



The
Doctors' Health
Fund



Annual Report 2006

This year we have had to comply with increasing governance and regulatory requirements. We have, nevertheless, demonstrated our strength and capacity to adapt. Membership has increased and our financial position continues to be very healthy.

We have addressed all of the recommendations of the 2005 review by the Private Health Insurance Administration Council (PHIAC). Our new business-qualified directors add valuable financial, risk management and corporate governance skills to the Board. The October 2006 Annual General Meeting will be asked to expand this skill base. After reviewing our risk management procedures, we appointed an independent internal auditor to continuously monitor risk and review procedures. We also reviewed and maintained our investment policy.

Future direction

Following the PHIAC review, we assessed the business and developed a strategic business plan to secure our long-term financial position and deliver a service that reflects your needs.

Together with our actuaries, we are reviewing all our products. This includes assessing their financial effectiveness, demand for each product, members' feedback and comparison with other funds' products. We plan to launch a new product range in December to help achieve our financial objectives, improve service, and increase membership.

Focusing on members

We have adopted the Private Health Insurance Code of Conduct and expect formal recognition that we meet the required standards. The Code includes standards for the quality of product information, privacy management and employee training.

Improvements to claims processing have continued. We are connected to Medicare's Eclipse electronic claims process and will examine additional electronic claiming processes. We are planning improvements to the 'Member Services' function on our website.

Changes in health insurance

Private health insurance reform proposals are being discussed with the Department of Health, including cover for services preventing or substituting for hospital care.

The financial report

For the year ended 30 June 2006, the Fund recorded a surplus of \$958,371. Accumulated Funds and Reserves have increased to \$10,852,636. In the Financial Condition Report for the year ended 30 June 2006, David Torrance, KPMG Actuaries Pty Ltd, advises, 'the Fund maintains a conservative, highly liquid, well matched asset/liability position with the majority of assets invested in bank term deposits.'

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Governance at the The Doctors' Health Fund

The Doctors' Health Fund Limited (the Fund) is committed to implementing high standards of corporate governance. During the financial year the Fund continued to strengthen its corporate governance practices.

The Doctors' Health Fund Limited website at www.doctorshealthfund.com.au contains a dedicated corporate governance area which provides a detailed description of the Fund's governance framework and associated practices.

The powers and duties of the Fund are specified in the Constitution of The Doctors' Health Fund Limited, the Corporations Act 2001 (Cth), the National Health Act 1953 (Cth) and other relevant legislation and law.

Board of Directors and its committees

Composition of the Board

The full Board determines the Board's size and composition, subject to limits imposed by the Fund's Constitution.

Succession planning for the Board is reviewed annually at the June Board meeting. In considering potential new directors to commend to members, the Board seeks to identify candidates, with appropriate skills and experience to contribute to the effective direction of the Fund, who can exercise an independent and informed judgment on matters which come before the Board.

Whenever necessary and appropriate, the Board may make arrangements for ready access to such skills externally where they are not available within the Board.

Board committees

The Board from time to time establishes standing and adhoc committees to assist it in carrying out its responsibilities.

Each committee is provided with a charter by the Board setting out its role, composition, powers, responsibilities and any other relevant matters.

There are currently three standing committees:

1. Audit, Risk and Compliance Committee
2. Human Resource, Remuneration and Nominations Committee (established post June 2006)
3. Clinical Advisory Committee (established post June 2006)

Unless specifically empowered by the Board the Fund's Board committees are advisory committees. Matters requiring the Fund's decision are referred to the next meeting of the Board.

Role and responsibilities of the Board

The Board's role is to provide strategic guidance to the Fund within a framework of prudent and effective controls which enables risk to be assessed and managed. The Board sets the Fund's strategic aims, ensures that the necessary financial and human resources are in place for the Fund to meet its objective and reviews the performance of management. The Board sets the Fund's values and standards and ensures that its obligations to the members of the Fund and to others are understood and met.

In addition to Board committee meetings, directors meet formally as a full Board at least six times per annum and otherwise whenever necessary to deal with urgent matters.

The roles and responsibilities of the Chairman and General Manager

The roles of the Chairman and General Manager are strictly separated.

Role of the Chairman

The Chairman is responsible for leadership of the Board, ensuring its effectiveness in all aspects of its role and in setting its agenda.

The Chairman is responsible for ensuring that the meetings of the Board are conducted competently and is expected to provide effective leadership in formulating the strategic directions for the Fund.

The Chairman must ensure that general meetings of the Fund are conducted efficiently and that members of the Fund have adequate opportunity to air their views and obtain answers to their queries.

The Chairman is also the Board's representative in dealings with management ensuring that the Board's views are communicated clearly and accurately. He also acts as the primary counsellor to the General Manager.

Role of the General Manager

The General Manager is appointed by the Board and is responsible to it. The General Manager is responsible for the management of the Fund in accordance with the directions of the Board. The General Manager is responsible for delivering on the strategy, policies and budgets approved by the Board.

Board and General Manager appraisal

The Board considers the evaluation of its own and the General Manager's performance as fundamental to establishing a culture of performance and accountability.

It considers the ongoing development and improvement of its own performance as a critical input to effective governance.

Conflicts of Interest

A director who has a material personal interest in a matter relating to the affairs of the Fund or has any other interest which should be disclosed to avoid an actual or perceived conflict, may not be present and may not vote on such matter.

Audit, Risk and Compliance Committee (ARCC)

The role of the ARCC is to assist the Board in discharging its responsibilities in relation to:

- reviewing the Fund's financial position and to make recommendations to the Board on all matters affecting the Fund's finances;
- external statutory and regulatory reporting;
- internal control and risk management;
- procedures for appointing external auditors, internal auditors and for reviewing audit arrangements;
- compliance with applicable laws and regulations;
- monitoring and controlling of business risks;
- the prevention and detection of fraud and irregularities; and
- reviewing all matters relating to corporate governance and the continuing development of this governance statement.

The ARCC meets at least quarterly.

