

FORM - 2

(Read with clause 9 of Part III of Schedule III)

PART - A
Name of the Insurer:
Registration Number:
Statement as on:
Name of Fund
Statement of Down Graded Investments Periodicity of Submission: Quarterly
Rs Crore

No	Name of the Security	COI	Amount	Date of Purchase	Rating Agency	Original Grade	Current Grade	Date of last Downgrade	Remarks
A.	<i>During the Quarter</i> ¹								
B.	<i>As on Date</i> ²								

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature _____

Date
Full Name and Designation
Authorised Signatory
Note:

- 1 Provide details of Down Graded Investments during the Quarter.*
- 2 Investments currently upgraded, listed as Down Graded during earlier Quarter shall be deleted from the Cumulative listing.*
- 3 FORM-2 shall be prepared in respect of each fund. In case of ULIP FORM 2 shall be prepared at Segregated Fund (SFIN) level and also at consolidated level.*
- 4 Category of Investment (COI) shall be as per Guidelines issued.*

FORM - 2

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

Registration No:

PART - B

INVESTMENT ASSETS - RATING PROFILE

Name of the Fund: _____

Rs.Crore

No	Type of Investments	Investments in Sovereign instruments		AAA or Equivalent		AA+ or AA		AA- or lower upto A+ or Equivalent		A or lower than A or Equivalent		Unrated		NPA		Equity and other Instruments		Total BV
		BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	
		(a)		(b)		(c)		(d)		(e)		(f)		(g)		(h)		
i	Central Govt Securities																	
ii	State Govt Sec. or Other Approved Securities																	
ii	(A) Housing Sector																	
	(1) Debt instruments																	
	(2) Loans																	
	(3) Others (Specify)																	
	(B) Infrastructure Sector																	
	(1) Debt instruments																	
	(2) Equity instruments																	
	(3) Loans																	
	(4) Others (Specify)																	
	(C) Approved Investments																	
	(1) Debt instruments																	
	(2) Equity instruments																	
	(3) Loans																	
	(4) Investment Property - Immovable																	

No	Type of Investments	Investments in Sovereign instruments		AAA or Equivalent		AA+ or AA		AA- or lower upto A+ or Equivalent		A or lower than A or Equivalent		Unrated		NPA		Equity and other Instruments		Total BV
		BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	BV	% to Inv. Assets	
		(a)		(b)		(c)		(d)		(e)		(f)		(g)		(h)		
(5)	Mutual Fund																	
(6)	Money Market																	
(7)	Net current assets																	
(8)	Others (Specify)																	
iv	Other Investments																	
(1)	Debt instruments																	
(2)	Equity instruments																	
(3)	Loans																	
(4)	Investment Property - Immovable																	
(5)	Mutual Fund																	
(6)	Others (specify)																	

Investment Assets

Investment in 'Debt' instruments	Book Value (Life, Pension Fund and General Insurers)	Market Value (for ULIP Funds)	%
Investments in Sovereign instruments			
APPROVED INVESTMENTS			
AAA			
AA+ upto AA or Equivalent			
MM, Loans, Others - Approved Invt.			
OTHER INVESTMENTS			
AA,A, lower than A or Equivalent			
Unrated, Loans, Others - Other Invt.			

Total Debt Investments
(Column [a] to [g])

Certification

Certified that the information given herein are correct and complete to the best of my knowledge. Also certified that the various investments made and covered in the return are **within** the categories provided in Investment Guidelines as amended from time to time.

Signature:_____

Full name:

Authorised Signatory

Note:

1. *The figures in Col (i) must match (for each type of investment) with Form 3A (Part A)/Form 3B.*
2. *Non-Performing investment assets shall be separately shown irrespective of the rating*
3. *For Linked business values of Investments shall be at Market Value.*
4. *Equity shall be as permitted under the Regulations as amended from time to time.*
5. *FORM - 2 (Part B) shall be prepared in respect of each fund. In case of ULIP Form 2 shall be prepared at Segregated Fund (SFIN) level and also at consolidated level.*
6. *Category of Investment (COI) shall be as per Guidelines, as amended from time to time.*

FORM - 2

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

PART - C

Registration No:

INVESTMENT ASSETS & INFRA INVESTMENTS - RATING PROFILE Name of the Fund

SECTION - 1

INVESTMENT ASSETS	Rs Crore	% to Inv. Assets
Central Govt. Sec + Other Approved Securities		
TOTAL (1)		
Approved Investments		
AAA or upto AA or Equivalent		
Equity - Approved Invt		
MM, Loans, Others - Approved Invt		
TOTAL (2)		
Other Investments		
AA-, A, lower than A or Equivalent		
Equity - Other Invt		
Unrated, NPA, Loans, Others - Other Invt		
TOTAL (3)		
TOTAL FUND (1+2+3)		
SECTION - 2		
INFRASTRUCTURE INVESTMENTS		
Approved Investments		
AAA or upto AA or Equivalent		
Equities-Approved		
MM, Loans, Others-Approved Invt		
TOTAL (i)		
Other Investments		
AA-,A, lower than A or Equivalent		
Equities-Other Investments		
Loans, NPAs, Others - Other Invt		
TOTAL (ii)		
Total Infra Investment (i + ii)		

Certification

Certified that the information given herein are correct and complete to the best of my knowledge. Also certified that the various investments made and covered in the return are **within** the categories provided in Investment Guidelines as amended from time to time.

Signature: _____

Full name: _____

Authorised Signatory _____

Note::

1. The figures must match (for each type of investment) with Form 3A (Part A)/Form 3B
2. FORM - 2 (Part C) shall be prepared in respect of life fund.
3. Category of Investment (COI) shall be as per Guidelines issued.

FORM - 3A

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

Registration Number:

PART - A

Statement as on:

Statement of Investment Assets (Life Insurers) (Business within India)

Periodicity of Submission: Quarterly

Rs. Crore

Section I

No	PARTICULARS	SCH	Amount
1	Investments (Shareholders)	8	
	Investments (Policyholders)	8A	
	Investments (Linked Liabilities)	8B	
2	Loans	9	
3	Fixed Assets	10	
4	Current Assets		
	a. Cash & Bank Balance	11	
	b. Advances & Other Assets	12	
5	Current Liabilities		
	a. Current Liabilities	13	
	b. Provisions	14	
	c. Misc. Exp not Written Off	15	
	d. Debit Balance of P&L A/c		
Application of Funds as per Balance Sheet			0

Reconciliation of Investment Assets

Total Investment Assets (as per Balance Sheet)	_____
Balance Sheet Value of:	
A. Life Fund	-----
B. Pension & General Annuity and Group Business	_____
C. Unit Linked Funds	-----
	0
	=====

	Less: Other Assets	SCH	Amount
1	Loans (if any)	9	
2	Fixed Assets (if any)	10	
3	a. Cash & Bank Balance (if any)	11	
4	b. Advances & Other Assets (if any)	12	
5	Current Liabilities	13	
6	Provisions	14	
7	Misc. Exp not Written Off	15	
8	C. Investments held outside India		
9	Debit Balance of P&L A/c		
	TOTAL (B)		<u>0</u>
	Investment Assets (A-B)		<u>0</u>

Section IIA

NON - LINKED BUSINESS

A. LIFE FUND		% as per Reg	SH		PH		Book Value (SH+PH)	Actual % [(f) - (a)] %	FVC Amount (h)	Total Fund (i)=(f+h)	Market Value (j)	
			Balance	FR SM +	UL- Non Unit Res	PAR						NON-PAR
			(a)	(b)	(c)	(d)						(e)
1	Central Govt. Sec	Not Less than 25%										
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (1) above)	Not Less than 50%										
3	Investment subject to Exposure Norms											
a.	Infrastructure/ Social/ Housing Sector	Not Less than 15%										
	i) Approved Investments											
	ii) Other Investments											
b.	i) Approved Investments	Not exceeding 35%										
	ii) Other Investments											

TOTAL LIFE FUND 100%

Section II B Infrastructure Reconciliation

A: LIFE FUND	% As per Reg.	SH		PH		Book Value (SH+PH)	ACTUAL %	FVC Amount	Total Fund	Market Value	
		Balance	FRSM+	UL Non Unit Res	PAR						NON-PAR
		(a)	(b)	(c)	(d)						(e)
3 a.(ii) + 3 b.(ii) above	Not exceeding 15%										
Total Housing & Infrastructure From 1, 2 & 3	Not Less than 15%										

B. PENSION & GENERAL ANNUITY AND GROUP BUSINESS			% as per Reg	PH		Book Value	Actual %	FVC Amount	Total Fund	Market Value
				PAR	NON PAR					
				(a)	(b)					
1	Central Govt. Sec		Not Less than 20%							
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (1) above)		Not Less than 40%							
3	Balance in Approved investment		Not Exceeding 60%							

TOTAL PENSION, GENERAL ANNUITY FUND 100%

LINKED BUSINESS

C. LINKED FUNDS			% as per Reg	PH		Total Fund	Actual %
				PAR	NON PAR		
				(a)	(b)		
1	Approved Investments		Not Less than 75%				
2	Other Investments		Not More than 25%				

TOTAL LINKED INSURANCE FUND 100

=====

CERTIFICATION:

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name:

Authorised Signatory

Note:

- 1 (+) FRSM refers to 'Funds representing Solvency Margin'.
- 2 Funds beyond Solvency Margin shall have a separate Custody Account.
- 3 Other Investments shall be as permitted as per Sec 27A (2) of Insurance Act, 1938 as amended from time to time.
- 4 Pattern of Investment is applicable to both Shareholders funds representing solvency margin and policyholders funds.
- 5 Exposure Norms shall apply to Funds held beyond Solvency Margin, held in a separate Custody Account.
- 6 Category of Investment (COI) shall be as per Guidelines, as amended from time to time.

