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1 November 2017

Company Announcements Office ASX Limited 20 Bridge Street SYDNEY NSW 2000

nib holdings limited 2017 Annual General Meeting (AGM) Presentation

nib's 2017 AGM Presentation is attached.

Yours sincerely,

Roslyn Toms Company Secretary

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ANNUAL GENERAL MEETING

1 November 2017



STEVE CRANE

Chairman

nib's BOARD AND EXECUTIVE



Steve Crane	Chairman and Independent Non-Executive Director
Mark Fitzgibbon	Managing Director and Chief Executive Officer
Lee Ausburn	Independent Non-Executive Director
Philip Gardner	Independent Non-Executive Director
Anne Loveridge	Independent Non-Executive Director
Christine McLoughlin	Independent Non-Executive Director
Donal O'Dwyer	Independent Non-Executive Director
Michelle McPherson	Chief Financial Officer and Deputy CEO
Rob Hennin	nib New Zealand Chief Executive Officer
David Kan	Group Executive International and New Business
Wendy Lenton	Group Executive People and Culture
Rhod McKensey	Group Executive Australian Residents Health Insurance
Brendan Mills	Chief Information Officer
Roslyn Toms	Group Executive Legal and Chief Risk Officer (General Counsel and Company Secretary)
Justin Vaughan	Group Executive Benefits and Provider Relations

MEETING AGENDA





Steve Crane Chairman



Mark Fitzgibbon Managing Director and Chief Executive Office

ITEM 1 Consideration of Reports

ITEM 2 Remuneration Report **ITEM 3** Re-election of Ms Lee Ausburn **ITEM 4** Re-election of Ms Christine McLoughlin

ITEM 5 Election of Ms Anne Loveridge **ITEM 6** Approval of participation in Long-Term Incentive Plan

ITEM 7 Approval to increase aggregate fee pool for Non-Executive Directors **ITEM 8** Amendments to nib's Constitution

CHAIRMAN'S PRESENTATION





CELEBRATING 10 YEARS AS AN ASX LISTED COMPANY

- November 2017 marks 10 years since we listed on ASX
- Listing price of \$0.85, more than a 7x increase. TSR* since listing is 1,166% versus 32% for ASX200
- Growth reflects strong customer focus and a business strategy supported by deep market insight, measured risk-taking and a genuine belief in the role of innovation

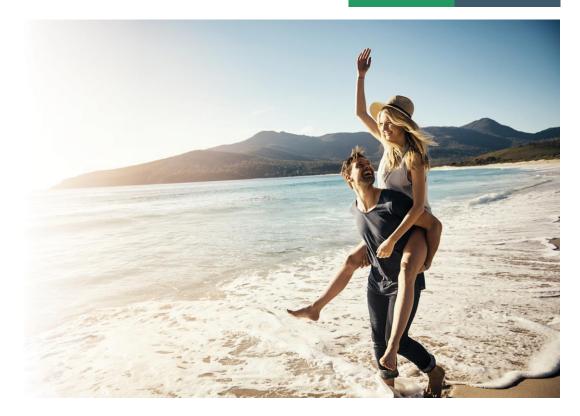


^{*} Source: Bloomberg, assumes dividends and capital returns reinvested at the payout date. Period 2 November 2007 to 30 June 2017.

OUR MISSION

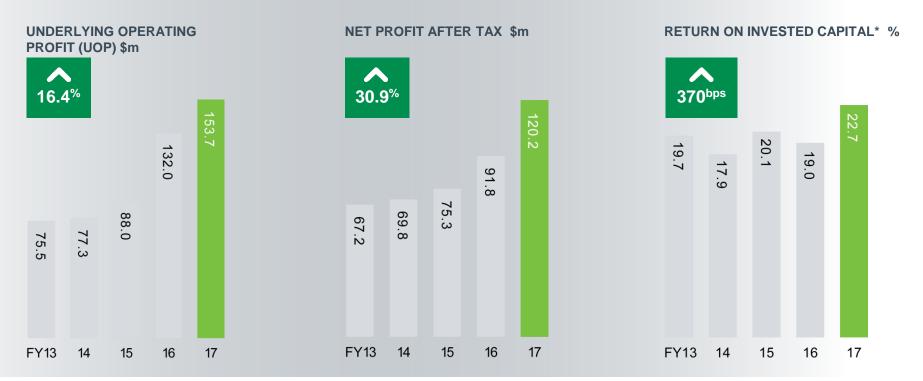


"We exist to help people access and afford world class health care when and where needed."