Internal control and risk management framework

The Board has developed internal controls and risk management procedures and instituted compliance systems. The ARCC is responsible for overseeing these compliance systems and reporting them to the Board.

Accountability and audit

External audit

The Board ensures that the Fund is audited annually by a reputable professional accounting firm. The current external auditors are Deloitte Touche Tohmatsu. The Board has a policy of auditor independence.

Internal audit

The Fund has an outsourced internal audit function. An independent internal auditor conducts internal audit reviews and testing on a rotational basis. All audit reports are reviewed by the ARCC. The internal auditor reports directly to the ARCC and attends all ARCC meetings.

Human Resource, Remuneration and Nominations Committee (HRRNC)

The HRRNC is a standing committee of the Board charged with the task of assisting the Board in determining and nominating policies and procedures with respect to conditions and remuneration of employees and directors. With respect to directors it considers appropriate skill and qualifications needed for the Board and recommends suitable directors to fill casual vacancies. It also monitors training for directors, where necessary, and ensures appropriate induction.

Members involvement

The Board of Directors aims to ensure that the members are informed of all major developments affecting the Fund's state of affairs. The Annual Report is distributed to all contributing members, unless a member has specifically requested otherwise. The Board ensures that the Annual Report includes relevant information about the operations of the Fund during the year, changes in the state of affairs of the Fund and details of future developments, in addition to the other disclosures required by the Corporations Act.

The Board is the final level of appeal, within the Fund, for matters handled pursuant to the Fund's Complaints Handling Policy and Procedure.

Remuneration of directors

Directors are paid by the Fund for their services as directors and the amount is determined from time to time at general meetings. Proposals to change directors' remuneration are agreed to by the members as a lump sum at general meetings.

Directors' Report

The directors of The Doctors' Health Fund Limited submit herewith the annual financial report for the financial year ended 30 June 2006. In order to comply with the provisions of the Corporations Act 2001, the directors report as follows:

The names of the directors of the Fund during or since the end of the financial year are:

Name	Appointed	Resigned
Dr P C Arnold	15 September 1993	
Dr I J Woodforth	11 August 1999	26 October 2005
Dr J A Buntine	24 October 2001	03 August 2005
Dr P R Douglas	25 October 1989	
Dr M K Eagleton	15 September 1993	26 October 2005
Mr N Hanlon	03 September 2003	03 August 2005
Mr A A Harris	03 August 2005	01 May 2006*
Mrs P M Mann	03 August 2005	
Dr P Nisselle	23 October 2002	
Mr B E Foy	03 May 2006*	

* Mr A A Harris has taken leave of absence and pending a decision at the Annual General Meeting, Mr B E Foy has replaced him.

Particulars of current directors

Peter Arnold (non-executive Chairman), 70
BSc MBCh BA (Politics, Philosophy, Economics)

Dr Arnold was appointed to The Doctors' Health Fund Board in 1993. He has been chairman since 2002, and is also a member of the Human Resource, Remuneration & Nominations Committee.

Dr Arnold currently chairs Area of Need Panels (hospital positions) of the NSW Medical Board and Impairment Panels of the Nurses' and Midwives' Registration Board. He is currently a member of the committees of the Medico-Legal Society of NSW, The Doctors Health Advisory Service of NSW and the Steering Committee of the International Doctors' Health Conference 2007. He is deputy chairman of the Acute Care Advisory Committee, operating under the aegis of the Commonwealth Department of Health and Ageing.

Dr Arnold is a former chairman of the Federal Council of the Australian Medical Association, former deputy president of the NSW Medical Board, former president of the Australian Medical Association (NSW) and former president of the General Practitioners' Society in Australia.

He has represented, respectively, the Australian Medical Association and the NSW Medical Board on numerous federal and state government committees and working parties. He was in general medical practice in suburban Sydney from 1966 until 1990.

Antony Harris (non-executive director), 52
B.Com LLB

Mr Harris was appointed to The Doctors' Health Fund Board in August 2005. He chairs the Human Resource, Remuneration & Nominations Committee, and is a member of the Audit, Risk & Compliance Committee.

Mr Harris has worked in the financial services industry for twenty years. For the last ten years he has been director of Institutional Equities with Merrill Lynch Australia. Where he has also served as a director of the Staff Superannuation Fund for four years, and as chairman for the last two years.

Paul Nisselle AM (non-executive director), 61
MBBS M.Hlth&MedLaw FRACGP

Dr Nisselle was appointed to The Doctors' Health Fund Board in 2002. He is also a member of the Audit, Risk & Compliance Committee.

Dr Nisselle is senior advisor, risk management for the Medical Defence Association of Victoria. He also holds two ministerial appointments, he is a member of the Health Services Review Council which advises the Victorian Health Services Commissioner, and is convener of medical panels in Victoria's worker's compensation scheme.

He was a general practitioner for eighteen years before commencing work in the medical indemnity industry in 1989. He has served on the Medical Practitioners Board of Victoria, the Councils of the RACGP, NAGPA, AMA (Federal) and AMA Victoria, and is a former president and former chairman of AMA Victoria. He was a member of Medical Practitioners Board of Victoria in the late 1980s.

Dr Nisselle was made a Member of the Order of Australia (AM) in 2003, for services to medicine and the medical profession, and was awarded the Australian Centenary Medal in the same year for services to injured workers.

Philip Douglas (non-executive director), 50
MBBS BSc(Med) FRACS

Dr Douglas was appointed to The Doctors' Health Fund Board in 1989. He is chairman of the Medical Advisory Committee, and is also a member of the Human Resource, Remuneration & Nominations Committee.

Dr Douglas is a colorectal surgeon and a visiting medical officer at Prince of Wales Hospital and Prince of Wales Private Hospital. He is also chairman of the Senior Medical Staff Association at Prince of Wales Hospital.

Currently, Dr Douglas is vice-president of the Colorectal Surgical Society of Australasia, chairman of the Training Board in Colon and Rectal Surgery of the Royal Australasian College of Surgeons and Colorectal Surgical Society of Australasia, a member of the Panel of Clinical Experts, Prostheses and Devices Committee, Commonwealth Department of Health and Ageing.

