



2023

SELECT LANGUAGE

ANNUAL STATEMENT ON MARKET CONDUCT

Property and Casualty Insurance

Client number:

Insurer name:

Financial Group, if applicable:

Contact person - Annual Statement on Market Conduct:

Telephone number:

Email:

Jurisdiction of incorporation:

If "Foreign", Country or State:

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

- | (01) | (02) | (03) |
|--|--|---------------------------------------|
| Alberta <input type="checkbox"/> | Northwest Territories <input type="checkbox"/> | Quebec <input type="checkbox"/> |
| British Columbia <input type="checkbox"/> | Nova Scotia <input type="checkbox"/> | Saskatchewan <input type="checkbox"/> |
| Manitoba <input type="checkbox"/> | Nunavut <input type="checkbox"/> | Yukon <input type="checkbox"/> |
| New Brunswick <input type="checkbox"/> | Ontario <input type="checkbox"/> | |
| Newfoundland and Labrador <input type="checkbox"/> | Prince Edward Island <input type="checkbox"/> | |

What classes of insurance are you offering (Personal only)?

(01)	(02)	(03)
Property <input type="checkbox"/>	Legal Expense <input type="checkbox"/>	Marine <input type="checkbox"/>
Aircraft <input type="checkbox"/>	Liability <input type="checkbox"/>	Accident and Sickness* <input type="checkbox"/>
Automobile <input type="checkbox"/>	Mortgage <input type="checkbox"/>	Other Approved Products <input type="checkbox"/>
Credit Protection <input type="checkbox"/>	Title <input type="checkbox"/>	

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

(01)	(02)	(03)
Critical illness <input type="checkbox"/>	Health and dental <input type="checkbox"/>	Prescription drug <input type="checkbox"/>
Disability <input type="checkbox"/>	Long term care <input type="checkbox"/>	Travel health <input type="checkbox"/>
Other <input type="checkbox"/>		

What Distribution Channels are you using (Personal only)?

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

Type(s) of insurance offered by the organization:

Are you offering new insurance contracts (including renewals)?

General comments:









ANNUAL STATEMENT ON MARKET CONDUCT

Property and Casualty Insurance

2023-P&C

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Validation	Validation
	<p>Use the "Validation" tab to get indication on the status of your form by clicking on the filter arrow of the column F "Result".</p> <p>If the result is:</p> <p>"0" in a green cell, no issue.</p> <p>"1" in a red cell with, at column "G", A = Warning. This warning is not blocking. It means that this response may not be consistent with what is requested (e.g. wrong format). Just make sure your answer is correct.</p> <p>"1" in a red cell with, at column "G", E = Error. This error is blocking. It means that you need to correct the data before submitting your form (e.g. mandatory sections, drop-down menu not respected, etc.).</p> <p>The system proceeds to validation of your data while transmitting your form in the e-services.</p> <p>If, there are still errors in your form, the system will tell you and you will have to correct them before uploading your form.</p> <p>In order to transmit the Annual Statement, you must complete the form in the language of your data software (Excel). You must keep this same language for the entire form.</p>

LEGEND	
	Drop-down Menu
	Locked Field - Automatic Calculations
	Conditional Locked Field
	Enterable Field
	Adjustment Field (+/-) only if necessary - Row or Column
	Locked Field - Leave Empty
	Negative value
	Hyperlink

LINK	
DEFINITIONS	The definitions are also accessible from each tab by clicking on the pictogram provided for this purpose.
INSTRUCTIONS	Please read the general instructions carefully prior to filing the Annual Statement.



2. GOVERNANCE

DEFINITIONS

2023-P&C

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

The Fair Treatment of Customers (FTC) is a principle that focuses on consumer outcomes, in particular, having due regard for the interests of the consumer and treating the consumer fairly. It refers to the consumer-related conduct of insurers and how insurers treat consumers at each stage of the life cycle of a product. The lifecycle of the product begins with its design to after-sales services and from the moment obligations under the contract arise until the point at which all obligations under the contract have been fulfilled.

The outcomes associated with FTC as described by the International Association of Insurance Supervisors (IAIS) include the following:

- Developing and marketing products in a way that pays due regard to the interests of customers;
- Providing customers with clear information before, during and after the point of sale;
- Reducing the risk of sales which are not appropriate to customer's needs;
- Ensuring that any advice given is of a high quality;
- Dealing with customers complaints and disputes in a fair manner;
- Protecting the privacy of information obtained from customers; and
- Managing the reasonable expectations of customers.

Total number of employees includes all types of employees (full time, contractual, etc.). It does not include employees from other organizations in your Financial Group.

Audit(s)/review(s) refers to those conducted by the insurer and includes, but are not limited to, examinations, compliance reviews, internal audits and other assessments of market conduct.

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 a sale is completed by a licensed agent after the consumer obtains information or a price from a website, it is not considered as an Internet sale.

