

Thinking People First

# Maximize Customer Satisfaction

We are utilizing all the resources at our disposal to strengthen our consulting capabilities. By enhancing our use of the PDCA cycle for continuous operation improvements based on the voices of our customers, we are working to further accelerate our initiatives for carrying out our “Declaration of Quality Assurance,” revised for greater relevance, and striving to maintain and improve our quality in order to remain the insurance company of choice.

Our 40,000-plus sales representatives (Total Life Plan Designers) across the country offer face-to-face consultation.  
(Photo: Tomoyo Katsukura, Metropolitan Consulting Sales Center 5 Career Office)



## SPECIAL TOPIC

# New Total Life Plan Strategy Initiatives

Since 1997, we have promoted the “Total Life Plan,” which offers “high quality products, services, and proposals,” and worked to embody our management philosophy of “Customer First,” established when the company was founded.

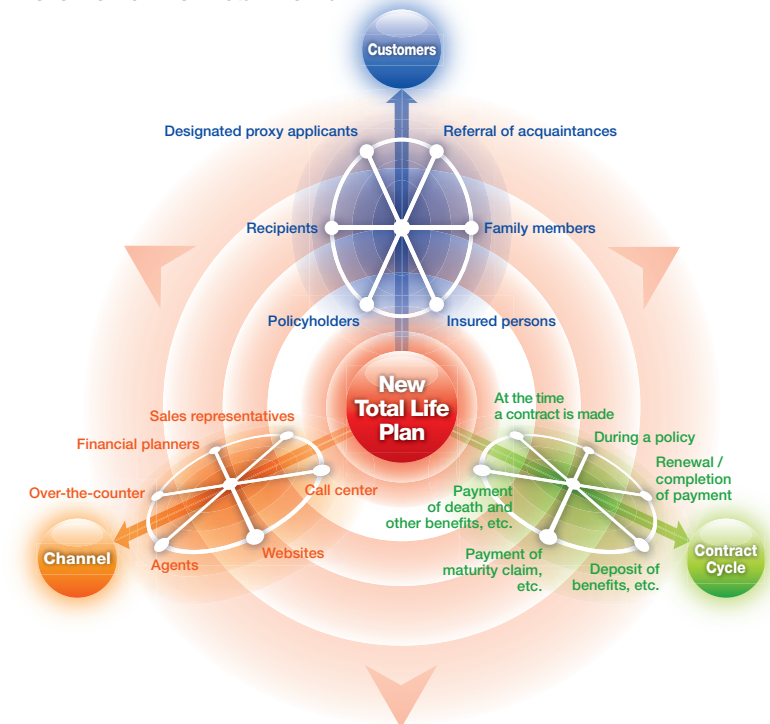
However, the life insurance business environment is expected to continue to change, with shifts in customers’ lifestyles and increased competition.

In order to remain the life insurance company of choice, we have created the “New Total Life Plan,” an expansion and evolution of our “Total Life Plan.”

The objectives of the “New Total Life Plan” are the expansion of contact with customers, including not only policyholders, but their families and friends, the evolution of our contact with our customers by sales representatives, call center staff, financial planners, and other Dai-ichi Life sales channels, as well as notifications and other printed materials, and an increase in the frequency with which we contact our customers, throughout the contract lifecycle.

As Lifelong Partners, every one of us will continue to strive to be of service to all our customers at all points of contact.

Overview of “New Total Life Plan”



## VOICES

### Promoting the “New Total Life Plan” in Service of All Our Customers

In addition to our approximately 8 million policyholders, we also have many other policy related customers, such as our insured persons, recipients, and their family members. In order to provide quality products and services to “all of our customers” throughout their lives, we are developing products with an eye towards future societal changes and medical advances, while expanding our policy age range, launching notification-free products, and enriching our provision of information.

“All of us” are also polishing our face-to-face, bidirectional consultation capabilities, to assist customers in selecting the insurance that is best suited to them, and coordinating and

enriching our websites, call centers, over-the-counter services, and notification materials, strengthening our contact points. In 2012, we will deploy our unique DL Pad mobile computer, for use in easy-to-understand high quality proposals and speedy, convenient procedures.

At all points of contact—from the time a contract is made, through the duration of a policy, and to the time of a payout—we will promote our New Total Life Plan, gaining the satisfaction and support of our customers.

Tomoyasu Asano  
Director, Managing Executive Officer





# Declaration of Quality Assurance

In 2006, we clearly stated in the form of the “New Declaration of Quality Assurance” our position that our customers are of primary importance, a philosophy we have held since our company was first founded. In April 2011, we revised it, in the form of the easier to understand “Declaration of Quality Assurance,” to further reflect the perspectives of customers. We will continue to carry out initiatives for realizing our “Declaration of Quality Assurance” in order to further improve customer satisfaction.

First Declaration	We will strive to strengthen our realization of our “Customer First” philosophy, carrying out thorough quality management of the products and services we offer.
Second Declaration	We will devote our full attention to the lives of each of our customers, providing consultation regarding optimal preparations for each of their life stages.
Third Declaration	We will clearly explain anything customers wish to know, or which are important, regarding the contents of the products, services, and policies we offer.
Fourth Declaration	During each insurance policy stage—from the time a contract is made, through the duration of a policy, and to the time of a payout—we will carry out procedures and fair payments in a quick and accurate manner, putting ourselves in the position of our customers.
Fifth Declaration	We will call for opinions from a wide range of people outside the company, and take customer feedback and opinions seriously, reflecting them in business process improvement and corporate management.
Sixth Declaration	In order to carry out our mission of providing long term insurance, we will maintain and strengthen our financial base.