He has previously been; chairman of the Sydney Colorectal Surgical Society, a member of the Council of the AMA (NSW), and a director of the Sydney Endoscopy Centre.

Bruce Foy (executive director), 56
B.Com LLB FAICD

Mr Foy was appointed to The Doctors' Health Fund Board in 2006 to fill a vacancy while Mr AA Harris is taking extended leave of absence.

Mr Foy is a professional non-executive director being on a number of public and private boards including; First State Superannuation Corporation, Transgrid Corporation, Citic Australia Trading Ltd, Financial Planning Association of Australia Ltd. and AFMA Services Ltd.

Previously Mr Foy was managing director and country manager for Australia of ING Bank N.V., and over a banking career spanning some twenty five years held a number of chief executive roles in wholesale and investment banking, and stockbroking. Mr Foy was admitted as a barrister to the Supreme Court of New South Wales in 1989, he is a fellow of the Institute of Company Directors.

Patria Mann (non-executive director), 43
BEc CA, MAICD

Mrs Mann was appointed to The Doctors' Health Fund Board in August 2005 and also chairs the Audit, Risk & Compliance Committee.

Mrs Mann is a chartered accountant. She worked for the international accounting firm KPMG for seventeen years, including eight years in London. She spent many years as an auditor before moving to forensic accounting where her focus was on investigation and risk mitigation.

Since retiring as a partner of KPMG she has held a number of board and committee positions.

Currently, Mrs Mann is a non executive director and chair of the Audit, Risk and Compliance Committee of First State Super Trustee Corporation.

She is also an independent external member and chair, of the Perpetual Investment Management Limited and Perpetual Trustee Services Limited Compliance Committees and an independent external member of the Perpetual Limited Superannuation Committee.

Mrs Mann is also a member of the Institute of Chartered Accountants and the Institute of Company Directors.

Principal activities

The principal activities in the course of the financial year were the administration of a health benefits organisation under the terms and conditions of the National Health Act, 1953.

Review of operations

The operations of the Fund during the financial year and the results of those operations were as follows:

The net amount of the surplus for the financial year was \$958,371 (2005: \$675,683).

The Doctors' Health Fund Limited is exempt under section 50-30 of the Income Tax Assessment Act 1997 from paying income tax.

Changes in state of affairs

During the financial year there was no significant change in the state of affairs of the Fund other than those imposed by the National Health Act, 1953 and subsequent amendments.

Change of name

The Fund changed its name on 7 November 2005 from the AMA Health Fund Limited to The Doctors' Health Fund Limited.

Subsequent events

There has not been any matter or circumstance, other than that referred to in the financial statements or notes thereto, that has arisen since the end of the financial year, that has significantly affected, or may significantly affect, the operations of the Fund, the results of those operations, or the state of affairs of the Fund in future financial years.

Future developments

Developments in the operations of the Fund in future financial years would be the initiatives taken to increase the Fund's market profile and membership.

Dividends

In accordance with the Memorandum and Articles of Association no dividend may be paid to the members of the Fund.

Meeting of directors

The following table sets out the numbers of directors' meetings held during financial year ended 30 June 2006 and the numbers of meetings attended by each director. During the financial year, eight board meetings and six Audit, Risk & Compliance committee meetings were held.

	Board of Directors		Audit Committee	
	Held	Attended	Held	Attended
Dr P C Arnold	8	8	-	-
Dr J A Buntine	8	1	-	-
Dr P R Douglas	8	8	-	-
Dr M K Eagleton	8	2	-	-
Mr N Hanlon	8	1	6	1
Dr P Nisselle	8	7	6	6
Dr I J Woodforth	8	2	-	-
Mr A A Harris	8	5	6	6
Mrs P M Mann	8	8	6	6
Mr B E Foy	8	2	6	1

Indemnifying directors and officers

During the year, the Fund purchased directors' and officers' liability insurance to provide cover in respect of claims made against the directors and officers in office at the date of this report, as far as is allowable by the Corporations Act 2001. The policy also covers the Fund for reimbursement of director's and officer's expenses associated with such claims if the defence to the claim is successful. The total amount of insurance premiums paid and the nature of the liability are not disclosed due to a confidentiality clause within the agreement. As at the date of this report, no amounts have been claimed or paid in respect of this indemnity and insurance, other than the premium referred to above.

Auditor's independence declaration

The auditor's independence declaration is included on page 12 of the financial report.

Signed in accordance with a resolution of the directors made pursuant to Section 298(2) of the Corporations Act 2001.

On behalf of the directors.

Sydney

Date: 13 September 2006

P C Arnold
Chairman

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The Board of Directors
The Doctors' Health Fund Limited
Suite 2, Level 5, 69 Christie St
St Leonards NSW 2065

13 September 2006

Dear Directors,

AUDITOR'S INDEPENDENCE DECLARATION TO THE DOCTORS' HEALTH FUND LIMITED

In accordance with section 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the directors of The Doctors' Health Fund Limited.

As lead audit partner for the audit of the financial statements of the Doctors' Health Fund Limited for the year ended 30 June 2006, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and
- any applicable code of professional conduct in relation to the audit.

Yours faithfully,

DELOITTE TOUCHE TOHMATSU

Eric Angelucci
Partner

The Doctors' Health Fund Limited

Scope

The financial report and directors' responsibility

The financial report comprises the balance sheet, income statement, cash flow statement, statement of recognised income and expense, a summary of significant accounting policies and other explanatory notes and the directors' declaration for The Doctors' Health Fund Limited for the financial year ended 30 June 2006 as set out on pages 15 to 38.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report in accordance with Accounting Standards in Australia and the Corporations Act 2001. This includes responsibility for the maintenance of adequate financial records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company. Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material mis-statement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal controls, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material mis-statements have been detected.

We performed procedures to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards in Australia and the Corporations Act 2001 so as to present a view which is consistent with our understanding of the company's financial position, and performance as represented by the results of its operations, its changes in equity and its cash flows.

Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates made by the directors.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

The audit opinion expressed in this report has been formed on the above basis.

Audit opinion

In our opinion, the financial report of The Doctors' Health Fund Limited is in accordance with the Corporations Act 2001, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2006 and of its performance for the year ended on that date; and
- (b) complying with Accounting Standards in Australia and the Corporations Regulations 2001.

DELOITTE TOUCHE TOHMATSU

Parramatta

Date: 13 September 2006

Eric Angelucci

Partner

Chartered Accountants

Directors Declaration

The directors declare that in their opinion:

- a) there are reasonable grounds to believe that the Fund will be able to pay its debts as and when they become due and payable; and
- b) the attached financial statements and notes thereto are in accordance with the Corporations Act 2001, including compliance with accounting standards and giving a true and fair view of the financial position and performance of the Fund.

Signed in accordance with a resolution of the directors made pursuant to section 295(5) of the Corporations Act 2001.

On behalf of the directors

Sydney
Date: 13 September 2006

P C Arnold
Chairman

Income Statement

for the Financial Year Ended 30 June 2006

	Note	2006	2005
		\$	\$
Premium revenue		12,172,070	10,723,705
Direct claims expense		(11,594,334)	(10,664,826)
Ambulance levies		(182,675)	(175,359)
Health Benefits Reinsurance			
Trust Fund recoveries		1,299,311	1,263,312
Net claims incurred	5	(10,477,698)	(9,576,873)
Underwriting result		<u>1,694,372</u>	<u>1,146,832</u>
Investment income		844,987	765,351
Employee benefits expense		(579,490)	(444,236)
Other operating expenses	6	(1,001,498)	(792,264)
Surplus before income tax expense		958,371	675,683
Income tax expense	7	-	-
Surplus after related income tax expense		<u>958,371</u>	<u>675,683</u>
Net surplus attributable to the members		<u>958,371</u>	<u>675,683</u>

Notes to these financial statements are annexed

Balance Sheet

as at 30 June 2006

	Note	2006 \$	2005 \$
Current assets			
Cash and cash equivalents		515,456	539,303
Trade and other receivables	10	1,195,753	1,085,425
Other financial assets	11	6,800,000	8,850,000
Total current assets		<u>8,511,209</u>	<u>10,474,728</u>
Non-current assets			
Other financial assets	12	7,550,000	3,750,000
Plant and equipment	13	135,024	129,363
Total non-current assets		<u>7,685,024</u>	<u>3,879,363</u>
TOTAL ASSETS		<u>16,196,233</u>	<u>14,354,091</u>
Current liabilities			
Trade and other payables		155,664	73,742
Unearned premium liability	14	3,738,839	3,216,390
Unexpired risk liability	15	48,000	294,000
Gross outstanding claims liability	16	1,313,000	796,000
Provisions for employee benefits		60,000	55,000
Total current liabilities		<u>5,315,503</u>	<u>4,435,132</u>
Non-current liabilities			
Provisions for employee benefits		28,094	24,694
Total non-current liabilities		<u>28,094</u>	<u>24,694</u>
TOTAL LIABILITIES		<u>5,343,597</u>	<u>4,459,826</u>
NET ASSETS		<u>10,852,636</u>	<u>9,894,265</u>
Retained surplus and reserves			
Retained surplus	17	10,852,636	9,832,265
General reserve	18	0	62,000
TOTAL RETAINED SURPLUS AND RESERVES		<u>10,852,636</u>	<u>9,894,265</u>

Notes to these financial statements are annexed

Statement of Recognised Income and Expense

for the Financial Year Ended 30 June 2006

	Note	2006 \$	2005 \$
Surplus for the period		958,371	675,683
Total recognised income and expense for the period		<u>958,371</u>	<u>675,683</u>

Notes to these financial statements are annexed

Cash Flow Statement

for the Financial Year Ended 30 June 2006

	Note	2006	2005
		\$	\$
		Inflows (Outflows)	Inflows (Outflows)
Cash flows from operating activities			
Premium revenue		12,387,755	11,198,908
Receipts from Health Benefits Reinsurance Trust Fund		1,261,311	1,284,312
Payments to suppliers and employees		(1,456,791)	(1,203,215)
Claims and Ambulance levies paid		(11,260,009)	(11,074,185)
Net cash flows from operating activities	20(b)	932,266	205,820
Cash flows from investing activities			
Interest received		833,423	767,091
Payments for plant and equipment		(39,536)	(30,163)
Payments for investments		(1,750,000)	(800,000)
Net cash flows from investing activities		(956,113)	(63,072)
Net increase/(decrease) in cash and cash equivalents		(23,847)	142,748
Cash and cash equivalents at the beginning of the financial year		539,303	396,555
Cash and cash equivalents at the end of the financial year	20(a)	515,456	539,303

Notes to these financial statements are annexed

Notes to the Financial Statements

for the Financial Year Ended 30 June 2006

NOTE 1: Summary of accounting policies

Statement of compliance

The principal accounting policies adopted in the preparation of the financial report are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

This general purpose financial report covers The Doctors' Health Fund Limited (the Fund) as a single entity and has been prepared in accordance with Australian equivalents to International Financial Reporting Standards (A-IFRS), other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group interpretations corresponding to the Interpretations approved by the International Accounting Standards Board (IASB) and the Corporations Act 2001. Australian Accounting Standards include A-IFRS. Compliance with A-IFRS ensures that the financial statements and notes of The Doctors' Health Fund Limited comply with International Financial Reporting Standards (IFRS).

This is the first financial report to be prepared in accordance with A-IFRS and comparatives for the year ended 30 June 2005 have been restated accordingly. AASB 1 First Time Adoption of Australian Equivalents to International Financial Reporting Standards has been applied in preparing these financial statements.

Basis of preparation

This financial report is prepared in accordance with the fair value basis of accounting with certain exceptions as described in the accounting policies below.

The preparation of financial statements in conformity with A-IFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Fund's accounting policies. The areas involving a higher degree of judgment or complexity, or areas where assumptions and estimates are significant to the financial statements have been disclosed in Note 2.

