FORM - 7 COMPANY NAME: LIFE INSURANCE CORPORATION OF INDIA

STATEMENT AS ON 31/12/2011

CONFIRMATION OF INVESTMENT PORTFOLIO DETAILS

NAME OF THE FUND : HEALTH FUND

PERIODICITY OF SUBMISSION : QUARTERLY

NO	DESCRIPTION	CONFIRMATION (YES / NO)			
	Details of Approved Investments / Other Investments which have matured for payment and maturity amount is outstanding along with particulars of defaulted amount and period for which said default has continued:	YES (As per FORM 7 A)			
2	Any Investment as at (1), which subsequent to maturity have been rolled over:	NO			
3	In respect of Investments where periodic income have fallen due, details of interest payment in default, along with period for which such default have persisted:	YES (As per FORM 7 A)			
4	Details of steps taken to recover the defaulted amounts, and the provisioning done / proposed in the accounts against such defaults:	YES (Provision made as per FORM 7A)			

CERTIFICATION

Certified that the information given herein are correct and complete to the best of my knowledge

and belief and nothing has been concealed or suppressed.

Date:

EXECUTIVE DIRECTOR (INVESTMENT M & A)

FORM - 7A COMPANY NAME: LIFE INSURANCE CORPORATION OF INDIA

STATEMENT AS ON 31/12/2011

CONFIRMATION OF INVESTMENT PORTFOLIO DETAILS

NAME OF THE FUND : HEALTH FUND

PERIODICITY OF SUBMISSION : QUARTERLY

Rs in Lacs

1

соі	Company Name	Instrument Type	Interest Rate								Has there been any Principal Waiver?				
			%	Has there been revisio n?		Default Principal (Book Value)	Defaulty Interest (Book Value)	Principal Due from	Deferred Principal	Deferred Interest		Board Approval Ref	Classification	Provision (%)	Provision (Rs)
	NIL														
	TOTAL				0.00	0.00	0.00								0.00

CERTIFICATION

Certified that the information given herein are correct and complete to the best of my knowledge

and belief and nothing has been concealed or suppressed.

Date:

Note:

A. Category of Investmet (COI) shall be as per INV/GLN/001/2003-04

EXECUTIVE DIRECTOR (INVESTMENT M & A)