## First Declaration

We will strive to strengthen our realization of our “Customer First” philosophy, carrying out thorough quality management of the products and services we offer.

## Product Development Supporting the New Total Life Plan

### The 3 Product Development Perspectives

We engage in product development based on 3 perspectives in order to grant our customers peace-of-mind and gain their understanding during each

policy stage: from the time a contract is made, through the duration of a policy, and to the time of a payout (1).

#### Product Development Process

When developing products, we remain aware of these 3 perspectives,

while placing importance on the PDCA cycle. In addition to confirming quality at the time a contract is made, during the duration of a policy, and at the time of a payout, we also endeavor to improve the education of our staff, so that they may be able to provide

#### 1 The 3 Perspectives Used in Product Development



#### 2 “Medical Yell” and “Medical Switch” Development Perspectives

Customer Needs	<ul style="list-style-type: none"><li>Customers want medically-oriented coverage at reasonable rates.</li><li>→ Nonparticipating products with no refunds when surrendering contracts</li><li>Customers want medical care insurance for children.</li><li>Customers want to secure lifetime medical care insurance.</li><li>→ Products that can be purchased for insureds between age 0 and 80 (term life for ages 0 to 49, whole-life for ages 50 to 80)</li><li>Customers want the latest medical care insurance, but for health reasons readjustment is not possible.</li><li>→ System for switching current medical special contracts to “Medical Yell (whole-life)” without the need for health checkups by medical practitioners or notifications of health status.</li></ul>
Clarity/Streamlining	
Reliable Benefit Payment	<ul style="list-style-type: none"><li>Simple and Clear Coverage Contents</li><li>→ Products for which benefit claims and payments can be made reliably</li></ul>

### 3 Product and System Development after April 2010 Demutualization

Name	Period
Junpu Life	September 2010
I no Ichiban NEO	September 2010
Hospitalization Rider D for 8 Major Lifestyle Diseases	September 2010
Medical Yell (Term life-type or Whole life-type)	January 2011
Medical Switch	January 2011
Top Plan Success U+ (Plus)	May 2011
Medical Yell Group Plan	July 2011
Grand Road	August 2011

a level of product explanations in which customers may feel satisfied. Furthermore, products undergo deliberation by committees made of officer and department chief-level executives to ensure and improve their quality. Products such as “Medical Yell” are developed from these perspectives (2, 3), and existing products are continually evaluated and readjusted.

#### Continuous Product Discontinuation

We launched “Junpu Life” in September 2010. “Junpu Life” carries on the functions and features of our “Dodo Jinsei” (Dignified Life) and “Shuyaku Jinsei” (Starring Life) products, and the allure of the “Junpu Jinsei” product. Thus sales of “Dodo

Jinsei” and “Shuyaku Jinsei” were discontinued in January 2011, resulting in an easy to understand product system consolidated in “Junpu Life.” At our deliberation meetings (which span department lines), we consider which products should be revised or discontinued, reducing the number of products and riders in order to create a more streamlined product lineup.

## Services for Corporate Customers

We respond to the expectations of corporate customers in today’s rapidly changing societal and economic environment by supplying consultation for benefits programs and retirement benefit systems with accurate support, and a rich lineup of administrative operation services.

#### Comprehensive Benefit Management Systems and Members-Only Information Provision Services

We offer Internet based services such as the “System for Employee’s Life and Finance Solution (SELF5)”

comprehensive benefit management system and “Success Net,” a members-only information provision system operated in conjunction with Sampo Japan Insurance (4).

#### Group Insurance Clerical Services

We have a dedicated contact desk exclusively staffed by group insurance administrative staff to carry out policy renewal, administrative procedures, and payment of insurance claims and benefits promptly and accurately. We have established a service system which handles not only inbound contact, such as by post or toll-free number,

but outbound contact as well (5). We are gradually expanding the range of procedures which the desk handles directly, in order to improve speed and customer satisfaction.

#### Tax-Qualified Pension Plan Migration

The tax-qualified pension plan will be abolished at the end of March 2012. In response, our dedicated staff and corporate sales representative are offering consulting in accordance with customer needs, migrating customers to other retirement benefit systems (6).

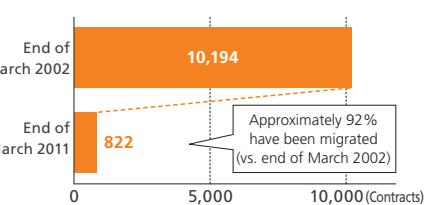
#### 4 Examples of Internet-Based Corporate Services

	Number of Companies Using Service	Contents
SELF5	Approx. 8,000 companies	Provides content supporting employee self-help efforts, defined contribution pension implementation and operation, operation of benefit and annuity systems, etc.
Success Net	Approx. 60,000 companies	Provides a wide range of information related to company management, to assist with resolution of business problems encountered by managers and company executives

#### 5 Support by Dedicated Staff



#### 6 Number of Entrusted Tax-Qualified Pension Contracts (Contract type: Solely Dai-ichi Life or Dai-ichi Life as administrative agent)



Second Declaration

We will devote our full attention to the lives of each of our customers, providing consultation regarding optimal preparations for each of their life stages.