Significant accounting policies

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions and other events is reported.

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

a) Accounting for health benefits organisations under General Insurance Contracts

The Fund complies with AASB 1023 'General Insurance Contracts'. Under AASB 1023 the financial statements must include all assets, liabilities, revenues, expenses and accumulated funds attributable to the members of the Fund. Therefore the Fund's financial report includes total statutory and accumulated funds of the health insurance business.

b) Insurance contracts

Insurance contracts are defined as those containing significant insurance risk at the inception of the contract, or those where at the inception of the contract there is a scenario with commercial substance where the level of insurance risk may be significant over time. The significance of insurance risk is dependent on both the probability of an insurance event and the magnitude of its potential effect.

Once a contract has been classified as an insurance contract, it remains an insurance contract for the remainder of its lifetime, even if the insurance risk reduces significantly during this period.

The Fund has determined that all current contracts with policyholders are insurance contracts.

c) Investments

As part of its investment policy the Fund actively manages its investment portfolio to ensure that investments mature in accordance with the expected pattern of future cash flows arising from health insurance liabilities.

Investments include assets backing insurance liabilities.

All investments are initially recognised at cost, being the fair value of the consideration given and including acquisition charges associated with the investments.

Investments are subsequently re-measured at fair value in Note 1(d).

d) Assets backing insurance liabilities

All investments held by the Fund, with the exception of property, plant and equipment, have been determined to be assets backing insurance liabilities, and accordingly are designated as 'at fair value through profit or loss'. These are initially recorded at cost and subsequently re-measured at fair value. All related realised and unrealised gains or losses are included in investment income. Interest earned is included in investment income.

e) Insurance contract liabilities

Health insurance outstanding claims liabilities

Health insurance outstanding claims liabilities are measured as the central estimate of the present value of expected future payments against claims incurred but not settled at the balance sheet date, whether reported or not, together with related claims handling costs and an additional risk margin to allow for the inherent uncertainty in the central estimate.

The expected future payments greater than twelve months, if any, are discounted to present value using a risk free rate.

Unearned premium and unexpired risk liability

The proportion of written premiums, attributable to subsequent periods is deferred as unearned premium. The change in the liability for unearned premium is taken to the income statement in the order that revenue is recognised over the period of risk. Further provisions are made to cover claims under unexpired insurance contracts which may exceed the unearned premiums and the premiums due in respect of these contracts.

The adequacy of the unearned premium liability is assessed by considering current estimates of all expected future cash flows relating to future claims covered by current insurance contracts.

If the present value of the expected future cash flows relating to future claims plus the additional risk margin to reflect the inherent uncertainty in the central estimate exceeds the unearned premium liability less related intangible assets and related deferred acquisition costs then the unearned premium liability is deemed to be deficient.

Should there be a deficiency, it will be recognised immediately in the income statement.

f) Claims

Health insurance claims incurred include all claim losses occurring during the year, whether reported or not, including the related handling costs and any adjustments to claims outstanding from previous years.

Claims handling costs include internal and external costs incurred in connection with the negotiation and settlement of claims. Internal costs include all direct expenses of the claims department and any part of the general administrative costs directly attributable to claims function.

g) Revenue recognition

Premium revenue

Premium revenue is recognised in the income statement, as soon as there is a basis on which it can be reliably measured. Revenue is recognised in accordance with the pattern of the incidence of risk expected over the term of the contract.

The proportion of premium received or receivable not earned in the income statement at the reporting date is recognised in the balance sheet as an unearned premium liability.

Disposal of Assets

Revenue from the sale of assets is recognised when the Fund has transferred to the buyer the significant risks and rewards of ownership of the assets.

h) Health Benefits Reinsurance Trust Fund (HBRTF) recoveries

Under the provisions of the National Health Act 1953, all health insurers must participate in the HBRTF, which charges a levy to all health insurers and shares a proportion of the hospital claims of all persons aged 65 years and over and those memberships with more than thirty five days of hospitalisation in any one year to all health insurers.

The amounts payable to and receivable from the HBRTF are determined by the Private Health Insurance Administration Council after the end of each quarter. Estimated provisions for amounts payable and income receivable are recognised on an accrual basis.

i) Acquisition costs

Acquisition costs incurred in obtaining health insurance contracts are deferred and recognised as assets where they can be reliably measured and where it is probable that they will give rise to premium revenue that will be recognised in the income statement in subsequent reporting periods.

Deferred acquisition costs include commission paid to intermediaries and other direct costs incurred in relation to the acquisition or renewal of health insurance contracts. Acquisition costs are amortised in accordance with the expected pattern of the incidence of risk under the health insurance contracts to which they relate. This pattern of amortisation corresponds to the earning pattern of the corresponding premium revenue.

j) Cash and cash equivalents

Cash and cash equivalents comprise cash on hand, cash in banks and investments in money market instruments.

k) Trade payables and other payables

Trade payables and other payables are recognised when the Fund becomes obliged to make future payments resulting from the purchase of goods and services.

l) Acquisition of assets

Assets acquired are recorded at the cost of acquisition, being the purchase consideration determined as at the date of acquisition plus costs incidental to the acquisition.

In the event that settlement of all or part of the cash consideration given in the acquisition of an asset is deferred, the fair value of the purchase consideration is determined by discounting the amounts payable in the future to their present value as at the date of acquisition.

m) Property, plant and equipment

Property, plant and equipment are held at cost less accumulated depreciation.

Depreciation is calculated on a straight-line basis over the estimated useful life of the property, plant and equipment between three and six years.

n) Employee benefits

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave, when it is probable that settlement will be required and are capable of being measured reliably.

Provisions made in respect of wages and salaries, annual leave and long service leave expected to be settled within twelve months, are measured at their nominal values, using the remuneration rate expected to apply at the time of settlement.

Provisions made in respect of annual leave and long service leave which are not expected to be settled within twelve months are measured as the present value of the estimated future cash outflows to be made by the Fund in respect of services provided by employees up to the reporting date.

