Financial	Services	Autho	rity
-----------	----------	-------	------

Directorate of Insurance Supervision

Sumitro Djojohadikusumo Building, 14<sup>th</sup> fl.

Jl. Lapangan Banteng Timur 1-4

Jakarta – 10710

## MONTHLY REPORT

## LIFE INSURANCE COMPANY

Per..../Month of..../Year....

PT XYZ
(Company address)