Third Declaration

We will clearly explain anything customers wish to know, or which are important, regarding the contents of the products, services, and policies we offer.

Contacts with Customers (1)

Total Life Plan Designer

Dai-ichi uses the name Total Life Plan Designers to describe sales representatives who provide Total Life Plans to individual customers as their lifelong partners.

Over 40,000 Total Life Plan Designers are providing face-to-face consultation and other services to customers, using eNavit portable personal computers to bolster the quality of their Total Life Plan proposals.

Call Center

The Dai-ichi Life Call Center handles inquiries from customers around the country, as well as procedures such as policy content changes, death claims, and hospital expense benefits. In FY2010, the Call Center handled approximately 1.22 million calls.

At our Communication Desk, we offer the latest information regarding our products, services, and campaigns. In FY2010, the Communication Desk made approximately 1.2 million calls.

Contact Desk

We have three types of contact desks: branches, unit offices, and Total Life Plan Parks.

Our "Total Life Plan Parks," opened in 2007, offer extended business hours, and customers have responded favorably to the fact that they are available for use at times that are convenient for customers. In FY2010, our 8 Total Life Plan Parks across the country were used by roughly 30,000 people.

In April 2011, we opened a new Total Life Plan Park in front of Yokohama Station. 10 of our 70 branch desks across the country offer extended hours, open until 5:00 p.m., instead of the 3:30 p.m. closing time of other branch desks, as well as being open for insurance consultation on a reservation basis on the second and fourth Saturday of each month.\*

Total Life Plan Report

Total Life Plan Reports are sent to

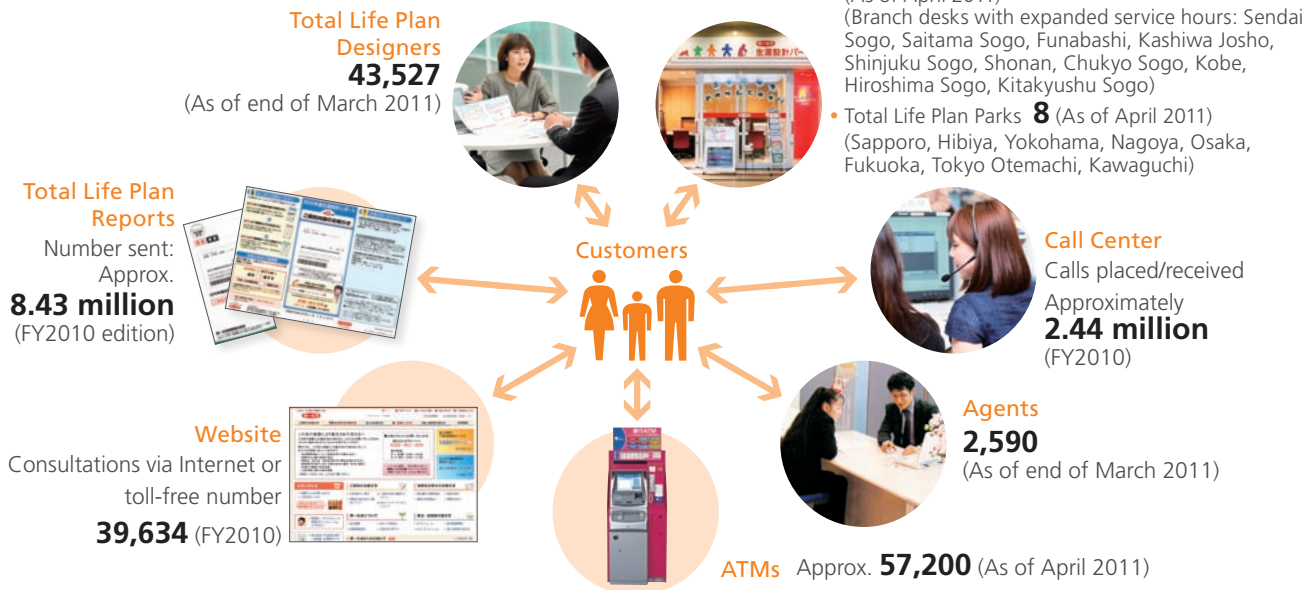
customers once each year, explaining the details of their policies and our business results. Improvements are made each year in response to customer feedback, and we are constantly working to enrich the information we provide, such as our listing in Total Life Plan Reports from FY2010 onwards of customers' insurance claim and benefit payment histories for the preceding 10 years.

ATMs

Customers can withdraw policyholder loans, accumulated dividend funds, and deferments, as well as pay back policyholder loans, at affiliated ATMs located in convenience stores and banks. As of January 2012, we will have approximately 70,000 affiliated ATMs nationwide, becoming one of the top insurance companies in terms of number of ATMs and functions offered.

\* Hours during which procedures can be carried out vary by contact point. Please check our website for details.

1 Contact with Customers



Enriching the Information We Supply to Customers

Portable Personal Computer "eNavit"

Our eNavit personal portable computers are outfitted with presentation functions for conveying information visually and clearly to customers, and data transmission functions for answering inquiries from customers promptly.

The new DL Pad mobile computer will be deployed starting in August 2012, enhancing customer consulting and service provision (2).

