FORM LB-3

[Refer regulation 4]

Insurance Regulatory and Development Authority (Actuarial Report and Abstract) Regulations, 2000

STATEMENT OF ANALYSIS OF UNITS IN SEGREGATED FUNDS

AS AT 31st MARCH, 20.....

Form Code: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Name of Insurer: Registration Number: Date of registration :---------

Classification: Business Within India/ Total Business Classification Code: [ ]

Category: Category Code: [ ]

Division:---------- Division Code: [ ]

Sub-class:---------- Sub-class Code: [ ]

Group:---------- Group Code: [ ]

Item No.	*Description*	NUMBER OF UNITS IN				*Total*
		Segregated Fund 1	*Segregated Fund 2*	*Segregated Fund 3*	.....	
(1)	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*
01	(a) Insurance Products					
02	(b)					
03	(c)					
04						
05	Total					