FY17 RESULTS



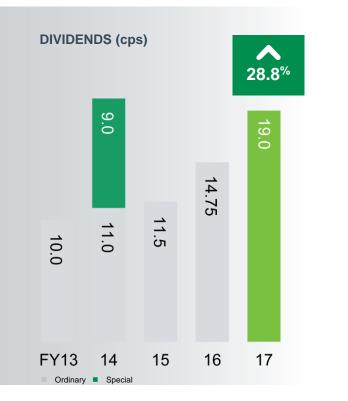


* ROIC calculated using average shareholders' equity including non-controlling interests and average interest-bearing debt over a rolling 12 month period.

8 nib annual general meeting 2017

DELIVERING STRONG SHAREHOLDER RETURNS

- FY17 full year fully franked dividend of 19 cents per share (up from 14.75 cents per share in FY16)
- FY17 full year dividend represents a payout ratio of 70% of full year NPAT and is consistent with our policy to pay ordinary full franked dividends between 60%-70% of full year NPAT

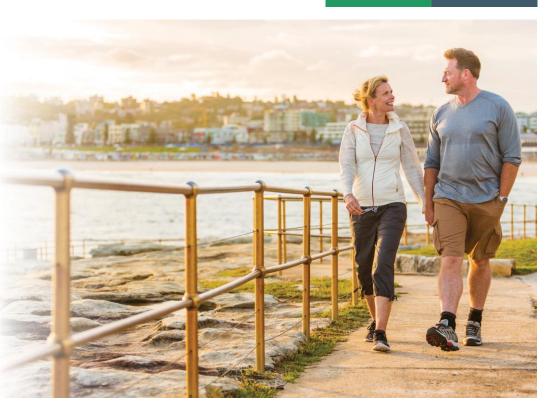


2007-2017

YEAR IN REVIEW



- arhi net policyholder growth almost 4x industry
- Earnings from adjacent businesses (nib NZ, International Students and Workers and World Nomads Group) have almost doubled in past 3 years
 - Accounted for over 30% of total earnings in FY17
 - We think we can get this as high as 50% in years to come



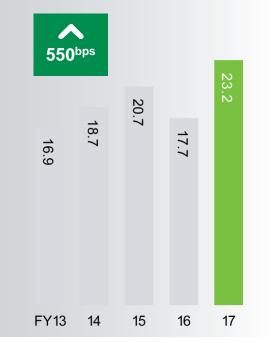
DELIVERING VALUE TO CUSTOMERS





arhi First Choice network for dentists, cutting out-of-pocket expenses for customers.

NET PROMOTER SCORE (arhi*) %



GOVERNMENT REFORM

- Another year of considerable discussion, debate and unfortunate negative public commentary about private health insurance value and affordability
- Welcome recent announcement by Health Minister
 - Further reduce prostheses prices
 - Offer premium discounts to people under 30
- Our 2017 premium increase was lowest in 14 years and lower than overall industry rate
- Premium inflation driven by a combination of people having more treatment and medical fee increases

nib nhf

> Media centre

nib welcomes Government's PHI reform measures

13 October 2017

nib today welcomed the private health insurance (PHI) reform package announced by Health Minister Greg Hunt as a major step towards improving the consumer experience and premium affordability.

Premium changes at record lows

10 February 2017

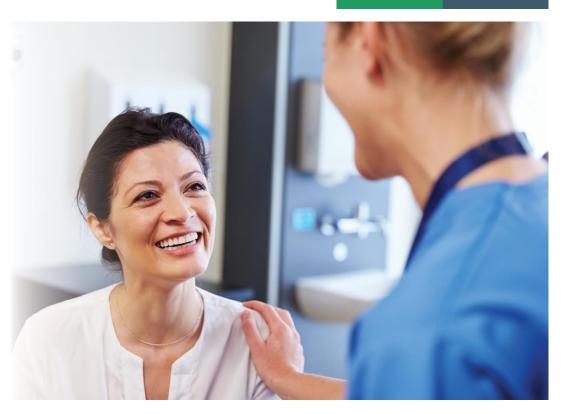
nib has announced its lowest annual premium increase in 14 years.