Offering Insurance Premium Simulations via Our Website

On our website, customers can easily perform simulations to determine insurance premiums for our new "Medical Yell" product.

In addition to being able to confirm its features and insurance contents, customers can select "Insurance Type" and "Hospital Expense Benefit Day Limitations Type" by sex and age, and confirm what the monthly insurance premiums would be for representative

ages for 10,000 yen per day in hospital expense benefits (3).

"With Partner" Policyholder Service

We offer our "With Partner" service to our policyholders\* and their family members. They can use the With Points they accumulate based on the insurance premiums they have paid, and the number of years they have been insured, on health related services, prize drawings and special offer services, and services for celebrating the life events of family members.

"Total Life Plan My Page" Dedicated Policyholder Internet Service

This website for policyholders allows them to confirm their policy contents, carry out insurance procedures, and use With Partner services over the Internet, all from a single screen. The site is accessible from the "Total Life Plan Support CD" that accompanies the "Contract Guide—Policy Conditions," or from the official website (4).

\* This service cannot be used by corporate customers or policyholders with only financial insurance.

2 Mobile Computer (DL Pad)



3 Simulation Screen



4 "Total Life Plan My Page" Screen



VOICES

Always Looking at Things from the Customer's Perspective, and Taking a Customer-First Approach

Recently, I visited a customer that I've worked with since I was new to the company, regarding some hospital expense benefits procedures. I knew all about the customer's insurance status and conditions, so I was able to not only take care of the procedures, but to give the customer detailed explanations regarding other procedures as well. The customer was very pleased with the level of service. I always try to look at things from

the customer's perspective, and gain a full understanding of the living environments of each customer, as well as all of their insurance policies. I will continue to value the bonds I form with customers through the course of my work, staying healthy mentally and physically, so I can always serve my customers with a smile.

Etsuko Tanba  
Fuse Branch, Shinishikiri Unit Office





Fourth Declaration

During each insurance policy stage—from the time a contract is made, through the duration of a policy, and to the time of a payout—we will carry out procedures and fair payments in a quick and accurate manner, putting ourselves in the position of our customers.

Preventative and Improvement Measures Regarding Missed Insurance Benefit Payments

We are striving to establish systems for notifying customers of all payable insurance claims and benefits, without fail. We are also making continuous revisions to our systems in accordance with the results of customer questionnaires, and the opinions of experts (①).

① Systems, from Policy Conclusion to Payment and Beyond

When Concluding Policy/ Throughout Duration of Policy

**Sufficient Notification of Policy Contents**

- Providing of "Insurance Design Document (Policy Overview)," etc.
- Posting of Contract Guide—Policy Conditions" on website
- Unification of "Contract Guide" and "Payment of Insurance Benefits, etc." booklet (new name: "Procedures for Benefit and Other Claims, and Payment Examples")
- Providing of CD-ROM containing policy conditions
- Inclusion of "To Ensure Thorough Claiming of Insurance Benefits" with insurance certificate
- Increased clarity of policy conditions

**Regular Providing of Information and Cautions to Customers**

- Listing of payment conditions for each primary policy and rider on "Total Life Plan Report"
- "Total Life Plan Report" website reference service
- Listing of insurance claim and benefit payment history in "Total Life Plan Report"
- Display of claim recommendation statements in various notifications

**Creation of a System in which It Is Easy for Customers to File Claims**

- Compensation by Dai-ichi Life for the cost of procuring medical certificates (a flat 5,000 yen payment) in cases where payments cannot be issued
- Readjustment and streamlining of product lineup

Claim Reception — Claim Document Guidance

**Accurate Understanding of Request Contents**

- Improvements to level of claim reception process
- Providing of fliers with easy-to-understand explanations of payment reasons for disability insurance benefits, etc.
- Mounting of benefit related claim navigation system in portable computers carried by Total Life Plan Designers
- Nationwide rollout of insurance benefit help desks for responding to inquiries from Total Life Plan Designers
- Initiation of reception of claims by dedicated benefit call center
- Listing of names of some diseases covered by individual riders in "Treatment Self-Report"

**Reliable Claim Guidance to Customers**

- Automatic collation of accounts when creating claim forms
- Mandatory confirmation of disease name when creating claim forms
- Providing of "Benefit Request Confirmation Form" containing claim filing contents conveyed to us by customer during claim request process
- Providing of "Documents to Be Submitted Together with Treatment Self-Report," clearly indicating what documents are necessary when filing claims

**Stronger Claim Recommendations to Customers**

- Addition of check-sheet function which customers can use to confirm their own claimable benefits in "Benefit Request Confirmation Form"
- Guidance via "Hospital Visit Benefit Claim Recommendation Flier"
- Establishment of Claims Payment Quality Improvement Promotion Center

**Internal Education and Training to Ensure Thorough Guidance**

- Establishment of Educational Support Group in Claims Department
- Establishment of Administration and Underwriting Academy as system for cultivation of personnel well-versed in payment operations and other administrative duties

During Payment Screening and After Payment

**Accurate Payment Screening**

- Utilization of medical certificate information in payment screening via text data conversion
- Introduced "Entry Verify" system, in which multiple different staff enter medical certificate information, and the results are compared by the system, checking that there are no entry mistakes
- Enhancement of system support for payment screening
- Improvement of level of group insurance payment system