FORM 3A

(Read with clause 9 of Part III of Schedule III)

Unit Linked Insurance Business

PART - B

Name of the Insurer:

Registration Number:

Link to Item 'C' of FORM 3A (Part A)

Periodicity of Submission: Quarterly

Statement as on:

Rs. Crore

PARTICULARS	SFIN 1	SFIN 2	SFIN 'n'	Total of All Funds
Opening Balance (Market Value)				
Add: Inflow during the Quarter				
Increase / (Decrease) Value of Inv [Net]				
Less: Outflow during the Quarter				

TOTAL INVESTIBLE FUNDS (MKT VALUE)

INVESTMENT OF UNIT FUND	SFIN 1		SFIN 2		SFIN 'n'		Total of All Funds	
	Actual Inv.	% Actual	Actual Inv.	% Actual	Actual Inv.	% Actual	Actual Inv.	% Actual
Approved Investments (>=75%)								
<i>Central Govt. Securities</i>								
<i>State Govt. Securities</i>								
<i>Other Approved Securities</i>								
<i>Corporate Bonds</i>								
<i>Infrastructure Bonds</i>								
<i>Equity</i>								
<i>Money Market Investments</i>								
<i>Mutual funds</i>								
<i>Deposit with Banks</i>								

Sub Total (A)

Current Assets:								
<i>Accrued Interest</i>								
<i>Dividend Receivable</i>								
<i>Bank Balance</i>								
<i>Receivable for Sale of Investments</i>								

<i>Other Current Assets (for Investments)</i>								
Less: Current Liabilities								
<i>Payable for Investments</i>								
<i>Fund Mgmt Charges Payable</i>								
<i>Other Current Liabilities (for Investments)</i>								

Sub Total (B)

Other Investments (<=25%)								
<i>Corporate Bonds</i>								
<i>Infrastructure Bonds</i>								
<i>Equity</i>								
<i>Mutual funds</i>								
<i>Others</i>								

Sub Total (C)

=====

=====

Total (A + B + C)

=====

=====

Fund Carried Forward (as per LB 2)

=====

=====

Signature: _____

Date :

Full name: _____

Authorised Signatory _____

Note:

1. *The aggregate of all the above Segregated Unit-Funds should reconcile with item C of FORM 3A (Part A), for both Par & Non Par Business.*
2. *Details of total expenditure reported in the Actuarial Return "Statement of Net Assets Values for the Segregated Funds maintained by the insurer for its Unit Linked Business" shall be reconciled with FORM 3A (Part B).*
3. *Other Investments' are as permitted under Sec 27A(2) of Insurance Act,1938 as amended from time to time.*
4. *Category of Investment (COI) shall be as per Guidelines issued.*

FORM - 3A

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

Registration Number:

PART - C

Link to FORM 3A (Part B)

Statement for the period:

Periodicity of Submission: Quarterly

Statement of NAV of Segregated Funds

Rs.Crore

No	Fund Name	SFIN	Date of Launch	Par/No n Par	Assets Under Management on the above date	NAV as per LB 2	NAV as on the above date*	Previous Qtr NAV	2nd Previous Qtr NAV	3rd Previous Qtr NAV	4th Previous Qtr NAV	Return/ Yield	3 Year Rolling CAGR	Highest NAV since inception
1	Segregated Fund 1													
2	Segregated Fund 2													
3	Segregated Fund n													

Total

CERTIFICATION

Certified that the performance of all segregated funds have been placed and reviewed by the Board. All information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

DATE :

Signature:

Full name:

Authorised Signatory

Note:

1. * NAV should reflect the published NAV on the reporting date.
2. NAV should be upto 4 decimal.
3. Category of Investment (COI) shall be as per Guidelines issued.

FORM - 3A

(Read with clause 9 of Part III of Schedule III) PART - D

Name of the Insurer:

Registration Number:

Link to FORM 3A (Part A)

Statement as on:

Statement of Accretion of Funds

(Business within India)

Periodicity of Submission : Quarterly

Rs.Crore

No	Category of Investments	POI	Opening Balance	% to Total (A)	Net Accretion for the Qtr.	% to Total Accretion	TOTAL	% to Total (1+2)
			(1)		(2)		(1+2)	
A	LIFE FUND							
1	Central Govt. Sec		Not less than 25%					
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (1) above)		Not less than 50%					
3	Investment subject to Exposure Norms							
	a. Housing & Infrastructure		Not less than 15%					
	1. Approved Investments							
	2. Other Investments							
	b. (i) Approved Investments		Not exceeding 35%					
	(ii) Other Investments (Not to exceed 15%)							

Total (A)

=====

No	Category of Investments	POI	Opening Balance	% to Total (B)	Net Accretion for the Qtr.	% to Total Accretion	TOTAL	% to Total (1+2)
			(1)		(2)		(1+2)	
B	PENSION & GENERAL ANNUITY AND GROUP BUSINESS							
1	Central Govt. Sec		Not less than 20%					
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (1) above)		Not less than 40%					
3	Balance in Approved investment		Not exceeding 60%					

Total (B)

=====

=====

No	Category of Investments	POI	Opening Balance	% to Total (C)	Net Accretion for the Qtr.	% to Total Accretion	TOTAL	% to Total (1+2)
			(1)		(2)		(1+2)	
C	LINKED FUNDS							
1	Approved Investments		Not less than 75%					
2	Other Investments		Not more than 25%					

Total (C) 100%

=====

=====

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:

Full name:

Authorised Signatory_____

Note:

Category of Investment (COI) shall be as per Guidelines issued.

FORM - 3A

(Read with clause 9 of Part III of Schedule III) PART - E

Name of the Insurer:

Registration Number:

Statement as on:

Statement of Investment Details of ULIP Products to Segregated Funds

(Business within India)

Rs. Crore

Periodicity of Submission : Quarterly

INVESTMENT DETAILS OF "ULIP" PRODUCTS [UIN] TO SEGREGATED FUNDS [SFIN]				
Inflow	UIN1	UIN2	UIN n	Total UIN '1' to 'n'
Premium				
Others (Specify)				
TOTAL (A)				
Outflow				
Commission				
Charges				
Claims				
Others				
TOTAL (B)				
Total C = (A-B)				
Policy Funds at "C" above allotted to				
SFIN 1				
SFIN 2				
SFIN n				
TOTAL (D)				
Difference (if any) E = (C-D)				

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:

Full name:

Authorised Signatory_____

Note:

1. UIN represents the Unique product number as per 'file and use' approved under ULIP products.
2. SFIN represents the Segregated Fund Identification Number as approved by the Product Approval Committee.
3. Category of Investment (COI) shall be as per Guidelines issued.

FORM - 3B

(Read with clause 9 of Part III of Schedule III) Name of the Insurer:

Registration Number:

Statement as on:

PART - A

Statement of Investment Assets (General Insurer including an insurer carrying on business of re-insurance or health insurance) (*Business within India*)

Rs.Crore

Periodicity of Submission: Quarterly Section I

N o	PARTICULARS	SCH ++	AMOUN T
1	Investments(Shareholders)	8	
	Investments(Policyholders)	8A	
2	Loans	9	
3	Fixed Assets	10	
4	Current Assets		
	a. Cash & Bank Balance	11	
	b. Advances & Other Assets	12	
5	Current Liabilities		
	a. Current Liabilities	13	
	b. Provisions	14	
	c. Misc. Exp not Written Off	15	
	d. Debit Balance of		

No	PARTICULARS	SCH ++	AMOUNT
	P&L A/c		

**Application of Funds
as per Balance Sheet
(A)** 0

	Less: Other Assets	SCH ++	Amount
1	Loans (if any)	9	
2	Fixed Assets (if any)	10	
3	Cash & Bank Balance (if any)	11	
4	Advances & Other Assets (if any)	12	
5	Current Liabilities	13	
6	Provisions	14	
7	Misc. Exp not Written Off	15	
8	Investments held outside India		
9	Debit Balance of P&L A/c		

Total TOTAL 0

(B) _____

'Investment Assets' (A-B) 0
As per FORM 3B
=====

Section II

No	'Investment' represented as	Reg. %	SH		PH	Book Value (SH + PH)	% Actual	FVC Amount	Total	Market Value (h)
			Balance	FRSM ⁺						
			(a)	(b)						
1	Central Govt. Securities	Not less than 20%								
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (1) above)	Not less than 30%								
3	Investment subject to Exposure Norms									
	a. Housing / Infra & Loans to SG for Housing and FFE	Not less than 15%								
	1. Approved Investments									
	2. Other Investments									
	b. Approved Investments	Not exceeding 55%								
	c. Other									

No	'Investment' represented as	Reg. %	SH		PH	Book Value (SH + PH)	% Actual	FVC Amount	Total	Market Value (h)
			Balance	FRSM*						
			(a)	(b)						
	Investments									

Investment Assets 100%

=====

Infrastructure Reconciliation

Investment represented As	% As per Reg.	SH		PH	Book Value (SH+PH)	ACTUAL %	FVC Amount	Total	Market Value
		Balance	FRSM*						
		(a)	(b)						
3 a.(2) + 3 c above	Not exceeding 15%								
Total Housing & Infrastructure From 1, 2 & 3	Not Less than 15%								

Certification:

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:

Full name:

Authorised Signatory

- Note: 1. (+) FRSM refers 'Funds representing Solvency Margin'
2. Other Investments' are as permitted under 27A(2) of Insurance Act 1938 as amended from time to time.
3. Pattern of Investment is applicable to both Shareholders funds representing solvency margin and policyholders funds.
4. Exposure Norms shall apply to Funds held beyond Solvency Margin, held in a separate Custody Account.
5. SCH (++) refers to Schedules to Balance Sheet, prepared as per IRDAI (Actuarial, Finance and Investment) Regulations, 2024
6. Category of Investment (COI) shall be as per Guidelines issued.