Defined contribution plans

Contribution to defined contribution superannuation plans are expensed when incurred.

o) Goods and Services Tax

Expenses and assets are recognised net of the amount of goods and services tax (GST), except:

- i) where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
- ii) for receivables and payables which are recognised inclusive of GST.

The net amount of GST receivable from the taxation authority is included as part of receivables.

p) Income tax

The Fund is exempt from tax under Section 50-30 of the Income Tax Assessment Act, 1997.

q) Trade receivables and other receivables

Trade receivables and other receivables are recorded at amounts due less any allowance for doubtful debts.

r) Impairment of assets

At each reporting date, the Fund reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss, if any. Where the asset does not generate cash flows that are independent from other assets, the Fund estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset or cash-generating unit is estimated to be less than its carrying amount, the carrying amount of the asset or cash-generating unit is reduced to its recoverable amount. An impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the impairment loss is treated as a revaluation decrease.

Where an impairment loss subsequently reverses, the carrying amount of the asset or cash-generating unit is increased to the revised estimate of its recoverable amount, but only to the extent that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset or cash-generating unit in prior years. A reversal of an impairment loss is recognised in profit or loss immediately, unless the relevant asset is carried at fair value, in which case the reversal of the impairment loss is treated as a revaluation increase.

s) Provisions

Provisions are recognised when the Fund has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is probable that the recovery will be received and the amount of the receivable can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

NOTE 2: Critical accounting judgments and estimates

No critical accounting judgments have been made in the year. There is one area in which critical estimates are applied namely the ultimate liability arising from claims made under insurance contracts.

Provision for outstanding claims is made at the year end for the estimated cost of claims incurred but not settled at the balance sheet date, including the cost of claims incurred but not yet reported to the Fund.

The estimated cost of claims includes direct expenses to be incurred in settling claims gross of the expected value of salvage and other recoveries. The Fund takes all reasonable steps to ensure that it has appropriate information regarding its claims exposures. However, given the uncertainty in establishing claims provisions, it is likely that the final outcome will prove to be different from the original liability established.

NOTE 3: Actuarial assumptions and methods

The following actuarial assumptions and processes are used in the preparation of these accounts.

Outstanding claim liabilities

The chain ladder approach has been applied to the claims data separately for hospital, medical and ancillary claims. Where deemed necessary, manual adjustments were made to the outstanding claims by service month to produce an appropriate estimate of incurred claims for the service month.

Expense rate

The administration component, applied to the gross outstanding claims liability, is based on the Fund's estimate of claims handling expenses expressed as a percentage of total benefits plus HBRTF recoveries for the last twelve months. The allocation is Hospital 3%, Medical 6% and Ancillary 6%.

HBRTF recoveries

To estimate the HBRTF component a factor of -14% was applied to the gross outstanding claims provision for hospital and medical benefits. This factor was determined as the ratio of the HBRTF recoveries to total hospital and medical benefits for the twelve months to 31 March 2006.

Risk margin

A risk margin of 6.3%, to provide a 75% probability of adequacy was added to the central estimate.

The total net outstanding claims provision was then determined as the sum of the gross outstanding claims provision, the expense rate, the HBRTF recoveries component, and the risk margin.

Sensitivity analysis – insurance contracts

The Fund conducts sensitivity analysis to quantify the exposure to risk of changes in the key underlying variables. The valuations included in the reported results are calculated using certain assumptions about these variables as disclosed above. The movement in any key variable will impact the performance and equity of the Fund. The tables below describe how a change in each assumption will effect the insurance liabilities and show an analysis of the sensitivity of the profit/(loss) and equity to changes in these assumptions both gross and net of reinsurance.

Summary of sensitivity of movement of Outstanding Claims (OSC) risk margins (\$'000s)

	OSC risk margin movement	Profit for FY06	Equity
Reported	16	958	10,852
Coefficient of variation + 1%	19	961	10,855
Coefficient of variation - 1%	12	954	10,848

NOTE 4: Insurance contracts – risk management policies and procedures

Key risks in relation to the insurance contracts are noted as follows:

Product concentration

In common with all health insurance funds, the Fund provides only one class of insurance.

Liquidity

Liquidity risk is mitigated by strict compliance with the regulator's solvency coverage ratio and by the Fund's own liquidity guideline.

Outstanding claims and unearned premium liabilities

The Fund's actuary regularly reviews the outstanding claims and the unearned premium liabilities and recommends a risk margin to be included in the balance sheet for a 75% probability of adequacy of such liabilities.

Capital adequacy risk

The Fund's capital adequacy margin is reviewed regularly by the Fund's actuary and reported to the regulator. The Fund's capital adequacy ratio is sound and in excess of that necessary to cover the requirement.

NOTE 5: Net claims incurred

	Current year	Incurred prior year	2006 Total	2005 Total
	\$	\$	\$	\$
Direct claims incurred	10,481,722	1,112,612	11,594,334	10,664,826
Ambulance levies	182,675	0	182,675	175,359
Health Benefit Reinsurance Trust				
Fund recoveries	(1,288,761)	(10,550)	(1,299,311)	(1,263,312)
Net claims incurred	<u>9,375,636</u>	<u>1,102,062</u>	<u>10,477,698</u>	<u>9,576,873</u>

No discount is used in determining the outstanding claims provision included in the direct claims expense.

NOTE 6: Other operating expenses

	2006	2005
	\$	\$
Depreciation expense	33,875	27,937
HAMBS and other computer expenses	166,086	129,570
Consultants fees	135,925	71,906
Australian Health Service Alliance fees	97,773	94,048
Other expenses	567,839	468,803
	<u>1,001,498</u>	<u>792,264</u>

NOTE 7: Income tax

The Fund is exempt from tax under Section 50-30 of the Income Tax Assessment Act 1997.

NOTE 8: Key management personnel remuneration

The specified directors of The Doctors' Health Fund Limited during the year were:

Dr P C Arnold
 Dr J A Buntine
 Dr P R Douglas
 Dr M K Egleton
 Mr Neil Hanlon
 Dr P Nisselle
 Dr I J Woodforth
 Mr A A Harris
 Mrs P M Mann
 Mr B E Foy

The General Manager of The Doctors' Health Fund Limited during the year was Mrs Sabrina Gonsalves.

