points and amounts implied by the underlying guarantee or option or smoothing;
  - (ii) a description of the method and assumptions used to value the implied options and hence to determine the costs of the underlying guarantee, option or smoothing (including the assumed volatility of assets both short term and long term and any assumed correlations between asset classes and/or between asset classes and economic indicators (such as inflation) and also including a description as to how those assumptions relate to available market traded instruments and have been assumed to apply in respect of non-available instruments);
  - (iii) completion of a table as at 6(4)(a)(iii) above showing the risk free rate(s) assumed and values derived from the asset model(s) of assets/options as shown in the table;
  - (iv) a statement of the equity and property rental yields assumed for the *United Kingdom* and each significant territory as applicable;
  - (v) a table showing the outstanding durations of significant guarantees within material types of products and/or classes of *with-profits insurance contracts*;
- (c) for each of the costs of guarantees, options and smoothing which have been valued using a series of deterministic projections using attributed probabilities:

- (i) a description of the number of projections of assets and liabilities carried out, the attributed probability to each projection and the range of key assumptions underlying the projections of assets and liabilities;
  - (ii) a description of how the range of projections was selected and how the attributed probabilities were determined;
  - (iii) completion of a table as at 6(4)(a)(iii) above showing the risk free rate(s) assumed and values derived from the asset model(s) of assets/options as shown in the table;
  - (iv) a table showing the outstanding durations of significant guarantees within material types of products and/or classes of *with-profits insurance contracts*.
- (5) Where management actions have been assumed in the projection of assets and liabilities used to determine the costs in (4) (a), (b) and (c):
- (a) a description of the nature of the management actions assumed in the projection of assets and liabilities; and
  - (b) a table of the *firm's* best estimates as to the future proportions of the assets backing the *with-profits benefits reserve* which would consist of equities (whether UK or non-UK) and as to future bonus rates, in each case as at the end of the *financial year in question*, in 5 years time and in 10 years time, making the three sets of assumptions described in this paragraph as to annual investment returns over the periods in question. The table must show, in addition to the specimen equity backing ratios (for the fund), *annual bonus* rates on significant accumulating with-profits business (for each of life and pensions business separately). Calculations should be made assuming that the annual investment return on all assets over the period in question is (i) based on forward rates derived from the risk free interest rate curve as calibrated at the valuation date (ii) based on forward rates derived from the risk free interest rate curve increased across the period by 17.5 % of the long-term gilt yield and (iii) based on forward rates derived from the risk free interest rate curve reduced across the period by 17.5 % of the long-term gilt yield. The effect of any significant assumed equity *derivative contracts* or contracts having the effect of *derivative contracts* on the values disclosed in the table should be described by note. The long-term gilt yield is as defined in *PRU 7.4.11R*.
- (6) For material types of product or classes (as identified in 3 above) a statement of the persistency assumptions used to determine the costs in (4) (a), (b) and (c), and where appropriate the assumed take-up rates of guaranteed annuity options and the rates of annuitant mortality assumed.

- (7) A statement of the assumptions made, regarding the foreseeable actions that would be taken by *policyholders*, in the projection of assets and liabilities in (4) (a), (b) and (c).

### **Financing costs**

7. Where financing arrangements exist in connection with any *with-profits fund(s)*, a statement of the type of financing, the sources available for repayment of capital and interest, the extent to which repayments are subordinated to *policyholders'* interests, the face amount outstanding, the rate of interest payable, the level of fees payable, the expected amount to be repaid and the expected time period for such repayment (or, in the case of *reinsurance* arrangements, recapture).

### **Other long-term insurance liabilities**

8. For each *with-profits fund*, a statement of the nature and amount of *long-term insurance liabilities* which have been included within the amounts of 'any other liabilities related to regulatory duty to treat customers fairly' and 'any other long-term insurance liabilities' shown at lines 46 and 47 of **Form 19**, including disclosure of any value attributed to future tax relief.

### **Realistic current liabilities**

9. A statement of the nature and amount of current liabilities which have been included within the amount of the *realistic current liabilities* shown at line 51 of **Form 19** together with a reconciliation to the amount of the *regulatory current liabilities*.

### **Risk capital margin**

10. For the calculation of the *risk capital margin* for each *with-profits fund*:
- (a) a statement of the amount of the *risk capital margin* and of information relating to the individual scenarios in *PRU 7.4.44R* which comprise the most adverse scenario for the purposes of calculating that margin in accordance with *PRU 7.4.43R*, including:
- (i) the percentage change assumed in accordance with *PRU 7.4.68R* for each of the market values of equities and real estate for the purpose of the *market risk* scenario for *United Kingdom* assets and each significant territory in *PRU 7.4.62R(1)(a)*, and a statement as to whether a rise or fall was the most onerous in each case;
  - (ii) the nominal change in yields assumed in accordance with *PRU 7.4.68R* for fixed interest securities for the purpose of the *market risk* scenario for *United Kingdom* assets and each significant territory in *PRU 7.4.62R(1)* together with a



statement of the percentage change in and level of the long-term gilt yield or nearest equivalent assumed in each case and a statement as to whether a fall or rise in yields is the more onerous in each case);

- (iii) the average change in spread for bonds (weighted by value) and the total percentage change in asset value separately for (a) bonds, (b) debts, (c) *reinsurance* (d) analogous non-*reinsurance* financing agreements and (e) other assets (by reference to *PRU 7.4.78R*), where the total percentage change is, in each case, calculated as the overall percentage change that results from applying the credit risk scenario to the actual assets of each type held by a *firm*;
  - (iv) the overall percentage change in the *realistic value of liabilities* that results from applying the persistency risk scenario according to *PRU 7.4.100R*, that is, the impact of the persistency risk scenario assuming the market and credit risk stress scenarios have occurred; and
  - (v) to the extent any change in asset value in (iii) is not materially independent of the change in liability values in (iv), a description of the approach to deriving the disclosed changes in asset and liability values;
- (b)
    - (i) a statement of the nature of any management actions assumed in the *risk capital margin* calculation that are in addition to those set out in 6(5)(a) above; and any material changes to other assumptions;
    - (ii) a statement of the impact of such actions and assumption changes on the risk capital margin; namely the difference between the risk capital margin with such actions and assumption changes, and without. An approximate split of the effect of actions and the effect of assumption changes must be given;
    - (iii) a statement of the approximate change to the table in 6(5)b, that shows future proportions of equity assets and bonus rates, resulting from any such additional actions and assumption changes being integrated into the projection of assets and liabilities and thus disclosed in 6(5)(a);
    - (iv) a statement as to whether the requirements of *PRU 7.4.188R* would be met if any such additional actions and assumption changes had been integrated into the protection of assets and liabilities and thus disclosed in 6(5)(a);
  - (c)
    - (i) a statement of the nature of the assets (categorised as in **Form 48**) and location of assets held to cover the *risk capital margin*;

- (ii) if any of the assets to cover the *risk capital margin* are located outside of the *with-profits fund*, a statement as to the way the *firm* would intend to make such assets available to the *with-profits fund* should the need arise.

### **Tax**

- 11. A statement of the *firm's* treatment of tax included on assets backing (i) the *with-profits benefits reserve(s)*, (ii) any *future policy related liabilities* and (iii) any *realistic current liabilities*, including any simplifying assumptions.

### **Derivatives**

- 12. A full description of any major positions in relation to *derivative contracts* or contracts having the effect of *derivative contracts* held by the *with-profits fund* or located outside the *with-profits fund* to cover the *risk capital margin* in part or in full at the valuation date.

### **Analysis of working capital**

- 13. For each *with-profits fund*, a reconciliation of the significant movements in the working capital of the *with-profits fund* from that shown at line 68 of **Form 19** at the end of the *preceding financial year* and that same entry shown for the *financial year in question*. Such movements must at least include investment return, tax, significant costs (of expenses, guarantees or smoothing) and enhancements or charges to retrospective reserve(s).

### **Optional disclosure**

- 14. At the option of the *firm*, a statement may be made for each *with-profits fund* of the amount of the *realistic value of liabilities* which relates to contractual obligations to *policyholders*, with a description of the approach taken to distinguishing contractual and non-contractual obligations to *policyholders*.

