

Max India Limited

Investor Presentation
June 2013



MAX GROUP - OVERVIEW

www.maxindia.com



Max Group Vision "To be the most admired corporate for service excellence"

	Sevabhav	Positive social impactHelpfulness	Culture of ServiceMindfulness
Excellence	Excellence	ExpertiseDependability	EntrepreneurshipBusiness performance
	Credibility	TransparencyIntegrity	RespectGovernance

Max Way as an underlying ethos

courtesy transparency respect/dignity performance orientation

progressiveness ethicality



Our Businesses

Multi-business corporate

Focused on people and service

" IN THE BUSINESS OF LIFE "









Life InsuranceProtecting Life

74:26 JV* with Mitsui Sumitomo; Largest non bank lead private life insurer

HealthcareCaring for Life

74:26 JV* with Life Healthcare, SA; 2,000 beds

Health Insurance Enhancing Life

74:26 JV with BUPA Finance Plc, UK

Senior Living

100% Owned; Continuing Care Retirement Community in Dehradun







Clinical Research

100% owned; 535 active sites

Speciality Films

Niche high barrier polymer films & Leather Finishing Foils

Corporate Social Responsibility

Focus on healthcare, children and the environment









A unique investment opportunity and a resilient business model

- USD 1.9 bn. Revenue*.. 5 Mn+ Customers..15,000 Employees.. 44,000^ Agents.. 2,100 Doctors
- Strong growth trajectory even in challenging times; a resilient & diversified business model
- Steady revenue growth and cost rationalization leads to strong financial performance
- Well established board governance....internationally acclaimed domain experts inducted
- Diversified ownership.....marquee investor base
- Superior brand recall with a proven track record of service excellence
- Strong history of entrepreneurship and nurturing successful business partnerships



Pharma

Electronic Component

Mobile **Telephony** Communication Services

Plating Chemicals

Medical **Transcription**

Life Insurance



Hutchison



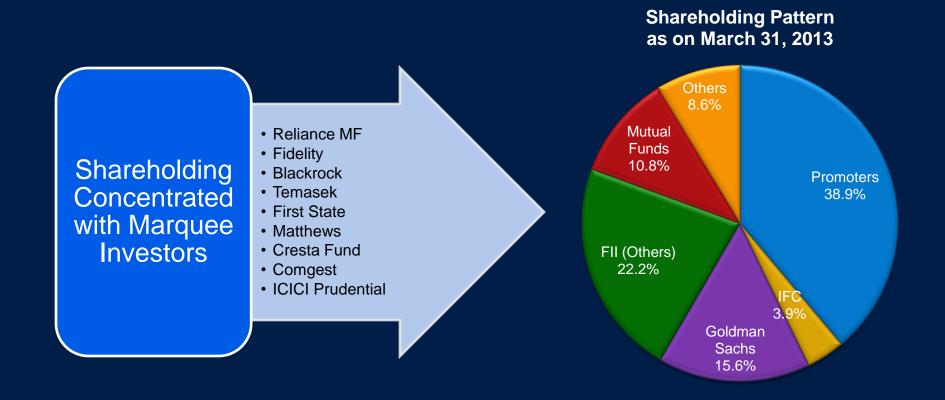
ATOTECH







Growth potential recognized by the market.... high pedigree investor base



Number of outstanding shares: 26.55 Cr.



Consistent track record of strong growth across businesses with the group turning strong profits



	FY 08	FY 09	FY 10	FY'11	FY12	FY13
Operating Revenue	3,244	4,508	5,574	6,668	7,648	8,180
Investment and Other Income	367	383	2,087	1,223	914	2,444
Total Revenue	3,611	4,891	7,661	7,891	8,562	10,624
Expenses	3,671	5,224	7,747	7,859	8,320	9,633
Profit / (Loss) before Tax	(60)	(333)	(86)	32	242	991*

Rs Cr.

Rs Cr.



	FY 08	FY 09	FY 10	FY11	FY12	FY13
Net Worth	1,537	1,312	1,993	1,944	2,513	2,903
Loan Funds	552	347	440	507	549	676
Net Fixed Assets	718	930	965	1,017	1,256	1,361
Treasury Corpus	1,261	413	909	540	397	409
Life Ins. AUM	3,575	5,405	10,121	13,836	17,215	20,458



Max India – FY13 Key Highlights

	 Max India Board recommends dividend of Rs. 2.20 per share to shareholders, with this the overall dividend for FY13 would be 610%
	 MSF to be transferred to a separate subsidiary to enable a focused growth path and access to external capital by attracting strategic and / or financial investors
Max India	 Additional production line to be added in MSF at a capital outlay of Rs. 178 Cr., of which equity requirement is estimated at Rs. 60 Cr. to be funded from Max India and / or external sources
	 Consolidated operating revenue for Q4FY13 at Rs. 2,470 Cr., grows 10% y-o-y. Operating revenue for full year at Rs. 8,180 Cr., grows 7% y-o-y
	 Consolidated PBT for Q4FY13 at Rs. 28 Cr. against Rs. 48 Cr. in Q4FY12. PBT for full year at Rs. 991 Cr., grows 310%
	Treasury Corpus as at March 31, 2013 at Rs. 354 Cr.
	APE for Q4FY13 grows 4% to Rs. 500 Cr. in line with the industry
Max Life	 Max Life pays Rs. 113 Cr. as final dividend to Max India taking the total dividend payout for FY13 to Rs. 183 Cr.
	 VNB for FY13 at Rs. 213 Cr., grows 27% y-o-y. EV as at Mar end at Rs. 3,756 Cr. (post-dividend); up 10% pre-dividend



Max India – FY13 Key Highlights

Max			
Heal	th	ca	re

- IFC Washington to convert part of its OCPS, including coupon, aggregating Rs. 115 Cr. to equity and increase stake from 2.3% to 7.5%
- Life Healthcare to also contribute Rs. 40 Cr. to maintain its stake at 26%
- Transaction values MHC at Rs. 1,986 Cr. pre-money and to further improve liquidity and debt/equity ratio of MHC
- Revenue for Q4FY13 up 40% to Rs. 315 Cr
- EBITDA for Q4FY13 at Rs. 22 Cr against –ve EBITDA of Rs. 4 Cr for Q4FY12. EBITDA for existing hospitals grows 2x to Rs. 34 Cr

Max Bupa

- GWP for Q4FY13 up 92% to Rs. 74 Cr
- New distribution opportunity through opening of Banca channel for Standalone Health Insurers

Antara

- Ground breaking of Dehradun Project on March 17, 2013
- Sales launch of the project on May 21, 2013... well received by potential customers





MAX LIFE INSURANCE COMPANY (Max Life)

www.maxnewyorklife.com



The Essence of our chosen Strategy



Our objective



To be the most admired life insurance company in India with sharp focus on financial metrics

Sources of competitive advantage

Our approach



To serve the long-term savings and protection needs of mass affluent+ customers through a high quality agency supplemented by our privileged bancassurance partnership

"Build a robust multichannel distribution architecture while Max Life's proprietary high quality agency will remain the core distribution channel."

