

FORM L-33-NPAs-7A

Company Name & Code: INDIAFIRST LIFE INSURANCE CO. LTD.

Statement as on: 31st Dec 2014

Name of the Fund Life Fund \_\_\_\_\_

Details of Investment Portfolio

Periodicity of Submission : Quarterly

| COI | Company Name | Instrument Type | Interest Rate |                             | Total O/s<br>(Book Value) | Default<br>Principal (Book<br>Value) | Default<br>Interest (Book<br>Value) | Principal Due<br>from | Interest Due<br>from | Deferred<br>Principal | Deferred<br>Interest | Rolled Over? | Has there been any Principal<br>Waiver? |                       | Classification | Provision (%) | Provision (Rs) |
|-----|--------------|-----------------|---------------|-----------------------------|---------------------------|--------------------------------------|-------------------------------------|-----------------------|----------------------|-----------------------|----------------------|--------------|---|-----------------------|----------------|---------------|----------------|
|     |              |                 | %             | Has there been<br>revision? |                           |                                      |                                     |                       |                      |                       |                      |              | Amount                                  | Board<br>Approval Ref |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |

CERTIFICATION

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

Date:

Signature \_\_\_\_\_

Full Name & Designation

Karni Arha

Chief Financial Officer

Note:

- A. Category of Investmet (COI) shall be as per INV/GLN/001/2003-04
- B. FORM 7A shall be submitted in respect of each fund.
- C. Classification shall be as per F&A-Circulars-169-Jan-07 Dt. 24-01-07.

FORM L-33-NPAs-7A

Company Name & Code: INDIAFIRST LIFE INSURANCE CO. LTD.

Statement as on: 31st Dec 2014

Name of the Fund Pension and General Annuity Fund \_\_\_\_\_

Details of Investment Portfolio

Periodicity of Submission : Quarterly

| COI | Company Name | Instrument Type | Interest Rate |                             | Total O/s<br>(Book Value) | Default<br>Principal (Book<br>Value) | Default<br>Interest (Book<br>Value) | Principal Due<br>from | Interest Due<br>from | Deferred<br>Principal | Deferred<br>Interest | Rolled Over? | Has there been any Principal<br>Waiver? |                       | Classification | Provision (%) | Provision (Rs) |
|-----|--------------|-----------------|---------------|-----------------------------|---------------------------|--------------------------------------|-------------------------------------|-----------------------|----------------------|-----------------------|----------------------|--------------|---|-----------------------|----------------|---------------|----------------|
|     |              |                 | %             | Has there been<br>revision? |                           |                                      |                                     |                       |                      |                       |                      |              | Amount                                  | Board<br>Approval Ref |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                             |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |

CERTIFICATION

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Date:

Signature

Full Name & Designation

Karni Arha

Chief Financial Officer

Note:

- A. Category of Investmet (COI) shall be as per INV/GLN/001/2003-04
- B. FORM 7A shall be submitted in respect of each 'fund'.
- C. Classification shall be as per F&A-Circulars-169-Jan-07 Dt.24-01-07.

**FORM L-33-NPAs-7A**

Company Name & Code: INDIAFIRST LIFE INSURANCE CO. LTD.

Statement as on: 31st Dec 2014

Name of the Fund Unit Linked Funds

Details of Investment Portfolio

Periodicity of Submission : Quarterly

| COI | Company Name | Instrument Type | Interest Rate |                                 | Total O/s<br>(Book Value) | Default<br>Principal (Book<br>Value) | Default<br>Interest (Book<br>Value) | Principal Due<br>from | Interest Due<br>from | Deferred<br>Principal | Deferred<br>Interest | Rolled Over? | Has there been any Principal<br>Maturity? |                       | Classification | Provision (%) | Provision (Rs) |
|-----|--------------|-----------------|---------------|---------------------------------|---------------------------|--------------------------------------|-------------------------------------|-----------------------|----------------------|-----------------------|----------------------|--------------|---|-----------------------|----------------|---------------|----------------|
|     |              |                 | %             | Has there been<br>any maturity? |                           |                                      |                                     |                       |                      |                       |                      |              | Amount                                    | Board<br>Approval Ref |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |
|     |              |                 |               |                                 |                           |                                      |                                     |                       |                      |                       |                      |              |   |                       |                |               |                |

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Karni Arha

Chief Financial Officer

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