The compensation paid to the specified directors and the General Manager, being the key management personnel of the Fund, is set out below;

	2006	2005
	\$	\$
Short-term employee benefits	239,945	115,911
Post employment benefits	-	-
Other long-term employee benefits	21,395	9,433
	<u>261,340</u>	<u>125,344</u>

NOTE 9: Remuneration of auditors

Audit or review of the financial report	44,650	37,000
Taxation services	3,708	3,201
	<u>48,358</u>	<u>40,201</u>

NOTE 10: Trade and other receivables

	2006	2005
	\$	\$
Interest accrued	301,307	289,743
Receivable from HBRTF	389,000	351,000
Receivable from GST	32,591	18,939
Government 30% rebate	329,168	282,346
Premiums in arrears and receivable (unearned)	128,626	-
Other	15,061	143,397
	<u>1,195,753</u>	<u>1,085,425</u>

NOTE 11: Other current financial assets

Term deposits (fair value)	6,050,000	8,850,000
Real property mortgage (at amortised cost, secured over the real property)	750,000	0
	<u>6,800,000</u>	<u>8,850,000</u>

NOTE 12: Other non-current financial assets

Term deposits (fair value)	7,550,000	3,000,000
Real property mortgage (at amortised cost, secured over the real property)	0	750,000
	<u>7,550,000</u>	<u>3,750,000</u>

NOTE 13: Plant and equipment

Gross carrying amount - at cost		
Balance at beginning of financial year	207,701	212,868
Additions	39,536	47,436
Disposals	(14,635)	(52,603)
Balance at end of financial year	232,602	207,701
Accumulated depreciation		
Balance at beginning of financial year	(78,338)	(103,004)
Disposals	14,635	52,603
Depreciation expense	(33,875)	(27,937)
Balance at end of financial year	(97,578)	(78,338)
Net book value		
Balance at the beginning of financial year	129,363	109,864
Balance at the end of financial year	<u>135,024</u>	<u>129,363</u>

NOTE 14: Unearned premium liability

	2006	2005
	\$	\$
Unearned premium liability at the beginning of the year	3,216,390	2,897,744
Deferral of premiums on contract written in the year	3,738,839	3,216,390
Earning of premiums written in previous year	(3,216,390)	(2,897,744)
Unearned premium liability at the end of the year	<u>3,738,839</u>	<u>3,216,390</u>

NOTE 15: Unexpired risk liability**Unexpired risk liability**

Unexpired risk liability as at 1 July 2005	294,000	-
Recognition of additional unexpired risk liability in the period	-	294,000
Release of unexpired risk liability recorded in previous periods	(246,000)	
Unexpired risk liability as 30 June 2006	<u>48,000</u>	<u>294,000</u>

Deficiency recognised in the income statement

Gross movement in unexpired risk liability	(246,000)	294,000
Net movement in unexpired risk liability	<u>(246,000)</u>	<u>294,000</u>

Calculation of deficiency

Unearned premium liability	3,738,839
Risk margin of 2.0%	<u>48,000</u>
Net deficiency(Gross deficiency)	<u>48,000</u>

The process for determining the overall risk margin, including the way in which diversification of risks has been allowed for is discussed in Note 1(e). As with outstanding claims, the overall risk margin is intended to achieve a 75% probability of adequacy.

NOTE 16: Outstanding claims liability

	2006	2005
	\$	\$
Central estimate of the expected present value of future payments for claims incurred	1,322,000	757,000
Risk margin (6.3% in 2006, 8.2% in 2005)	78,000	62,000
HBRTF recoveries component	(143,000)	(61,000)
Claims handling costs	56,000	38,000
Gross outstanding claims liability	<u>1,313,000</u>	<u>796,000</u>

No discount was used in the above calculation since most claims are settled within three months. Above risk margin has been estimated to equate to a 75% probability of adequacy.

NOTE 17: Retained surplus

Balance at beginning of financial year	9,832,265	9,156,582
Transfer from general reserve	62,000	-
Surplus for the year	958,371	675,683
Balance at end of financial year	<u>10,852,636</u>	<u>9,832,265</u>

NOTE 18: General reserve

Balance at beginning of financial year	62,000	62,000
Movements (transfer to retained surplus)	(62,000)	-
Balance at end of financial year	<u>-</u>	<u>62,000</u>

NOTE 19: Related party disclosures

During the year The Doctors' Health Fund Limited paid rent to the Australian Medical Association (NSW) Limited, a related party, the sum of \$85,329 (2005: \$83,088). The Australian Medical Association (NSW) ceased to be a related party on 7 November 2005.

As required under the Articles of Association the directors are members of the health fund. Their membership is on the same terms and conditions as all other members.

NOTE 20: Notes to the statement of cash flows

	2006	2005
	\$	\$
Reconciliation of cash and cash equivalents*		
Cash on hand and cash in bank	515,456	539,303
Reconciliation of net cash flow from operating activities		
Operating profit after income tax	958,371	675,683
Interest received	(833,423)	(767,091)
Depreciation	33,875	27,937
Profit on sale of fixed asset	0	(17,273)
Increase in other current assets	6,022	(114,703)
Increase in unearned premium liability	276,449	612,646
Increase/(Decrease) in other operating liabilities	81,922	18,581
(Decrease)/Increase in other provisions	409,050	(229,960)
Net cash flow from operating activities	<u>932,266</u>	<u>205,820</u>

* Cash and cash equivalents consist of cash on hand and cash in bank only.

NOTE 21: Financial instruments

Financial risk management objectives

The objective of the Investment Policy is to set out the guidelines for investments which maximise returns, whilst minimising risk to the capital of the Fund and policy liabilities of members.

The main aims of the Investment Policy are:

- to structure deposits to create a portfolio that addresses the long-term capital requirements of the Fund whilst maintaining liquidity of cash flow; and
- to conduct/implement an investment strategy in compliance with any requirements of the Risk Management Statement.