### **Instructions to the report**

Adhere to numbering above, enter 'not applicable' or 'de minimis' for sections where there is nil or de minimis data.

## APPENDIX 9.5 (rule 9.32)

### GENERAL INSURANCE BUSINESS ADDITIONAL INFORMATION ON BUSINESS CEDED

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For the purposes of rule 9.32, an *insurer* which carries on *general insurance business* must, in respect of the *financial year in question*, prepare a statement of the following information.

1. Subject to 2, for each *contract of insurance* entered into or modified during the *financial year in question* under which *general insurance business* has been *ceded* by the *insurer* on a non-facultative basis, the *insurer* must prepare a statement of -
  - (a) the type of business covered by reference to *risk categories* and if only part of a *risk category* is covered, a description of that part;
  - (b) the type of cover, including such details of the terms and conditions of the contract as are necessary for a proper understanding of the nature of the cover;
  - (c) details of any limits on cover as are necessary for a proper understanding of the contract, including any event limits, limits on the amount of business *ceded*, limits on the number of reinstatements and aggregate limits; and
  - (d) the period of cover.
2. Where a contract of *reinsurance* has been modified during the *financial year in question* -
  - (a) no information need be supplied pursuant to 1 in respect of a contract of reinsurance which was entered into before the beginning of the *financial year* of the *insurer* to which the Insurance Companies (Accounts and Statements) Regulations 1996 first applied; and
  - (b) in any other case, the information to be supplied pursuant to 1 must be limited to any changes to the information previously supplied pursuant to that paragraph or its predecessor legislation in respect of that contract.
3. For every contract reported pursuant to 1, whether in the *return* for the *financial year in question* or any previous *return*, the *insurer* must also prepare, if relevant, a statement of -
  - (a) in the case of contracts which are subject to no or a limited number of reinstatements, any contract not previously reported pursuant to this provision (or its predecessor) under which it is anticipated that such limit will be exhausted by claims (including claims incurred, but not

reported, in respect of any specific occurrence for which provisions have been allocated);

- (b) the percentage of cover, if in excess of 10% and if such information has not already been included in the return of the insurer for any previous financial year, which has been ceded to reinsurers which have ceased to pay claims to their reinsureds in full, whether because of insolvency or for any other reason; and
- (c) if the percentage specified in (b) has increased by more than 10 percentage points since the previous financial year in which it was included in the insurer's return, a statement of that percentage unless, in the opinion of the directors, the likelihood of any claim being incurred under that policy is minimal.

- 4. (1) For each *risk category*, or part thereof, in respect of which separate non-facultative *reinsurance* cover has been obtained, the *insurer* must prepare a statement of the 'maximum net probable loss' to the *insurer* from any one *contract of insurance* effected by it and from all such contracts taken together.
  - (2) For the purposes of (1), the **maximum net probable loss** is the maximum loss (net of *reinsurance*) arising from any one incident, or any one series of incidents from the same originating cause, which -
    - (a) the *directors*, at the time they decided upon the *reinsurance* cover in respect of the *financial year in question*, reasonably contemplated to be of a type which might take place during that *financial year*; or
    - (b) has actually occurred during the *financial year in question*.
  - (3) The disclosure required by (1) must be given in respect of all *risk categories*, or parts thereof, of the *insurance business* carried on by the *insurer* whether or not the *insurer* has purchased any *reinsurance* cover for that *risk category*, or part thereof, and in (2) deciding upon the *reinsurance* cover includes deciding not to obtain any *reinsurance* cover.
5. For each *combined category* (other than *category numbers* 500 and 600) and *risk category* with *category numbers* 510 to 590 and 610 to 690 and separately for contracts of facultative and non-facultative *reinsurance ceded* in respect of the *financial year in question* the amount of the *reinsurers'* share of *gross premiums* must be stated. \_\_\_\_\_

**CERTIFICATES BY DIRECTORS AND REPORT OF THE AUDITORS**

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**Part I**

**Certificate by directors**

1. (1) Subject to 3, the certificate required by rule 9.34(1) must state -
    - (a) that the *return* has been properly prepared in accordance with the requirements in *IPRU(INS)* and *PRU*; and
    - (b) that the *directors* are satisfied that:
      - (i) throughout the *financial year in question*, the *insurer* has complied in all material respects with the requirements in *SYSC* and *PRIN* as well as the provisions of *IPRU(INS)* and *PRU*; and
      - (ii) it is reasonable to believe that the *insurer* has continued so to comply subsequently, and will continue so to comply in future.
  - (2) An *insurer* does not comply in all material respects with the requirements specified in (1)(b) if it commits a breach of any of those requirements which is significant, having regard to the potential financial loss to *policyholders* or to the *insurer*, frequency of the breach, implications for the *insurer's* systems and controls and if there were any delays in identifying or rectifying the breach.
2. Subject to 3, if the *insurer* carries on *long-term insurance business*, the certificate required by rule 9.34(1) must also state that -
    - (a) in the *directors' opinion*, *premiums* for contracts entered into during the *financial year* and the resulting income earned are sufficient, under reasonable actuarial methods and assumptions, and taking into account the other financial resources of the *insurer* that are available for the purpose, to enable the *insurer* to meet its obligations in respect of those contracts and, in particular, to establish adequate *mathematical reserves*;
    - (b) the sum of the *mathematical reserves* and the deposits received from *reinsurers* as shown in **Form 14** constitute proper provision at the end of the *financial year in question* for the *long-term insurance liabilities* (including all liabilities arising from *deposit back arrangements*, but excluding other liabilities which had fallen due before the end of the *financial year*) including any increase in those liabilities arising from a distribution of surplus as a result of an *actuarial investigation* as at that date into the financial condition of the *long-term insurance business*;

- (c) the *with-profits fund* has been managed in accordance with the *Principles and Practices of Financial Management*, as established, maintained and recorded under *COB 6.10*; and
  - (d) the *directors* have, in preparing the *return*, taken and paid due regard to-
    - (i) advice from every *actuary* appointed by the insurer to the *actuarial function* in accordance with *SUP 4.3.13R*; and
    - (ii) if applicable, advice from every *actuary* appointed by the insurer to perform the *with-profits actuary function* in accordance with *SUP 4.3.16AR*.
3. (1) Where, in the opinion of those signing the certificate, the circumstances are such that any of the statements required by 1 and 2 cannot truthfully be made, the relevant statements must be omitted.
- (2) Where, by virtue of (1), any statements have been omitted from the certificate, this fact, and the reasons for omission, must be stated in a note to the certificate.

## Part IA

### Certificate by a director on the half-yearly balance sheet and report for realistic valuation

- 3A. Subject to 3C, the certificate required by rule 9.34(2) must state that the *return* has been properly prepared in accordance with the requirements in *IPRU(INS)* and *PRU*.
- 3B. Subject to 3C, the certificate required by rule 9.34(2) must also state that –
- (a) the amount provided for *long-term insurance liabilities* for the purpose of determining the *insurer's capital resources* as shown in **Form 2** constitutes proper provision at the end of the six month period referred to in rule 9.3A(1) for those liabilities (including all liabilities arising from *deposit back arrangements*); and
  - (b) the *director* has, in preparing the *return*, taken and paid due regard to-
    - (i) advice from every *actuary* appointed by the insurer to perform the *actuarial function* in accordance with *SUP 4.3.13R*; and
    - (ii) advice from every *actuary* appointed by the insurer to perform the *with-profits actuary function* in accordance with *SUP 4.3.16AR*.

- 3C. (1) Where, in the opinion of the *director* signing the certificate, the circumstances are such that any of the statements required by 3A and 3B cannot truthfully be made, the relevant statements must be omitted.
- (2) Where, by virtue of (1), any statements have been omitted from the certificate, this fact, and the reasons for omission, must be stated in a note to the certificate.