**Post-checking of Payment Contents**

- Missed payment prevention through inspection of payment contents immediately after payment

**Reliable and Clear Claim Recommendation**

- Claim recommendation after payment utilizing Integrated Payment Information System.
- Issuing of hospital visit benefit claim recommendation notifications after hospital expense benefits payment
- Display of cautionary messages, etc. on payment detail forms asking customers to check that there are no missed claims

**Enrichment of Explanations to Customers of Payment Contents**

- Establishment of dedicated benefit call center
- Listing of claim form receipt, etc. dates on "Term End Benefit Payment Details" and "Benefit Payment Details"

VOICES

Striving to Take a Customer-Centered Perspective

In the insurance benefit call center, we receive claim applications for benefits and offer various reference functions. We receive calls from a wide spectrum of customers, including those who have lost loved ones to the earthquake, or who are battling serious illness. I try to always provide accurate, polite, easy to understand

explanations tailored to customers' individual situations, and to increase my knowledge of topics pertaining to payments, such as medical knowledge. I always take a customer-centered perspective, so that customers receive all the benefits coming to them and think "I'm glad I went with Dai-ichi Life."

Masayo Shimizu  
Claims Department



Initiatives for Accurate and Fair Payment

Enriching the Explanations and Information We Supply to Customers

■ Accurate, Clear Claim Reception Guidance

Since July 2010, dedicated benefit call center staff have directly handled inquiries regarding benefit claims received by the Dai-ichi Life Call Center in order to provide clear, accurate guidance. (This is planned to be extended nationwide during the course of FY2011.)

Some diseases covered by policies are also listed on the reports (Treatment Self-Reports) that can be used in place of medical certificates when certain conditions are met. Furthermore, a list of other documents which must be submitted is also provided so that customers may check documentation

requirements themselves.

■ Clear Explanations Regarding Payment Contents

Customers can directly contact the dedicated toll free benefits number to confirm benefit payment contents or, in the event that for some reason benefits cannot be paid, the reason for non-payment. Dedicated staff offer clear, easy to understand explanations.

■ Regular Information Provision

In addition to listing payment conditions for primary products and individual riders on "Total Life Plan Reports" sent annually to policyholders, from FY2010 our documentation has been improved, listing benefit payment histories. Customers have reported that the Total Life Plan Report has spurred them to file claims.

Clear Claim Recommendations

■ Establishment of Claims Payment Quality Improvement Promotion Center

In April 2010, we inaugurated the Payment Operation Improvement Project, carrying out detailed auditing and claim filing guidance for issues requiring clearer guidance from a customer protection perspective. In May of the same year, the project was elevated to division level as the Claims Payment Quality Improvement Promotion Center, handling issues which those within and outside of the company indicated required level improvements.

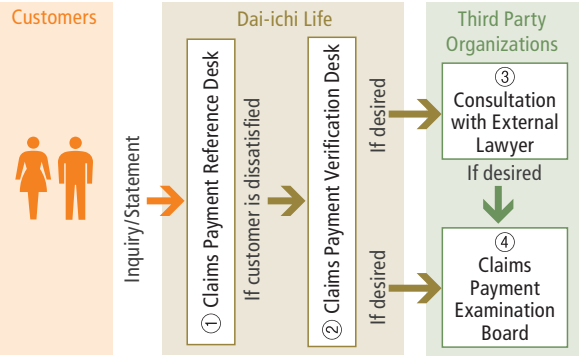
Enrichment of Explanations for Situations in Which Benefits Cannot Be Paid

Payment Department staff experts offer customers explanations when benefits cannot be paid. When customers have questions, they can consult our Claims Payment Reference

Desk (①) (Payment Department). If unsatisfied with the explanation offered by the Claims Payment Reference Desk, customers can make use of our Claims Payment Verification Desk (②) (an

internal department separate from our Payment Department), External Lawyer Consultation Service (③), or Claims Payment Examination Board (④) (third party organizations) (② ③ ④).

② Explanation and Consultation Process When Payment Is Not Possible (Individual Insurance)



③ Usage of Individual Systems

	Claims Payment Verification Desk	External Lawyer Consultation	Claims Payment Examination Board
FY2009	114	5	5
FY2010	203	10	3

④ Payment of Benefits (FY2010)

	Total	Death/Disability/Specified Disease Insurance Benefits	Hospitalization/Surgery Insurance Benefits
Claims paid	937,051	76,530	860,521
Claims not paid	33,880	3,008	30,872
No basis for payment	32,598	2,557	30,041
Dissolution due to breach of notification duty	772	146	626
Cause for exemption	509	304	205
Other	1	1	0

\* Maturity proceeds, existence benefits, etc. not included.

# Fifth Declaration

We will call for opinions from a wide range of people outside the company, and take customer feedback and opinions seriously, reflecting them in business process improvement and corporate management.

