

001

SELECT LANGUAGE

English

ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

020 Client number:

010 Insurer name:

025 Financial Group, if applicable:

030 Contact person for the Annual Statement on Market Conduct:

033 Telephone number:

040 Email:

060 Jurisdiction of incorporation:

070 If "Foreign", Country or State:

***Provinces and territories in which the organization is licensed:**

- | | | | |
|-----|--|--|---------------------------------------|
| 080 | Alberta <input type="checkbox"/> | Northwest Territories <input type="checkbox"/> | Quebec <input type="checkbox"/> |
| 081 | British Columbia <input type="checkbox"/> | Nova Scotia <input type="checkbox"/> | Saskatchewan <input type="checkbox"/> |
| 082 | Manitoba <input type="checkbox"/> | Nunavut <input type="checkbox"/> | Yukon <input type="checkbox"/> |
| 083 | New Brunswick <input type="checkbox"/> | Ontario <input type="checkbox"/> | |
| 084 | Newfoundland and Labrador <input type="checkbox"/> | Prince Edward Island <input type="checkbox"/> | |

What classes of insurance are you offering?

- | | | | |
|-----|---|---|---|
| 110 | Life - Individual* <input type="checkbox"/> | Accident & Sickness - Individual** <input type="checkbox"/> | Annuities - Individual <input type="checkbox"/> |
| 111 | Life - Group <input type="checkbox"/> | Accident & Sickness - Group** <input type="checkbox"/> | Annuities - Group <input type="checkbox"/> |

***Among Life - Individual class of insurance offered, what type of coverage are you offering?**

- | | | | |
|-----|------------------------------------|------------------------------------|--------------------------------|
| 117 | Universal <input type="checkbox"/> | Universal <input type="checkbox"/> | Whole <input type="checkbox"/> |
| 118 | Other <input type="checkbox"/> | | |

****Among Accident and Sickness class of insurance offered, what type of coverage are you offering?**

	Individual	Group		Individual	Group		Individual	Group
	(01)	(02)		(03)	(04)		(05)	(06)
130	Critical illness <input type="checkbox"/>	<input type="checkbox"/>	Health and dental	<input type="checkbox"/>	<input type="checkbox"/>	Prescription drug	<input type="checkbox"/>	<input type="checkbox"/>
131	Disability <input type="checkbox"/>	<input type="checkbox"/>	Long term care	<input type="checkbox"/>	<input type="checkbox"/>	Travel health	<input type="checkbox"/>	<input type="checkbox"/>
132	Other <input type="checkbox"/>	<input type="checkbox"/>						

What Distribution Channels are you using?

121	Independent Channels	<input type="checkbox"/>	(01)
120	Direct or Exclusive Channels	<input type="checkbox"/>	
122	Other Distribution Channels	<input type="checkbox"/>	
123	Sold by Internet (Full Online Sale Process)	<input type="checkbox"/>	

090 **Are you offering new insurance contracts (including renewals)?**

General comments:

140

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3. POLICIES

DEFINITIONS

2023-L&H

The reference period is the fiscal year for which the statement is filled.

Enter data for individual policies and group policies in their respective tables.

Except for the Number of Policies in Force at the End of the Previous Reference Period (01) which is the data from your last filed return (tab 3.0 Policies and column (10) or (05) per class of insurance), all of the information requested is for the reference period.

In Individual Policies, the Number of Policies in Force at the End of the Reference Period (10) is an automatic calculation of Policies in Force at the End of the Previous Period column (01) plus New Policies (03) minus all terminated policies from columns (05)+(06)+(07)+(08)+(09) and if necessary, plus adjustment (+/-) to balance policies (21) with explanation in general comments line 110.

Annuities, includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

Main guarantee: indicates the number of insurance contracts according to the main guarantee (e.g. 1 individual long-term care insurance policy with life insurance = Only 1 policy for the purposes of this table). Provide explanation in general comments when a class of insurance reported in the Identification tab is not standalone.

*Life Individual class of insurance for each column available for input, indicate on line 010 the total number of individual policies. For the Life individual sub-class of insurance on lines 011 to 014 (individual policies), indicate the number of coverages. The number of coverages does not necessarily equal the number of policies.

**Accident and Sickness class of insurance for each column available for input, indicate on line 020 the total number of individual policies and on line 070 the total number of group policies. For the accident and sickness sub-class of insurance on lines 021 to 027 (individual policies) and on lines 071 to 077 (group policies) indicate the number of coverages. The number of coverages does not necessarily equal the number of policies (example: 1 individual insurance policy containing 5 coverages in accident and sickness insurance = 1 single policy but 5 coverages for the purposes of this table).