## Part II

### Auditor's report

4. The report required by rule 9.35 must, in addition to any statement required under rule 9.35, state:
- (a) whether, in the auditor's opinion:
- (i) the documents referred to in rules 9.12, 9.13 and 9.14, together with **Forms 40 to 45, 48, 49, 56, 58 and 60** and the statements, analyses and reports annexed pursuant to rules 9.24 to 9.27, 9.29 and 9.31 have been properly prepared in accordance with the *Accounts and Statements Rules* and *PRU*; and
  - (ii) the methods and assumptions determined by the *insurer* and used to perform the *actuarial investigation* (as set out in the valuation reports) appropriately reflect the requirements of *PRU* 7.3 and *PRU* 7.4.
- (b) that, in accordance with rule 9.35(1A), to the extent that any document, Form, statement, analysis or report to be audited under rule 9.35(1) contains amounts or information abstracted from the *actuarial investigation* performed pursuant to rule 9.4, the auditor has obtained and paid due regard to advice from a suitably qualified *actuary* who is independent of the *insurer*.
12. Where the auditors refer in their report or in any note attached to it to any uncertainty, the report must state whether, in the auditors' opinion, that uncertainty is material to determining whether the *insurer* has available assets in excess of its *capital resources requirement*.





**APPENDIX 9.7** (rule 9.37)

**INSURANCE STATISTICS: OTHER EEA STATES  
(FORMS 91 TO 94)**

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The statements to be provided under rules 9.37 and 9.38 must be given in the form set out in **Forms 91 to 94**.

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**General insurance business : Analysis of financial particulars - branches**

Name of insurer

EEA State in which branch is situated

Company registration number		Calendar year ended		Units	EEA State in which branch is situated			
F91		day	month	year	£000			
		31	12					
Groups of Classes								
1	2	3	4	5	6	7	8	9
Accident and sickness	Land vehicles, goods in transit and motor vehicle liability (carrier's liability only)	Motor vehicle liability (excluding carrier's liability)	Fire and other damage to property	Aviation, marine and transport	General liability	Credit and suretyship	Other classes	Total (1+2+3+4+5+6+7+8)

**Income**

Gross premiums written	11							
Other technical income (net of reinsurance)	12							
<b>Total (11+12)</b>	19							

**Expenditure**

Commission payable in calendar year	21							
Gross claims paid in calendar year	22							
<b>Total (21+22)</b>	29							

**Instruction for completion of Form 91**

1. The box described as "EEA State in which branch is situated" must be completed by inserting the appropriate Code from the *FSA* list of "Country Codes".

General insurance business : Analysis of financial particulars - provision of services

Name of insurer

EEA State in which risk is situated

Company registration number	Calendar-year ended day	Calendar-year ended month	Calendar-year ended year	Units	EEA State in which risk is situated
F92	31	12		£000	

Groups of Classes

1	2	3	4	5	6	7	8
Accident and sickness	Land vehicles, goods in transit and motor vehicle liability (carrier's liability only)	Motor vehicle liability (excluding carrier's liability)	Fire and other damage to property	Aviation, marine and transport	General liability	Credit and suretyship	Other classes
1	2	3	4	5	6	7	8

Gross premiums written in calendar year	11						
Cost of gross claims paid in calendar year	12						
Cost of gross commission attributable to premiums shown at line 11	13						

**Instructions for completion of Form 92**

1. The box described as "EEA State in which risk is situated" must be completed by inserting the appropriate Code from the *FSA* list of "Country Codes".
2. Gross commission attributable equals gross commission paid in the *financial year in question* plus gross commission brought forward less gross commission carried forward.

Long term insurance business : Analysis of financial particulars - branches

Name of insurer

EEA State in which risk is situated

Company registration number	Calendar year ended day month year	Units	EEA State in which branch is situated
F93	31 12	£000	

Authorisation classes									
I	II	III	IV	V	VI	VII	VIII	IX	Total
Life and annuity	Marriage and birth	Linked long term	Permanent health	Tontines	Capital redemption	Pension fund management	Collective insurance etc.	Social insurance	(1+2+3+4+5+6+7+8+9)
1	2	3	4	5	6	7	8	9	10

Income

Gross premiums written	11									
Net income from investments	12									
Other technical income net of reinsurance	13									
<b>Total (11+12+13)</b>	19									

Expenditure

Claims paid, gross amount	21									
Change in provision for claims and mathematical reserves, gross amount	22									
Bonuses	23									
Management expenses	24									
Commissions	25									
<b>Total (21+22+23+24+25)</b>	29									

**Instructions for completion of Form 93**

1. The box described as "EEA State in which branch is situated" must be completed by inserting the appropriate Code from the *FSA* list of "Country Codes".
2. The headings used in this Form are taken from the Companies Act 1985 (Insurance Companies Accounts) Regulations 1993 (S.I. 1993/3246).

Long term insurance business : Analysis of financial particulars - provision of services

Name of insurer

EEA State of commitment

Company registration number	Calendar year ended day month year	Units	EEA State of commitment
F94	31 12	£000	

Authorisation classes								
I	II	III	IV	V	VI	VII	VIII	IX
Life and annuity 1	Marriage and birth 2	Linked long term 3	Permanent health 4	Tontines 5	Capital redemption 6	Pension fund management 7	Collective insurance etc. 8	Social insurance 9

Gross premiums receivable for services business in calendar year	11							
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**Instruction for completion of Form 94**

1. The box described as "*EEA State of commitment*" must be completed by inserting the appropriate Code from the *FSA* list of "Country Codes".

## APPENDIX 9.8 (rule 9.36A)

### MARINE MUTUALS: ITEMS TO BE DISREGARDED, DIRECTORS' CERTIFICATES AND AUDITORS REPORTS

#### Part 1

##### Items to be disregarded

1. In completing the Forms required under rule 9.36A, a *marine mutual* must disregard *reinsurance* arrangements with any *relevant company* and must treat income and expenditure and assets and liabilities of any *relevant company* as, respectively, income and expenditure and assets and liabilities of the *marine mutual*.

#### Part II

##### Directors' certificates

2. Subject to 4, every *return* provided by a *marine mutual* under rule 9.36A must include a certificate signed by the persons required by rule 9.33 to sign the documents to which the certificate relates –
  - (a) confirming that –
    - (i) the *return* has been prepared in accordance with the requirements in *IPRU(INS)* and *PRU*,
    - (ii) the *directors* are satisfied that throughout the *financial year in question*, the *marine mutual* has complied in all material respects with the requirements in *SYSC* and *PRIN* as well as the provisions of *IPRU(INS)* and *PRU*, and that it is reasonable to believe that the *marine mutual* has continued so to comply subsequently, and will continue so to comply in future,
    - (iii) each member of the *marine mutual* which is subject to them has accepted those parts of the *marine mutual's* rules which oblige members to pay their share of any supplementary calls for the year and of calls to meet the *minimum capital requirement* (including any sum needed to make good failure by other members to pay calls made on them), and

- (iv) the *marine mutual* is empowered to make supplementary calls on its members which, if met, would produce sufficient assets to meet the *minimum capital requirement*; and
- (b) giving information about the number of –
  - (i) members of the *marine mutual* which are not reinsured members,
  - (ii) fixed premium members (on which supplementary calls may not be made),
  - (iii) reinsured members (that is, members whose *contract of insurance* with the *marine mutual* is a contract of *reinsurance*), and
  - (iv) the tonnage of shipping attributable to each of the above classes of members, taken separately, and covered by the *marine mutual* at the end of the *financial year in question*.
- 4. (1) Where, in the opinion of the *directors*, the circumstances are such that any of the matters specified in 2 cannot be confirmed or provided, the relevant statements or information must be omitted.
- (2) Where any statements or information have been omitted from the certificate in accordance with (1), this fact, and the reasons for omission, must be explained in a note to the certificate.

