

What Pru felt needed to be addressed

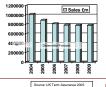
- State of the Market
- Non-payments issue / Declining consumer confidence
- The Critical Illness model / "all or nothing" approach to payment
- Our early results and feedback

Protection sales and confidence in decline?

- Quarterly protection sales in Q2 2006 have declined by some 20% from the peak in Q3 03 Source: Morgan Stanley, Revisiting Competition in the UK Life Market, Aug 2005
- Housing market expected to stabilise or grow very slowly over 50% of current protection sales are mortgage related

 Source: Money Marketing, 16/06/05

- Confusion for the consumer over what is actually covered & negative publicity on declined claims Increasing number of such articles appearing in the press, leading to a decrease in consumer confidence and a lack of trust towards insurers
- Rate cuts are stifling longer term growth Pricing activity is generally about short term volume
- Impact of new regulatory regime and treating customers fairly Rising premiums?
- Stagnant development in Intermediary market



Need for protection has never been greater There is a gap of £2.3 trillion in life insurance There is a gap of £300 billion in critical illness insurance There is a gap of £160 billion in income protection Source: SwissRe, A Gap in Perception, 2004 - updated SwissRe, Protection at any price, Nov 2005 Excess of 40% of consumers believe they hold income protection cover. Industry data suggests that the figure is actually closer to 15% Source: SwissRe, Term and Health Watch, 2006

Are we offering products with consumer appeal?

- People are confused about the cover they have bought and what the cover does
- They believed that the plan would cover them if their illness meant they couldn't work
- Consumers are also concerned that they have no cover in place once a claim is made.
- Many felt that there were gaps in their cover
- Some felt angry about what they had been sold and whether it was fit for purpose
- Many wanted a plan that would cover them for all serious conditions not just the life threatening ones
- They wanted something that paid them for the disruption in their life

In reality we have created products that create uncertainty

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Industry suffering further negative press on claims?

- Negative press coverage is perpetuating the lack of trust toward insurance
- Consumers believe that we deliberately use small print to avoid paying out
- Many customers believe that this insurance is no more than a lottery
- "How could it be the wrong type of heart attack?"
- We must not forget all the claims we have paid and the difference they have made to people's lives
- Equally we must not lose sight of the fact that where we do not pay a claim on the grounds
 of not meeting the definition we may be adding insult to injury

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Assessment of claims in need of an overhaul? We need to move away from the subjective way in which we assess many claims The occupational element to our plans is causing confusion The subjective nature of many of the claims could ultimately force a change in product design or a change in pricing Despite standardisation there is still inconsistency in settling claims There has been a hardening in stance on non payment of claims The current model may not be sustainable from a customer viewpoint

	Too many claims are being turned down in relation to expectations set	
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•	Confidence in product is low	
•	What about future advances in the diagnosis of medical conditions?	
٠	Sales are slowing down	
٠	The current product is an "all or nothing" approach to payment of claim	S
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The Overseas experience Model has been redefined in South Africa Now predominantly based on a severity based approach to claims A much more objective set of claims criteria, reducing the potential for complaint Matching consumer expectation of the product with what is actually covered

How should Severity work?

- Pays out depending on how severe the condition is and should be **designed to reflect** of the general expected impact on an individuals life
 - The more severe the higher the payment

 - The most severe qualifying for a 100% payment
 Allows for a wider range of and more appropriate cover
 - Additional payments as illness progresses or for different illnesses
- Allows for a wider range of cover
 - 13 claimable areas of the body
 - 140+ listed conditions
- 190 severity listings
- This means the client is more likely to get a payment and more likely to be at an earlier stage of an illness or disability when intervention is more effective





Why is the new product fairer?

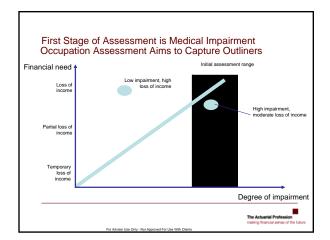
- Significantly wider range of defined medical conditions and procedures covered in plans

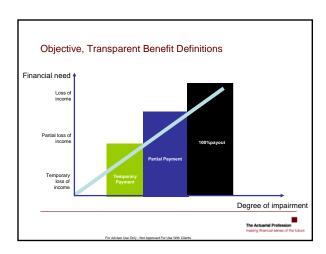
 - With clear, precise, objective severity measurements
 Some conditions alternatively assess on FATs objective subjectivity!
 Clearly defined medical conditions as recognised by the BMA
 Designed to fit within the medical profession's own understanding of expected illness recovery times or progression
- Providers should look to work with leading medical experts in the UK to determine the severity of the condition and the expected financial impact
- Providers should consider the CLAIM in conjunction with the treating specialist -making decision easier to arrive at in a clearer way
- Is a simple concept really that complex?

Totally and Permanently Disappoints?

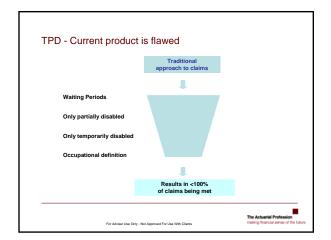
- Is it an appropriate "catch all"?
- 1 in 2 claims currently turned down, majority of complaints linked to TPD
- The all or nothing approach to payment of claim is fundamentally unfair
- There is an over reliance on the use of occupation
- It is difficult to determine the long term diagnosis for many cases
- Events that will have a dramatic effect on people's lives are not catered for
- Consumer and IFA confidence is at an all time low for this benefit
- No standard definition

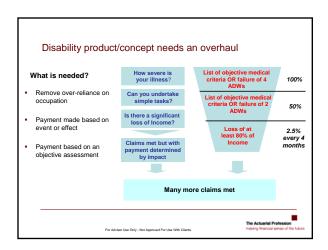
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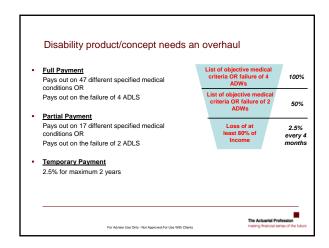




TPD - Current product is flawed What is TOTAL? What is PERMANENT? Based on occupation – own, own or similar, any Medical trigger, but occupation provides legal definition Often subjective assessment, many grey areas Waiting periods required to avoid lottery win Tapering of benefit in older ages Exclusions for common disorders e.g. back and depression Only cover for complete disability - FOS view has been known to differ... Expectations frequently not met High level of arbitration by Ombudsman 1 in 2 TPD claims are currently declined (source: Cover) There is at present no standard definition for TPD Insurers come to rely on judgement - some conditions are hard to test, inconsistency Difficult to predict if person will remain totally disabled for the rest of their lives







Our early results / feedback Some examples of press coverage





