

January 15, 2013

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LIFENET INSURANCE COMPANY  
(Securities Code: 7157, TSE Mothers)

## **FY2012 3Q: INSURANCE PAYMENTS REPORT**

**Simplified claims process from October 2012**

**Medical certification submission no longer necessary for most medical policy claims**

TOKYO, January 15, 2013 - LIFENET INSURANCE COMPANY (“Lifenet”; TSE Mothers 7157, President/Founder: Haruaki Deguchi, URL: <http://ir.lifenet-seimei.co.jp/en/>) announces the report on the number of insurance payments for the third quarter of fiscal year 2012, ending March 31, 2013.

The number of insurance payments made in the third quarter of FY2012 resulted in 678 cases, one (1) of which was an insurance claim and the remaining 677 benefit claims. There were 43 incidents which were assessed to be inapplicable during the same quarter. As a result, the number of insurance payments made in the first nine months of FY 2012 (April through December) resulted in 1,695 cases, 10 of which were insurance claims and 1,685 benefits, and there were 70 incidents which were assessed to be inapplicable during the same period.

Lifenet believes the most important responsibility for an insurance company is for claim payments to be made accurately and without delay, and we thrive to continue to accomplish this. Lifenet makes every effort possible to ensure payment of insurance claims and benefits are made to the designated account within 5 business days of receiving all necessary documents. In the first nine months of FY 2012, the average insurance payment was made in 3.20 business days.<sup>\*1</sup>

Lifenet has simplified the conditions under which claimants can make medical policy claims by removing medical certificates or other certificates signed by a doctor from October 2, 2012.<sup>\*2</sup> With this new process, we were able to eliminate the period of time from when a request is made to a medical institution for documents to the issuance of such documents, and the time required for the payment of medical benefits has been shortened considerably from 43 days<sup>\*3</sup> to 18 days on average. Due to this, claimants additionally were able to save around 5,000 yen in costs<sup>\*4</sup>, time and effort, while medical institutions who prepare the medical certificates were able to save considerable time and effort.

## Number of insurance payments and those which assessed inapplicable

April 2012 - December 2012

	“Kazoku”				“Jibun”			
	Death benefit	Invalid care benefit	Waiver of premium	Total	Hospitalization benefit	Surgery benefit	Waiver of premium	Total
Insurance payments	9	1	—	10	1,233	413	1	1,647
Inapplicable cases	7	—	—	7	44	18	—	62
Fraud	1	—	—	1	—	—	—	—
Illegal acquisition	—	—	—	—	—	—	—	—
Breach of disclosure duty	—	—	—	—	16	9	—	25
Criminal intent	—	—	—	—	—	—	—	—
Exemption from responsibility	6	—	—	6	—	—	—	—
Request not covered by policy	—	—	—	—	28	9	—	37

	“Jibun Plus”						“Hataraku-Hito”	Total
	In-patient care benefit	Out-patient benefit	Cancer treatment benefit	Advanced medical care benefit	Waiver of premium	Total	Disability benefit *5	
Insurance payments	1	—	—	—	—	1	37	1,695
Inapplicable cases	—	—	—	—	—	—	1	70
Fraud	—	—	—	—	—	—	—	1
Illegal acquisition	—	—	—	—	—	—	—	—
Breach of disclosure duty	—	—	—	—	—	—	1	26
Criminal intent	—	—	—	—	—	—	—	—
Exemption from responsibility	—	—	—	—	—	—	—	6
Request not covered by policy	—	—	—	—	—	—	—	37

## Quarterly trend of the number of insurance payments

		Insurance payments	Inapplicable cases
FY 2012	3Q (Oct.-Dec. 2012)	678	43
	2Q (Jul.-Sep. 2012)	537	8
	1Q (Apr.-Jun. 2012)	480	19
FY 2011	4Q (Jan.-Mar. 2012)	432	20
	3Q (Oct.-Dec. 2011)	347	12
	2Q (Jul.-Sep. 2011)	262	9
	1Q (Apr.-Jun. 2011)	243	15
FY 2010	4Q (Jan.-Mar. 2011)	193	10
	3Q (Oct.-Dec. 2010)	150	5
	2Q (Jul.-Sep. 2010)	95	4
	1Q (Apr.-Jun. 2010)	67	10
FY 2009	4Q (Jan.-Mar. 2010)	55	2
	3Q (Oct.-Dec. 2009)	36	6
	2Q (Jul.-Sep. 2009)	35	2
	1Q (Apr.-Jun. 2009)	17	0
FY 2008	4Q (Jan.-Mar. 2009)	7	1
	3Q (Oct.-Dec. 2008)	1	1
	2Q (Jul.-Sep. 2008)	3	0
	1Q (Apr.-Jun. 2008)	0	0

\*1: Does not include the number of days required to obtain missing documents. Cases which required fact confirmation before insurance payments were made are not included when calculating the average number of days required for payment.

\*2: Note that in the following cases, Lifenet may require the submission of medical certificates or request to a medical institution, etc. for the confirmation of facts:

- ✓ In cases where submission of a medical treatment statement is not possible
- ✓ In cases where the claimant is not the insurance carrier (an assigned claimant, etc.)
- ✓ In cases of specified injuries and diseases (cancer, etc.) stipulated by Lifenet
- ✓ In cases where a treatment period exceeds the period stipulated by Lifenet

\*3: Based on our data on medical policy claims received from the commencement of business to August 2012.

\*4: Based on "2007 Research on Documentation Fees at Medical Institutions" issued by SANRO Research Institute, Inc.

\*5: The number of benefit payments for long-term disability is a total of all monthly individual claim applications during the specified period, and may differ from the number of payments and/or number of claimants. From April to December 2012, the number of claimants who were paid disability benefits was 9.

**About LIFENET** URL: <http://ir.lifenet-seimei.co.jp/en/>

Returning to the original purpose of life insurance - mutual support - LIFENET INSURANCE was founded with the goal of offering simple, convenient and competitively priced products and services based on the highest levels of business integrity. We sell these products and services directly to customers over the Internet. By using the Internet, we are able to offer highly cost-competitive products and accept applications from customers at any given time.

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