### **Part III**

#### **Auditor's reports**

- 5. Every *marine mutual* must procure an auditor's report, pursuant to *SUP*, stating whether, in the auditors' opinion –
  - (a) the Forms, information and statements required (except for the directors' certificate prepared in accordance with Part II of this Appendix) have been properly prepared in accordance with the *Accounts and Statements Rules*; and
  - (b) where the auditors refer in their report or in any note to any uncertainty, that uncertainty is material to determining whether the

*marine mutual has available assets in excess of its capital resources requirement.*

**Forms M1 to M5 follow**

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Form M1

Marine mutuals : Revenue account

Name of insurer

Financial year ended

		Company registration number	Period ended			Units (See instruction 1)	
			day	month	year		
		M1					
			This financial year 1	Previous year 2	Source		
Income	Gross income from contributions etc	11					
	Reinsurance premiums paid	12					
	Net income from contributions and premiums	13					
	Investments	Income before tax	14				
		Value re-adjustments on investments	15				
		Gains on realisation of investments	16				
	Other income	17			See instruction 2		
Total (13 to 17)	19						
Expenditure	Claims paid	21					
	Reinsurance recoveries received	22					
	Net claims paid (21-22)	23					
	Claims outstanding carried forward	24					
	Claims outstanding brought forward	25					
	Increase (decrease) in claims outstanding (24-25)	26					
	Unexpended contributions and unearned premiums (if any) and any amounts set aside for unexpired risks carried forward	27			See instruction 3		
	Unexpended contributions and unearned premiums (if any) and any amounts set aside for unexpired risks brought forward	28			See instruction 3		
	Increase (decrease) in unexpended contributions and unearned premiums (if any) and any additional amounts set aside for unexpired risks (27-28)	29			See instruction 3		
	Administrative expenses	30					
	Acquisition costs including commission	31					
	Taxation	32					
	Other expenditure	33			See instruction 4		
Total (23+26+29 to 33)	39						
Surplus/deficit of income over expenditure (19-39)		49					

**Instructions for completion of Form M1**

1. Units must in £, £000, US\$, or US\$000 as appropriate.
2. Particulars of other income shown in line 17 must be stated in a supplementary note.
3. Unexpended contributions, unearned premiums, etc shown in lines 27, 28 or 29 must be recorded net of *reinsurance* and deferred acquisition costs.
4. Particulars of other expenditure shown in line 33 must be stated in a supplementary note.

**Marine mutuals : Statement of assets and liabilities**

Name of insurer

Financial year ended

	Company registration number	Period ended			Units (See instruction 1)
		day	month	year	
	M2				
		As at the end of the financial year <b>1</b>	As at the end of the previous financial year <b>2</b>	Source Form Line	

Column

**ASSETS**

Admissible assets	11			M3 . 89
Calls approved by the Board but unmade at the end of the financial year	12			
Total (11+12)	19			

**LIABILITIES**

Unexpended contributions and unearned premiums and any additional amounts set aside for unexpired risks, gross of reinsurance and deferred acquisition costs	21			See instruction 2
Gross provision for outstanding claims	22			See instruction 3
Creditors	23			
Taxation	24			
Other liabilities	25			See instruction 4
Total (21 to 25)	29			

**Instructions for completion of Form M2**

1. Units must be the same as those used in Form M1.
2. The amount shown at line 21 must equal the sum of  $M1.27+M3.60+M3.62+M3.85$ .
3. The amount shown at line 22 must equal the sum of  $M4.29.8+M4.29.9$  for all marine *classes*.
4. Details of the amount shown in line 25 must be stated in a supplementary note.



**Analysis of admissible assets**

Name of insurer  
Financial year ended

		Company registration number	day	month	year	Units (see instruction 1)
		M3				
					<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>
Land and buildings			11			

**Investments in group undertakings and participating interests**

UK insurance dependants	shares	21		
	debts and loans	22		
Other insurance dependants	shares	23		
	debts and loans	24		
Non- insurance dependants	shares	25		
	debts and loans	26		
Other group undertakings	shares	27		
	debts and loans	28		
Participating interests	shares	29		
	debts and loans	30		

**Other financial investments**

Equity shares		41		
Other shares and other variable yield participations		42		
Holdings in collective investment schemes		43		
Rights under derivative contracts		44		
Fixed interest securities	Approved	45		
	Other	46		
Variable interest securities	Approved	47		
	Other	48		
Participation in investment pools		49		
Loans secured by mortgages		50		
Loans to public or local authorities and nationalised industries or undertakings		51		
Loans secured by policies of insurance issued by the company		52		
Other loans		53		
Bank and approved credit & financial institution deposits	One month or less withdrawal	54		
	More than one month withdrawal	55		
Other financial investments		56		

**Analysis of admissible assets**

Name of insurer  
Financial year ended

		Company registration number	day	month	year	Units (see instruction 1)
		M3				
					<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>
Deposits with ceding undertakings			57			
Assets held to match linked liabilities	Index linked		58			
	Property linked		59			

**Reinsurers' share of technical provisions**

Provision for unearned premiums	60		
Claims outstanding	61		
Provision for unexpired risks	62		
Other	63		

**Debtors and salvage**

Direct insurance business	Policyholders	71		
	Intermediaries	72		
Salvage and subrogation recoveries		73		
Reinsurance	Accepted	74		
	Ceded	75		
Dependants	due in 12 months or less	76		
	due in more than 12 months	77		
Other	due in 12 months or less	78		
	due in more than 12 months	79		

**Other assets**

Tangible assets	80		
Deposits not subject to time restriction on withdrawal with approved institutions	81		
Cash in hand	82		
Other assets (particulars to be specified by way of supplementary note)	83		
Accrued interest and rent	84		
Deferred acquisition costs (general business only)	85		
Other prepayments and accrued income	86		

Deductions from the aggregate value of assets	87		
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Grand total of admissible assets after deduction of market risk and counterparty limits (11 to 86 less 87)	89		
--	----	--	--

**Analysis of admissible assets**

Name of insurer  
Financial year ended

	Company registration number	day	month	year	Units (see instruction 1)
M3					
				<b>As at end of this financial year 1</b>	<b>As at end of the previous year 2</b>

**Reconciliation to asset values determined in accordance with the insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting**

Total admissible assets after deduction of market risk and counterparty limits (as per line 89 above)	91		
Assets in excess of market and counterparty limits	92		
Capital resources requirement deduction of regulated related undertakings	93		
Ineligible surplus capital and restricted assets in regulated related insurance undertakings	94		
Inadmissible assets of regulated related insurance undertakings	95		
Book value of related ancillary services undertakings	96		
Other differences in the valuation of assets (other than for assets not valued above)	97		
Deferred acquisition costs excluded from line 89	98		
Reinsurers' share of technical provisions excluded from line 89	99		
Other asset adjustments (may be negative)	100		
Total assets determined in accordance with the insurance accounts rules or international accounting standards as applicable to the firm for the purpose of its external financial reporting (91 to 100)	101		
Amounts included in line 89 attributable to debts due from related insurers, other than those under contracts of insurance or reinsurance	102		

### Instructions for completion of Form M3

1. Units must be the same as those used in Form M1.
2. In lines 11 to 85 -
  - (a) for the purpose of classifying (but not valuing) assets, headings and descriptions used above, wherever they also occur in the balance sheet format in the *insurance accounts rules*, have the same meaning as in those rules,
  - (b) assets must be valued in accordance with rule 9.10; and
  - (c) assets of any particular description must be shown after deduction of assets of that description which (for any reason) fall to be left out of account under the rules in *PRU 3.2*.
3. The aggregate value of those investments which are:
  - (a) *unlisted* investments falling within any of lines 41, 42, 46 or 48 which have been valued in accordance with the rules in *PRU 1.3*;
  - (b) *listed* investments falling within any of lines 41, 42, 46 or 48 which have been valued in accordance with the rules in *PRU 1.3* and which are not *readily realisable*;
  - (c) units or other beneficial interests in *collective investment schemes* that:
    - (i) are not schemes falling within the *UCITS Directive*;
    - (ii) are not authorised unit trust schemes or recognised schemes within the meaning of Part XVII of the *Act*;
    - (iii) do not employ *derivative contracts* unless they meet the criteria in *PRU 4.3.5R*;
    - (iv) do not employ contracts or assets having the effect of *derivative contracts* unless they have the effect of *derivative contracts* that meet the criteria in *PRU 4.3.5R*; and
    - (v) do not include assets other than *admissible assets* among their property; or
  - (d) reversionary interests or remainders in property other than land or buildings, must be stated by way of a supplementary note (code 1301), together with a description of such investments.
4. The aggregate value of those investments falling within lines 46 or 48 which are *hybrid securities* must be stated by way of a supplementary note to this Form.
5. Amounts in respect of salvage or subrogation included above other than at line 73 must be stated by way of a supplementary note to this Form.
6. The amount to be shown in line 93 must equal the total of the relevant proportions in accordance with *PRU 1.3.37R* and *PRU 1.3.38R* of the *individual capital resources requirements* of the *regulated related undertakings*.
7. The amount to be shown in line 94 must equal the ineligible surplus capital and any restricted assets of any *regulated related undertaking* that is an *insurance undertaking* that are deducted in accordance with *PRU 1.3.35R (3)(b)*.
8. Lines 98-101 must be completed in accordance with the *insurance account rules* or *international accounting standards* as applicable to the *insurer* for the purpose of its external financial reporting if the *insurer* is required to produce such accounts. Otherwise these lines must be left blank. Details of amounts in line 100 must be disclosed in a supplementary note (code 1318). The previous year figures must be left blank for financial years ending on or before 30 December 2006.