From 1 April 2017, nib will adjust its health insurance premiums by an average of 4.48%.

arhi CLAIMS AND PREMIUMS



- In FY17 we paid for more than 310,000 episodes of care in our arhi business at a cost of almost \$1.2 billion. Our largest nib customer claim was for almost \$410,000
- Doing everything we can to keep a lid on claims inflation and maintain affordability of premiums



COST VARIATIONS



Prostatectomies (CY16)



Knee replacements (CY16)

CONSUMER EMPOWERMENT

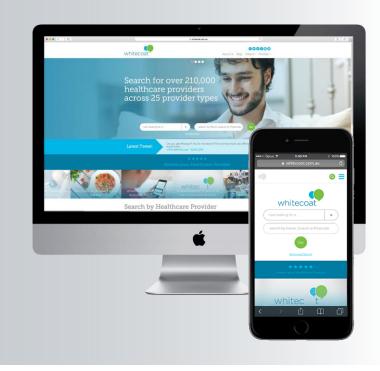


Our efforts to date have focused on:

- Find, assess, select, and book providers
- Better manage chronic health conditions (mental health, diabetes)
- Helping customers recover from surgery/medical treatment in more appropriate settings
- Discover relevant health information

Whitecoat will soon allow consumers to

- Pay providers
- View no gap participation and out of pocket costs
- Patient reported outcome measures



NEW OPPORTUNITIES AND BUSINESS EXPANSION





Acquisition of specialist corporate private health insurer GU Health



Collaborating with Chinese pharmaceutical company Tasly Holding Group* with plans to sell "critical illness" lump sum product in China

* Refer slide 26 for further details

nib foundation



- This year marks 10 years since nib raised \$25 million to establish nib foundation
- The foundation makes a positive contribution in supporting the health and wellbeing of people right across Australia
- nib foundation has contributed almost \$16 million in funding to over 100 charity partners



BOARD AND MANAGEMENT SUCCESSION PLANNING

- nib nhf 2007-2017
- Succession planning and ensuring we have the right skills mix, diversity and experience remains a priority
- Retirement of Mr Harold Bentley as a Non-Executive Director in September 2017 and appointment of Non-Executive Director Anne Loveridge in February 2017



From left to right: Steve Crane, Mark Fitzgibbon, Lee Ausburn, Harold Bentley, Philip Gardner, Anne Loveridge, Christine McLoughlin and Donal O'Dwyer.

MANAGING DIRECTOR'S REPORT

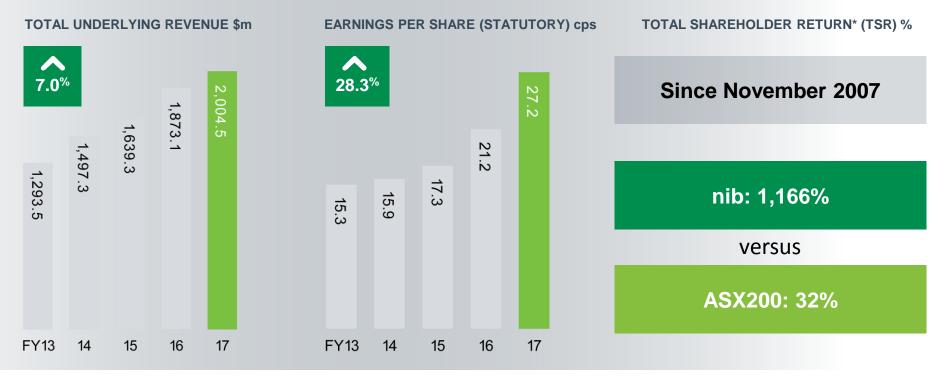




Mark Fitzgibbon Managing Director and Chief Executive Officer

FY17 KEY PERFORMANCE HIGHLIGHTS





* Source: Bloomberg, assumes dividends and capital returns reinvested at the payout date. Period 2 November 2007 to 30 June 2017.

AUSTRALIAN RESIDENTS HEALTH INSURANCE



\$1.76 ^6.4%

UOP ^13.2%

\$107.0m

POLICYHOLDER GROWTH

3.8%

4x industry



aided by our multi-channel growth strategy

nib NEW ZEALAND



PREMIUM REVENUE \$199.3m ~14.9%

UOP ^35.8% \$23.5m

LAUNCH OF FIRST CHOICE

a network of medical professionals providing customers with zero out-of-pocket costs.



