PERIODIC DISCLOSURES

FORM NL-37-DOWN GRADING OF INVESTMENT-2



Periodicity of Submission: Quarterly

Name of the Insurer: BHARTI AXA General Insurance Company Limited Registration No: 139 and Date of Registration with the IRDA: 27th June 2008

(Read with Regulation 10) PART - A

Name of the Insurer: Bharti AXA General Insurance Co. Ltd.

Registration Number: 139 Date:31st December 2017

Statement as on: 31st December 2017

Name of Fund PH +SH
Statement of Down Graded Investments

Rs Lakhs

No	Name of the Security	COI	Amount	Date of Purchase	Rating Agency	Original Grade	Current Grade	Date of last Downgrade	Remarks
A.	During the Quarter ¹	-	-	-	-	-	-	-	
В.	As on Date ²								
	9.12% RELIANCE CAPITAL LIMITED NCD 29-06-2020	EPBT	1,500.00	6/29/2015	CARE	AAA	AA+	3/24/2017	
	8.80% RELIANCE CAPITAL LIMITED NCD 20-12-2018 I	EPBT	1,000.00	10/20/2015	CARE	AAA	AA+	3/24/2017	
	8.80% RELIANCE CAPITAL LIMITED NCD 18-12-2018 II	EPBT	1,000.00	10/20/2015	CARE	AAA	AA+	3/24/2017	
	8.90% RELIANCE CAPITAL LIMITED NCD 09-09-2021 1	EPBT	4,031.43	1/10/2017	CARE	AAA	AA+	3/24/2017	
	8.50% RELIANCE CAPITAL LIMITED NCD 02-11-2021	EPBT	1,502.54	2/7/2017	CARE	AAA	AA+	3/24/2017	
	8.25% RELIANCE CAPITAL LIMITED NCD 14-04-2020	EPBT	1,000.00	2/17/2017	CARE	AAA	AA+	3/24/2017	
	9.10% STERLITE INDUSTRIES (INDIA) LIMITED NCD 05-04-2023	EPBT	499.01	1/7/2015	CRISIL	AA+	AA	6/30/2016	

Signature

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date: 30/01/2018 Full Name Mr. Nilesh Kambli
Authorised Signa Chief of Finance

Note:

- 1 Provide details of Down Graded Investments during the Quarter.
- 2 Investments currently upgraded, listed as Down Graded during earlier Quarter shall be deleted from the Cumulative listing.
- 3 FORM-2 shall be prepared in respect of each fund. In case of ULIP FORM 2 shall be prepared at Segregated Fund (SFIN) level and also at consolidated level.
- 4 Category of Investmet (COI) shall be as per Guidelines issued by the Authority