In Group Policies, except for the Number of Certificates in Force at the End of the Previous Reference Period, all of the information requested is for the reference period. However, with regards to data availability, the number of certificates could be calculated from any other date, within the reference period when the information is actually up to date. For example, if insurers receive information during the year, they will pick a date as near as possible to the End of the Reference Period. If information is received once a year, this date will now be the base period for ASMC filling from one year to the other. The Number of policies in force at the end of the reference period (05) is an automatic calculation of the Policies in Force at the End of the Previous Period column (01) plus new ones (03) minus Policies Cancelled or Terminated due to Contract of column (04) and if necessary, plus adjustment (+/-) to balance policies (21) with explanation in general comments line 110.

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INDIVIDUAL POLICIES

Class of Insurance (Main Guarantee)	Number of Policies in Force at the End of the Previous Reference Period (from your last filed return column (10))	Number of New Policies Issued	Number of Applications Declined by Insurer	Number of Customer Initiated Cancellations During the "Free Look" Period	Number of Customer Initiated Cancellations Excluding the "Free Look" Period (Including Lapses)	Number of Insurer Initiated Cancellations			Adjustment to Balance Policies (explanation needed in general comments row 110)	Number of Policies in Force at the End of the Reference Period [((01)+(03)) - ((05)+(06)+(07)+(08) +(09)) + (21)]
						Without any Refund of Premium	With Fully Refunded Premiums	With Prorated and Short-rated Premiums		
	(01)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(21)	(10)
010 Individual Life*										0
011 Term										0
012 Universal										0
013 Whole										0
014 Other										0
020 Accident & Sickness**										0
021 Critical illness										0
022 Disability										0
023 Health and dental										0
024 Long term care										0
025 Prescription drug										0
026 Travel health										0
027 Other										0
030 Annuity										0
049 TOTAL	0	0	0	0	0	0	0	0	0	0

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GROUP POLICIES

Class of Insurance (Main Guarantee)	Group Master Contracts				Certificates		
	Number of Policies in Force at the End of the Previous Reference Period (from your last filed return column (05))	Number of New Policies Issued	Number of Policies Cancelled or Terminated due to Contract	Adjustment to Balance Policies (explanation needed in general comments row 110)	Number of Policies in Force at the End of the Reference Period	Number of Certificates in Force at the End of the Previous Reference Period	Number of Certificates in Force at the End of the Reference Period
					[[(01)+(03) - ((04) + (21)]]		
	(01)	(03)	(04)	(21)	(05)	(06)	(07)
060 Group Life					0		
070 Accident & Sickness**					0		
071 Critical illness					0		
072 Disability					0		
073 Health and dental					0		
074 Long term care					0		
075 Prescription drug					0		
076 Travel health					0		
077 Other					0		
080 Annuity					0		
099 TOTAL	0	0		0	0	0	0

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General comments:

110



4. PRODUCTS - INDIVIDUAL LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2023-L&H

The Reference Period is the fiscal year for which the statement is filled.

Products: Each combination of benefits presented under a same name, each plan and each package plan offered with a distinct duration is considered as a product. For purposes of this disclosure, an endorsement or an option included in the product are not considered a product.

Examples:

- Term Life 10 years - Life
- Whole life - Life
- Long Term Disability - Accident and Sickness
- Critical illnesses - Accident and Sickness
- Segregated Funds – Annuities

Existing products refer to those available for sale during the Reference Period. Populate the products offered for each sub-classes Life Individual* (lines 011 to 014) and Accident and Sickness* (lines 021 to 027). Life Individual and Accident and Sickness classes of insurance are an automated calculation totalling all the sub-classes of insurance under it.

(02) Indicate the main guarantee of the product offered. Provide explanation in general comments when a class of insurance reported in the Identification tab is not standalone.

(05) Most significant Types of Changes to be reported are limited to changes initiated by the insurer or resulting of a decision made by the insurer. It excludes regulatory required changes. Please only include the most significant changes made, if more than one change was made to a product. The number of products modified should not exceed the number of products offered per class of insurance.