FORM - 3B
(Read with clause 9 of Part III of Schedule III)

Name of the Insurer: **PART - B**

Registration Number:

Statement as on:

Statement of Accretion of Assets Rs. Crore

(Business within India)

Periodicity of Submission : Quarterly

No	Category of Investments	COI	Opening Balance	% to Opening Balance	Net Accretion for the Qtr.	% to Total Accrual	TOTAL	% to Total
			(A)		(B)		(A+B)	
1	Central Govt. Securities							
2	Central Govt Sec, State Govt Sec or Other Approved Securities (incl (i) above)							
3	Investment subject to Exposure Norms							
	a. Housing & Loans to SG for Housing and FFE							
	1. Approved Investments							
	2. Other Investments							
	b. Infrastructure Investments							
	1. Approved Investments							

No	Category of Investments	COI	Opening Balance	% to Opening Balance	Net Accretion for the Qtr.	% to Total Accrual	TOTAL	% to Total
			(A)		(B)		(A+B)	
	2. Other Investments							
	c. Approved Investments							
	d. Other Investments (not exceeding 15%)							

Total

=====

=====

Certification:

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature: _____

Full name:

Authorised Signatory

Note:

- a. Total (A+B), fund wise should tally with figures shown in Form 3B (Part A)
- b. Category of Investment (COI) shall be as per Guidelines issued.

FORM - 4

(Read with clause 9 of Part III of Schedule III)

PART B

Name of the Insurer:

Registration Number:

Statement as on:

INTERNAL / CONCURRENT AUDITOR'S CERTIFICATE ON INVESTMENT RISK MANAGEMENT SYSTEMS - IMPLEMENTATION STATUS

No	Annexure Ref	Audit Objective	Audit Observation	Severity of Non Compliance	Action(s) taken for Compliance	MMM/YYYY Committed by the Insurer's Board to IRDAI for complying with the requirement	Proof provided (or) demonstrated by the Insurer, to the Auditor to comply with the Requirement	Remarks & Comments of Audit Committee of the Board on non-compliance of 'time frame' communicated to IRDAI on implementing Systems & Processes
1	2	3	4	5	6	7	8	9
A	ISSUES OF PREVIOUS QUARTER(S)							
B	ISSUES TO BE COMPLIED IN CURRENT QUARTER							

No	Annexure Ref	Audit Objective	Audit Observation	Severity of Non Compliance	Action(s) taken for Compliance	MMM/YYYY Committed by the Insurer's Board to IRDAI for complying with the requirement	Proof provided (or) demonstrated by the Insurer, to the Auditor to comply with the Requirement	Remarks & Comments of Audit Committee of the Board on non-compliance of 'time frame' communicated to IRDAI on implementing Systems & Processes

CERTIFICATE

We certify that all issues, to be reported to IRDAI on implementation of Investment Risk Management Systems and Process, for the Quarter and pending issues of previous Quarter(s) [as committed to IRDAI], and as listed in the Chartered Accountant's Certificate issued, vide IRDAI Circular, have been covered in the above table.

Chartered Accountants

(Internal / Concurrent Auditor)

Place:

Date:

Note:

1. **No.** (under Col. 1 in above table) shall be as per the Annexure(s) to the Certificate issued by the Chartered Accountant appointed to certify implementation of Investment Risk Management Systems and Process.
2. If all the issues have been complied with and no issues to be reported, a NIL statement should be filed.

FORM - 4A

(Read with clause 9 of Part III of Schedule III) PART A

Name of the Insurer:

Registration Number:

Statement as on: Total Investment Assets for the quarter as per FORM 3A/3B:

EXPOSURE NORMS COMPLIANCE - INVESTEE COMPANY

Rs. Crore

No	Investee Company	Whether (Equity/Debt)	Equity		Debt + Others		Equity + Debt + Others		Deviation Amount		
			Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual	Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual	Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual	Equity	(Debt + Others)	Equity + Debt + Others

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name: _____

Authorised Signatory _____

Note:

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level.
2. Only (-ve) deviations are to be reported.
3. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds.

FORM - 4A

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

PART B

Registration Number:

Total Investment Assets for the quarter as per FORM 3A/3B:

Statement as on:

Rs. Crore

EXPOSURE NORMS COMPLIANCE- PROMOTER GROUP

No	Name of Group Company	Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual Investment	Actual Investments (Cumulative)	Deviation
a	b	c	d	e	f=c-e

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name: _____

Authorised Signatory _____

Note:

1. Above table shall be compiled in aggregate of its total investments.
2. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds.

FORM - 4A

(Read with clause 9 of Part III of Schedule III) PART C

Name of the Insurer:

Registration Number:

Statement as on:

Rs. Crore

Total Investment Assets as per FORM 3A/3B:

EXPOSURE NORMS COMPLIANCE- GROUP

No	Name of Group Company	Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual Investments	Deviation
a	b	c	d	e=c-d

Total _____

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name: _____

Authorised Signatory _____

Note:

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level its total investment assets.
2. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds.
3. The Total of Column 'd' should reconcile with Total Investment Assets as per FORM 3A.

FORM - 4A

(Read with clause 9 of Part III of Schedule III) PART D

Name of the Insurer:

Registration Number:

Statement as on:

Rs.Crore

Total Investment Assets as per FORM 3A/3B:

EXPOSURE TO INDUSTRY SECTOR

No	Name of Industry Sector (as per Regulations)	Eligibility Limit as per Clause 8 of Regulation 6(3)	Actual Investments	Deviation
a	b	c	d	e=c-d

Total _____

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name: _____

Chief of Finance _____

Note:

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level its total investment assets.
2. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds.
3. The Total of Column 'd' should reconcile with Investment Assets as per FORM 3A.

FORM - 5

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

Registration Number:

Statement as on:

Statement of Investment Reconciliation

Name of the Fund: _____

(Business within India)

Rs.Crore

Periodicity of Submission : Quarterly

No	Category of Investments	COI	Opening Balance		Purchase for the Period		Sale for the Period		Adjustments		Closing Balance			% to Total (1+2+3)
			Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Makret Value	
1	Central Govt. Securities													
										Total (1)				
2	Central Govt. Sec, State Govt Sec or Other Approved Sec.													
										Total [1+2]				
3	Investments subject to Exposure Norms													
	(a) Housing & Loans to State Govt for Housing / FFE													
	1. Approved Investments													
	2. Other Investments													
										Total [3(a)]				
	(b) Infrastructure Investments													
	1. Approved Investments													
	2. Other Investments													
										Total [3(b)]				
	(c) Approved Investments													
										Total [3(c)]				
	(d) Other Investments													
										Total				

No	Category of Investments	COI	Opening Balance		Purchase for the Period		Sale for the Period		Adjustments		Closing Balance			% to Total (1+2+3)
			Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Face Value	Book Value	Market Value	
										(3(d))				
Total [3 (a+b+c+d)]														
TOTAL Total (1+2+3)														

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief. Also, certified that all Cash Market transactions executed on the Stock Exchange are made only on Delivery basis.

Date :

Signature _____

Full Name & Designation

Authorised Signatory

NOTE:

1. *Individual Categories under each of the above Major heads should be listed with Category Code.*
2. *FORM-5 shall be prepared in respect of each fund. In case of ULIP Form 5 shall be prepared at Segregated Fund (SFIN) level and also at consolidated level.*
3. *Each sub-total of FORM-5 shall be linked to its corresponding head in PART-A of FORM-3A / FORM-3B.*
4. *'Other Investments' are as permitted under Sec 27A(2) of the Insurance Act, 1938 as amended from time to time.*
5. *The '**% to Total**' Column, in the case of Non-Linked funds shall be computed on Book Value and in the Case of Linked Funds it shall to Market Value.*

FORM - 6

(Read with clause 9 of Part III of Schedule III)

Name of the Insurer:

Registration Number:

Name of the Fund: _____

Statement as on:

Certificate under Section 27A (5) of Insurance Act, 1938

Rs.Crore

Periodicity of Submission : Quarterly

No	Investment Particulars	Under the Custody of						
		Bank / Custody (Rs)		Self (Rs)		Others (Rs)		Total (Rs)
		Share Holders	Policy Holders	Share Holders	Policy Holders	Share Holders	Policy Holders	SH + PH
1	Central Govt. Securities							
2	Central Govt Securities, State Govt Securities or Other Approved Securities							
3	Investment subject to Exposure Norms							
	a. Housing & Loans to State Govt. for Housing & FFE							
	1. Approved Investments							
	2. Other Investments							
	b. Infrastructure Investments							
	1. Approved Investments							
	2. Other Investments							
	c. Approved Investments							
	d. Other Investments							
	TOTAL							

CERTIFICATE

We certify that the above mentioned securities are held free of any encumbrance, charge, hypothecation, or lien as on the above date.