**Marine mutuals : Annual analysis of calls, premiums and claims**

Name of insurer

Financial year ended

Company registration number      Period ended (day month year)      Class code      Units (See instruction 2)

Marine class  
(See instruction 1)

<b>M4</b>					
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Policy year ended		Calls made/refunded in financial year 1	Anticipated future calls/refunds 2	Reinsurance premiums paid/payable in financial year 3	Outstanding net claims reserve b/f (including IBNR) 4	Net payments made in financial year 5	Outstanding net claims reserve c/f (including IBNR) 6	Gross payments made in financial year 7	Estimate of gross payments remaining on reported claims 8	Estimate of gross payments for IBNR claims 9
Month	Year									
		11								
		12								
		13								
		14								
		15								
		16								
		17								
		18								
		19								
		20								
		21								
		22								
		23								
		24								
		25								
Prior years		26								
Totals (11 to 26)		29								

### Instructions for completion of Form M4

1. Separate Forms must be completed for each *class of insurance business*. The relevant description below must be entered against the 'Marine class' heading and the corresponding *class* code entered in the M4 box.

<u>Code</u>	<u>Description</u>
01	Protection and Indemnity
02	Hull and Machinery
03	Freight Demurrage and Defence
04	War risks
05	Strikes
06	Other - nature of business to be detailed in a supplementary note.

2. Units must be the same as those used in Form M1.
3. The *financial year in question* must be stated at line 11 and *preceding financial years* must be listed in reverse chronological order in lines 12 to 25.

**Marine mutuals : Analysis of derivative contracts**

Name of insurer

Financial year ended

Company registration number      Period ended      Units  
day   month   year      (See instruction 1)

<b>M5</b>					
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Derivative contracts			As at the end of this financial year		As at the end of the previous year	
			Assets 1	Liabilities 2	Assets 3	Liabilities 4
Futures contracts	Fixed-interest securities	11				
	Equity shares	12				
	Land	13				
	Currencies	14				
	Other	15				
Options	Fixed-interest securities	21				
	Equity shares	22				
	Land	23				
	Currencies	24				
	Other	25				
Contracts for differences	Fixed-interest securities	31				
	Equity shares	32				
	Land	33				
	Currencies	34				
	Other	35				
Adjustments for variation margin		41				
Total (11 to 41)		49				

### Instructions for completion of Form M5

1. Units must be the same as those used in Form M1.
2. *Derivative contracts* must be analysed according to the description of assets shown in the second column of Form M5 which represents the principal subject of the contract.
3. *Derivative contracts* must be reported as assets in column 1 of Form M5 if their value to the *marine mutual* (gross of *variation margin*) is positive and as liabilities in column 2 of Form M5 if their value to the *marine mutual* (gross of *variation margin*) is negative.
4. All amounts included at lines 11 to 35 of Form M5 in respect of *derivative contracts* are to be determined without making any allowance for *variation margin*.
5. Amounts in respect of a *derivative contract* may only be included net of amounts in respect of any other *derivative contract* if -
  - (a) obligations of the *marine mutual* under the contracts may be set off against each other under generally accepted accounting practice; and
  - (b) such other contract has the effect (in whole or in part) of closing out the obligations of the *marine mutual* under the first mentioned contract.
6. The effect of any *variation margin* upon amounts included at lines 11 to 35 of Form M5 must be shown at line 41.
7. The entry at M5.49.1 must be shown at M3.44.1.
8. The entry at M5.49.2 must be included at M2.23.1.
9. Rights to recover assets transferred by way of *initial margin* must not be shown on Form M5.



**APPENDIX 9.9** (rule 9.40 to guidance 9.43)

**GROUP CAPITAL ADEQUACY**

(Form 95)

This appendix contains guidance as to how the report to be provided under rule 9.40 may be set out.

FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Form 95

**INSURANCE GROUP CAPITAL ADEQUACY (page 1)**

Name of reporting insurance firm:

Name of insurance parent undertaking:


**Calculation of Consolidated Position:**

1. TIER 1  
Group core tier one  
Group perpetual non-cumulative preference shares  
Group innovative tier one  
Deductions from tier one
2. Total group tier one capital
3. TIER 2  
Group upper tier two  
Group lower tier two
4. Total group tier two capital

**5. 6. Group capital resources before deductions**

Total group capital resources deductions

**Group capital resources:**

**Group capital resources requirement:**

**Group surplus/ (deficit)**

**Limits on capital  
(see notes)**

	£'000
Sum of column G1 (page 4)	H1
Sum of column G2 (page 4)	H2
Sum of column G3 (page 4)	H3
Sum of column C (page 2)	H4
= H1 + H2 + H3 – H4	TT1
Sum of column G4 (page 4)	H5
Sum of column G5 (page 4)	H6
= H5 + H6	TT2
= TT2 + TT2	TCR
Sum of column D1 & D2 (page 2)	H7
= TCR – H7	GCR
Sum of column B (page 2)	GCRR
= GCR – GCRR	I



FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Name of reporting insurance firm:  
 Name of insurance parent undertaking:

**A**  
 Name of related undertaking

E1	E2	E3	E4	E5
<b>Group's investment in the capital resources of related undertaking</b>				
Core tier 1	Perpetual non-cumulative preference shares	Innovative tier 1	Upper tier 2	Lower tier 2

F1	F2	F3	F4	F5
<b>Components of the capital resources of related undertakings</b>				
Core tier 1	Perpetual non-cumulative preference shares	Innovative tier 1	Upper tier 2	Lower tier 2

Related undertaking 1  
 Related undertaking 2  
 Related undertaking 3


FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

**INSURANCE GROUP CAPITAL ADEQUACY (page 4)**

Name of reporting insurance firm:

Name of insurance parent undertaking:


A	Name of related undertaking
---	-----------------------------

G1	G2	G3	G4	G5
<b>Net Contribution to Group Capital Resources</b>				
Core tier 1	Perpetual non-cumulative preference shares	Innovative tier 1	Upper tier 2	Lower tier 2
=F1-E1	=F2-E2	=F3-E3	=F4-E4	=F5-E5

Related undertaking 1
Related undertaking 2
Related undertaking 3


Parent's Capital Resources (by class of capital)
--

--	--	--	--	--

Totals
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FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Insurance Group Capital Adequacy