Key choices

RECREATE

✓ High quality
 "platinum
 standard" agency
 that we were
 known for

GROW

- ✓ Privileged bancassurance relationship with Axis Bank
- ✓ Enter another bancassurance arrangement

TURBOCHARGE

- ✓ Product development process
- ✓ Change management and governance
- ✓ Persistency management

OPPORTUNISTIC

- ✓ New PD deals
- ✓ Group business
- Discover growth options for the future

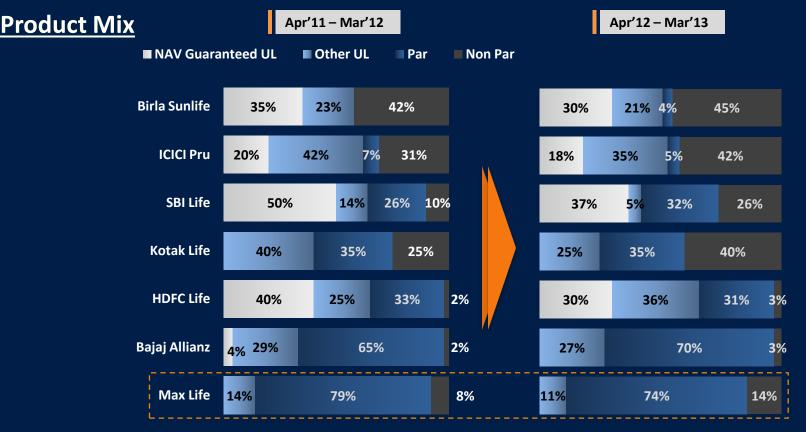
REDUCE

- ✓ Cost
 - Driving cost management
 - Lowering costs of agency



Traditional products continue to dominate ULs; dependence on NAV Guaranteed ULs being reduced





- With the final product design guidelines announced, insurers are bracing to revamp their existing portfolio
- As NAV Guaranteed ULIPs have been banned, most insurers have been gradually reducing their reliance on this category
- HDFC Life (~20% of Bank JFM sales) and ICICI Pru (6% of agency sales in Jan-Mar'13) have re-entered UL Pension space to fill this gap
- Non-par index linked products (which also have to be phased out by Oct'13) continue to be pushed by several major players (e.g. ICICI Pru, Birla Sunlife) in order to drive short term new business margins
- ICICI Pru and Birla Sunlife are working towards toward raising share of par portfolio to drive volumes in the short term

SOURCE: Market Intelligence



Private Industry's Agency continues to struggle, Max Life relatively better placed



Apr-Dec	Average Agent Productivity		Average Agent Case Rate		Average Branch Productivity	
	` 000s		#		` Lakhs	
Insurer	2011	2012	2011	2012	2011	2012
Max Life	12.9	11.1	0.57	0.49	24	20
SBI Life	13.9	11.4	0.46	0.43	18	14
Reliance Life	3.9	3.2	0.27	0.22	5	4
Bajaj Allianz	4.5	4.8	0.24	0.20	7	7
Birla Sunlife	4.2	3.5	0.24	0.20	10	8
HDFC Life	3.2	3.6	0.10	0.19	8	8
Metlife	8.9	6.7	0.24	0.19	11	8
ICICI Prudential	7.4	5.8	0.22	0.15	8	7
Kotak Life	6.2	4.0	0.20	0.14	10	7
Tata AIA	5.2	2.7	0.17	0.10	11	6

Agency efficiency impacted by structural issues; market sentiments



MAX Max Life well positioned for the transformation



Highly productive agency model and best in class training	 ✓ Agency base at 35,000+ agents ✓ FY 13 Average case size at ~Rs. 24,000 with average case rate ~0.5 ✓ Need based insurance sales ✓ 400+ trainers on board
Comprehensive product portfolio with an enduring customer base	 ✓ Product mix for FY13: Par 74%, Non-par 14%, ULIP 11% ✓ Long tenor products (21 Yr) & a young customer profile (35 Yr)
Disclosures ahead of competition	 ✓ First life insurer to disclose Embedded Value; EV for FY13 at Rs. 3,756 Cr. grows 10% y-o-y pre-dividend ✓ Implied NBM on APE* for FY13 at 21.8% v/s 17.8% in FY 12
Other key drivers	 ✓ Shareholder Profit for FY13 at Rs. 475 Cr., up 3% ✓ AUM at Rs. 20,458 Cr. as at March 31, 2012, grows 19% y-o-y ✓ Expenses of Management Ratio for FY13 at 28.5% against 30.4% for FY12 ✓ Over 3.6 million polices in-force with Sum assured of over Rs. 169,000 Cr. ✓ Business capitalised at Rs. 2,127 Cr. as at March 31, 2013; solvency surplus of Rs. 1,769 Cr. and solvency margin of 520% post dividend distribution ✓ Became a dividend paying company in FY 13 with post-tax dividends of 259 cr (post DDT)
Accreditations & Awards	 ✓ Ranked 2nd in Insurance Industry for India's Best Companies to Work for 2012 by Great Place to Work and Economic Times ✓ Won the 6th National Conference & Competition on Six Sigma, 2012, held by the Confederation of Indian Industry (CII) for the Green Belt project "Power of Speed - Settlement of Claims within 10 days" ✓ Awarded the 6th AlMIA Loyalty Award in the category 'Financials - Non Banking Financial Services Sector'. ✓ Silver EFFIE Award in 2012, for the 'Aapke Sachche Advisor' campaign. Organized by The Advertising Club Bombay in India, ✓ QCI DL Shah Awards for Best Six Sigma Project on economics of Quality - 2012





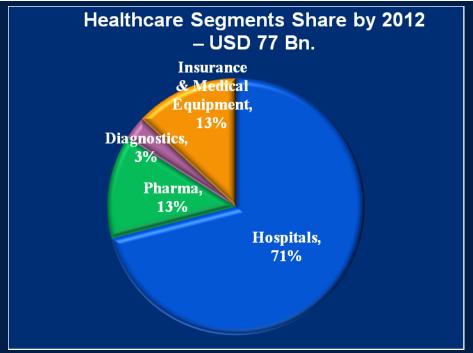
MAX HEALTHCARE (MHC)

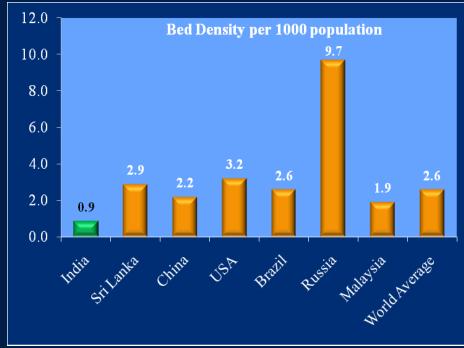
www.maxhealthcare.in



Indian healthcare industry poised for exponential growth







KEY HIGHLIGHTS

- Indian Health Industry is poised to double to USD 125 bn by 2015E, driven by a combination of ageing population, growing lifestyle diseases and medical insurance penetration as well as increasing ability to afford quality healthcare.
- Realization of latent demand through growth in insurance & consumer education likely to be a key growth driver
- Private hospitals to contribute USD 45 Bn by 2012
- Share of top tier private hospitals (>100 beds) is expected to grow to 40% of the total hospital segment by 2015
- Specialty hospitals are estimated to grow faster than overall industry due to rise in lifestyle diseases
- India needs an investment of USD 86 Bn by 2025 to increase bed density to 2 per 1,000 population



