2013 Asian Insurance Competency Research Executive Survey

Instructions:

- 1. All survey questions are designed for the fiscal year 2012. Please evaluate your 2012 performance in responding to the survey questions.
- 2. *Survey Response Weight Change*: In order to continuously improve our research quality, we are trying to obtain more information from Asian insurers. Therefore, starting from this year, 5% will be added to the total score on ranking results for companies who participate in this survey.

Part I. Organizational Information

1. Please indicate your industry sector: Life and Health Property and Casualty Reinsurance Other (Please specify:)							
 2. For life and health insurance/reinsurance companies, please answer: What line(s) of business do(es) your company specialize in? Annuity Life Health Accident All Lines of Business 							
 3. For property and casualty insurance/reinsurance companies, please answer: What line(s) of business do(es) your company specialize in? Personal lines							
4. What is (are) your main d	istribution 1 st	channel(s))? Please ra	ank them ii 4 th	the table 5 th	below.	
Independent Agency							
Broker							
Bank							
Exclusive/Captive Agents							
Direct Response (e.g., direct mail, telephone, etc)							
Internet							
Other (Please specify:							

Part II. Capital Structure

 1. Please indicate the type of your company: Domestic company Joint Venture Foreign Company 						
2. Many insurance companies have three different capital attributes (State/Government Capital, Overseas Capital, and Other Capital). Do you think that these different attributes have different impacts on insurance company competency? Yes No						
3. Please rate the following three capital attrib on insurance company competency.	outes base	d on the	degree of	finfluenc	e each ha	
Strong (5) ~ Weak (1)	5	4	3	2	1	
State/Government Capital						
Overseas Capital						
Domestic private capital						
Other (Please specify:)						
4. Please provide the capital structure of your	company					
	I	Percentag	ge % (Tot	al: 100%)	
State/Government Capital (if any)	I	Percentag	ge % (Tot %	al: 100%)	
State/Government Capital (if any) Overseas Capital	I	Percentag		al: 100%)	
<u> </u>	I	Percentag	%	al: 100%)	
Overseas Capital	I	Percentag	% %	al: 100%)	
Overseas Capital Domestic private capital			% % %			
Overseas Capital Domestic private capital Other (Please specify:) 5. In your opinion, what should be the ideal capital	apital stru	cture cor	% % % mbination		nsurance	
Overseas Capital Domestic private capital Other (Please specify:) 5. In your opinion, what should be the ideal capital	apital stru	cture cor	% % % mbination	n for an ir	nsurance	
Overseas Capital Domestic private capital Other (Please specify:) 5. In your opinion, what should be the ideal cacompany? Please indicate below.	apital stru	cture cor	% % % mbination ge % (Tot	n for an ir	nsurance	
Overseas Capital Domestic private capital Other (Please specify:) 5. In your opinion, what should be the ideal cacompany? Please indicate below. State/Government Capital (if any)	apital stru	cture cor	% % mbination ge % (Tot	n for an ir	nsurance	
Overseas Capital Domestic private capital Other (Please specify:) 5. In your opinion, what should be the ideal cacompany? Please indicate below. State/Government Capital (if any) Overseas Capital	apital stru	cture cor	% % % mbination ge % (Tot %	n for an ir	nsurance	

1. Please provide a breakdown of your company's board of directors:

Board of Directors Structure	Number of People
Internal Executives	
(including current company management and former executives)	

	Reputable l	Former Regulat	ors o	r Politicians	
	Scholars				
External	Industry Experts (including Lawyers and Accountants)				
	Executives Designated by Shareholders				
	Other (Please	specify:)	
	Total number	of board mem	bers		
	g the positions list se indicate these s		t step	s does your compan	y take in the hiring
Pos	sitions	Examination from Supervisor Departme	ry	Approval from Board of Directors	Overseas Recruitment
Senior Manag	gement Positions				
Director Posit	ions				
Actuary Posit	ions				
3. Does the same person serve in the following executive positions in your company? CEO & President CEO & Chairman CEO, president, & Chairman No					
4. Does your o	company have an i	independent co	mpen	nsation committee?	
5. What is the indicate below		your CEO's (o	r pres	sident's if no CEO)	compensation? Pleas
				Percentage % (To	otal: 100%)
Fixed salary				%	
Cash bonus		%			
Company stock		%			
Stock option			%		
Other(Please	specify:)		%	
6. Please indicate whether your company is a mutual insurance company (without shareholders) or stock insurance company (with shareholders):					