Maturity profile of financial instruments

The following table details the Fund's exposure to interest rate risk as at the reporting date.

2006	Average	Variable	Fixed Interest Maturity			Non Interest Bearing	Total
	Interest Rate	Interest Rate	Less Than 1 yr	1-2 years	2-3 years		
	(%)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Financial Assets							
Cash	5.15	515,456	-	-	-	-	515,456
Term deposit	5.82	-	6,050,000	-	-	-	6,050,000
Term deposit	5.91	-	-	5,700,000	-	-	5,700,000
Term deposit	6.19	-	-	-	1,850,000	-	1,850,000
Other current assets	-	-	-	-	-	1,195,753	1,195,753
Real property mortgage	9.00	-	750,000	-	-	-	750,000
		515,456	6,800,000	5,700,000	1,850,000	1,195,753	16,061,209
Financial Liabilities							
Trade and other payables	-	-	-	-	-	155,664	155,664
Unearned premium liability	-	-	-	-	-	3,738,839	3,738,839
Unexpired risk liability	-	-	-	-	-	48,000	48,000
Gross outstanding claims	-	-	-	-	-	1,313,000	1,313,000
Current provisions	-	-	-	-	-	60,000	60,000
Non-current provisions	-	-	-	-	-	28,094	28,094
			-	-	-	5,343,597	5,343,597

2005	Average	Variable	Fixed Interest Maturity			Non Interest Bearing	Total
	Interest Rate	Interest Rate	Less Than 1 yr	1-2 years	2-3 years		
	(%)	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)
Financial Assets							
Cash	4.90	539,303	-	-	-	-	539,303
Term deposit	5.60	-	8,850,000	-	-	-	8,850,000
Term deposit	6.36	-	-	2,000,000	-	-	2,000,000
Term deposit	5.83	-	-	-	1,000,000	-	1,000,000
Other current assets	-	-	-	-	-	1,085,425	1,085,425
Real property mortgage	9.00	-	-	750,000	-	-	750,000
		539,303	8,850,000	2,750,000	1,000,000	1,085,425	14,224,728
Financial Liabilities							
Trade and other payables	-	-	-	-	-	73,742	73,742
Unearned premium liability	-	-	-	-	-	3,216,390	3,216,390
Unexpired risk liability	-	-	-	-	-	294,000	294,000
Gross outstanding claims	-	-	-	-	-	796,000	796,000
Current provisions	-	-	-	-	-	55,000	55,000
Non-current provisions	-	-	-	-	-	24,694	24,694
			-	-	-	4,459,826	4,459,826

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligation resulting in financial loss to the Fund. The Fund has adopted policy of only dealing with creditworthy counterparties and obtaining sufficient collateral on other security where appropriate, as a means of mitigating the risk of financial loss from defaults. The Fund measures credit risk on a fair value basis.

The Fund does not have any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. The credit risk on liquid funds and derivative financial instruments is limited as the counterparties are banks with high credit ratings assigned by international credit rating agencies.

The carrying amount of financial assets recorded in the financial statements, net of any allowances for losses, represents the Fund's maximum exposure to credit risk without taking account of the value of any collateral or other security obtained.

NOTE 22: Impacts of adopting the Australian equivalents to International Financial Reporting Standards (A-IFRS)

Management of the transition to A-IFRS

The impact of transition to A-IFRS to prior year's comparatives is not deemed significant.

Insurance contracts

Under AASB 1023 General Insurance Contracts, the standard requires the inclusion of a risk margin in the determination of Insurance based liabilities. Two areas that have a financial impact on the Fund are:

a) Outstanding claims liability

Outstanding claims liability is a best estimate at the time having regard to:

- Claims received but not assessed;
- Claims incurred but not received;
- The expense associated with the processing of these claims; and
- The expected payment to the Health Benefit Reinsurance Trust Fund.

A risk margin is required under A-IFRS.

As at 1 July 2004, a directors' discretionary margin of \$216,000 was included in the outstanding claims provision. As at 30 June 2005, the discretionary margin was \$62,000. Together with the directors' margin on unearned premium liability below, the total impact of A-IFRS transition was not significant.

b) Unearned premium liability

The Doctors' Health Fund Limited has members that pay their contribution income in advance. Under A-IFRS, the Fund must assess the adequacy of the unearned premium liability or contributions in advance by considering the expected future cash flows relating to future claims arising from the rights and obligations under current insurance contracts, plus an additional risk margin to reflect the inherent uncertainty in this estimate. If this present value exceeds the unearned premium liability then the unearned premium liability is deficient. Any deficiency shall be recognised in the income statement and will be recorded as unexpired risk liability in the balance sheet.

As at 1 July 2004, the directors' discretionary margin on unearned premium liability was nil. As at 30 June 2005, the discretionary margin was \$294,000. Together with the directors' discretionary margin in the outstanding claims liability above, the total impact of A-IFRS transition was not significant.

Provision for decommissioning, restoration and similar liabilities

A-IFRS specifically requires the capitalisation of costs of restoring the site on which the asset was created when an asset is initially recognised. The Fund has provided for the make-good cost of current office premises as at 1 July 2004 and at 30 June 2005. A total of \$7,319 was provided in the balance sheet in trade and other payables for decommissioning and restoration.

NOTE 23: Solvency requirement

To comply with statutory requirements, at 30 June 2006, The Doctors' Health Fund Limited has 88.7% of its available capital as surplus to the required solvency margin.

NOTE 24: Segment information

The Doctors' Health Fund Limited operates in the business of providing private health insurance in Australia.

NOTE 25: Additional fund information

The Doctors' Health Fund Limited is a public company limited by guarantee, incorporated and operating in Australia as a registered health benefits organisation.

Registered office and principal place of business

Level 5, 69 Christie Street
St Leonards NSW 2065



THE DOCTORS' HEALTH FUND LIMITED
A Registered Health Benefits Organisation
ABN 68 001 417 527