## Echo System Operation

In 1992, Dai-ichi Life established a system called "Echo System" (1) to reflect the opinions of customers heard daily from around the country directly in our management. The Echo System collects and analyzes customer opinions, using them to improve management and operational processes. Dai-ichi Life

analyzes the feedback from customers at the monthly meeting of the Voice of Customer (VOC) Committee, identifies and organizes problem areas, and creates and implements improvement measures. These initiatives are reported to the Executive Management Board, which carries out any necessary

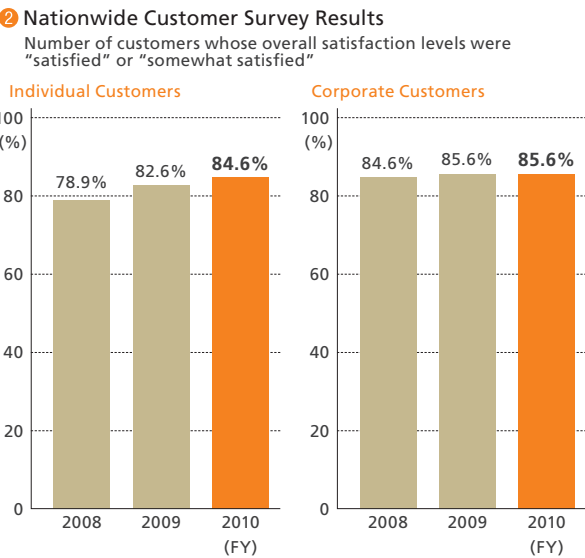
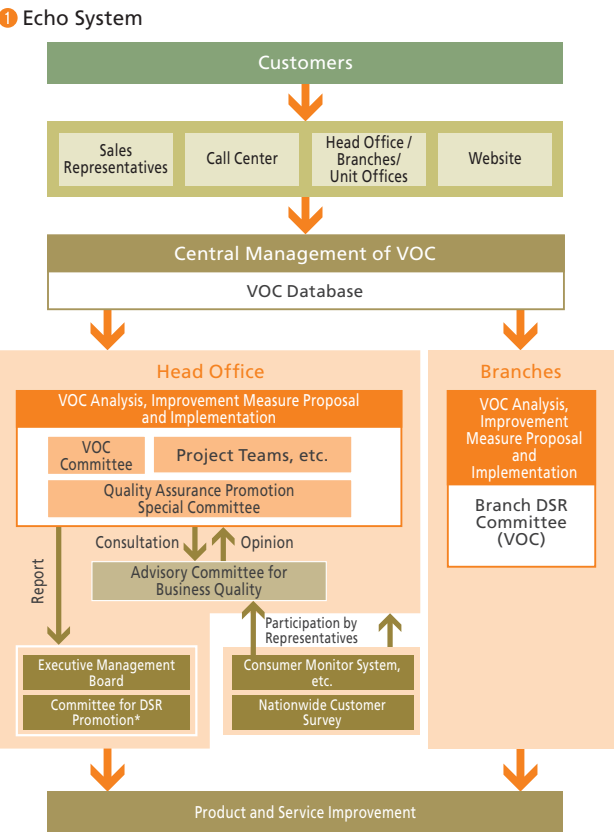
countermeasures. When considering improvement measures, we use a "Consumer Monitor System" and similar measures to collect consumer perspective opinions and advice in order to further respond to customers' wants and needs.

## Assessing Customer Satisfaction

Each year, we assess our customers' satisfaction levels as an index of how well we have achieved one of our basic management policies, "Maximize Customer Satisfaction." We carry out the Nationwide Customer Survey, a questionnaire administered by an external organization to individual

customers (policyholders) and corporate customers (2 3). We use the total customer satisfaction levels assessed via the survey as one of our target values in our medium-term management plan, reflecting them in the initiatives taken by each company department,

as well as the customer satisfaction improvement initiatives led by the Quality Assurance Promotion Special Committee. We are striving to make further improvement in our information provision and service field, which has suffered from relatively low satisfaction levels in recent years.



	Number Sent	Number of Responses
Individual Customers	35,897	11,303
Corporate Customers	2,426 companies	1,106 companies

## Voice of Customers

We gather complaints and messages of thanks from our customers far and wide (4 5).

All of our divisions recognize complaint handling as a top priority, and are dedicated to sincere and speedy complaint response. The complaints we collect are used as the basis for improvements to products and services (6).

We also proactively share words of appreciation from customers, regarding our support, administrative procedures, and the like, gathered through our

sales and telephone contact channels, in order to further improve customer satisfaction levels.

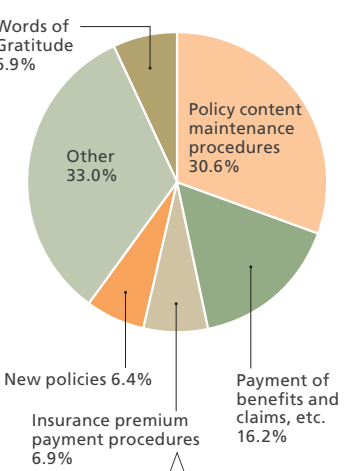
### Customer Round Table

We regularly hold meetings with our customers at our branches nationwide, directly gathering feedback and requests from our customers to use in product and service improvements. We heard feedback and requests regarding sales representative activities, product development, and advertising and PR activities at the FY2010 round table (7).

4 Number of VOC and VOC Breakdown

	FY2010
Complaints	79,547
Words of Gratitude	5,864

5 VOC Breakdown (FY2010)



- Primary Contents**
- Policy content maintenance procedures: Dissatisfaction with surrender procedure, etc.
  - Payment of benefits and claims, etc.: Dissatisfaction with benefit payment procedures, etc.
  - Insurance premium payment procedures: Dissatisfaction with payment method change procedures and insurance premium payment, etc.
  - New policies: Dissatisfaction with new policy explanations, etc.