7. If your company is a stock insurance company , how many institutional investors does you company have? (An institutional investor is an entity with large amounts to invest, such as mutual funds, pension funds, brokers/dealers, insurance companies, and banks.) None 1-5 6-10 11-15 More than 15
8. Please indicate the number of shareholders (including institutions) that hold the following percentages of your company's shares? 5~10%:, 11~15%:, 16~20%:, 21~50%:, 51% and above:
9. Is your company publicly listed? Yes (Name of the Listed Stock Exchange:) No
Part IV. Customer Service Ability
1. Does your company provide a free 24/7 customer service hotline?☐ Yes ☐ No
2. On average, how many days does your company spend processing a claim? ☐ 1-2 day(s) ☐ 3-5 days ☐ 6-9 days ☐ 10 days or more
3. Does your company use social media (Facebook, Twitter, blog, etc.) in promoting your products/services?
Yes (Please specify:) No
4. Does your company provide email contact information or an online chat service to help customers? ☐ Email ☐ Online Chat ☐ Cell Phone Text Message ☐ None
5. Does your company offer an online database (e.g. Q&A summary) and online processing system (e.g. find products, file claims, pay bills, etc.) to serve customers? □ Online database
Online processing system (Please specify:) None
6. Does your company have a designated team or hire other professionals to evaluate the quality of your customer service? Designated team
☐ Other professionals (please specify the company:) ☐ None
7. Does your company evaluate the relationship between customer satisfaction and financial performance? Yes No
Part V. Company's Market Competency
1. In the past three years, did your company launch any new products in the market?Yes No

• If you answered "Yes" to question 1, please specify the name of your new product(s):
 If you answered "Yes" to question 1, what percentage of your company's overall premium income, roughly, was generated from these new products? □ 0-5% □ 6-10% □ 11-15% □ 16-20% □ 21% or above
2. In the past three years, did your company launch any businesses in a new province (or equivalent geographic area) within your country/region ? Yes No
• If you answered "Yes" to question 2, please specify the name of the province:
 If you answered "Yes" to question 2, what percentage of your company's premium income was generated by this new market? 0-5% 6-10% 11-15% 16-20% 21% or above
3. How many core products does your company have? ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10 or more
4. Please indicate the average gross premium revenue per person of your company's salespeople in the last year: \$50K or less \$50K-\$100K \$100K-\$150K \$150K-\$200K \$150K or above
5. Has your company received certification(s) from the International Organization for Standardization (ISO) or other institutes?
☐ Yes (Please list the certification(s): No
 6. For a domestic company, please answer: Does your company have operations abroad? Yes No
• If you answered "Yes" to question 6, what is your foreign operation level?
☐ Representative Office☐ Branch☐ Subsidiary☐ Other (Please specify:
7. How many reinsurers does your company contract with? Domestic Reinsurers Foreign Reinsurers
8. Does your company have a designated department (or team) that handles reinsurance contracts?