Ref	Instructions
A (pages 2, 3 & 4)	<p>List the name of each <i>related undertaking</i> of the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> (as applicable) which is a <i>regulated related undertaking</i> or an <i>ancillary services undertaking</i>.</p> <p>Pursuant to PRU 8.3.18R to 8.3.22R, several entities may be combined where these are not material in relation to the <i>insurance group</i>. The <i>firm</i> should list the relevant entities in a note to the return and should be able to demonstrate the contribution of the individual entities to the group calculation.</p>
A1 (page 2)	<p>List the percentage interest in the <i>regulated related undertaking</i> listed in A held by the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> (as applicable).</p> <p>For the purposes of calculating the percentage interest in accordance with PRU 8.3.28R and 8.2.29R, if the interest is not held directly by the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> but by another member of the <i>insurance group</i>, enter the effective percentage interest of the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> in that <i>undertaking</i> (e.g. where a <i>parent</i> has a 50% holding in a <i>subsidiary</i> which in turn has a 50% holding in another <i>subsidiary</i>, the <i>ultimate parent undertaking's</i> effective percentage interest in the second <i>subsidiary</i> is 25% etc.).</p> <p>Where the entity is a <i>subsidiary</i> of a <i>subsidiary</i> of the <i>parent undertaking</i> (etc.), indicate (S) after the effective percentage interest. Such an entity should be treated as a <i>subsidiary</i> of the <i>parent undertaking</i> and will be included in the calculations in proportion to the <i>parent undertaking's</i> effective percentage interest (or in full if there is a capital resources deficit) (see PRU 8.3.30R and 8.3.31R).</p>

FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Ref	Instructions
A2 (page 2)	<p>State if the <i>related undertaking</i> listed in A is a <i>regulated insurance entity, pure reinsurer, insurance undertaking</i> that is not a <i>regulated insurance entity, insurance holding company, investment firm, credit institution, financial institution</i> which is not either a <i>credit institution</i> or <i>investment firm, financial holding company, asset management company</i> or <i>ancillary services undertaking</i>.</p> <p>For <i>related undertakings</i> which are <i>ancillary services undertakings</i> entries should only be made in this column and column D2 on page 2.</p>
B (page 2)	<p>State the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking's</i> share (i.e multiplied by the percentage in A1) of the <i>individual capital resources requirement</i> of the <i>regulated undertaking</i>, or the full amount if there is a capital resources deficit. This is the requirement set out in PRU 8.3.34R.</p>
C (page 2)	<p>State the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking's</i> share (or the full amount if there is a capital resources deficit) of the <i>regulated related undertaking's</i> Tier 1 deductions calculated under the <i>sectoral rules</i> that apply to it.</p>
D1 (page 2)	<p>State the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking's</i> share (or the full amount if there is a capital resources deficit) of any inadmissible assets held by the <i>regulated related undertaking</i> (see PRU 8.3.60R)</p>
D2 (page 2)	<p>This column should be completed only for <i>related undertakings</i> which are <i>ancillary services undertakings</i>. The entry is the higher of: the book value of the direct or indirect investment by the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> in the <i>ancillary services undertaking</i>; and the <i>ancillary services undertaking's</i> notional capital resources requirement (see PRU 8.3.62R to 8.3.64R)</p>

FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Ref	Instructions
E1 E2 E3 E4 E5 (page 3)	<p>The entries in E1 to E5 should be the book value of the investments of all members of the <i>insurance group in the solo capital resources</i> of each <i>regulated related undertaking</i> listed in A (this represents internal group holdings of the <i>solo capital resources</i> of each <i>regulated related undertaking</i> to be excluded from <i>group capital resources</i> under PRU 8.3.49R, 8.3.51R, 8.3.54R, 8.3.56R and 8.3.58R).</p> <p>The book value of the group's investment in <i>core tier one capital resources*</i> should be shown in E1; investments in perpetual non-cumulative <i>preference shares*</i> should be shown in E2; and investments in <i>innovative tier 1 capital resources*</i> should be shown in E3.</p> <p>The book value of the group's investment in <i>tier two capital resources</i> should be shown in E4 (<i>upper tier two capital resources*</i>) and E5 (<i>lower tier two capital resources*</i>).</p>
F1 F2 F3 F4 F5 (page 3)	<p>[* these terms should be applied in accordance with PRU 8.3.37R to the <i>undertaking in question</i>].</p> <p>The entries in F1 to F5 should be the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking's share</i> (or the full amount if there is a capital resources deficit) of the components of the <i>solo capital resources</i> of the <i>regulated related undertaking</i> (see PRU 8.3.48R(2), 8.3.50R(2), 8.3.53R(2), 8.3.55R(2), 8.3.57R(2) and 8.3.57R(2)).</p>



FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Ref	Instructions
G1 G2 G3 G4 G5 (page 4)	<p>These entries represent the contribution to <i>group capital resources</i> of the <i>regulated related undertaking</i>. G1 is calculated as the difference between column F1 and E1. (G1 can be positive or negative. A negative figure would principally represent goodwill on acquisition).</p> <p>Similarly G2 is the difference between F2 and E2, G3 is the difference between F3 and E3 etc. (G2, G3, G4 &amp; G5 would normally be positive).</p> <p>The totals of columns G1, G2 and G3 respectively represent the group's <i>core tier one capital</i>, <i>perpetual non-cumulative preference shares</i> and <i>innovative tier one capital resources</i> (see H1 to H3 on page 1).</p> <p>The sum of columns G4 and G5 represent the group's <i>tier two capital resources</i> (see H5 and H6).</p>
Parent's capital resources (page 4)	<p>The entries in this line represent the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking's capital resources</i>, after deduction of the book value of the investments taken together of the individual members of the <i>insurance group</i> in those <i>capital resources</i>. The deduction excludes any holding by the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> (as applicable) of its own <i>shares</i>; such holdings are deducted in calculating the parent's <i>tier one capital resources</i>.</p>
H1 H2 H3 H4 (page 1)	<p>H1 to H3 represent the total contribution of the <i>regulated related undertakings</i> and the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> to <i>total group tier one capital</i>. H4 represents the sum of the Tier 1 deductions for all members of the <i>insurance group</i>.</p>

FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Ref	Instructions
TT1 (page 1)	<p>This entry is <i>total group tier one capital</i> (see stage A of PRU 8.3.43R) after application of limits 1, 2 and 3 below:</p> <p>Limit 1: <i>Total group tier one capital</i>, less <i>innovative tier one capital resources</i> included in <i>total group tier one capital</i>, must account for at least 50% of the <i>group capital resources requirement</i> less any <i>with-profits insurance capital components</i> included in the <i>group capital resources requirement</i> (see PRU 8.3.45R(1)(a)).</p> <p>Limit 2: <i>Core tier one capital resources</i> included in <i>total group tier one capital</i> must account for at least 50% of <i>total group tier one capital</i> (see PRU 8.3.45R(1)(c)).</p> <p>Limit 3: <i>Innovative tier one capital resources</i> included in <i>total group tier one capital</i> must not exceed 15% of <i>total group tier one capital</i> (see PRU 8.3.45R(1)(d)).</p> <p>Any capital item excluded by limit 3 may form part of <i>total group tier two capital</i> (see PRU 8.3.46G).</p>
H5 H6 (page 1)	<p>These entries represent the total contribution of the <i>regulated related undertakings</i> and the <i>ultimate insurance parent undertaking</i> or <i>ultimate EEA insurance parent undertaking</i> to <i>total group tier two capital</i>.</p>
TT2 (page 1)	<p>This entry is calculated as the sum of H5 and H6 which represents <i>total group tier two capital</i> (stage B in PRU 8.3.43R) after application of limits 4 and 5 as follows:</p> <p>Limit 4: <i>Total group tier two capital</i> must not exceed <i>total group tier one capital</i> (see PRU 8.3.45R(1)(e)).</p> <p>Limit 5: <i>Lower tier two capital resources</i> calculated in accordance with PRU 8.3.57R included in <i>total group tier two capital</i> must not exceed 50% of <i>total group tier one capital</i> (see PRU 8.3.45R(1)(f)).</p>