Existing Products		
	Class of Insurance (Main Guarantee)	Number of Products Offered
		(01)
001	Individual Life*	0
011	Term	
012	Universal	
013	Whole	
014	Other	
002	Accident & Sickness**	0
021	Critical illness	
022	Disability	
023	Health and dental	
024	Long term care	
025	Prescription drug	
026	Travel health	
027	Other	
009	TOTAL	0

List of new or modified products during the Reference Period		
Name of the Product Offered	Class of Insurance (Main Guarantee)	Most Significant Types of Change in the Reference Period
(01)	(02)	(05)
030		
040		
050		
060		
070		
080		

090		
100		
110		
120		
130		
140		
150		
160		
170		
180		
190		
200		
210		
220		
230		
240		
250		
260		
270		
280		
290		
300		
310		
320		

General comments:

730

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7. PREMIUMS

DEFINITIONS

2023-L&H

All amounts reported must be in thousands of dollars.

References to the Quarterly Return / Annual Supplement: To specify the nature of the requested data, you will find below references to the Quarterly Return. However, note that the data to be provided in this form are not exactly the same as the Quarterly Return. The requested information in this table, including segregated funds, is non-consolidated and must be provided by distribution channels. The amount of the automatic calculation in columns (19) for each class of insurance should be similar to the amount reported in the Quarterly Return / Annual Supplement for these same class of insurance without exceeding it. If the amount reported for a class of insurance is higher, provide details in general comments.

The information to be reported in this tab excludes reinsurance.

For the Direct Premium Written and Internet New Direct Premiums, Life Individual* and Accident and Sickness** classes of insurance are an automated calculation totalling all the sub-classes of insurance under it. For the Number of New Policies / Certificates Sold by Internet column (01), as for the policies tab, please indicate on line 190 the total number of individual life policies, 200 the total number of individual policies and on line 205 the total number of group policies and for the individual Life and accident and sickness sub-class of insurance on lines 191 to 194 and 221 to 227 (individual policies) and on lines 231 to 237 (group policies) the number of coverages. The number of coverages does not necessarily equal the number of policies.

A product is considered to be sold by Internet/online if the entire sale process is done online without using the services of an agent or broker. If you or your distribution channels (Independent Channels and Direct or Exclusive Channels) sell your products through the Internet, you must answer "Yes" to question 140, column (01). We do not consider it sale by internet if a sale is completed by a licensed agent after the consumer obtains information or price from a website.

Annuities, includes all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

Premiums by distribution channel (in thousands of dollars - non-consolidated data)

Class of Insurance		Direct Premiums Written			
		Reference to the Quarterly Return / Annual Supplement: Schedule 95.010 - Row "Direct" 020, 120, 220, 320, 420 and 520 column (23) "Total In Canada"			
		Includes segregated funds			
		Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL (\$000)
		(01)	(02)	(03)	(19)
Life					
010	Individual*	0	0	0	0
011	Term				0
012	Universal				0
013	Whole				0
014	Other				0
020	Group				0
039	Subtotal	0	0	0	0
Accident & Sickness**					
040	Individual	0	0	0	0
041	Critical illness				0
042	Disability				0
043	Health and dental				0
044	Long term care				0
045	Prescription drug				0
046	Travel health				0
047	Other				0

050	Group	0	0	0	0
051	Critical illness				0
052	Disability				0
053	Health and dental				0
054	Long term care				0
055	Prescription drug				0
056	Travel health				0
057	Other				0
069	Subtotal	0	0	0	0
Annuity					
070	Individual				0
080	Group				0
099	Subtotal	0	0	0	0
109	TOTAL (in thousands of dollars)	0	0	0	0

140 Do you sell products through the Internet?			(01)
If yes, please provide information for product sold by Internet excluding renewals (for the purposes of this form, Internet sales are also included in the above table):			
Class of Insurance	Number of New Policies / Certificates Sold	New Direct Premiums Written (in thousands of dollars)	
	(01)	(02)	
Life			
190 Individual*		0	
191 Term			
192 Universal			
193 Whole			
194 Other			
195 Group			
Accident & Sickness**			
200 Individual		0	
221 Critical illness			
222 Disability			
223 Health and dental			
224 Long term care			
225 Prescription drug			
226 Travel health			
227 Other			
205 Group		0	
231 Critical illness			
232 Disability			
233 Health and dental			
234 Long term care			
235 Prescription drug			
236 Travel health			
237 Other			

Annuity		
210	Individual	
215	Group	
219	TOTAL	0

General comments:	
180	

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9. SALES AND SERVICING INCENTIVES

DEFINITIONS

2023-L&H

All amounts reported must be in thousands of dollars.