Signature: _____

Signature: _____

Signature: _____

Full name: _____ Full name: _____ Full name: _____
Chairman: _____ Director 1: _____ Director 2: _____

Signature: _____
Full name: _____
Principal Officer: _____

Note

1. *Custodian should certify that he is not disqualified under SEBI (Custodian of securities) Regulations, 1996 as amended from time to time.*
2. *In the case of Life Insurance Business, FORM-6 shall be prepared in respect of each fund and in aggregate for Segregated Funds.*
3. *The values under certificate should be adjusted for Purchase / Sale of investments purchased and awaiting settlement. A reconciliation to this effect should be attached to the Certificate.*

FORM 7

Name of the Fund

(Read with clause 9 of Part III of Schedule III)

DETAILS OF NON-PERFORMING ASSETS

Name of the Insurer:

Registration No:

(Rs.Crore)

NO	PARTICULARS	Bonds / Debentures		Loans		Other Debt instruments		All Other Assets		TOTAL	
		YTD (As on date)	Prev. FY (As on 31 Mar)	YTD (As on date)	Prev. FY (As on 31 Mar)	YTD (As on date)	Prev. FY (As on 31 Mar)	YTD (As on date)	Prev. FY (As on 31 Mar)	YTD (As on date)	Prev. FY (As on 31 Mar)
1	Investments Assets (As per Form 5)										
2	Gross NPA										
3	% of Gross NPA on Investment Assets (2/1)										
4	Provision made on NPA										
5	Provision as a % of NPA (4/2)										
6	Provision on Standard Assets										
7	Net Investment Assets (1-4)										
8	Net NPA (2-4)										
9	% of Net NPA to Net Investment Assets (8/7)										
10	Write off made during the period										

Certification

Certified that the information given herein are correct and complete to the best of my knowledge. Also certified that the various investments made and covered in the return are **within** the exhaustive categories provided in Investment Guidelines as amended from time to time.

Signature: _____
 Full name: _____
 Chief of Finance

Note:

1. The above statement, in the case of 'Life' Insurers shall be prepared 'fund-wise' Viz. Life Fund, Pension & Group Fund, ULIP Fund and at Assets Under Management level also.
2. Total Investment Assets should reconcile with figures shown in Form 3A / 3B.
3. Gross NPA is investments classified as NPA, before any provisions.
4. Provision made on the 'Standard Assets' shall be as per Circular issued, as amended from time to time.
5. Net Investment assets is net of 'provisions'.

6. *Net NPA is gross NPAs less provisions.*
7. *Write off as approved by the Board.*

Name of the Insurer:
 Registration No:
DAILY RECONCILIATION OF ULIP PORTFOLIO

FORM - D01
 Report Date

Unique Identity Number (UIN)	Name of the Product	Segregated Fund Identification Number (SFIN)	Name of the Fund	Life / Group Policy Admin System					
				Opening Unit Capital (as at the start of the day) (Amount in Rs)	Opening Units (as of the start of the day) (Number of Units)	Net Amount collected or redeemed (net of charges) for the day (Amount in Rs)	Net units allotted or redeemed for the day (Number of Units)	Closing unit capital (as at the end of the day) (Amount in Rs)	Closing units (as at the end of the day) (Number of Units)
				(a)	(b)	(c)	(d)	(e) = (a) + (c)	(f) = (b) + (d)
X	A	XYZ	Fund Name 1						
Y	B								
Z	C								
			Sub total						
L	D	ABC	Fund Name 'n'						
M	E								
			Sub total						

Investment Management System										
SFI N	Name of the Fund	Opening fund Value (as at the start of the day)	Opening units (as at the start of the day) (Number of Units)	Additional fund Value created or redeemed for the day	Additional Units created or redeemed for the day	Investment income for the day (including unrealised gain/loss)	FMC charges deducted for the day	Closing fund Value (as at the end of the day)	Closing Units (as at the end of the day) (Number of units)	NAV per Unit declared
		(g)	(h)	(i)	(j)	(k)	(l)	(m) = (g)+(i)+(k)-(l)	(n) = (h) + (j)	(o) = (m) / (n)
	Fund 1									
	Fund 2									
	Fund 'n'									

NOTES:

1. Opening units as per Life / Group Policy Admin System of previous NAV day [refer (b)] shall reconcile with Opening Units as per Investment Management System [refer (h)].
2. Additional fund or Units created or redeemed for the day in Investment Management System [refer (i) and (j)] shall reconcile with Net Amount or Units collected or redeemed as per Life / Group Policy Admin System [refer (c) and (d)].
3. Closing units as per Life / Group Policy Admin System of previous NAV day [refer (f)] shall reconcile with Closing Units as per Investment Management System [refer (n)]
4. NAV per unit declared [refer (O)] must reconcile with NAV per unit uploaded on Life Insurance council's website.
5. The unit movements of day "T" in Life/Group Admin System shall flow into Investment Management System with a maximum time lag of 1 working day i.e T+1.

**XYZ Life Insurance
 Company Limited
 Statement of Product
 Value**

Registration No:

Policyholder ID _____ Login Dt _____

Name of Policyholder _____

FORM - D02

Address:

--

PART - A

Product	UIN	Premium incl. Top-up (Rs)	Premium Allocation Charge (Rs)	Funds Allocated (Rs)	Units as per Policy Admin System (PAS)	Value per Unit (Rs)	Product Value (Rs)
ZXY Premium Plus							[A]

PART -B

Rs.

Particulars	SFIN	SFIN	E SFIN
	Fund X	Fund Y	Total
Name of the Fund			
Units (as per Investment Management System)			
Percentage of Allocation (as on Login Dt)	%	%	%
Funds Allocated			
Switch In			
Switch Out			
Withdrawals			

Charges

Allocation Charges			
Switch charge			
Policy Administration charge			
Mortality charges			
Other charges (specify)			
GST			
Total amount invested in Segregated funds			
Current NAV			
Fund value as on Login Dt:			[B]
PART - C (Product Statistics)			

Insurance Cover over the interim reporting period from dd/mm/yyyy to dd/mm/yyyy	
Total Premium Paid from inception	
Total Risk premium from inception, for insurance cover	
Total Charges and deductions other than Mortality including Allocation charges till Login Dt. (including Service Charges)	
Difference between (A) (B) (unrealised Gain / Loss)	
Portfolio value on Net Investment as per Benefit Illustration at the lower rate as prescribed in the regulations	
Portfolio value on Net Investment as per Benefit Illustration at the upper rate prescribed in the regulations	

NOTE:

1. *Product Portfolio value would be aggregate of all fund values in a product.*
2. *Product value per unit would be arrived at post dividing aggregate fund value by initial*

units

3. *Consolidated Product Value would be derived by aggregating the product values and dividing the same by consolidated initial units.*
4. *Product Value would be in addition to all the existing disclosures and calculations.*
5. *Current prescribed practices shall continue.*

Annexure Actl- 1**Form H****(See Regulation 2(2) of Part III (B) of Schedule I)****Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024**

Summary of Valuation as at 31st MARCH _____

Name of the Insurer:

Form Code:

Date of Registration:

Registration Number:

Item No.	Type	Category of Business	Mathematical Reserves (inclusive of cost of bonuses allocated)
(1)		(2)	(3)
		Business within India:	
01	Par	Non-Linked Business	
02		Linked Business	
03		VIP-Non Linked Business	
04		VIP-Linked Business	
05		TOTAL (total of the items (1) to (4))	
06	Non-Par	Non-Linked Business	
07		Linked Business	

08		VIP-Non Linked Business	
09		VIP-Linked Business	
10		TOTAL (total of the items (6) to (9))	
11		Grand TOTAL (total of the items (5) and (10))	
		Total Business:	
12	Par	Non-Linked Business	
13		Linked Business	
14		VIP-Non Linked Business	
15		VIP-Linked Business	
16		TOTAL (total of the items (12) to (15))	
17	Non-Par	Non-Linked Business	
18		Linked Business	
19		VIP-Non Linked Business	
20		VIP-Linked Business	
21		TOTAL (total of the items (17) to (20))	
22		Grand TOTAL (total of the items (16) and (21))	

Note:

- 1 All figures should be in thousands
- 2 Mathematical reserves in Col (3) shall be furnished inclusive of cost of bonuses allocated

Form NLB

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Summary and Valuation of policies as at 31st March

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Type:

Type Code:

Item No.	Sub Class	Description	Policy Particulars							Valuation Details									
			Number of policies	Number of Lives	Sum assured on Death / Rider	Sum Assured on Maturity	Vested Bonus	Annuity pa	Others, if any	Annualized Premium	Benefits (eg. Death, maturity, guaranteed addns. Etc.)	Annuity	Vested Bonus	Future Bonus	Cost of Bonus Allocated	Terminal Bonus	Expenses and Commission	Future Premiums	Math Reserve (before Adj)

(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
		INDIVIDUAL BUSINESSES																				
	Life Business	Before Reinsurance																				
		After Reinsurance																				
	Pension	Before Reinsurance																				
		After Reinsurance																				
	General Annuity	Before Reinsurance																				
		After Reinsurance																				
	Health	Before Reinsurance																				
		After Reinsurance																				
		GROUP BUSINESSES																				
	Life Business	Premiums Guaranteed for one year:																				
		Before																				

		Reinsura nce																					
		After Reinsura nce																					
		Premium s Guarant eed for not more than one year :																					
		Before Reinsura nce																					
		After Reinsura nce																					
	Pension	Before Reinsura nce																					
		After Reinsura nce																					
	General Annuity	Before Reinsura nce																					
		After Reinsura nce																					
	Health	Before Reinsura nce																					
		After Reinsura nce																					
		TOTAL BUSINE SS																					
	Totals	Before Reinsura nce																					

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		INDIVIDUAL BUSINESS														
	Life Business	With Guarantees:														
01		Before Reinsurance														
02		After Reinsurance														
		Without Guarantees:														
03		Before Reinsurance														
04		After Reinsurance														
	Pension	With Guarantees:														
05		Before Reinsurance														
06		After Reinsurance														
		Without Guarantees:														
07		Before Reinsurance														
08		After Reinsurance														
	General Annuity	With Guarantees:														
09		Before Reinsurance														
10		After Reinsurance														
		Without Guarantees:														
11		Before Reinsurance														
12		After Reinsurance														
	Health	With Guarantees:														
13		Before Reinsurance														
14		After Reinsurance														

