

FORM HKL1

HONG KONG LONG TERM INSURANCE BUSINESS - REVENUE ACCOUNT OF(Name of Insurer)

in respect of class(es)*..... for the period commencing on and ending on

				HK\$				HK\$
Amount of Fund(s)# as at the Beginning of the Period.....				XX	Gross Claims Payable:			
Gross Premiums Receivable:					Direct	Reinsurance Accepted	Recoverable from Reinsurers	
	Direct	Reinsurance Accepted	Reinsurance Ceded		On Death	...	...	( ... )
					On Surrender	...	...	( ... )
Regular Premiums	...	...	( ... )		On Maturity	...	...	( ... )
Single Premiums	...	...	( ... )		On Other Events	...	...	( ... )
Transferred Premiums	...	...	( ... )		-----	-----	-----
	-----	-----	-----		(...)	
	(...)					
Net Premiums Receivable.....				XX	Net Claims Payable.....			XX
Interest or Income from Long Term Business Assets					Dividends to Policy Holders.....			XX
Attributable to Hong Kong Long Term Insurance Business.....				XX	Commissions Payable.....			XX
Commissions Receivable.....				XX	Other Payments (accounts to be specified).....			XX
Other Receipts (accounts to be specified).....				XX	Transfer to Other Long Term Insurance Class(es)*.....			XX
Transfer from Other Long Term Insurance Class(es)*.....				XX	Transfer to Profit and Loss Account.....			XX
Transfer from Profit and Loss Account.....				<u>XX</u>	Amount of Fund(s)# as at the End of the Period.....			<u>XX</u>
				<u>XX</u>				<u>XX</u>

We certify that the above information is true and correct.

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Director

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Director

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‡ Chief Executive/Secretary

* The classes referred to correspond to the classes of Long Term Business set out in Part 2 of Schedule 1 to the Insurance Ordinance (Cap.41).

"Fund" means the long term business fund, or that part of the fund, which is attributable to the Hong Kong long term insurance business carried on by the insurer.

‡ Delete as necessary.

		1	2	3	4	5	6	7	8
Class	Type of business	Number of contracts	Amount of sums assured or annuities per annum including vested reversionary bonuses	Amount of yearly premiums		Value of sums assured or annuities per annum including vested reversionary bonuses	Value of yearly net premiums	Amount of net liability	Bases of valuation
				Office premiums	Net premiums				
			HK\$	HK\$	HK\$	HK\$	HK\$	HK\$	
C	Linked long term								
	Whole life								
	Endowment								
	Annuity								
	Others.....								
	Total of Class C								
D	Permanent health								
E	Tontines								
F	Capital redemption								
G	Retirement scheme management category I:								
	(i) MPF subfunds								
	(ii) Other subfunds								
	Total of Class G*								
H	Retirement scheme management category II:								
	(i) MPF subfunds								
	(ii) Other subfunds								
	Total of Class H*								
	Total of Class G&H*								
I	Retirement scheme management category III:								
	Other reserves (to be specified)								
	TOTALS								

We certify that the above information is true and correct.

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Director

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Director

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Chief Executive/Secretary

Notes :

1. The classes referred to correspond to the classes of Long Term Business set out in Part 2 of Schedule 1 to the Insurance Ordinance (Cap.41).
2. Within each class of long term insurance business, the following are to be shown -
 - (i) direct business and reinsurance accepted;
 - (ii) reinsurance ceded; and
 - (iii) net retained business.
3. The entry under column 8 should either refer to details given as supplementary information or should state the mortality tables/statistical tables and rates of interest employed as appropriate.
4. With regard to business within class A -
 - (i) separate summaries similar in form to the above must be furnished in respect of policies valued by different mortality tables, or at different rates of interest; and
 - (ii) contracts the nature of which or the method of valuation of which makes it impossible or inappropriate to give the information required in columns 4,5 and 6 of any valuation summary are to be shown separately and the reason stated.

* Eliminate duplicate in total line.

Delete as necessary.

FORM HKL3

HONG KONG LONG TERM INSURANCE BUSINESS - VALUATION BALANCE SHEET OF(Name of insurer)

as at

	HK\$		HK\$
Net liability under Hong Kong Long Term Insurance Business.....		Fund(s)* (as per Balance Sheet).....	
Suplus.....	_____	Deficiency	_____
	<u>\$</u>		<u>\$</u>

We certify that the above information is true and correct.

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Director

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Director

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Chief Executive/Secretary

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Delete as necessary.