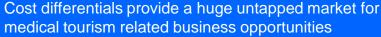
Increasing prevalence and propensity are key market drivers

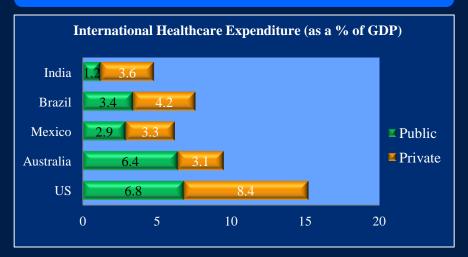


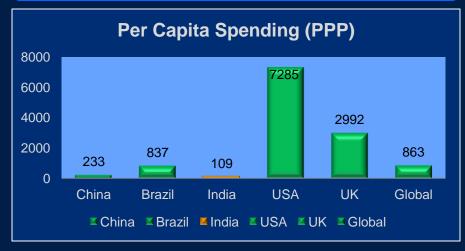




Rising health insurance penetration will make healthcare affordable







On a per capita basis, both in terms of USD and PPP, India's Healthcare spend is amongst the lowest globally. However India's healthcare spending is growing at a healthy CAGR of 14%, rising from 5.5 % of GDP (2009) to 8% (2012)



MHC, with its unique model* is well positioned to deliver high quality of care to patients



Quaternary /Tertiary Care

- Max Super Speciality Hospitals Saket
- Max Super Speciality Hospital Patparganj
- Max Super Speciality Hospital Mohali
- Max Super Speciality Hospital Bhatinda
- Max Super Speciality Hospital Shalimar Bagh
- -Max Super Specialty Hospital Dehradun

- Organ Transplant
- Neurosciences
- Oncology
- Cardiac Care
- Minimally Invasive & Metabolic Surgery
- Joint Replacement and Orthopedics
- Aesthetics and Reconstructive surgery

Secondary Care

Max Hospitals – 3
Specialty Centre – 2

- Medicine & Allied Specialties
- Mother and Child
- High-end diagnostics
- Infertility and IVF
- •Eye and Dental care

Primary Care

Clinics / Implants - 10

- •PHP
- Specialist doctor consult
- Basic diagnostics like pathology collection
- Home Care

NABH & NABL Accreditations

- Max Super Specialty Hospitals, Saket
- Max Super Specialty Hospital, Patparganj
- Max Hospital, Gurgaon



Extensive focus on service excellence – a key strength for MHC



Comprehensive and integrated healthcare services

- Complete service profile, cutting edge technology and state of the art infrastructure
- North India centric strategy allows leveraging of medical capabilities

Well established brand name throughout India

- Patient centric healthcare delivery model with focus on highest quality of care
- High operational and clinical efficiency
- Won numerous accolades including accreditations by the NABH, NABL and awards by FICCI
- Comprehensive range of services offer primary, secondary, tertiary and quaternary care

Network of highly respected and leading specialists

•Team of 2,000 doctors complemented by 2,400 nurses and 900 other trained medical personnel*

Transitions from Tertiary to Quaternary Care

- Foray into Stem cells service profile enhanced to include Organ Transplant
- Revolutionary change in healthcare operations by introducing Electronic Health Records (EHR)
- Centres of excellence in cardiac, minimal access, metabolic and bariatric, orthopedics & joint replacement, neurosciences, pediatrics, obstetrics & gynecology, oncology and aesthetic & reconstructive surgery
- Research focus- Only centre in Indian subcontinent to conduct basic research in the field of diabetic and cardiology genetics in collaboration with Imperial College, London

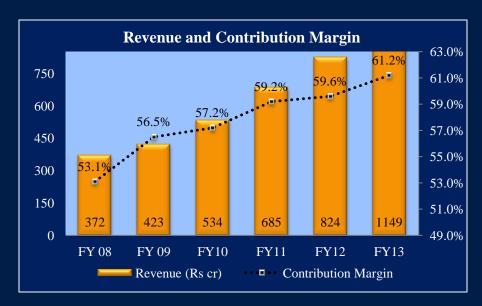
Extensive emphasis on medical training and education

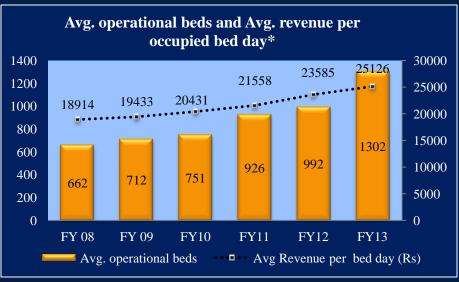
- DNB (Diplomate of National Board) & fellowship programs
- · High quality nursing and paramedic care supported by nursing and paramedic college

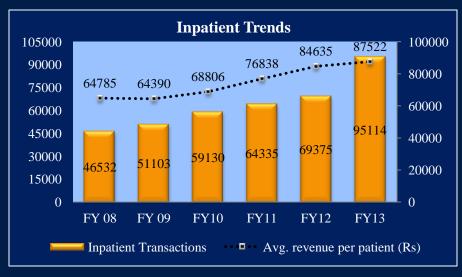


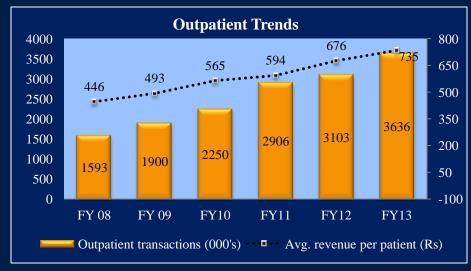
MHC delivering superior performance across all key metric















MAX BUPA HEALTH INSURANCE (Max Bupa)

www.maxbupa.in



A symbiotic partnership in the health insurance space







- India's leading conglomerate
- Successful track record of building businesses
- Expertise in life insurance, health insurance and healthcare businesses
- Group revenues in FY 2013 –
 Rs 10,624 crores
- Local perspective of the Indian market



- Global Health Insurance provider with market leadership in UK, Spain & Australia
- 12 million customers in over 190 countries
- Group revenues in 2012 £8.5 billion and PBT of £600 million
- Employee base of over 52,000
- Recently voted as best international health care provider

Leveraging the strengths of both partners to build a robust and profitable enterprise with focus on service excellence