9. What percentage of your company's expenses was systems (including electronic data processing) in 201	-
□ 0-3% □ 4-6% □ 7-9% □ 10-	
☐ Equity of unlisted company (%)	ested assets, respectively, if possible. Stock of listed company (%) Derivatives (%) Real Estate (%)
Part VI. Auto Insurance (For property and casua	lty insurance companies only)
1. What type(s) of auto insurance products does your Compulsory auto liability Commercial auto liability Collision coverage Comprehensive coverage (other than collision commenced payments Uninsured motorists All above	
2. What distribution channel(s) does your company to all channels that you have and specify each's percent Agency (%) Broker (%) Direct sale (e.g., direct mail, telephone, company Car dealer and car repair shop (%) Other (Please specify name and percentage:	tage.
3. What percentage of total premium is generated fro ☐ 50% or below ☐ 51-60% ☐ 61-70% ☐ 7	om auto insurance of your company? 1-80%
4. What is the loss ratio of your auto insurance? ☐ 40% or below ☐ 41-60% ☐ 61-80% ☐ 8	1% or above
5. What is the expense ratio of your auto insurance? ☐ 30% or below ☐ 31-40% ☐ 41-50% ☐ 5	1-60%
6. Please indicate the average commission range of y insurance:	your company's salespeople selling auto
Part VII. Bancassurance	
1. What is the bancassurance operating model of you Bank contracted as sales distribution channel	ar company?

 □ Bank-owned insurer (Bank owns majority stake in insurance company) □ Fully integrated with bank (100% owned by bank) □ No bancassurance
 2. Does your company have contracted banks to sell insurance products? Yes No If you answered "Yes" to question 2, please answering the following questions.
 How many banks have you contracted with? □ 1-3 □ 4-7 □ 8-10 □ 11-15 □ 16-20 □ 21 or more
• What are the major products sold through the bank(s)?
For a Life-Health Insurance Company: Ordinary Life Insurance Participating Insurance Unit-linked Insurance Full Product Line
For a Property- Casualty Insurance Company: Auto Insurance Homeowners Insurance Full Product Line
 What percentage of total premiums is generated from bancassurance? □ 0-10% □ 11-15% □ 16-25% □ 26-40% □ 41% or above
 Does the products sold through the bank(s) have higher profit margin than products sold through other distribution channels? Higher Lower Similar Not sure
3. Are the contracted banks also shareholders of your company? ☐ Yes ☐ No
 If you answered "Yes", what percentage of shares do the contracted banks hold in your company? 0-10% 11-20% 21-40% 51% or above
4. How does your company provide the customer service for policies sold through the banks? ☐ Services provided by bank ☐ Designated division in your company ☐ No separate division
5. What is the age range of your targeted bancassurance's customers? 20-30 31-40 41-50 51-60 60 or above
6. What is the loss ratio of business lines sold through banks? ☐ 40% or below ☐ 41-60% ☐ 61-80% ☐ 81% or above
7. Does your company provide any training for bank employees who conduct bancassurance sales? Yes No Not sure

Part VIII. Human Capital Management System

1. What percen	tage of your overall budget is spent on training programs?
□ 0-5%	6-10%
2. What percen 0-10%	tage of management comes from internal promotions? 11-20%
3. What percen	tage of employees holds a graduate degree? 4-6% 7-9% 10-15% 16% or above
4. What percen university/colle 0-3%	tage of your management team holds a degree from a foreign ege? 4-6% 7-9% 10-15% 16% or above
such as MBAs	ves does your company provide for employees to pursue further education, or certificate examinations? (You may check more than one.) nent for school and continuous education
Reimbursen	nent for exam expenses
•	em (e.g. study leave, salary raise, etc.)
	ning programs set up by company
Other (Pleas	e specify:)
Pension plan Housing pla Group life Group healt	n h ary medical plan mpensation and employee benefit
_ Other (Ficas	c specify.
Part IX. Insur	ance Company Subjective Ranking
	op ten insurance companies in your country or region (excluding your rms of their overall reputation in the industry. on:
	Insurance Companies with the Best Overall Reputation
Best	
Second	
Third	
Fourth	
Fifth	
Sixth	

Seventh	
Eighth	
Ninth	
Tenth	

Part X. Participant Profile

Fist Name	Last Name
Company Name	Title
Email Address	Phone Number
	Fax Number
Company Address	

The responses and contact information we collect through this survey are exclusively used for Asian Insurance Competency research. We will keep it strictly confidential.

Please provide us with any suggestions or comments on this survey.

Thank you for taking your valuable time to participate in our study! Please email your file to nt-2012fly@csu.fullerton.edu or fax it to 1-657-278-5551.

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