FORM 95: INSURANCE GROUP CAPITAL ADEQUACY REPORTING FORM

Ref	Instructions
TCR (page 1)	<p>This entry is calculated as the sum of TT1 and TT2 and represents group capital resources before deductions (stage C in PRU 8.3.43R) after application of limit 6 as follows:</p> <p>Limit 6: <i>Total group tier one capital less innovative tier one capital resources included in total group tier one capital, plus total group tier two capital less any lower tier two capital resources included in total tier two capital must account for at least 75% of the group capital resources requirement less any with-profits insurance capital components included in the group capital resources requirement (PRU 8.3.45R(1)(b)).</i></p>
H7 (page 1)	<p>This entry is the sum of columns D1 and D2 on page 2 which represent deductions to be made from total group capital resources in respect of the group's interest in inadmissible assets (see 8.3.59R), and ancillary services undertakings (see PRU 8.3.62R).</p>
GCR (page 1)	<p>This entry is calculated as TCR less H7. This represents group capital resources (stage H in PRU 8.3.43R).</p>
GCRR (page 1)	<p>This entry is calculated as the sum of column B on page 2 which represents the group capital resources requirement (PRU 8.3.33R).</p>
I (page 1)	<p>This is calculated as total group capital resources less total group capital resources requirement (GCR – GCRR). This represents the amount by which group capital resources exceed or fail to exceed the group capital resources requirement.</p>

**APPENDIX 9.10** (rule 9.44 to guidance 9.45)

**ENHANCED CAPITAL REQUIREMENT  
(FORM ECR1)**

**ECR Calculation - Summary**

Form **ECR1**  
Sheet 1

Name of insurer

Financial year ended

	<b>£000</b>	<b>Source:</b>
Capital Resources		<i>Form:1 Line:13 Col:1</i>
Minimum Capital Requirement (MCR)		<i>Form:1 Line:34 Col:1</i>

**ECR Calculation**

Asset Charge		<i>Sheet 2: Asset-related Capital Requirement</i>
Premium Charge - Accident Year Business		<i>Sheet 3: Insurance-related Capital Requirement Accident Year Charge</i>
Technical Provision Charge - Accident Year Business		<i>Sheet 3: Insurance-related Capital Requirement Accident Year Charge</i>
Premium Charge - Underwriting Year Business		<i>Sheet 4: Insurance-related Capital Requirement Underwriting Year Charge</i>
Technical Provision Charge - Underwriting Year Business		<i>Sheet 4: Insurance-related Capital Requirement Underwriting Year Charge</i>
Less Claims Equalisation Reserve		<i>Form:15 Line:14+15 Col:1</i>

<b>ECR</b>	
<b>ICG (if given)</b>	
<b>Capital Resources / ECR</b>	
<b>Capital Resources / ICG (if given)</b>	
<b>ICG / ECR (if given)</b>	

**Asset-Related Capital Requirement (Category of assets 1 only)**

**Form ECR1**

**Sheet 2**

Name of insurer

Financial Year ended

Asset item	FSA return source (Form13 Column 1)	Assets (£ 000)	Derivative adjustment (£ 000)	Asset-related capital charge factor	Asset-related capital charge (£ 000)
		(1)	(2)	(3)	[(1)+(2)] * (3)
					(4)
Land & buildings	L11			7.5%	
Shares in group undertakings excluding participating interests - insurance dependants	L21+23			0.0%	
Shares in group undertakings excluding participating interests - other	L25+27			7.5%	
Debt securities issued by & loans to group undertakings	L22+L24+L26+L28			3.5%	
Participating interests	L29			7.5%	
Debt securities issued by & loans to undertakings in which the insurer has a participating interest	L30			3.5%	
Shares, other variable-yield securities, units in unit trusts and Participation in investment pools	L41+L42+L43+L49			16.0%	
Money market funds				0.0%	
Debt securities and other fixed income securities: approved securities	L45+L47			3.5%	
Debt securities and other fixed income securities: other	L46+L48			3.5%	
Loans secured by mortgages	L50			2.5%	
Other loans	L51+L52+L53			2.5%	
Deposits with approved credit institutions and approved financial institutions	L54+L55			0.0%	
Other financial investments: other	L56+L58+L59			7.5%	

Deposits with ceding undertakings	L57			3.5%	
Reinsurers' share of technical provisions: Provision for unearned premiums	L60			2.5%	
Reinsurers' share of technical provisions: Claims outstanding	L61			2.5%	
Reinsurers' share of technical provisions: Other	L62+63			2.5%	
Debtors arising out of direct insurance operations: policyholders	L71			4.5%	
Debtors arising out of direct insurance operations: intermediaries	L72			3.5%	
Debtors arising out of reinsurance operations	L74+L75			2.5%	
Other debtors	L73+L76+L77+L78+L79			1.5%	
Tangible assets	L80			7.5%	
Cash at bank and in hand	L81+L82			0.0%	
Other Assets	L83			0.0%	
Accrued interest and rent	L84			0.0%	
Deferred acquisition costs	L85			0.0%	
Other prepayments and accrued income	L86			0.0%	
<b>TOTAL</b>	L89+L87-L44				

**Insurance-Related Capital Charge - Accident Year Business**

Name of insurer  
Financial Year ended

FSA Combined Category or Risk Category	Net Written Premium (£ 000)		Net claims outstanding carried forward (£ 000)		Net unearned premium and unexpired risks less deferred acquisition costs (£ 000)		Net Written Premium capital charge factor	Net technical provision capital charge factor	Net Written Premium capital charge	Net Technical provision capital charge					
	FSA return source	1	FSA return source	2	FSA return source	3	4	5	(1) * (4)	[ (2)+(3) ] * (5)					
<b>Direct and facultative business</b>															
110: Total primary (direct) and facultative accident and health	1						5.0%	7.5%							
120: Total primary (direct) and facultative personal lines motor business	2						10.0%	9.0%							
160: Primary (direct) and facultative household and domestic all risks	3						10.0%	10.0%							
180: Total primary (direct) and facultative personal lines financial loss business	4	Form 21. Lines(12 +13+14+15). Columns (5+6)	Form22. Lines(13 +14+17+18). Column3	Form21. Line19. Column6 + Form 22. Line(19-29). Column3			25.0%	14.0%							
220: Total primary (direct) and facultative commercial motor business	5						10.0%	9.0%							
260: Total primary (direct) and facultative commercial lines property business	6						10.0%	10.0%							
270: Total primary (direct) and facultative commercial lines liability business	7						14.0%	14.0%							
280: Total primary (direct) and facultative commercial lines financial loss business	8						25.0%	14.0%							
330: Total primary (direct) and facultative aviation business	9						32.0%	14.0%							
340: Total primary (direct) and facultative marine business	10						22.0%	17.0%							
350: Primary (direct) and facultative goods in transit	11						12.0%	14.0%							
400: Miscellaneous primary (direct) and facultative business	12						25.0%	14.0%							
002: Total Primary (Direct) and Facultative Business (sum of lines 1 to 12)	13														
<b>Treaty reinsurance business</b>															
510: Non-proportional accident and health	14						N/A	N/A	N/A			35.0%	16.0%		
520: Non-proportional motor	15											10.0%	14.0%		
530: Non-proportional aviation	16	61.0%	16.0%												
540: Non-proportional marine	17	38.0%	17.0%												
550: Non-proportional transport	18	16.0%	15.0%												
560: Non-proportional property	19	53.0%	12.0%												
570: Non-proportional liability (non-motor)	20	14.0%	14.0%												
580: Non-proportional financial lines	21	39.0%	14.0%												
590: Non-proportional aggregate cover	22	53.0%	12.0%												
500: Total Non-Proportional Reinsurance Treaty Business accepted (sum of lines 14 to 22)	23	F21L(12+13+14+15)C(5+6)	F22L(13+14+17+18)C3	F21L19C6+F22L(19-29)C3											
610: Proportional accident and health	24	N/A	N/A	N/A			12.0%	16.0%							
620: Proportional motor	25						10.0%	12.0%							
630: Proportional aviation	26						33.0%	16.0%							
640: Proportional marine	27						22.0%	17.0%							
650: Proportional transport	28						12.0%	15.0%							
660: Proportional property	29						23.0%	12.0%							
670: Proportional liability (non-motor)	30						14.0%	14.0%							
680: Proportional financial lines	31						25.0%	14.0%							
690: Proportional aggregate cover	32						23.0%	12.0%							
600: Total Proportional Reinsurance Treaty Business accepted (sum of lines 24 to 32)	33						F21L(12+13+14+15)C(5+6)	F22L(13+14+17+18)C3	F21L19C6+F22L(19-29)C3						
700: Miscellaneous treaty reinsurance business accepted	34	N/A	N/A	N/A			39.0%	14.0%							
003: Total Treaty Reinsurance Business (sum of lines 14 to 22, 24 to 32 and 34)	35	F21L(12+13+14+15)C(5+6)	F22L(13+14+17+18)C3	F21L19C6+F22L(19-29)C3											
<b>001: Total Business</b> (sum of lines 1 to 12, 14 to 22, 24 to 32 and 34)	<b>36</b>	F21L(12+13+14+15)C(5+6)	F22L(13+14+17+18)C3	F21L19C6+F22L(19-29)C3											