Industry is poised for an exponential growth



Key drivers of growth

Increase in affordability

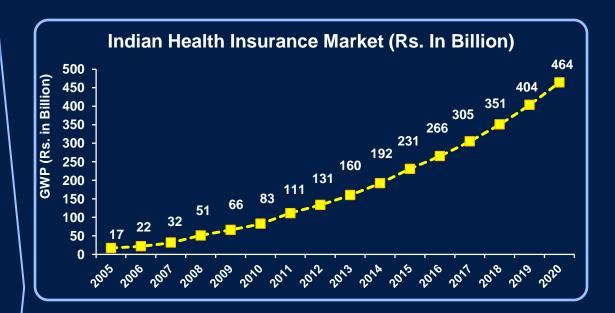
 Increasing affordability with rise in income levels and healthcare spend per capita

Increase in willingness

- Rapid scale-up of hospitals and expansion outside metros
- Take-off of comprehensive insurance coverage products e.g. secondary healthcare, outpatient etc.
- Higher need with rise in incidences of chronic diseases (viz. cancer, heart disease)
- Acceptability of insurance with increasing awareness

Increase in ticket size

 Rise in healthcare costs with market inflation



- Industry grew by 17% in Apr'12-Feb'13 period
- CAGR last 5 years at 34%
- Expected CAGR of 20 25% for next 5-10 years
- Insurers focusing on containing loss ratio's and improving profitability
- · Standalone health insurers growing aggressively



Max Bupa to capitalise on this opportunity through innovative product and superior service offering







Extensive focus on key growth levers to maximize long-term value



Leveraging Max India capabilities

- Max India has a strong understanding of Indian Insurance landscape
- Effectively implement learning's from Max Life's success
- Leverage synergies with Max Life and MHC

Leveraging Bupa capabilities

- Product design opportunities
- · Underwriting and clinical expertise

Pricing for profitability

- · Value based pricing based on data and analysis
- Selective targeting of profitable Group business

Continuous product innovation

- · Build a culture of innovation and expertise.
- Focus on wellness and specialized products with no age limit and high sum assured.
- Fixed benefit product (Health Assurance) approved by IRDA in July 2012 and Group Personal Accident in May 2013

Focussed customer profile

- · Focus on the mass affluent+ customer base
- Robust underwriting procedure

Factsheet* – Max Bupa

Gross Written Premium^	INR 207 Cr.
Customer Base [^]	460,690
Number of Employees	1130+
Number of Agents	9,300+
Number of Offices	21
Partner Hospitals	1,900+





MAX SPECIALITY FILMS (MSF)

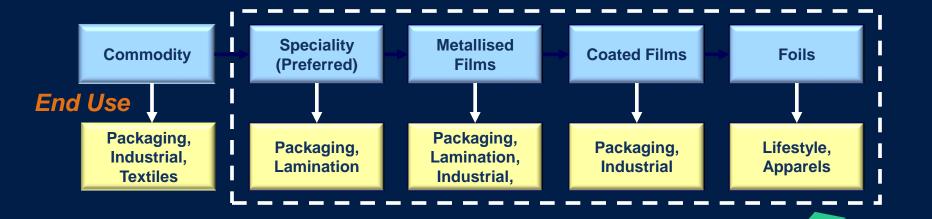
www.maxspecialityfilms.com



With MSF uniquely positioned to create value



Our Focus





- Manufacturer of niche (high margin) and high barrier speciality polymer films
- Pioneer in introduction of value added products/technology in India
- Value added products account for 60-70% of total sales
- Customer Base in India / Exports
- New product development 6 to 8 per year
- Long term relationship with blue chip customers; Preferred Vendor



Visibility in Top Brands







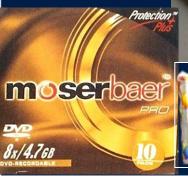
























Max Specialty Films



Kou Business Britans	Hest	Year E	Y-o-Y	
Key Business Drivers	Unit	Mar-13	Mar-12	Growth
a) Sales Quantity – BOPP	Tons	51,220	49,786	3%
b) Revenue	Rs. Cr.	713	695	3%
c) Profitability:				
Contribution Margin	Rs. Cr.	95	126	(25%)
	%	13%	18%	
EBITDA	Rs. Cr.	43	77	(44%)
EBITDA%	%	6%	11%	
PBT	Rs. Cr.	4	38	(89%)
	%	0.6%	5.5%	

- FY 13 witnessed aberrations in domestic market leading to pressure on margins:
 - \circ 30% capacity increase, industry-wide, due to additional capacities coming on stream
 - o irrational /predatory pricing by select competitors
- Export volumes maintained but margins impacted by volatile Global markets.
- MSF only player to achieve 100% capacity utilization

Recent trends are encouraging:

- Robust Domestic demand growth rate ~ 15% to 17%, operating rates likely to reach ~90% in mid term
- Uptick in price since Mar'13 after bottoming out in Jan & Feb'13, monthly performance run rate improving
- Share of high margin product sales gradually increasing
- Longer-term prospects of industry positive; lifestyle changes and FDI in retail to be key drivers





MAX NEEMAN MEDICAL INTERNATIONAL (MNMI)

www.neeman-medical.com



MNMI: A comprehensive service offering



- Full service contract research organization (CRO) with focus on Phase II, III & IV trails
- Service offerings include: Project management, Site management, Data management, including, biostatistics and report writing, monitoring services and supply chain management
- Order book of Rs. 22 Cr. as at March '13 end
- Business Development efforts focused on medium/small-sized biotech & pharma companies

Key Highlights

- Revenue for FY13 at Rs. 24 Cr., down 13% y-o-y due to industry slowdown consequent to regulatory uncertainty
- Net Loss for FY13 at Rs. 2 Cr. vis-à-vis net profit of Rs. 2 Cr. in FY12 as order execution continues to be impacted by delays in regulatory approvals
- Patient retention rate at 92%
- 5 successful US FDA GCP audits
- Client base stands at 108
- 2000+ Physicians
- 315 studies being executed across 540 sites







MAX INDIA FOUNDATION (MIF)

www.maxindiafoundation.org



MAX INDIA FOUNDATION

Making a difference... to life



Max India Foundation

 Corporate Social Responsibility (CSR) Arm of the Max India Group focused on providing quality healthcare to the underprivileged, facilitating awareness of health related issues, and promoting and fostering an eco-friendly healthy environment.

Awards Received:-

- Golden Peacock Global CSR Award 2011
- •Global CSR Awards at the World CSR Day 2012
- Golden Peacock Award for CSR 2012
- •"Best CSR Practices 2013" at 7th Indy's Award
- •"Best CSR Practices 2013" at the World CSR Day,

Factsheet* – MIF

Locations 339

NGO Partners 301

Beneficiaries 4,24,685

Artificial Limbs & Polio

Immunization

- Callipers
- Health Camps
- Surgeries & Treatment
- Palliative Care
- Lifeline Express Camps
- Multi-speciality Camp
- Cancer Awareness
- Environment Awareness