INTERNATIONAL AND NEW BUSINESS



INTERNATIONAL (INBOUND) HEALTH INSURANCE UOP ~47.7% \$25.4m

NET POLICYHOLDER SALES

^28.5%

WORLD NOMADS GROUP

UOP \sim 22.7% due to investment being made in growth opportunities

Secured travel insurance distribution agreement with Helloworld Travel



SUSTAINABILITY





1. Net claims incurred (excluding claims handling), underwriting segments only.

2. Based on Australian Residents Health Insurance customers.

NEW VENTURES AND OPPORTUNITIES



Currently collaborating with Chinese pharmaceutical company Tasly Holding Group:

- Plan to sell "critical illness" lump sum product in Jing-Jin-Ji area (which includes Tianjin, Beijing City and Hebei Province, population approximately 100 million) by end of 2018.
- Proposed insurance brokerage business will not carry underwriting risk.
- Anticipate 5 year investment circa \$12m.
- Anticipate ~100 employees by end 2019.

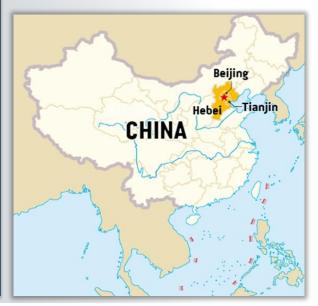
Tasly brings brand, distribution and medical data for pricing and underwriting. nib brings PHI expertise (product design, pricing, claims management/service, provider contracting).

Critical illness products comprise over 90% of the individual (non corporate) health insurance market in China (lump sum payment on diagnosis of pre-defined conditions).

Chinese health insurance market is significant in size (annual premium revenue of AU\$48b and growing rapidly: 37% CAGR 2015-2020¹). Spending driven by population growth, wealth and ageing.

Chinese Government policy has mandated increased private health insurance coverage.

≜TASLY



NEW VENTURES AND OPPORTUNITIES





Acquisition of specialist corporate private health insurer GU Health for \$155.5 million (announced 20 September 2017, completed 31 October 2017)

Acquisition meets nib's return on investment criteria

Transaction funded by a fully underwritten institutional equity placement of \$60 million, a non-underwritten Share Purchase Plan and a new debt facility for the balance.

The SPP Offer closed oversubscribed, with nib receiving approximately \$29.5 million in valid applications. nib has made the decision to accept all valid subscriptions in full with no scale back.

GU Health is Australia's only established specialist corporate group health insurer, servicing over 34,000 policyholders across more than 260 corporate clients

- Market leader in the corporate health insurance segment in Australia
- Long-term and stable client, distribution partner and corporate broker relationships
- Experienced team with specialist knowledge and skills
- Leading technology platforms and underwriting functionality customised for the corporate market

PHI REFORM AND REGULATION



nib welcomes Government's PHI reform measures which are anticipated to be a net positive, including:

- Further reductions in prostheses prices resulting in lower than otherwise premiums
- Introduction of Lifetime Health Cover • Discount - Premium discounts for younger people (under 30s) to encourage participation
- Changes to product excess levels (\$750 singles/\$1500 families)
- Introduction of product benefits for rural customers
- Mental health safety net

Health funds' hit list to save members \$1.5bn SARAH-JANE TASKER HEALTHCARE

time," sha Ms Da quick fix

The private health insurance sec

or's peak body has outlined

measures in its pre-budget sub-

Ith fund members \$15 billion

Private Healthcare Australia

d the government that while it

stood the climate was not

e to address the sustain

Rachel David, head of the in dustry body, said she was conf ment's ministeria

Reforming the annual new ealthcare was already looking at other key reco endation, with ome of the issues raised in the the submission calling for an inde pendent statutory authority to "I can't discuss it in detail bot monitor premium changes by as



MORE young people in the compare, are more affordable private health system and eas- and give Australians a better system. ier access to mental health understanding about what services are key features of services their insurance covtoday's private health insurers," he said. ance reform package that the "The moves to improve ac-Australian Private Hospitals Ascess to mental health services sociation (APHA) has long been are a welcome change, particularly during mental health advocating for, but concerns remain about the lack of action on junk policies, says APHA significant contribution in CEO Mr Michael Roff. mental health, caring for more "We welcome better mental than 37,500 Australians each health cover, premium discounts for young people, in-"Instant upgrades for people creasing maximum excess requiring in-hospital mental levels, maintenance of Second health treatment are essential, Tier benefits and addressing as the majority of products do the growth of private patients not currently provide this level in public hospitals as these of cover. Until now, people have been key to our discushave had to wait two months sions with Government in rebefore they could access care." cent years. This package should result

