

PREMIUM INFORMATION USED FOR COST ASSESSMENT IN ONTARIO

Insurer:		YEAR	YEAR	Change *	
Insurer #:					
Item	Reference	2016 (000's)	2015 (000's)	(000's)	%
TO BE COMPLETED BY COMPANIES THAT FILED A LIFE-1 or LIFE-2					
Life net premium written	pg. 95.010 Line (089+389) Col. 06				
Annuity net premium written	pg. 95.010 Line (189+489) Col.06				
Acc/Sick net premium written	pg. 95.010 Line (299+599) Col. 06				
Total Net Premium Written		(A)			
TO BE COMPLETED BY COMPANIES THAT FILED AN OSFI 56					
Life net premium written	pg. 91.00 Line 04 Col. 06				
Annuity net premium written	pg. 91.00 Line 44 Col.06				
Acc/Sick net premium written	pg. 91.00 Line 84 Col. 06				
Total Net Premium Written		(A)			
TO BE COMPLETED BY COMPANIES THAT FILED A P&C-1 or P&C-2					
Total net premium written	pg. 93.30 Line 89 Col. 06		(1)		
Non-consolidated Accident &Sickness net premium written in Ontario		(A) (2)			
Net premium other than accident and sickness (1) - (2)					
Direct Auto premium written	pg. 93.30 Line 29 Col. 06	(A)			
TO BE COMPLETED BY COMPANIES THAT FILED AN S15					
Direct premiums written					
Net premiums written					
Net premiums earned					
Net claims incurred					

(A) AMOUNT USED FOR CALCULATING COST ASSESSMENT

* PROVIDE AN EXPLANATION BELOW OF PREMIUM CHANGES THAT ARE OVER 20% OR 1 MILLION DOLLARS:

Signature: _____

Date: _____

Name: _____

Title: _____