

PREMIUM INFORMATION USED FOR COST ASSESSMENT IN ONTARIO

| Insurer: | | YEAR | YEAR | Change * | |
|---|--------------------------------------|-------------------------|-------------------------|-----------------|----------|
| Insurer #: | | | | | |
| Item | Reference | 2017 (000's) | 2016 (000's) | (000's) | % |
| TO BE COMPLETED BY COMPANIES THAT FILED AN 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) | | | |
| 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: _____