"Discounts to attract young people into private health will improve sustainability and affordability of the product for all members. We also welcome the increase to maximum excess levels which will mean people week. Private hospitals make a can reduce their premium

Private funds are

look at their costs

nds in recent memory but the

real test comes in February, when

he is due to approve the next

being forced to

without having to exclude services from their cover." But Mr Roff said concerns remain about the issue of 'junk' policies "It's disappointing. Not only

has the Government not addressed the issue of junk policies, it has, in fact, entrenched them with the new 'basic' cate gory, lunk policies are a major cause of consumer dissatisfaction when they discover they

health insurance rebate is to

take pressure off private hospitals, then there is no policy justification for applying the rebate to junk policies," he Mr Roff said the next cab off

comparator website.

Try asking your health fund

what would happen if pregnancy was taken out of your policy be-

cause you had no plans to get

was no problem, but you under

tand that will also mean hip re

placement and knees will be

sublic hospital as a private place

levels, including that private in

surance is partially meant to cover

nitals is one of the big items on

That is nonsensical on many

Private patients in public hos-

owngraded to treatment at a

In the case of HCF the answer

egnant any time soon

the rank in terms of private health insurance reform must be to address the growth of priate patients in public hospi-

"This has the potential to moderate premiums by a larger amount than cuts to the prostheses benefits and we support Minister Hunt in his efforts to

address this issue "This reform package pro rides a framework for change It is now up to the health insurance companies to deliver sim nler more transnarent products and of course, lower

HEALTHY START TO REFORM guess it starts with the haples This year's premium increas

of 4.8 per cent was the lowest for a decade, but it remains to be seen what happens next.

Industry lobby group Privat Healthcare Australia's Rachel David said the key changes yester day were the end to the rort or ostheses, saving \$1.5 billion over four years, and the discounts o offer to customers under 30

More low-claiming member should pull down the overall costs Mental health patients now ge automatic coverage without wait ng times, timely reforms in Me tal Health Week

Prostheses reform is a classi case of what goes wrong when remment intervenes.

David cites the cost of a cardi defibrillator at a private hospital \$55,000 when the same equip ment costs \$15,000 at a state hor nital. The reason is that the state

buys the defibrillators in bulk get ting better deals while the privat ospitals are still governed by fed eral list prices set in 2006 at the to of the market.

The government because prices were skyrocketing and were only partly covered by insurance, but now if the private fund pays the lost price of, say \$100 on an item the hospital car buy it cheaper and pocket the dil

Clearly the federal list has to be junked and the price bubble will b ressively eased. The stockmarket reacted nosi

tively, with the hospitals streaking ahead. Healthscope was up 2.5 per cent and Ramsay rose 36 per cer in an overall market that gained just 0.5 per cent

NIB was up 1 per cent an dibank 19 ner cent

don't have cover for private reatment when they

remiums," Mr Roff said,

OUR FOCUS



- Pursue arhi organic net growth in 4-5% range with net margins 5-6% via market insight and multi-channel distribution.
- Increase investment in adjacent businesses and their contribution to Group earnings towards 50% of total.
- Expand the value proposition for consumers through knowledge and empowerment.
- Continue to experiment and innovate as a fundamental basis for competitive advantage.
- Making healthcare systems better.



FY18 GUIDANCE AND OUTLOOK



FY18 UOP forecast to be at least \$155m¹ (Statutory operating profit approximately \$143 million), reflecting:

- Reduced arhi net margin to within target range
- New business and technology investments:
 - nib international students services
 - DTC 2.0 in NZ
 - arhi retention
 - WNG growth opportunities
 - New international markets
 - Digital, data science and Internet of Things
- FY18 investment returns in line with relevant internal benchmarks².

¹ Excludes one-off transaction costs and amortisation of acquired intangibles.

- ² Internal Investment benchmarks
- Australian Regulatory capital (79%/21% defensive/growth) target for portfolio bank bill index plus 1%
- New Zealand regulatory capital (100% defensive) (1) For core portfolio target is a 6 month bank bill index (2) For premium payback portfolio target is a 3.0 years interest rate swap index
- Surplus capital (100% defensive) bank bill index





ANNUAL GENERAL MEETING

1 November 2017