**Insurance-Related Capital Charge - Underwriting Year Business**

Name of insurer  
Financial Year ended

FSA Combined Category or Risk Category	Net Written Premium (£ 000)		Net claims outstanding carried forward (£ 000)		Net unearned premium and unexpired risks less deferred acquisition costs (£ 000)		Net Written Premium capital charge factor	Net technical provision capital charge factor	Net Written Premium capital charge	Net Technical provision capital charge
	FSA return source	1	FSA return source	2	FSA return source	3	4	5	(1) * (4)	[ (2)+(3) ] * (5)
<b>Direct and facultative business</b>										
110: Total primary (direct) and facultative accident and health	1						5.0%	7.5%		
120: Total primary (direct) and facultative personal lines motor business	2						10.0%	9.0%		
160: Primary (direct) and facultative household and domestic all risks	3						10.0%	10.0%		
180: Total primary (direct) and facultative personal lines financial loss business	4						25.0%	14.0%		
220: Total primary (direct) and facultative commercial motor business	5						10.0%	9.0%		
260: Total primary (direct) and facultative commercial lines property business	6						10.0%	10.0%		
270: Total primary (direct) and facultative commercial lines liability business	7						14.0%	14.0%		
280: Total primary (direct) and facultative commercial lines financial loss business	8						25.0%	14.0%		
330: Total primary (direct) and facultative aviation business	9						32.0%	14.0%		
340: Total primary (direct) and facultative marine business	10						22.0%	17.0%		
350: Primary (direct) and facultative goods in transit	11						12.0%	14.0%		
400: Miscellaneous primary (direct) and facultative business	12						25.0%	14.0%		
002: Total Primary (Direct) and Facultative Business (sum of lines 1 to 12)	13									
<b>Treaty reinsurance business</b>										
510: Non-proportional accident and health	14						35.0%	16.0%		
520: Non-proportional motor	15						10.0%	14.0%		
530: Non-proportional aviation	16						61.0%	16.0%		
540: Non-proportional marine	17						38.0%	17.0%		
550: Non-proportional transport	18						16.0%	15.0%		
560: Non-proportional property	19						53.0%	12.0%		
570: Non-proportional liability (non-motor)	20						14.0%	14.0%		
580: Non-proportional financial lines	21						39.0%	14.0%		
590: Non-proportional aggregate cover	22						53.0%	12.0%		
500: Total Non-Proportional Reinsurance Treaty Business accepted (sum of lines 14 to 22)	23	F24L19C99		F25L(11-12+13-14+15)C99		F25L(22+23-24)C99				
610: Proportional accident and health	24						12.0%	16.0%		
620: Proportional motor	25						10.0%	12.0%		
630: Proportional aviation	26						33.0%	16.0%		
640: Proportional marine	27						22.0%	17.0%		
650: Proportional transport	28						12.0%	15.0%		
660: Proportional property	29						23.0%	12.0%		
670: Proportional liability (non-motor)	30						14.0%	14.0%		
680: Proportional financial lines	31						25.0%	14.0%		
690: Proportional aggregate cover	32						23.0%	12.0%		
600: Total Proportional Reinsurance Treaty Business accepted (sum of lines 24 to 32)	33	F24L19C99		F25L(11-12+13-14+15)C99		F25L(22+23-24)C99				
700: Miscellaneous treaty reinsurance business accepted	34	F28L19C99		F29L(11-12+13-14+15)C99		F29L(22+23-24)	39.0%	14.0%		
003: Total Treaty Reinsurance Business (sum of lines 14 to 22, 24 to 32 and 34)	35	F24L19C99		F25L(11-12+13-14+15)C99		F25L(22+23-24)C99				
<b>001: Total Business (sum of lines 1 to 12, 14 to 22, 24 to 32 and 34)</b>	<b>36</b>	F24L19C99		F25L(11-12+13-14+15)C99		F25L(22+23-24)C99				

## Instructions for completion of Form ECR1

1. The amounts entered in the cells in column 1 of sheet 2 and columns 1, 2 and 3 of sheets 3 and 4 must reconcile to the 'FSA return source' column, shown alongside that cell, except where:
  - (a) no FSA return source is shown e.g. sheet 3, lines 14 to 22, columns 1 and 3;
  - (b) in the case of sheets 3 and 4 column 1, the *return* for the *financial year* ended, shown on sheet 1, is for a non 12 month period; or
  - (c) in the case of a cell in sheet 3 or 4, the Form referred to in the 'FSA return source' column, was not prepared for the relevant *combined category* or *risk category* in that *return*.

Where the latter exception applies, the amount entered in that cell must be the amount that would have been reported in that *return* at the 'FSA return source' had the *insurer* prepared that Form for that *combined category* or *risk category*

### ECR Calculation – Summary (Sheet 1)

2. The amount shown on the ICG line must be the most recent Individual Capital Guidance (ICG) amount given by the FSA. The ICG will usually be based on a percentage of the ECR. In this case the percentage should be applied to the current ECR to obtain the ICG amount. If no ICG has been given, enter "N/A".

### Asset-related Capital Requirement Sheet (Sheet 2)

3. The amounts shown in column 1 must be the value, in accordance with *PRU* 1.3, of the listed asset items as at the *financial year* ended date shown on sheet 1.
4. In column 2, derivative adjustments, where a *firm* has entered into a *derivative* then, for the purposes of applying the appropriate capital charge factor as set out in *PRU* 3.3.16R, it must treat the value of the *derivative* and the value of the asset associated with the *derivative* as a single asset of a type and value which most closely reflects the economic risk to the *firm* of the combined rights and obligations associated with the *derivative* and the asset associated with the *derivative* (*PRU* 3.3.11R(4)).

5. Include money market funds as defined in *PRU 3.3.14R* in the line for the asset item "Money market funds".
6. The amount shown under the columns for "Assets" and "Derivative adjustment" for the asset item "Shares, other variable-yield securities, units in unit trusts and Participation in investment pools" should be after deductions of amounts held in money market funds included in **Form 13** at column 1 lines 41, 42, 43 or 49 of the *return* or the *financial year in question*.
7. The sum of the amounts shown in the "Asset" column for the asset items "Shares, other variable-yield securities, units in unit trusts and Participation in investment pools" and "Money market funds" should be equal to the sum of lines 41, 42, 43 and 49 at column of **Form 13** of the *return* for the *financial year in question*.

**Insurance-related Capital Requirement - Accident and Underwriting Year Accounted Business (Sheets 3-4)**

8. Amounts shown in the "Net Written Premium" column must be *net written premiums* before any deduction for commissions in the twelve months preceding the financial year ended date shown on sheet 1.
9. Amounts shown in the "Net claims outstanding carried forward" column must be net of reinsurance and comprise: outstanding claims, provisions for incurred but not reported (IBNR) claims, provisions for incurred but not enough reported (IBNER) claims and related claims management costs as at the financial year ended date shown on sheet 1.
10. Amounts shown in the "Net unearned premium and unexpired risks net of deferred acquisition costs" column must be net of reinsurance and comprise provision for unexpired risk and unearned premium less deferred acquisition costs as at the financial year ended date shown on sheet 1.
11. The amount derived in the "Net technical provision capital charge" column is the net technical provision capital charge factor multiplied by the sum of the net claims outstanding carried forward and the net unearned premium less deferred acquisition costs.