Initiatives



Thank You



Road Map to Becoming India's Most Admired Life Insurance Company

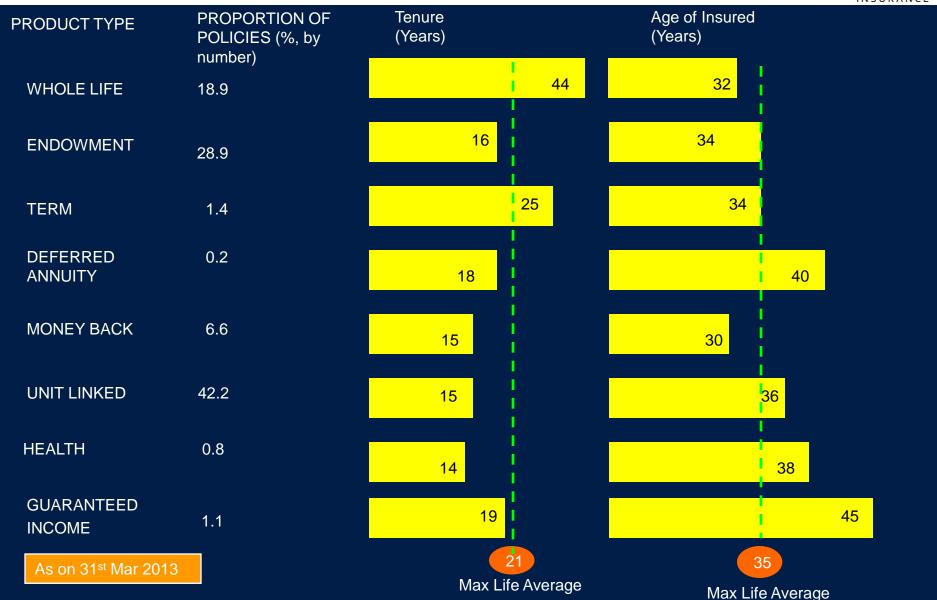


 Key Public Messages A trusted life insurance specialist Customer centric Financially responsible and strong A great place to work An admired member of the communication 	Part of top of Life Insurance MISSION National Pla Brand of FII	Part of top quartile new Life Insurance Companies National Player Brand of FIRST choice			
Key Differentiators Financial Strength & Security Quality of agents Flexible Products Service Excellence Fair Terms of Business STRATEG	WHAT –Comprehensive sui competitive pricing, extensive persistency, customer service profitable portfolios HOW –TalentedPeople, Profitable	re distribution, ce excellence, fessional & Productive age Technology, Tear	nwork,		
INITIATIVES	What-When-Who-How-Cos Individual levels	et linkage plans at Dep	partmental and		
VALUES & BELIEFS Excellence Honesty Knowledge Caring Integrity Teamwork	OPERATING PRINCIPLES Customer comes first International quality standards Do it right the first time Fact based decisions Bias for result oriented action Financial strength & discipline Direct and open communication Respect Max & NYLI values & parenta Fun at work	METRICS & STANDARDS Input Output External Internal Absolute Ratios	PERFORMANCE MGMT PROCESS GMPR Ratings TEC/TTR – Templates Primary, Shared and Contributory Balanced scorecard Core, Functional and Leadership Competencies		



MAX Protection Oriented, Longer Tenor Life Insurance







Market Position Insurance Sales



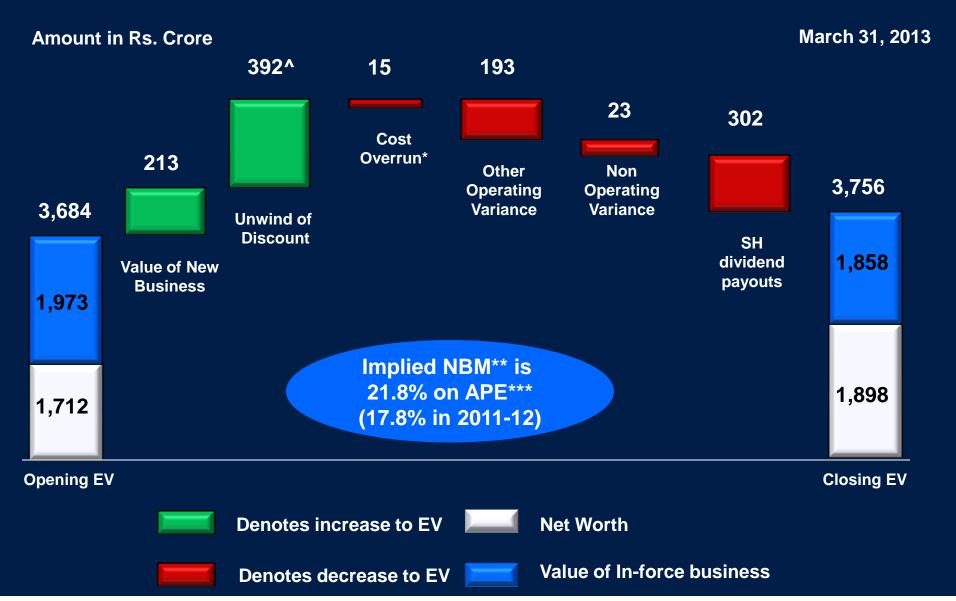
S. No.	Company	Individual New Business Premium (Rs. Cr) Premium Adjusted for 10% single premium							
		FY12-13	FY11-12	Growth (%)	Market Share				
1	ICICI Prudential	3,310	2,818	17%	18.5%				
2	HDFC Life	3,131	2,714	15%	17.5%				
3	SBI Life	2,388	2,108	13%	13.4%				
4	Max Life	1,513	1,506	0%	8.5%				
5	Bajaj Allianz	1,230	1,309	-6%	6.9%				
6	Birla Sunlife	1,032	1,179	-12%	5.8%				
7	Reliance Life	978	1,103	-11%	5.5%				
8	PNB MetLife	561	503	12%	3.1%				
9	ING Vysya	515	607	-15%	2.9%				
10	Kotak Life	459	474	-3%	2.6%				
	Others	2,731	3,201	-15%	15.3%				
	Private Total	17,849	17,522	2%					
	LIC	29,171	30,420	-4%					
	Grand Total	47,019	47,942	-2%					
	Market Share of Pvt. Players	38.0%	36.5%						

Source: IRDA website



Max Life – Embedded Value





^{*} Cost Over-run includes over-runs that are relevant to Embedded Value. ^ Unwind calculated on the expected basis where the Net Worth earns 8.15% and the VIF earns 13%.

^{**}VNB includes shareholders' interest in the residual estate from participating business aggregating Rs. 32 Cr. Implied NBM is on a structural basis.

^{***}APE - Adjusted Premium Equivalent (Annualized First Year Premium adjusted for 10% of Single Premium; Limited Premium valued at 50%).



Max Life – Key Assumptions to Embedded Value



Economic Assumptions

Cash/Money Market/TB	7.50%				
G Secs	7.96%				
Corporate Bonds	8.76%				
Equities	13.00%				
Unit Linked Fund Growth Rate	10.50%				
Interest Rate on Non-Unit Reserves	8.15%				
Inflation	6.50%				
Risk Discount Rate	13.00%				
Service Tax	12.36%				
Tax Rate	13.52% (12.5% + 5% surcharge + 3% education cess)				

Sensitivity

• For change in risk discount rate by 1%, the value of in-force business would change by 4-5%.