		Without Guarantees:														
15		Before Reinsurance														
16		After Reinsurance														
		GROUP BUSINESS														
	Life Business	With Guarantees:														
17		Before Reinsurance														
18		After Reinsurance														
		Without Guarantees:														
19		Before Reinsurance														
20		After Reinsurance														
	Pension	With Guarantees:														
21		Before Reinsurance														
22		After Reinsurance														
		Without Guarantees:														
23		Before Reinsurance														
24		After Reinsurance														
	General Annuity	With Guarantees:														
25		Before Reinsurance														
26		After Reinsurance														
		Without Guarantees:														
27		Before Reinsurance														
28		After Reinsurance														
	Health	With Guarantees:														

29		Before Reinsurance															
30		After Reinsurance															
		Without Guarantees:															
31		Before Reinsurance															
32		After Reinsurance															
		TOTAL BUSINESS															
	TOTALS	With Guarantees:															
33		Before Reinsurance															
34		After Reinsurance															
		Without Guarantees:															
35		Before Reinsurance															
36		After Reinsurance															

Notes:

- 1 All figures should be in thousands
- 2 Col (14) = Col (11) + Col (12) + Col (13)
- 3 Col (17) = Max {Col (14) + Col (15), Col (16)}
- 4 Col (16) = Max { Special Surrender Value, Guaranteed Surrender Value}

Form VIPNLB

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Summary and Valuation of policies as at 31st MARCH

Name of the Insurer:

Date of Registration:

Form Code:

Classification:

Registration Number:

Classification Code:

Type:

Type Code:

Category:

Category Code:

Item NO	Sub Class	Description	Policy				Particulars					Valuation Details										
			Number of policies	Number of Lives	Sum assured on Death / Rider	Sum Assured on Maturity	Vested Bonus	Annuity pa	Others, i any	Annualized Premium	All Benefits (e.g. Death, maturity, guaranteed additions. Etc.)	Annuity	Vested Bonus	Future Bonus	Cost of Bonus Allocated	Terminal Bonus	Expenses and Commission	Future Premium	Math Reserve (before Adj	Neg Reserve adjustment	Surrender Value	Adjusted Math Reserve
(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
		INDIVIDUAL																				
		BUSINESS																				
01	Life Business	Before Reinsurance																				

02		After Reinsurance																					
03	Pension	Before Reinsurance																					
04		After Reinsurance																					
05	General Annuity	Before Reinsurance																					
06		After Reinsurance																					
07	Health	Before Reinsurance																					
08		After Reinsurance																					
		GROUP BUSINESS																					
	Life Business	Premiums Guaranteed for one year:																					
09		Before Reinsurance																					
10		After Reinsurance																					
		Premiums Guaranteed for not more than one year:																					
11		Before Reinsurance																					
12		After Reinsurance																					
13		Pension	Before Reinsurance																				
14			After Reinsurance																				

15	General Annuity	Before Reinsurance																					
16		After Reinsurance																					
17	Health	Before Reinsurance																					
18		After Reinsurance																					
		TOTAL BUSINESS																					
19	Totals	Before Reinsurance																					
20		After Reinsurance																					

Notes:

- 1 All figures should be in thousands
- 2 $\text{Col (19)} = \text{Col (11)} + \text{Col(12)} + \text{Col (13)} + \text{Col (14)} + \text{Col (15)} + \text{Col(16)} + \text{Col (17)} - \text{Col (18)}$
- 3 $\text{Col (22)} = \text{Max} \{ \text{Col (19)} + \text{Col (20)}, \text{Col (21)} \}$
- 4 $\text{Col (21)} = \text{Max} \{ \text{Special Surrender Value}, \text{Guaranteed Surrender Value} \}$

Form VIPLB

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Particulars of Policies and valuation Details as at 31st March.....

Name of the Insurer:

Date of Registration:

Form Code:

Classification:

Registration Number:

Classification Code:

Type:

Type Code:

Category:

Category Code:

Item No.	Sub-Class	Description	Policy Particulars						Valuation Details						
			Number of policies	Number of Lives	Death Benefit / rider benefit	Assured Maturity Benefit	Other Benefits	Annualised Premium	Policy Account Value	Non Policy Account /General fund value	Cost of Bonus	MR before negative reserves	Negative Reserve Adjustment	Surrender Value	Total Reserves
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
		INDIVIDUAL BUSINESS													
	Life Business	With Guarantees:													
01		Before Reinsurance													
02		After Reinsurance													
		Without Guarantees:													
03		Before Reinsurance													

04		After Reinsurance														
	Pension	With Guarantees:														
05		Before Reinsurance														
06		After Reinsurance														
		Without Guarantees:														
07		Before Reinsurance														
08		After Reinsurance														
	General Annuity	With Guarantees:														
09		Before Reinsurance														
10		After Reinsurance														
		Without Guarantees:														
11		Before Reinsurance														
12		After Reinsurance														
	Health	With Guarantees:														
13		Before Reinsurance														
14		After Reinsurance														
		Without Guarantees:														
15		Before Reinsurance														
16		After Reinsurance														
			GROUP BUSINESS													
	Life Business	With Guarantees:														
17		Before Reinsurance														

18		After Reinsurance														
		Without Guarantees:														
19		Before Reinsurance														
20		After Reinsurance														
	Pension	With Guarantees:														
21		Before Reinsurance														
22		After Reinsurance														
		Without Guarantees:														
23		Before Reinsurance														
24		After Reinsurance														
	General Annuity	With Guarantees:														
25		Before Reinsurance														
26		After Reinsurance														
		Without Guarantees:														
27		Before Reinsurance														
28		After Reinsurance														
	Health	With Guarantees:														
29		Before Reinsurance														
30		After Reinsurance														
		Without Guarantees:														
31		Before Reinsurance														
32		After Reinsurance														
		TOTAL BUSINESS														

	TOTALS	With Guarantees:													
33		Before Reinsurance													
34		After Reinsurance													
		Without Guarantees:													
35		Before Reinsurance													
36		After Reinsurance													
Notes: 1 All figures should be in thousands 2 Col (14) = Col (11) + Col (12) + Col (13) 3 Col (17) = Max { Col (14) + Col (15), Col (16)} 4 Col (16) = Max { Special Surrender Value, Guaranteed Surrender Value}															

Annexure ActI- 2

Form IA (Non-Participating)

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Valuation Results as at 31st March.....

Name of the Insurer: _____ Date of Registration: _____ Form Code: _____

Classification: _____ Registration Number: _____ Classification Code: _____

Type: _____ Type Code: _____

Item No.	Description	Balance of Fund shown in Balance Sheet	Mathematical reserves (excluding cost of bonuses allocated)	Surplus
(1)	(2)	(3)	(4)	(5)

01		Business within India:			
		Non-Linked			
	a	Non-par Policies - Life			
	b	Non-par Policies - Pensions			
	c	Non-par Policies - Annuity			
	d	Non-par Policies – Health			
		Linked			
	e	Non-par Policies – Life			
	f	Non-par Policies - Pensions			
	g	Non-par Policies - Annuity			
	h	Non-par Policies – Health			
		VIP			
	i	Non-par Policies - Life			
	j	Non-par Policies - Pensions			
02		Totals - Policyholder Funds - within India			
03		Total Business			

		Non-Linked			
	a	Non-par Policies - Life			
	b	Non-par Policies - Pensions			
	c	Non-par Policies - Annuity			
	d	Non-par Policies - Health			
		Linked			
	e	Non-par Policies - Life			
	f	Non-par Policies - Pensions			
	g	Non-par Policies - Annuity			
	h	Non-par Policies - Health			
		VIP			
	i	Non-par Policies - Life			
	j	Non-par Policies - Pensions			
04		Totals - Policyholder Funds			

Notes:

1 All figures should be in thousands

2 Col (5) = Col (3) - Col (4)

Annexure ActI- 3

Form IA (Participating)

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Valuation Results as at 31st March.....

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Type:

Type Code:

Item No.	Description	Balance of Fund shown in Balance Sheet	Mathematical reserves allocated	Mathematical reserves (excluding cost of bonuses)	Surplus
(1)	(2)	(3)	(4)	(5)	(5)
01	Business within India:				
	Non-Linked				
	a Life				
	b Pensions				
	c Annuity				
	d Health				
	Non-Linked VIP				
	a Life				
	b Pensions				

	c	Annuity			
	d	Health			
		Linked			
	a	Life			
	b	Pensions			
	c	Annuity			
	d	Health			
		Linked VIP			
	a	Life			
	b	Pensions			
	c	Annuity			
	d	Health			
02		Totals - Policyholder Funds - within India			
03		Total Business			
		Non-Linked			
	a	Life			
	b	Pensions			
	c	Annuity			

	d	Health			
		Non-Linked VIP			
	a	Life			
	b	Pensions			
	c	Annuity			
	d	Health			
		Linked			
	a	Life			
	b	Pensions			
	c	Annuity			
	d	Health			
		Linked VIP			
	a	Life			
	b	Pensions			
	c	Annuity			
	d	Health			
04		Totals - Policyholder Funds			

Notes:

- 1 All figures should be in thousands
- 2 Col (5) = Col (3) - Col (4)

Annexure ActI- 4

Form I

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Valuation Results as at 31st March.....

