

FORM - 3A**(Read with Regulation 10)****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

(A)

	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 (B) 0

Investment Assets (A-B) 0

Section II

NON - LINKED BUSINESS

A. LIFE FUND		% as per Reg	SH		PH			Book Value (SH+PH)	Actual %	FVC Amount	Total Fund	Market Value
			Balance	FR SM +	UL-Non Unit Res	PA R	N O N PA R					
			(a)	(b)	(c)	(d)	(e)	(f) = [a+b+c+d+e]	(g) = [(f) - (a)] %	(h)	(i)=(f+h)	(j)
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%									
		1. Approved Investments										
		2. Other Investments										
	b.	i) Approved Investments	Not exceeding 35%									
		ii) Other Investments										

TOTAL LIFE FUND 100%

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

FORM 3A

(Read with Regulation 10)

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 Government 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 Recievable</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 Item 12 of FORM LB 2 which forms part of IRDA (Acturial Report) Regulation, 2000 shall be reconciled with FORM 3A (Part B).
3. Other Investments' are as permitted under Sec 27A(2)

FORM - 3A**(Read with Regulation 10)****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/Non 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

FORM - 3A**(Read with Regulation 10)****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)**Rs.Crore*

Periodicity of Submission : Quarterly

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%				
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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 _____

FORM - 3A

(Read with Regulation 10)

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