SCHEDULE B: SPECIAL COMPLIANCE REPORT FOR FSPs WHO ARE REGISTERED LONG-TERM INSURERS

- General

 (a) This Schedule must be completed by all FSPs that answered "yes" to question 1 in Schedule A.

 (b) The schedule must be completed in respect of all recipients to whom sign-on bonuses were offered and/or paid during the reporting period.

 (c) During the periods spesified hereunder the number of new policies written by the recipient for that specified period must be provided as well as the number of replacements during the corresponding period as a percentage of new business written.

- Notes
 (a) The spreadsheet may not be altered in any manner.
- (b) All dates must be completed in the following format: dd/mm/yyyy.

REPORTING PERIOD: 1 September 2012 to 31 August 2014

RECIPIENTS TO WHOM SIGN-ON BONUSES WERE OFFERRED AND/OR TO WHOM SIGN-ON BONUSES WERE PAID DURING THE REPORTING PERIOD																		
ID NUMBER OF RECIPIENT	FIRST NAME(S) OF RECIPIENT	SURNAME OF RECIPIENT	01/09/2012 - 31/12/2012		01/01/2013 - 31/03/2013		01/04/2013 - 30/06/2013	01/07/2013	01/07/2013 - 30/09/2013		01/10/2013 - 31/12/2013		01/01/2014 - 31/03/2014		01/04/2014 - 30/06/2014		- 30/08/2014	01/09/2012 - 30/08/2014
			No of new policies written	Total replacement as % of new policies	t No of new policies written	Total replacement as % of new policies	No of new policies Total replacen as % of new policies policies	ent No of new policies written	Total replacement as % of new policies	No of new policies written	Total replacement as % of new policies	No of new policies written	Total replacemen as % of new policies	No of new policies written	Total replacement as % of new policies	No of new policies written	Total replacement as % of new policies	Percentage of total number of new policic that were replacements