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Item No.	Description	Balance of Fund shown in Balance Sheet	Mathematical reserves (excluding cost of bonuses allocated)	Surplus
(1)	(2)	(3)	(4)	(5)
01	Business within India:			
	a Participating Policies			
	b Non-participating Policies			
02	Totals - Policyholder Funds - within India			
03	Total Business			

	a	Participating Policies			
	b	Non-participating Policies			
04		Totals - Policyholder Funds			

Note:

- 1 All figures should be in thousands
- 2 Col (5) = Col (3) - Col (4)
- 3 The figures shown in column (3) includes surplus in the policyholder fund; it is the Balance Sheet position of assets prior to any transfer being made out to the shareholder fund.
- 4 The figures shown in (3) and the Surplus shown in (5) also includes shareholder transfer to the policyholder fund in order to meet the deficits in some segments.
- 5 The figures shown in column (3) for Par business does not include the amount of interim and terminal bonus paid to the policyholder during the inter valuation period amounting Rs. X.

Annexure Actl- 5

FORM IRDAI-ASSETS-AA

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Statement of Assets as at 31st MARCH.....

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Form AA

Particulars (Amount in 000's)	Policyholders A/C	Shareholders A/C	Total
Investments			
Investments Shareholder' SCH 8(A)			-

Policyholders' SCH-8A(B)			-
Assets held to cover linked liabilities SCH-8B(C)			-
Total Investments as per BS# (D)=(A)+(B)+(C)			-
Inadmissible Investment assets***(E)			-
Fixed assets			
Fixed assets as per BS (F)			-
Inadmissible Fixed assets***(G)			-
Current Assets			
Cash & Bank Balances as per BS.....(H)			
Advances and Other assets as per BS(I)			
Total Current Assets as per BS (J) = (H) + (I)			
Inadmissible Current assets***(K)			
Current Liabilities & Provisions			
Current Liabilities as per BS.....(L)			
Provisions as per BS (M)			
Total Current Liabilities & Provisions(N) = (L) + (M)			
Policy Loans			
Policy and Other Admissible Loans as per BS.....(O)			

Fair Value Change Account subject to minimum of zero(P)			
Total Assets as per BS (Q) = (D) + (F) + (J) - (N) + (O)			
Total Inadmissible assets (R) = (E) + (G) + (K) + (P)			
Total Admissible assets for Solvency — (Q) - (R)			

Note: Policyholders' asset (SCH 8A) should include assets backing General Fund liabilities of linked business. However, SCH 8B will include only assets backing unit liabilities and policy account

*** Inadmissible assets as per Regulation 1 of Part III A of Schedule I of these Regulations.

'BS' indicates 'Balance Sheet'

Annexure Actl- 6

Form KT-1

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024
Required Solvency Margin based on Mathematical Reserves and Sum at Risk as at 31st March.....

Name of the Insurer:
Classification:

Date of Registration:
Registration Number:

Form Code
Classification Code:

Item No.	Description	Mathematical Reserves before Reinsurance	Mathematical Reserves after Reinsurance	K1	Sum at Risk before Reinsurance	Sum at Risk after Reinsurance	K2	First Factor	Second Factor	Required Solvency Margin
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01	Non-Participating									

	Non-Linked									
	Division / sub-class / group by									
									
	Linked									
	Division / sub-class / group by									

	VIP Non-Linked									
	Division / sub-class / group by									

	VIP Linked									
	Division / sub-class / group by									

	Total - Non-Participating									

02	Participating									
	Non-Linked									
	Division / sub-class / group by									
	—									
	Linked									
	Division / sub-class / group by									
	—									
	VIP Non-Linked									
	Division / sub-class / group by									
	—									
	VIP Linked									
	Division / sub-class / group by									
	Total - Participating									
	Total									

(1) K1 = 0.85* or (Mathematical Reserves after Reinsurance / Mathematical Reserves before reinsurance), whichever is higher.

(2) $K2 = 0.5$ or (Sum at Risk after reinsurance / Sum at risk before reinsurance), whichever is higher

(3) Col. (11) = [Col. (3) x Col. (5) x Col. (9)] + [Col. (6) x Col. (8) x Col. (10)]

(4) In the computation of the total sum at risk, ignore the contracts for which the sum at risk is a negative figure or does not exist

(5) The first and second factor are x% and y % respectively

(6) K1 and K2 shall be calculated separately for each row.

Required Solvency Margin (RSM) Factors		
	First Factor	Second Factor
1.Type: Non-Participating		
1.1. Category: Non-Linked:		
1.1.1. Division- Individual		
1.1.1.1. Sub-Class- Life Business		
1.1.1.1.a. Other than term	3.00%	0.30%
1.1.1.1.b. Pure Term	3.00%	0.10%
1.1.1.1.c. Term with ROP	3.00%	0.10%
1.1.1.2. Sub-Class- General Annuity	3.00%	0.00%
1.1.1.3. Sub-Class-Pension	3.00%	0.30%
1.1.1.4. Sub-Class- Health	3.00%	0.00%
1.1.2. Division: Group Business:		
1.1.2.1. Sub-class: Life Business :		
1.1.2.1.a. Premiums guaranteed for not more than one year	1.00%	0.10%
1.1.2.1.b. Premiums guaranteed for more than one year	1.00%	0.10%
1.1.2.1.c. Fund Based Non Participating	1.00%	0.10%

1.1.2.1.d Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1.00%	0.05%
1.1.2.2. Sub-class: General Annuity	3.00%	0.00%
1.1.2.3. Sub-class: Pension	3.00%	0.10%
1.1.2.4. Sub-Class- Health	3.00%	0.00%
1.2. Category: Linked :		
1.2.1. Division- Individual		
1.2.1.1. Sub-Class- Life Business		
1.2.1.1.a. with guarantees	1.80%	0.20%
1.2.1.1.b. without guarantees	0.60%	0.20%
1.1.2.2. Sub-class: General Annuity		
1.2.1.2.a. with guarantees	1.80%	0.20%
1.2.1.2.b. without guarantees	0.60%	0.20%
1.2.1.3. Sub-Class- Pension		
1.2.1.3.a. With guarantees	1.80%	0.20%
1.2.1.3.b. without guarantees	0.60%	0.20%
1.2.1.4. Sub-Class- Health		
1.2.1.4. a. With guarantees	1.80%	0.00%
1.2.1.4. b. without guarantees	0.60%	0.00%
1.2.2. Division: Group Business:		
1.2.2.1. Sub-Class- Life Business		
1.2.2.1.a. with guarantees	1.80%	0.20%
1.2.2.1.b. without guarantees	0.60%	0.20%

1.2.2.2. Sub-Class- General Annuity		
1.2.2.2.a. with guarantees	1.80%	0.20%
1.2.2.2.b without guarantees	0.60%	0.20%
1.2.2.3. Sub-Class- Pension		
1.2.2.3.a. With guarantees	1.80%	0.20%
1.2.2.3.b. without guarantees	0.60%	0.20%
1.2.2.4. Sub-Class- Health		
1.2.2.4.a. With guarantees	1.80%	0.00%
1.2.2.4.b. without guarantees	0.60%	0.00%
2. Type: Participating		
2.1. Category: Non-Linked:		
2.1.1. Division- Individual		
2.1.1.1. Sub-Class- Life Business	3.00%	0.30%
2.1.1.2. Sub-Class- General Annuity	3.00%	0.00%
2.1.1.3. Sub-Class- Pension	3.00%	0.10%
2.1.1.4. Sub-Class- Health	3.00%	0.00%
2.1.2. Division: Group Business:		
2.1.2.1. Sub-class: Life Business :		
2.1.2.1.a. Premiums guaranteed for not more than one year	1.00%	0.10%
2.1.2.1.b. Premiums guaranteed for more than one year	1.00%	0.10%
2.1.2.1.c. Fund Based Participating	1.00%	0.10%
2.1.2.2. Sub-class: General Annuity	3.00%	0.00%

2.1.2.3. Sub-class: Pension	3.00%	0.10%
2.1.2.4. Sub-Class- Health	3.00%	0.00%
2.2. Category: Linked :		
2.2.1. Division- Individual		
2.2.1.1. Sub-Class- Life Business		
2.2.1.1.a. with guarantees	1.80%	0.20%
2.2.1.1.b. without guarantees	0.60%	0.20%
2.2.1.2. Sub-Class- General Annuity		
2.2.1.2.a. with guarantees	1.80%	0.20%
2.2.1.2.b. without guarantees	0.60%	0.20%
2.2.1.3. Sub-Class- Pension		
2.2.1.3.a. With guarantees	1.80%	0.20%
2.2.1.3.b. without guarantees	0.60%	0.20%
2.2.1.4. Sub-Class- Health		
2.2.1.4.a. With guarantees	1.80%	0.00%
2.2.1.4.b. without guarantees	0.60%	0.00%
2.2.2. Division: Group Business:		
2.2.2.1. Sub-Class- Life Business		
2.2.2.1.a. with guarantees	1.80%	0.20%
2.2.2.1.b. without guarantees	0.60%	0.20%
2.2.2.2. Sub-Class- General Annuity		
2.2.2.2.a. with guarantees	1.80%	0.20%

2.2.2.2.b. without guarantees	0.60%	0.20%
2.2.2.3. Sub-Class- Pension		
2.2.2.3.a. With guarantees	1.80%	0.20%
2.2.2.3.b. without guarantees	0.60%	0.20%
2.2.2.4. Sub-Class- Health		
2.2.2.4. a. With guarantees	1.80%	0.00%
2.2.2.4. b. without guarantees	0.60%	0.00%

Notes:

- (1) The Factors Applicable to the Adjustments shall be as per the nature of the Base products
- (2) The Factors Applicable to the Riders shall be as per the following table:

Riders	First Factor	Second Factor
For Health Insurance Rider	3.00%	0.00%
For Other than Health Insurance Rider	3.00%	0.10%

Annexure Actl- 7

Form KT-2

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Required Solvency Margin based on Assets of Policyholders' Funds as at 31st March.....