Operating Assumptions

- Operating Assumptions like mortality, morbidity and lapses are based on our own experience and validated with industry / reinsurers experience.
- Expense assumptions are in line with experience and are unchanged from that used last year.



Max Life – Basis of Preparations for Embedded Value



Max Life's EV guided by European Embedded Value principles

"Top down" allowance for risk including allowance for time value of financial options and guarantees

Explicit allowance for cost of capital where capital is the higher of the required solvency margin and internal capital requirements

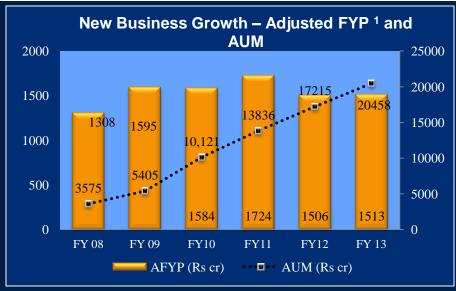
Actuarial assumptions based on past experience and on management's views of future trends in experience

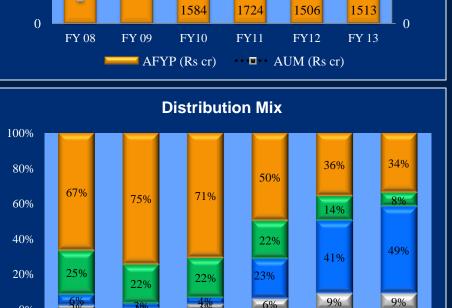
Results not audited nor subject to external review but the EV methodology is in line with accepted international practices

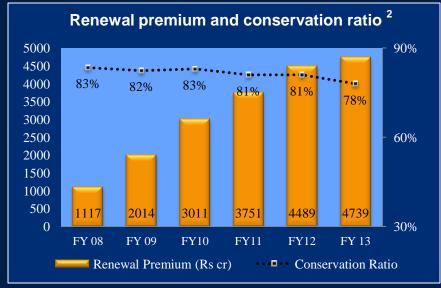


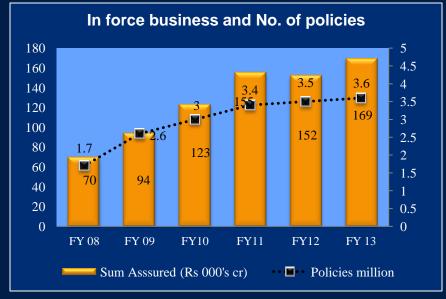
Track record of strong performance











1. Individual First Year Premium adjusted for 10% single pay

FY10

FY11

■ Partnership Distribution ■ Own Channel

FY09

■ Bancassurance

FY08

2. Conservation ratio = Renewal premium for the current period / (First Year + Renewal Premium for the previous period)

FY13

FY12



Max Life Insurance - Financials



							INSURANCE
Key Business Drivers	Unit	Quarter Ended		Y-o-Y	Y-o-Y Year ended		Y-o-Y
		Mar-13	Mar-12	Growth	Mar-13	Mar-12	Growth
a) Gross written premium income	Rs. Crore						
First year premium		507	512	-1%	1,529	1,551	-1%
Renewal premium		1,464	1,301	13%	4,739	4,489	6%
Single premium		108	107	0%	370	350	6%
Total		2,079	1,921	8%	6,639	6,391	4%
b) Shareholder Profit	Rs. Crore	114	122	-6%	475	460	3%
c) Expenses of Management	%	15.1%	17.2%	12%	18.6%	19.4%	4%
d) Individual Adjusted Premium (APE*)	Rs. Crore	500	480	4%	1513	1506	0%
e) Conservation ratio**	%	81%	82%	-2%	78%	81%	-3%
f) Average case size	Rs.	25,109	24,593	2%	23,856	22,887	4%
g) Case rate per agent per month	No.	0.53	0.60	-12%	0.50	0.58	-14%
h) Number of agents	No.	35,384	35,379	0%	35,384	35,379	0%
i) Paid up Capital	Rs. Crore	2,127	2,127	0%	2,127	2,127	0%
j) Individual Policies in force	No. Lacs	36	35	1%	36	35	1%
k) Sum insured in force	Rs. Crore	169,167	152,150	11%	169,167	152,150	11%

^{*}Individual First Year Premium adjusted for 10% single pay

^{**}Conservation Ratio = Renewal Premium for the current period / (First Year + Renewal Premium for the previous period)



MHC - Vision / Mission



Key Differentiators

- Focused NCR centric delivery for operational excellence
- Leadership in 5 super-specialties in tertiary care
 - 'Star' physicians supported by a group of high quality physicians
- **Ethics**
- Memorable brand experience
 - 'Star' and quality physicians
 - Infrastructure and equipment
 - No surprises cost of care, pricing, medication
 - Signage
 - Look feel smell touch
- High quality nursing and paramedic care supported by nursing and paramedic college
- Technology and IT

PASSION Build Trust

VISION

MISSION

Deliver international class healthcare with a total service focus, by creating an institution committed to the highest standards of medical & service excellence, patient care, scientific knowledge, research and medical education.

- Create exceptional standards of Medical & Service Excellence
- Care provider of FIRST CHOICE
- Principal Choice for Physicians
- **Ethical Practices**
- Create International Centre of Excellence for select Super Specialties.
- Safety Patient, Customer, Staff

GOALS

- Profitable without profiteering.
- Seamless linkage between secondary and tertiary care.

KEY OBJECTIVES WHAT -Medical USP's; Best in class; Comprehensive care;

Convenience & accessibility; Seamless service; Patient records; Consistent and customised care; Service excellence; Preventive health; Caring place to work.

STRATEGIES

HOW -Train train; Partnership with Medical community; Principalchoicefor physicians; Never ending focus on medical and service excellence: Build lasting customer relationships: No franchising.

INITIATIVES

- WHAT- HOW WHEN COST LINKAGE
- · Shared responsibility with single accountability.
- Unique approach through:
- International benchmarking.
- Medical Management Alignment.
- Train train train.

- Walk the Talk
- Rehearse rehearse
- Mystery customers
- IT Capability
- Cost Efficiency
- Attrition Management **PERFORMANCE**

Key Public Messages

- Medical Excellence
- Service Excellence Total Experience
- In your community near you
- High-end tertiary care in Private
- sector
- Comprehensiveness
- Referral system National &
- International
- Value for money
- Corporate Social Responsibility

- **VALUES & BELIEFS**
- Caring
- Excellence
- Integrity
- Personal
- Professional
- Accountability
- Openness/Transparency
- Teamwork
- Win-win partnerships

OPERATING PRINCIPLES

- Courtesy & Caring always
- Customer comes first
- · Do it right first time
- International image standards
- Direct & open communications
- Create trust
- Compliance
- Fun at work
- Reward & Recognition

JCIA Accreditation

METRICS &

STANDARDS

- ISO 9001: 2000
- Integrated Management System
- Credentialing / Grant ofprivileges
- Employee productivity
- Employee Engagement survey
- · Service Dashboard Sparsh
- NABH/NABL Accreditation
- · Adverse event Measurement.

