

Before completing this form, please read the following carefully:

This form must be completed by insurers to confirm to the Autorité des marchés financiers ("AMF") that they do not have any claims to report. The obligation to notify the AMF of claims is set out in section 17 of the *Regulation respecting the pursuit of activities as a representative*, CQLR, c. D-9.2, r. 10, and section 29 of the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, c. D-9.2, r. 2.

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

PART 1 – IDENTIFICATION

INFORMATION ABOUT THE INSURER

Name of insurer	
Client No. (10 digits)	

PART 2 – STATEMENT

No claims were received during the reporting period concerned.

PART 3 – DECLARATION REGARDING INFORMATION PROVIDED

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature			Date	____ / ____ / ____ year month day

The AMF only accepts forms sent **by mail** or submitted through **AMF E-Services**.

Forms sent by e-mail or fax will **not** be accepted.

Please send your form to:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1