The information to be reported in this tab excludes reinsurance.

Life Individual* and Accident and Sickness** classes of insurance are an automated calculation totalling all the sub-classes of insurance under it.

For all questions: list only the incentives that are provided by the insurer by class of insurance and distribution channels. If the data is not available by class of insurance, please consider the data by Main Guarantee and provide explanation in general comments. "Incentives" are monetary and non-monetary compensation provided by Insurers to employees, intermediaries and other persons or entities acting on their behalf in the sale and servicing of insurance products.

Annuities, include all types of annuity contracts, such as :

- Variable Annuity (Segregated Funds);
- Certain Annuity;
- Deferred Annuity;
- Guaranteed Annuity;
- Indexed Annuity;
- Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

(02) Monetary incentives include commissions paid based on sales and services expected and provided (e.g. initial sales, renewals, trailers) and bonuses paid on achievement of performance targets (e.g. number/dollar volume of sales, retention, growth, fair treatment).

(03) Non-monetary incentives are non-cash benefits, rewards and privileges such as travel, goods and hospitality, entertainment, memberships, contest entry, insurer client referrals, access to services, also related to performance targets.

Incentives (\$000) by classes of insurance

Class of Insurance	Monetary incentives				Non-monetary incentives			
	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL (\$000)	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL (\$000)
	(21)	(22)	(23)	(29)	(31)	(32)	(33)	(39)
Life								
010 Individual*	0	0	0	0	0	0	0	0
011 Term				0				0
012 Universal				0				0
013 Whole				0				0

014	Other				0				0
020	Group				0				0
Accident & Sickness**									
030	Individual	0	0	0	0	0	0	0	0
031	Critical illness				0				0
032	Disability				0				0
033	Health and dental				0				0
034	Long term care				0				0
035	Prescription drug				0				0
036	Travel health				0				0
037	Other				0				0
040	Group	0	0	0	0	0	0	0	0
041	Critical illness				0				0
042	Disability				0				0
043	Health and dental				0				0
044	Long term care				0				0
045	Prescription drug				0				0
046	Travel health				0				0
047	Other				0				0
Annuity									
050	Individual				0				0
060	Group				0				0
069	TOTAL (in thousands of dollars)	0	0	0	0	0	0	0	0

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Does the following have influence on the performance assessment or issuance of incentives / commissions:

	Performance Measures	Incentives / Commissions
	(01)	(02)
190 Number of lapses		
200 Number and type of complaints		
210 Premium volume		
220 Claims volume		
230 Consumer satisfaction		
240 Number of post-sale consumers touch points		

General comments:

260

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9.5 LAPSES

DEFINITIONS

2023-L&H

For Lapses, identify the number of policies.

First-year lapses include policies that lapsed during the first 365 days of the policies being in force.

The lapse has to have occurred during the reference period.

Life Individual* and Accident and sickness** classes of insurance are an automated calculation totalling all the sub-classes of insurance under it.

Number of lapses								
Class of Insurance (Main Guarantee)	Distribution Channel							
	FIRST YEAR				SECOND YEAR			
	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL NUMBER	Independent Channels	Direct or Exclusive Channels	Other Distribution Channels	TOTAL NUMBER
	(01)	(02)	(03)	(19)	(04)	(05)	(06)	(49)
Life								
010 Individual*	0	0	0	0	0	0	0	0
011 Term				0				0
012 Universal				0				0
013 Whole				0				0
014 Other				0				0
020 Group				0				0
039 Subtotal	0	0	0	0	0	0	0	0

Accident & Sickness**								
050	Individual	0	0	0	0	0	0	0
051	Critical illness				0			0
052	Disability				0			0
053	Health and dental				0			0
054	Long term care				0			0
055	Prescription drug				0			0
056	Travel health				0			0
057	Other				0			0
060	Group	0	0	0	0	0	0	0
061	Critical illness				0			0
062	Disability				0			0
063	Health and dental				0			0
064	Long term care				0			0
065	Prescription drug				0			0
066	Travel health				0			0
067	Other				0			0
079	Subtotal	0	0	0	0	0	0	0
099	TOTAL NUMBER	0	0	0	0	0	0	0

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General comments:

110

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10. CLAIMS

DEFINITIONS

2023-L&H

Except for the open Claims at the beginning of the Period row 010 which is the data from your last filed return (tab 10.0 Claims line 050 per class of insurance), all the information requested in this section is limited to claims that have been initiated for policies that are or were in force at the time the claim was incurred.

