

Form 2**COMPANY NAME: LIFE INSURANCE CORPORATION OF INDIA****STATEMENT AS ON 31.12.2011****STATEMENT OF DOWN GRADED INVESTMENTS****PERIODICITY OF SUBMISSION : QUARTERLY****NAME OF THE FUND :HEALTH FUND**

S.No.	Particulars of Investment	CAT CODE	Amount As Per Balance Sheet	Date of Investment	Rating Agency	Original Investment Grade	Current Down Grade	Date of Down Grade
A	DURING THE QUARTER							
	NIL							
			0.00					

B AS ON DATE

	NIL		0.00					

CERTIFICATION*Certified that the information given herein are correct and complete to the best of my knowledge and belief and nothing has been concealed or suppressed.***DATE:**

EXECUTIVE D
(INVESTMENT

RS IN LAKHS

Reasons for downgrade

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'M & A)