## Voice of Consumers

### Advisory Committee for Business Quality

We established the Advisory Committee for Business Quality in 2006 to gather opinions from a consumer perspective. Specifically, the committee advises regarding the issues considered by the Quality Assurance Promotion Special Committee, and the opinions offered by individual committee

members are reflected in operation improvements.

### Consumer Monitor System

We began operation of our "Consumer Monitor System" in 1984. Consumer issue experts, consultation staff from consumer affairs centers, consumer affairs advisors, and the like participate as consumer monitors, offering their opinions and advice on our products and services.

### 6 Improvement Examples

	VOC	Improvement Measure
The time a contract is made (Individual)	Customers want to prepare for hospitalization and surgery with low-cost insurance premiums. Customers want to switch from existing Dai-ichi Life policy to latest medical care insurance, but readjustment is not possible due to health condition. Customers want a system for readjusting coverage without need for health checkups or notifications.	<b>Launch of Medical Yell</b> We launched "Medical Yell (Term life type)," a nonparticipating term medical care insurance product, and "Medical Yell (Whole life type)," a nonparticipating whole medical insurance product—our first nonparticipating products since demutualization—which makes it possible for customers to receive rich medical coverage with low insurance premiums. (January 2011) <b>Medical Switch</b> As a new insurance readjustment policy, we developed "Medical Switch," a medical care insurance modification system which makes it possible to switch from a policyholder's current medical compensation rider to "Medical Yell (Whole life type)" without the need for a health checkup or health status notification. This has made it possible for medical insurance periods to be extended to cover policyholders' entire lives, while also readjusting their insurance contents. We also began handling rider modifications which make it possible to readjust insurance contents without medical selections, in the same way as "Medical Switch." (January 2011)
The duration of a policy (Corporate)	Customers want to be able to carry out defined benefit (DB) plan maintenance procedures over the Internet.	In order to increase customer convenience, we began offering* the "Defined Benefit (DB) Plan Online Service," a system which can be used to carry out defined benefit corporate pension maintenance procedures and the like. (June 2010)
The time of a payout (Individual)	When insurance benefit claimants are hospitalized, it is difficult for them to carry out insurance claim procedures in the presence of sales representatives. Customers want it to be possible for procedures to be carried out by claimants themselves signing claims paperwork, without the need to meet with sales representatives	We changed our system such that, in principle, those filing claims for benefits due to injury or illness could carry out filing procedures without needing to sign in the presence of a sales representative. (March 2011)

### 7 Customer Round Table



\* Provided by the Corporate-pension Business Service Company, a Dai-ichi Life subcontractor to customers whose insurance is underwritten solely by Dai-ichi Life or by a plurality of companies with Dai-ichi Life as administrative agent.



Sixth Declaration

In order to carry out our mission of providing long term insurance, we will maintain and strengthen our financial foundation.

Further Financial Soundness Improvements

In order for us to remain a company in which customers vest their trust, we believe it is important that we establish a strong financial base. To do so, we have striven to ensure periodic profits, accumulating contingency reserves, reserves for price fluctuations, and

internal reserves in net assets. At the same time, we complement our core capital through subordinated debt, which is supplementary capital that is allowed to be incorporated into an insurance company's capital. We will continue to endeavor to

secure sufficient capital versus risk, in accordance with regulatory trends. Specifically, we will work to reduce risk, primarily through accumulation of internal reserves, further Asset Liability Management (ALM) promotion, and control of risk asset exposure (①).

Highly Stable Asset Management

Investment Approach from a CSR Perspective

As a financial institution controlling approximately 30 trillion yen in capital, we act as a financial intermediary, directing insurance premiums to Japanese national and local governments and the industry through investment in stocks and bonds and the financing of companies, contributing to sound economic development. Specifically, as a long-term financial organization, we invest in public bonds, helping fulfill the financing needs of Japanese national and local governments. We purchase corporate bonds and provide additional capital, helping fulfill the varied financing needs of companies, and contributing to the growth and development of Japanese national government, local governments, and individual companies. We carefully and prudently select which companies will receive

financing, and how our funds will be used, clearly establishing as part of our asset management departments' code of conduct that funds not be used for purposes counter to public order or morality, and that they not encourage environmentally destructive or speculative real estate transactions. We will continue in the future to recognize the public nature of our life insurance business, and the impact that our asset management activities have on the overall economy, taking an investment approach that is not exclusively based on safety and advantageousness, but also takes into account its societal and public nature (②).

Establishment of New SRI Fund

In October 2010, we established an internal Socially Responsible Investment (SRI\*) fund for investment in our corporate assets, a first for the Japanese life insurance industry.

This fund is valued at 1 billion

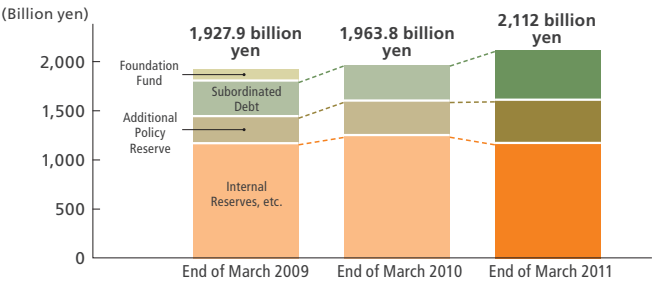
yen, and selects, based on standards incorporating a uniquely Dai-ichi Life perspective, approximately 100 Japanese companies with exceptional environmental conservation and social contribution track records in which to invest.