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Item No.	Category of Asset	Notes	Amount (see Notes below) Rs.	Third Factor %	Required Solvency Margin
	(1)	(2).	(3)	(4)	(5)
	Non-Mandated investments				
	Corporate Bonds				
01	AAA or Equivalent *				
02	AA or Equivalent **				
03	A or Equivalent				
04	BBB or Equivalent				
05	BB or Equivalent				
06	B or Equivalent				

07	Lower than B				
08	Unrated ***				
	Mortgages				
09	Residential				
10	Commercial				
	Real Estate				
11	Residential				
12	Commercial				
	Preference Shares				
13	Listed Preference Shares				
14	Unlisted Preference Shares				
	Equity				
15	Listed Ordinary Shares				
16	Unlisted Ordinary Shares				
17	Total				
(1)	Column (5) = Column (3) X Column (4)				
(2)	Column (4) = zero until further intimation from the Authority				

(3) The table should show the amount (in column (3)) which is Balance Sheet Value in respect of the above mentioned category of asset (where the Balance Sheet is prepared in accordance with Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Annexure ActI- 8

Form KT-3

(See Regulation 2(2) of Part III B of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024

Available Solvency Margin and Solvency Ratio as at 31st March.....

Name of the Insurer:

Date of Registration:

Form Code

Classification:

Registration Number:

Classification Code:

Item	Description	Notes No...	Adjusted Value
(1)	(2)	(3)	(4)
01	Available Assets in Policyholders' Fund:	1	
	Deduct:		
02	Mathematical Reserves	2	
03	Other Liabilities	3	
04	Excess in Policyholders' funds (01-02-03)		

05	Available Assets in Shareholders Fund:	4	
	Deduct:		
06	Other Liabilities of shareholders' fund	3	
07	Excess in Shareholders' funds (05-06)		
08	Total ASM (04)+(07)		
09	Total RSM		
10	Solvency Ratio (ASM/RSM)		

Certification:

I, the Appointed Actuary, certify that the above statements have been prepared in accordance with the section 64VA of the Insurance Act, 1938, as amended from time to time; and the amounts mentioned therein are true and fair to the best of my knowledge.

Place

Date:

Name and Signature of Appointed Actuary

Name and Signature of CEO

Notes:

1. All figures shall be in thousands;
2. Item No. 01 shall be the amount of the Total Admissible assets for Solvency as mentioned in Form IRDAI-Assets- AA under Policyholders A/C;
3. Item No. 02 shall be the amount of Mathematical Reserves as mentioned in Form H;
4. Item Nos. 03 and 06 shall be the amount of other liabilities as mentioned in the Balance Sheet;

- 5. Items No. 05 shall be the amount of the Total Admissible assets for Solvency as mentioned in Form IRDAI-Assets- AA under Shareholders A/C;
- 6. Items No. 09 shall be the sum total of the Required Solvency Margins arrived in the manner as specified under Form KT-1 and KT-2 of Part III (B) of Schedule-I of these regulations.

<p>Annexure Actl- 9</p> <p style="text-align: center;">Form S</p> <p style="text-align: center;">(See Regulation 2(2) of Part III B of Schedule I)</p> <p style="text-align: center;">Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024</p> <p style="text-align: center;">Composition and Distribution of Surplus as at 31st March.....</p> <p>Name of the Insurer: _____ Date of Registration: _____ Form Code _____</p> <p>Classification: _____ Registration Number: _____ Classification Code: _____</p> <p>Type: _____ Type Code: _____</p>						
Composition of surplus						
		Life	Pension	General Annuity	Health	Total
01	Surplus emerged during the year					
02	Interim bonus paid during the inter valuation period					
03	Terminal Bonus paid during the inter valuation period.					

04	Loyalty Additions or other forms of bonuses, if any, paid during the inter-valuation period					
05	Sums transferred from shareholders fund during the inter-valuation period					
06	Amount of surplus, from policyholders' funds, brought forward from preceding valuation					
07	Total Surplus[2] (Sum of items 1 to 6)					
Distribution of surplus						
		Life	Pension	General Annuity	Health	Total
01	To Interim Bonuses paid					
02	To Terminal Bonuses					
03	To Loyalty Additions or any other forms of bonuses, if any					
04	Among policyholders with immediate participation					
05	Among policyholders with deferred participation					
06	Among policyholders in the discounted bonus class or Cash Bonus					
07	To every reserve fund or other fund or account					

08	As carried forward un-appropriated					
09	To the shareholders' funds (any such sums passed through the accounts during the inter valuation period to be separately stated)					
10	Total Surplus allocated (Sum of items 1 to 9)					

FORM IRDAI-GI-TA

(See Regulation 5 of Part IV of Schedule-I of these Regulations)

STATEMENT OF ADMISSIBLE ASSETS as at 31st March.....

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business

(All amounts in Rupees of Lakhs)

Particulars	Policyholders A/C	Shareholders A/C	Total
Investments			
Investments Shareholder' SCH 8 (A1)			
Policyholders' SCH 8A (A2)			
Total Investments as per BS (A) = (A1) + (A2)			
Inadmissible investment assets ¹ --- (B)			
Fixed assets			
Fixed assets as per BS (C)			
Inadmissible Fixed assets ¹ ----- (D)			
Current Assets			
Cash & Bank Balances as per BS (E)			
Advances and Other assets as per BS (F)			
Total Current Assets as per BS (G) = (E) + (F)			

Particulars	Policyholders A/C	Shareholders A/C	Total
Inadmissible Current assets ¹ ----- (H)			
Loans			
Loans as per BS (I)			
Fair Value Change Account subject to minimum of zero (J)			
Total Assets as per BS (K) = (A) + (C) + (G) + (I)(Excluding current liabilities and provisions)			
Total Inadmissible assets (L) = (B) + (D) + (H) + (J)			
Total Admissible assets for Solvency (K) - (L) (Excluding current liabilities and provisions)			

We certify that the statement has been prepared in accordance with **Part IV of Schedule I** of these Regulations.

Name and Signature of Appointed Actuary

Name and Signature of Statutory Auditor

Name and Signature of Chief Executive Officer

Place

Date

Note:

1. Inadmissible assets shall be the assets which are placed with zero value as per Part IV of these Regulations

Annexure ActI-11

FORM IRDAI-GI-TR

(See Regulation 5 of Part IV of Schedule-I of these Regulations)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of insurers) Regulations, 2024

STATEMENT OF LIABILITIES as at 31st March.....

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business:

(All amounts in Rupees of Lakhs)

Reserve	Gross Reserve	Net Reserve
Unearned Premium Reserves (UPR) (a)		
Premium Deficiency Reserves (PDR)....(b)		
Unexpired Risk Reserves (URR)....(c)=(a) +(b)		
Outstanding Claim Reserves (other than IBNR reserve)....(d)		
IBNR Reserves.... (e)		
Total Reserves for Technical Liabilities(f)= (c)+(d)+(e)		

Certification

(1) Certification by the Statutory Auditor:

I certify that the above statement represents the liabilities of the insurer which have been determined in the manner prescribed in the Insurance Regulatory and Development Authority of India (Assets, Liabilities and Solvency Margin of General Insurance Business) Regulations, 2024 and amounts of such liabilities are fair and reasonable. I also further certify that the outstanding claims reserves that are estimated using statistical methods, PDR and IBNR reserves in the statement above have been determined by the Appointed Actuary and his certificate is furnished below.

Qualifications, if any (in regard to the determination of liabilities):

Place:

Date:

Name and Signature of the Statutory Auditor

(2) Certification by the Appointed Actuary:

I certify that, I have checked the data to the best of my ability and I am satisfied that the data is consistent, reliable and complete. **I also further certify that** the outstanding claims reserves that are estimated using statistical methods, PDR and IBNR reserves in the statement above have been determined using actuarial principles and in the manner prescribed in the Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of insurers) Regulations, 2024. These reserves, estimated as on the 31st day of March of (year of investigation) represent, in my opinion, a fair reflection of the expected future experience.

Qualifications, if any:

Name of the Insurer:

Place:

Date:

Name and Signature of the Appointed Actuary

(3) Certification by the Principal officer:

I certify that

- (a) Full and accurate particulars of every policy and claim have been furnished to the Appointed Actuary: <name of the actuary> for the purpose of the determination of Technical Reserves as on the 31st Day of March of 2024.
- (b) The data provided to the Appointed Actuary reconciles with the Audited Financials as at 31st Day of March 2024.
- (c) The Appointed Actuary has been made aware of all the information pertaining to underwriting, claims and reinsurance policies and practices followed by the Insurer.

Qualifications, if any:

Name of the Insurer:

Place:

Date:

Name and Signature of the Principal Officer

(4) Certification by the Chief Financial Officer:

I certify that the UPR has been determined as per the extant provisions of the Authority.

Qualifications, if any (in regard to determination of UPR):

Name of the Insurer:

Place:

Date:

Name and Signature of the Chief Financial Officer

Annexure ActI- 12

FORM IRDAI-GI-SM

(See Regulation 5 of Part IV of Schedule-I of these Regulations)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of insurers) Regulations, 2024

TABLE - 1

STATEMENT OF SOLVENCY MARGIN as at 31st March.....