(03) and (04) Accident and Sickness* class of insurance is an automated calculation totalling all the sub-classes of insurance from the table below lines 310 to 390.

A claim is considered opened or reported when the insurer has all the documents required to process the claim. The purpose of this question is to determine the processing time of a claim. If the date of receipt of the documents is not available, please use your average time to receive the documents to determine when the claim is "opened" or "reported" and indicate in the General Comments box the method used to determine the date of receipt of the documents.

The amount paid in benefits during the period should be reported in thousands of dollars (\$000).

A claim is considered denied if the insurer refuses to pay any amount of the claim. In those cases, no indemnity payment is made but payment of certain fees (expert fees, claim adjuster fees, etc.) may be made.

The Number of open claims at the end of the period line 050 is an automatic calculation of the open claims at the beginning of the period on line 010 plus the new claims opened on line 020 minus the claims closed from line 030 and minus those denied from line 040 and if necessary, plus adjustment (+/-) to balance claims line 049 with explanation in general comments line 230.

For Number of claims closed within (period) days from date of claim reported, the initial payment of a periodic payment / first installment of a payment is to be reported. For each class of insurance, the total of claims closed line 030 and claims denied line 040 must be equal to the total number of claims closed at lines 070 to 090, i.e. within 0 to over 181 days from the date of claims reported.

Average days to final payment does not include periodic payments or payments made in installments.

If Annuity data reported is for other than death benefit payments, provide explanation in general comments.

The information sought is limited to complete denials of claims.

Annuities includes all types of annuity contracts, such as: Variable Annuity (Segregated Funds); Certain Annuity; Deferred Annuity; Guaranteed Annuity; Indexed Annuity; Life Annuity.

It also includes Guaranteed Interest Accounts (GIAs).

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Complete the table	Life		Accident & Sickness**		Annuity	
	Individual	Group	Individual	Group	Individual	Group
	(01)	(02)	(03)	(04)	(05)	(06)
010	Number of open claims at the beginning of the period (from your last filed return tab 10.0 Claims line 050)		0	0		
020	Number of new claims opened during the period		0	0		
030	Number of claims closed with an indemnity payment during the period		0	0		
035	Amount paid in benefits during the period (in thousands of dollars)		0	0		
040	Number of claims denied during the period		0	0		
049	Adjustment to Balance Claims (Explanation needed in general comments line 230)		0	0		
050	Number of claims still open at the end of the period [(010+020) - (030+040) +(049)]	0	0	0	0	0
060	As primary insurer, average days to final payment					
Of the total of claims that were reported closed or denied on lines 030 and 040, but not including 049; indicate the following:						
070	Number of claims closed or denied within 0-90 days from date the claim was reported		0	0		
080	Number of claims closed or denied within 91-180 days from date the claim was reported		0	0		
090	Number of claims closed or denied over 181 days from date the claim was reported		0	0		

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Complete the table for Accident & Sickness		Accident & Sickness**													
		Critical illness		Disability		Health and dental		Long term care		Prescription drug		Travel health		Other	
		Individual	Group	Individual	Group	Individual	Group	Individual	Group	Individual	Group	Individual	Group	Individual	Group
		(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)
310	Number of open claims at the beginning of the period (from your last filed return tab 10.0 Claims line 050)														
320	Number of new claims opened during the period														
330	Number of claims closed with an indemnity payment during the period														
335	Amount paid in benefits during the period (in thousands of dollars)														
340	Number of claims denied during the period														
349	Adjustment to Balance Claims (Explanation needed in general comments line 230)														
350	Number of claims still open at the end of the period [(310+320) - (330+340) +(349)]	0	0	0	0	0	0	0	0	0	0	0	0	0	0
360	As primary insurer, average days to final payment														
Of the total of claims that were reported closed or denied on lines 330 and 340, but not including 349; indicate the following:															
370	Number of claims closed or denied within 0-90 days from date the claim was reported														
380	Number of claims closed or denied within 91-180 days from date the claim was reported														
390	Number of claims closed or denied over 181 days from date the claim was reported														

Of the total of claims denied line 040, indicate by using the drop-down menu the three main reasons for denial of claims during the reference period (03) and the total number of denials (02) for the three reasons selected:

	(03)	(02)	
110			
120			
130			

Specify the other main reasons for denial of claims:

160

General comments:

230

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