MGMT PROCESS Competence rating

Potential analysis **PSC** model

Balanced scorecard

Performance / Risk linked

reward.



MD, FRCS, FRCOG

Padma Shri Dr. Rustom Phiroze Soonawala

Director, Paediatrics and Paediatric Surgery

Chairman, Obstetrics & Gynaecology

MHC - Key Physicians

• Eminent and Internationally renowned Obstetrician & Gynaecologist.

• Former President of the Federation of Obstetricians and Gynaecologists

• Served as Member of the Board of Management of Sir Ganga Ram Hospital.



Padma Shri Dr. Pradeep K Chowbey MBBS, MS, FIMSA, FAIS, FICS, FACS, Doctor of Science (Honoris Causa) Chief- Surgery & Allied Surgical Specialties Director - Minimal Access, Metabolic & Bariatric Surgery	Prior to joining MHC, he was Chairman of the Minimal Access Metabolic & Bariatric surgery center, Sir Ganga Ram Hospital. He has been visiting faculty to the best Medical Institutions like Memorial Sloan Kettering Cancer Hospital, NewYork, John Hopkins Institute in USA & Royal Marsden Cancer Hospital, in U.K. Dr. Chowbey has done his MBBS followed by MS, General Surgery(1977) from Govt. Medical College, Jabalpur & MNAMS, National board of Examination.				
Dr. S.K.S. Marya (M.S., DNB, Mch, FICS) Chairman - Orthopaedics & Joint Replacement	 Renowned Joint Replacement Surgeon having 30 years experience. Pioneered bilateral Hip and Knee Joint replacement. Author and teacher par excellence. 				
Dr. A.K.Singh (M.S., Mch, Diploma WFNS) Director – Max Institute of Neurosciences, Dehradun	 Renowned Neuro Surgeon having 40 years experience. Pioneer in the field of neurosurgery, credited with many 'firsts' in India - Median Corpectom for Cervical Spondylosis; Direct Trans Nasal Trans Sphenoidal removal of Pituitary Tumor and many others. Also won BC Roy Award amongst others Author and teacher par excellence. 				
Dr. Harit Chaturvedi (MS, MCH) Chief Consultant & Director – Surgical Oncology	 Having 25 years of experience in Surgical Oncology. Served institutions of repute like Rajiv Gandhi Cancer Institute, Indraprastha Apollo Hospitals, Batra Hospital & Medical Research Centre, New Delhi. 				
Dr. Anurag Krishna MS, MCh., FAMS	20 years experience in Paediatric surgery -complex congenital malformationsPublished 50 scientific papers in leading national and international journals				



MHC - Accreditations and Awards



NABH / NABL Accreditation

National Standards: Mark of Excellence : 636 aspects are addressed:

- Patient Rights: respect, transparency, consent
- Standardized protocols in all departments: over 200 SOPs
- •Patient safety
- •Measurement & Evaluation
- Staff Training and safety: on all SOPs

Achievements: 2012-13:

MSSH: Shalimar Bagh: NABH New Accreditation

MSSH, Mohali: NABH New Accreditation (awaited shortly)

MSSH, Saket: NABH Reaccreditation

MSSH, Patparganj: NABH Surveillance Accreditation

Blood Bank: MSSH, Patparganj: NABH Reaccreditation

Pathology Lab: MSSH, Patparganj: NABL Reaccreditation

Pathology Lab, MSSH, Gurgaon: NABL Reaccreditation

ISO 14001:2004 & 18001:2007 at Patparganj , Pitampura & Shalimar Bagh ISO 9001:2008 at Max Heart & Vascular Institute, Patparganj, Noida, Pitampura, Shalimar Bagh, Panchsheel Park & Home Office.







MHC is committed to ensure that all units are complaint to the National Standards

Radiation Therapy Radiation Oncology Department, Saket:

Recognition of Quality Standards conforming to International Atomic Energy Agency / World Health Organization

Under leadership of Dr Anil K Anand & Mr. Munjal

Centre of Excellence Recognition to MHC for Treatment of Heart Attacks

By Lumen Global 2013

Under leadership of Dr. Roopa Salwan

The second secon

Best Corporate Website

- maxhealthcare.in

3rd India Digital Awards
by Internet & Mobile
Association of India

Awarded on 17th Jan, 2013

Past winners: www.wolkswagon.co.in MHC won among 200 Nominations in the Award Category IAMAI jury evaluated entries based on:

- Content
- Structure and Navigation
- Visual Design
- Functionality
- Interactivity
- Overall Experience

Dr. Arati Verma selected as Co Chairperson of Technical Committee of NABH



MHC Tertiary Care Facility, Saket [South Delhi]





MAX DEVKI DEVI HEART & VASCULAR INSTITUTE (East & South)

(East :- December 2004, South :- February 2010)

- Patient beds (East; 207 beds) & (South; 83 beds)
- 11 OTs, 2 Cardiac Catheterization Labs
- Tower Specialties Cardiac Sciences, Minimal Access,
 Metabolic & Bariatric Surgery, Comprehensive Oncology
 (Surgical, Medical and Radiation)
- Nuclear Diagnostic Services
- Advanced CT Scan Imaging
- Centralized Emergency Command with Advanced Cardiac Life Support Ambulances and Air Evacuation Service



MAX SUPER SPECIALITY HOSPITAL (West)

(May 2006)

- 184 beds (including 71 critical care beds)
- 7 OTs, 20 Consult Chambers
- Tower Specialties
 — Orthopedics, Neuro Sciences,
 Obstetrics & Gynecology, Pediatrics and Aesthetic &
 Reconstructive Surgery
- Brain Suite (first in Asia) and Intra Operative MRI
- DSA Lab (for Neuro Sciences)
- Emergency Services
- High end Radiology facilities with 64 slice Cardiac CT



MHC Tertiary Care Facility, Patparganj [East Delhi]





PATPARGANJ BALAJI HOSPITAL (PPG I) (May 2005)

- 154 inpatient beds
- 3 OTs
- General Surgery & MAS
- Nephrology
- Mother and child care
- Plastic Surgery & Gastroenterology
- Other allied specialties



PATPARGANJ SUPER SPECIALITY HOSPITAL (PPG II) (Feb 2010)

- 259 inpatient beds
- 7 OTs, 1 Cardiac Catheterization Labs
- Invasive & Non Invasive Cardiology
- Cardio Thoracic Vascular Surgery
- Comprehensive Oncology (Surgical, Medical and Radiation)
- Orthopedics & Joint Replacement
- Neurosciences
- Urology
- Critical Care & Other allied specialties
- Ambulatory Care



MHC Tertiary Care Facility [North India]







Mohali (September 2011)

- 142 inpatient beds and 45 Critical Care Beds
- 5 OTs
- Oncology
- Cardiac Sciences
- Orthopedics
- Neuroscience
- Mother and Child Care
- Urology
- ENT & Dialysis
- Plastic and Reconstructive Surgery
- Dentistry & Day Care

Bhatinda (September 2011)