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India / Total Business:

TABLE IA: REQUIRED SOLVENCY MARGIN BASED ON NET PREMIUM AND NET INCURRED CLAIMS

(All amounts in Rupees of Lakhs)

Item No.	Line of Business	Gross Premiums	Net Premiums	Gross Incurred claims	Net Incurred claims	RSM1	RSM2	RSM	Factor A	Factor B
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01	Fire								0.50	0.50
02	Marine Cargo								0.60	0.60
03	Marine – Other than Marine Cargo								0.50	0.50
04	Motor								0.75	0.75
05	Engineering								0.50	0.50
06	Aviation								0.50	0.50
07	Liability								0.75	0.75
08	Health								0.75	0.75
09	Miscellaneous								0.70	0.70
10	Crop Insurance								0.70	0.70
	Total									

NOTES:

(3) = Gross Written Premium including Inward Reinsurance

(4) = Net Written Premium

(5) = Gross Incurred Claims including impact of Gross IBNR

(6) = Net Incurred Claims including impact of Net IBNR

(3) and (4) are calculated as 'Trailing 12 Months Data' from the valuation date

(5) and (6) are calculated as Maximum of 'Trailing 12 Months Data' and 'Trailing 36 Months Data divided by 3' from the valuation date

(7) RSM 1 in the above table means Required Solvency Margin based on net premiums, and shall be determined as Twenty Percent (20%) of the amount which is the higher of the Gross Premiums multiplied by a Factor A as specified in the Table IA and the Net Premiums.

(8) RSM 2 in the above table means Required Solvency Margin based on net incurred claims and shall be determined as Thirty Percent (30%) of the amount which is the higher of the Gross Incurred Claims multiplied by a Factor B as specified in the Table above and the Net Incurred Claims.

(9) RSM means Required Solvency Margin and shall be the higher of the amounts of RSM 1 and RSM 2 for each LOB separately.

TABLE IB: AVAILABLE SOLVENCY MARGIN AND SOLVENCY RATIO

Name of Insurer:

Registration Number:

Date of registration:

Classification: Business within India / Total Business

(All amounts in Rupees of Lakhs)

(1)	(2)	(3)
ITEM NO.	DESCRIPTION	AMOUNT
(A)	Policyholder's Funds	
	Available assets(as per Form IRDAI-GI-TA)	
	Deduct:	
(B)	Current Liabilities as per BS	
(C)	Provisions as per BS	
(D)	Other Liabilities	
(E)	Excess in Policyholder's funds (A)-(B)-(C)-(D)	
	Shareholder's Funds	
(F)	Available Assets	
	Deduct:	
(G)	Other Liabilities	
(H)	Excess in Shareholder's funds (F-G)	
(I)	Total ASM (E+H)	
(J)	Total RSM	
(K)	SOLVENCY RATIO (Total ASM/ Total RSM)	

Certification:

I _____, the Statutory Auditor, hereby certify that the above statements have been prepared in accordance with the Section 64VA of the Insurance Act, 1938, and the amounts mentioned therein are true to the best of my knowledge.

Place

Date:

Name and Signature of the Statutory Auditor

Counter signature by

Principal Officer:

Appointed Actuary

Chief Financial Officer

NOTES:

1. Item A shall be the amount of the Adjusted Value of Assets in respect of policyholders' funds as mentioned in FORM IRDAI-GI-TA.
2. Item B shall be the amount of Total Liabilities as mentioned in FORM IRDAI-GI-TR.
3. Item C shall be the amount of other liabilities arising in respect of policyholders' funds and as mentioned in the Balance Sheet.
4. Item F shall be the amount of the adjusted value of the Total Assets in respect of shareholders' funds as mentioned in FORM IRDAI- GI-TA.
5. Item G shall be the amount of other liabilities arising in respect of shareholders' funds and as mentioned in the Balance Sheet.

Annexure ActI-13

FORM IRDAI-RI-TA

(See Regulation 5 of Part IV of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of insurers) Regulations, 2024

STATEMENT OF ADMISSIBLE ASSETS as at 31st March.....

Name of reinsurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business:

(All amounts in Rupees of Lakhs)

Particulars	Policyholders A/C	Shareholders A/C	Total
Investments			
Investments Shareholder' SCH 8			
Policyholders' SCH 8A			
Total Investments as per BS (A)			
Inadmissible investment assets ¹ --- (B)			
Fixed assets			
Fixed assets as per BS(C)			
Inadmissible Fixed assets ¹ ----- (D)			

Particulars	Policyholders A/C	Shareholders A/C	Total
Current Assets			
Cash & Bank Balances as per BS (E)			
Advances and Other assets as per BS (F)			
Total Current Assets as per BS (G) = (E) + (F)			
Inadmissible Current assets ¹ (H)			
Loans			
Loans as per BS (I)			
Fair Value Change Account subject to minimum of zero (J)			
Total Assets as per BS (K) = (A) + (C) + (G) + (I) (Excluding current liabilities and provisions as applicable)			
Total Inadmissible assets (L) = (B) + (D) + (H) + (J)			
Total Admissible assets for Solvency (K) - (L) (Excluding current liabilities and provisions)			

We certify that the statement has been prepared in accordance with Regulation 3 of Part V of the Schedule I of these Regulations.

Name and Signature of Appointed Actuary

Name and Signature of Statutory Auditor

Name and Signature of Chief Executive Officer

Place:

Date:

NOTES: Inadmissible assets shall be the assets which are placed with zero value as per Part V of these Regulations.

Annexure ActI-14

FORM IRDAI-RI-SM

(See Regulation 5 of Part IV of Schedule I)

Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of insurers) Regulations, 2024

STATEMENT OF AVAILABLE SOLVENCY MARGIN AND SOLVENCY RATIO as at 31st March.....

Name of reinsurer:

Registration Number:

Date of registration:

Classification: Business within India/ Total Business:

(All amounts in Rupees of Lakhs)

ITEM NO.	DESCRIPTION	AMOUNTS
	Policyholder's funds	
(A)	Available Assets (as per form 'Form AA IRDAI-RI-TA')	
	Deduct:	
(B)	Current Liabilities as per Balance Sheet (BS) ¹	
(C)	Provisions as per BS ¹	
(D)	Mathematical Reserves as per BS ²	
(E)	Other Liabilities as per BS	
(F)	Excess in Policyholder's funds (A) - (B) - (C) - (D) - (E)	
	Shareholder's funds	
(G)	Available Assets(as per form 'Form AA IRDAI-RI-TA')	
	Deduct:	
(H)	Other Liabilities as per BS	
(I)	Excess in Shareholder's funds (G) - (H)	
(J)	Total ASM (F) + (I)	

(K)	RSM (Life Reinsurance Business) ³	
(L)	RSM (General Reinsurance Business) ⁴	
(M)	Total RSM (K) + (L)	
(N)	SOLVENCY RATIO (Total ASM/ Total RSM)	

Certification:

I _____, the Statutory Auditor, hereby certify that the above statements have been prepared in accordance with the Section 64VA of the Insurance Act, 1938, and the amounts mentioned therein are true to the best of my knowledge.

Place

Date:

Name and Signature of the Statutory Auditor

Counter signature by

Principal Officer:

Appointed Actuary

Chief Financial Officer

NOTES:

1. Items (B) and (C) are applicable for General Reinsurance business
2. Item (D) is applicable for Life Reinsurance business
3. Item (K) shall be determined as per Regulation 1(2) of Part V of Schedule-I of these Regulations
4. Item (L) shall be determined as per Regulation 2(2) of Part V of Schedule-I of these Regulations

Schedule IV: Loans and advances by Insurance Companies

1. Definitions:

- a) "Officer" means an officer defined in Section 2 (59) of the Companies Act, 2013 but does not include non-whole-time director;
- b) "Full time Employees" means all employees of the insurer and includes Officers of the insurer.

2. Loans or Temporary Advances:

- (a) No insurer shall grant any loans or temporary advances to any officer who is not a whole-time Director either on hypothecation of property or on personal security or otherwise except as provided under Section 29 (1) of the Act.
- (b) No insurer shall grant any loans or temporary advances to its full-time Employees either on hypothecation of property or on personal security or otherwise, except as provided under Section 29 (1) of the Act;

Provided that an Insurer may grant the loans or temporary advances to its full time Employees only for the following purposes:

- (a) Loan for purchasing of car and / or two wheeler;
- (b) Loan for purchasing of personal computer and for other electronic devices;
- (c) Loan for purchasing of furniture;
- (d) Loan for constructing/acquiring a house for personal use;
- (e) Loans for education of the children of the employees
- (f) Advance for Festival;
- (g) Any other purpose as may be specified in the policy in this regard approved by the Board of the Insurer.

Provided further that the aggregate of all loans taken together by a full time employee shall not exceed rupees one crore and shall be linked to the fixed remuneration of the employees.

3. Board Approved Policy:

Every Insurer who grants loans or temporary advances to its employees shall have in place a scheme duly approved by its Board of Directors for the grant of the above said loans or temporary advances.

4. Terms and Conditions:

The loans or temporary advances stated in regulation (b) above shall be subject to the following conditions:

- (a) The loans and advances shall form part of the compensation /remuneration package in accordance with the compensation / remuneration policy approved by the Board of Directors or by the Nomination and Remuneration Committee of the Board to which powers have been so delegated, as the case may be.
- (b) The terms and conditions of such loans or advances shall be such as may be approved by the Board or by the Nomination and Remuneration Committee of the Board to which such powers have been delegated. Provided that the interest rate charged on loan or temporary advances to whole-time Directors and other officers cannot be lower than the rate charged on loans or temporary advances to the insurer's own employees.
- (c) All such loans and advances shall not be admissible for Available Solvency Margin.

Schedule – V: Inspection and Supply of Returns

1. Inspection and Supply of Returns:

Any person seeking inspection of any return or a copy of any return under Section 20 (1) of the Act, shall make an application to the Authority in such manner as may be specified by the Authority.

2. Supply of a copy of Memorandum and articles of association by the insurer:

- (a) A policyholder of an insurer seeking a copy of memorandum and articles of association under Section 20 (3) of the Act, shall make an application in such manner as may be specified by the Authority.
- (b) The insurer shall furnish a copy of the memorandum and articles of association within such time period as may be specified by the Authority.