This initiative selects investment vehicles based not only on their financial evaluations, but also places importance on their CSR initiatives in order to contribute to overall societal CSR promotion and discover stable growth companies capable of long-term sustainable growth.

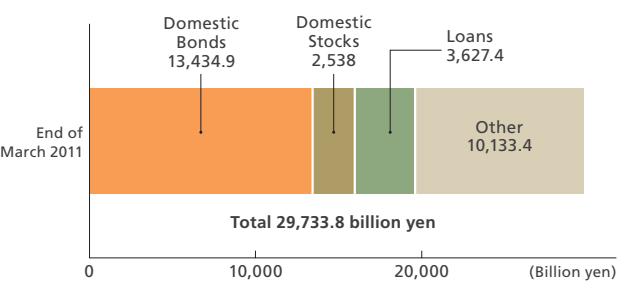
In this way, through our asset management as well, we maintain our focus on responding to the expectations of customers, shareholders, and other stakeholders, while promoting initiatives which widely contribute to society.

\* Method of asset investment which gives consideration not only to general financial information, but also compliance, information disclosure, employee consideration, labor conditions at client sites, contributions to the community, the environment, etc.

① Capital Breakdown



② Asset Conditions (General Accounting)



Payment of Insurance Claims and Benefits

Report on Business Improvement Plan Implementation Status

After being issued a business improvement administrative order by the Japanese Financial Services Agency with regards to additional insurance claims, etc. payment, we submitted a business improvement plan in August 1, 2008, and have issued six implementation status reports as of August 2011.

Taking the administrative order with utmost seriousness, all of the directors, officers and employees of the Company share the recognition that the role of an insurance company

is fulfilled when insurance claims and benefits are paid, and strive to take a customer-based viewpoint in establishing improvement measures and increasing their effectiveness. In order to become a company offering even greater peace-of-mind in the future, we will continue to work to make even greater and speedier improvements, implementing business improvement measures with a customer focus.

Overview of Business Improvement Plan Implementation Status

Improvement and Reinforcement of Governance Structure

■ Establishment of the Headquarters for Business Improvement Promotion and Reinforcement of Our Internal Systems for Monitoring Plan Effectiveness

Our business improvement promotion headquarters, established in order to promote company-wide initiatives, uses regular reports from payment departments, control departments involved in payment management, internal auditing departments, and committees that include external members, in monitoring the status and effectiveness of improvement measure implementation, and issuing further improvement orders, in order to strengthen the PDCA cycle for continuous improvement.

The Deliberation Committee for Claims Payment acts as a consultative body for the business improvement promotion headquarters, monitoring and assessing the effectiveness of the plan from a third-party perspective.

Improvement and Reinforcement of Internal Audit Structure, etc.

■ Enhancement of Operation Auditing by the Internal Audit Department

Members, primarily those of operation auditing department members well-versed in payment operations, perform highly-specialized auditing in the form of regularly implemented "theme-specific internal audits" of the company's claims payment systems. This operation audit looks at many individual

cases from a variety of perspectives, for a finely detailed verification of payment operations.

■ Strengthening of Control Functions by Payment Screening Office

The payment screening office controls payment departments through verification of payments and identification of missed payments. From FY2007 onwards, it has also carried out compensation request procedure customer surveys to help improve its claims payment operations. In the FY2010 survey, total compensation-related customer satisfaction reached 95.3%, a rise of 1.3 points versus the previous year.

Necessary Readjustment and Improvement of Preventative and Improvement Measures Regarding Missed Insurance Benefit Payments

We are steadily implementing our business improvement plan, working to establish a responsible and proactive system of providing notifications of claims and benefits which can be paid out when a claim is issued. We are also continuously revising and reexamining our business activities, taking into consideration the results from customer surveys, and the opinions of experts.

Specific Examples of Preventative and Improvement Measures

■ Creating a System in Which It Is Easy for Customers to File Claims

For claims in or after April 2007, Dai-ichi Life has issued compensation for the cost of medical certificates (a flat 5,000 yen payment) in cases where, as a result of payment screening, it

has been determined that payments cannot be issued, in order to widely encourage the issuing of claims by customers, and promote the issuing of claim notifications by the company. As a result of this initiative, we have issued approximately 34,000 payments for the procurement of medical certificates as of April 2011.

■ Payment Operation Improvement Project

In order to prevent new non-payment incidents from occurring, in accordance with our business improvement plan, we have focused our efforts on bolstering our payment management structure, while investigating and responding to contracts with past claims.

We have also taken advantage of the progress we have made with various improvement measures and the opportunities presented by our efforts to enhance consumer protection to start up the Payment Operation Improvement Project within the Claims Department in April, 2010. The project's aim is to look back on our past efforts from a customer perspective and offer payment services whose quality exceeds those of the services we have offered in the past, further improving the quality of our claim notification activities.

■ Readjustment and Streamlining of Product Line

In January 2011, in order to improve the ease with which our product line can be understood by customers, together with the launch of specialized medical care insurance products, we also ceased sales of 3 of our primary products, 2 of our add-on riders for new policies, and 4 of our add-on riders for existing policies.