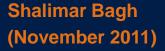
- 141 inpatient beds and 42 Critical Care Beds
- 5 OTs
- Oncology
- Cardiac Sciences
- Orthopedics
- Neuroscience
- Mother and Child Care
- Urology
- ENT & Dialysis
- Plastic and Reconstructive Surgery
- Dentistry & Day Care



MHC Tertiary Care Facility [North India]







- 196 inpatient beds and 80 Critical Care
- 7 OTs
- Cardiology , Cathlab and Oncology
- Orthopedics and Neuroscience
- Mother and Child Care and Urology
- ENT and Dialysis
- Plastic Surgery and Reconstructive
- Dentistry & Day Care
- Ophthalmology



Dehradun (May 2012)

- 166 inpatient beds and 39 Critical Care
- 40Ts
- Neurosciences
- Cardiac Care
- Orthopedics
- Mother and Child
- Internal Medicine
- General Surgery
- ENT and Dialysis
- Eye & Dental Care



MHC Secondary Care Facility [Suburb of Delhi]









GURGAON (July 2007)

- 80 inpatient beds
- 3 OTs
- Orthopedics & Trauma
- Ophthalmology (anterior and posterior)
- Woman and child (including infertility)
- Medical & surgical intensive care
- Nephrology and urology
- Aesthetic and reconstructive surgeries
- General and minimally invasive surgeries
- PHP and OPD
- Pediatric & Neonatal Intensive Care

PITAMPURA (February 2002) (North Delhi)

- 90 inpatient beds
- 2 OTs
- Lithotripsy
- Mother and child care
- Aesthetic & Reconstructive Surgery
- Non-invasive cardiology
- Physiotherapy
- Pediatric & Neonatal Intensive Care
- Full range diagnostics
- PHP, OPD and Dentistry

NOIDA (August 2002)

- 32 inpatient beds
- 2 OTs
- Mother and child care
- Non-invasive cardiology
- Laparoscopic surgery
- Orthopedics
- ENT, ophthalmology
- Urology and nephrology
- Full range diagnostics
- PHP, OPD and Dentistry



MHC Speciality Centres – Panchsheel [South Delhi]





OPTHALMOLOGY AND DENTAL CARE (November 2005)

- Lasik, OPD and diagnostics
- Dental 5 chambers
- Support services and offices



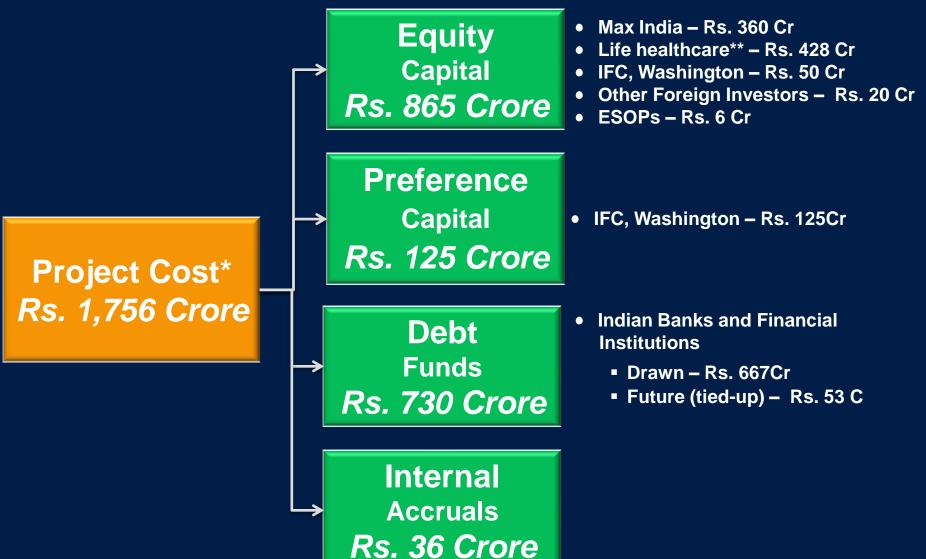
SPECIALIST CONSULTS AND HIGH-END DIAGNOSTICS (August 2006)

- GP and specialist consults
- Diagnostics
- Neurology (EEG and EMG)
- Preventive health and chronic care
- Physiotherapy
- Minor procedures and emergencies
- IVF
- Home Care



MHC –Investment Pattern





^{*}The above project cost includes project cost for Dehradun and Phase II of Mohali and Bathinda

^{**} Life Healthcare's total investment in MHC is Rs. 517 Cr. of which Rs. 89 Cr. used towards payment of redemption premium on IFCs preference shares 52 has been adjusted above



Max Healthcare* - Financials



Key Business Drivers	Unit	Quarter Ended		Y-o-Y	Year ended		Y-o-Y
Rey Dusilless Drivers		Mar-13	Mar-12	Growth	Mar-13	Mar-12	Growth
a) Revenue (Gross)	Rs. Crore						
Inpatient Revenue		228	162	41%	833	587	42%
Day Care Revenue		10	7	39%	38	27	42%
Outpatient Revenue		72	60	20%	267	210	27%
Other Operating Income		5	-		11	-	
Total		315	229	38%	1149	824	40%
b) Profitability							
Contribution Margin	Rs. Crore	191	136	40%	703	491	43%
Contribution (%)	%	60.6 %	59.4%		61.2%	59.6%	
EBITDA	Rs. Crore	22	(4)	-	71	12	480%
EBITDA (%)	%	7.0%	(1.7%)	-	6.2%	1.5%	
c) Patient Transactions (No. of Procedures)	No.						
Inpatient Procedures		24,698	17,880	38%	95,114	69,375	37%
Day care Procedures		3,888	3,164	23%	15,355	11,314	36%
Outpatient Registrations		954,011	801,443	19%	3,636,378	3,103,270	17%
d) Average Inpatient Operational Beds	No.	1,380	1,113	24%	1,302	992	31%
e) Average Inpatient Occupancy	%	70.6%	65.2%	8%	69.7%	68.6%	2%
f) Average Length of Stay	No.	3.55	3.69	4%	3.48	3.59	3%
g) Avg. Revenue/Occupied Bed Day (IP)	Rs.	26,029	24,449	6%	25,126	23,585	7%



Max Bupa Health Insurance - Financials



Key Business Drivers	Unit	Quarter	Quarter Ended		Year ended		Y-o-Y
		Mar-13	Mar-12	Growth	Mar-13	Mar-12	Growth
a) Gross written premium income	Rs. Crore						
First year premium		41.1	30.9	33%	127.7	81.5	57%
Renewal premium		32.5	7.5	333%	79.5	17.5	353%
Total		73.6	38.4	92%	207.2	99.1	109%
b) Net Earned Premium	Rs. Crore	40.3	19.5	107%	128.4	50.9	152%
c) Average premium realization per life	Rs.	5,325	4,999	7%	5,126	5,307	(3%)
d) Conservation ratio	%	84%	71%		81%	69%	
e) Number of agents	No.	9,398	6,438	46%	9,398	6,438	46%
f) Paid up Capital	Rs. Crore				504	384.5	31%
g) No. of Lives	No.	163,577	88,491	85%	460,690	215,131	135%



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