001	Do you have senior officer(s) in charge of ensuring the development, implementation and enforcement of policies and practices related to the Fair Treatment of Customers?	(01)
-----	--	------

170	Indicate the total number of employees in your organization	(01)
-----	--	------

195	Do you have a standalone documented policy that specifically addresses the Fair Treatment of Customers?	(01)
-----	--	------

205	Do you have a documented code that incorporates Fair Treatment of Customers principles?	(01)
-----	--	------

230	Is the Fair Treatment of Customers a priority at each stage of the product life cycle and in every area of your operations?	(01)
-----	--	------

If yes, indicate if you document the following practices:

240	Develop strategies, objectives and initiatives to promote the Fair Treatment of Customers	
-----	---	--

270	Develop measures and reports to inform management and the board of directors of the organization's performance in the Fair Treatment of Customers	
-----	---	--

Fill sections that reflect the distribution methods used by your organization (the data reported in lines 330, 350, 380, 400, 422, 423, 424 and 425 should match the responses on the Identification tab from lines 120 to 123 column (01)):

	Independent Channels	Agents	Firms
		(01)	(02)
330	Indicate the total number of distribution contracts		
350	Indicate the total number of reviews or audits conducted during the reference period that included a focus on Fair Treatment of Customers		
	Direct or Exclusive Channels	Agents	Firms
		(01)	(02)
380	Indicate the total number of distribution contracts		
400	Indicate the total number of reviews or audits conducted during the reference period that included a focus on Fair Treatment of Customers		
Other Distribution Channels (if selected in the Identification tab line 122 column (01), you must explain these other distribution channels in line 422 and provide data in lines 423 and 424)			
Provide details on the other distribution channels (do not include Independent and Direct or Exclusive Channels data since these should be reported above in lines 330 and 350 or 380 and 400)			
422			
			(01)
423	Indicate the total number of distribution contracts		
424	Indicate the total number of reviews or audits conducted during the reference period that included a focus on Fair Treatment of Customers		
Distribution of products sold through Internet (full online sale process)			
			(01)
425	Among reviews and audits from Independent and Direct or Exclusive channels, indicate the total number of reviews or audits conducted during the reference period that included a focus on Fair Treatment of Customers		

640	Do you conduct customer satisfaction surveys?	(01)
	If yes, were the following conducted?	
650	Sale	
660	Claim	
670	Complaint	

685	Do you review the results of the customer surveys and perform any analysis?	(01)
-----	--	------

695	Is there a reporting mechanism regarding the results of customer surveys to the management or appropriate decision-making department?	(01)
-----	--	------

690	General comments:	



3. POLICIES

DEFINITIONS

2023-P&C

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

The information to be reported in this tab excludes commercial insurance policies.

Except for the Number of Policies in Force at the End of the Previous Reference Period (00), which is the data from your last filed return (tab 3.0 Policies and column (11) per class of insurance), all of the information requested is for the reference period.

The Number of Policies in Force at the End of the Reference Period (11) is an automated calculation of Policies in Force at the End of the Previous Reference Period column (00) plus New Policies (01) minus all terminated policies from columns (03)+(05)+(07)+(08)+(09)+(10) and if necessary, plus adjustment (+/-) to balance policies (21) with explanation in general comments line 140.

*Accident and Sickness class of insurance for each column available for input, indicate on line 100 the total number of policies. For the accident and sickness sub-class of insurance on lines 101 to 107 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). If there are data under "Other", provide detail in general comments.

Main guarantee: indicates the number of insurance contracts according to the main guarantee (e.g. 1 automobile insurance owner contract containing liability coverage, Life insurance endorsement and which covers the damage to the insured vehicle = 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.

Class of Insurance (Main Guarantee)	Number of Policies in Force at the End of the Previous Reference Period (from your last filed return column (11))	Number of New Policies Issued	Number of Applications Declined by Insurer	Number of Policies Renewed	Number of Insurer Initiated Non-renewals	Number of Customer Initiated Non-renewal	Number of Customer Initiated Cancellations	Number of Insurer Initiated Cancellations			Adjustment to Balance Policies (explanation needed in general comments row 140)	Number of Policies in Force at the End of the Reference Period [[((00)+(01)) - ((03)+(05)+(07)+(08)+(09)+(10)))+(21)]]
								Without any Refund of Premium	With Fully Refunded (ab initio) Premiums	With Prorated and Short-rated Premiums		
	(00)	(01)	(04)	(02)	(03)	(05)	(07)	(08)	(09)	(10)	(21)	(11)
010 Property												0
020 Aircraft												0
030 Automobile												0
040 Credit Protection												0
050 Legal Expense												0
060 Liability												0
070 Mortgage												0
080 Title												0
090 Marine												0

100	Accident & Sickness*												0
101	Critical illness												0
102	Disability												0
103	Health and dental												0
104	Long term care												0
105	Prescription drug												0
106	Travel health												0
107	Other												0
110	Other Approved Products												0
129	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

General comments:

140



4. PRODUCTS

DEFINITIONS

2023-P&C

The information to be reported in this tab excludes commercial insurance products.

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

Products: Each combination of benefits presented under a same name and each main insurance coverage with an own insurance form (wording) is considered as distinct product and must be reported separately. For purposes of this disclosure, an endorsement is not considered a product.

Examples:

- Homeowner - Property
- Tenant occupant - Property
- Owner - Auto
- Complementary Insurance for Damage Caused to Insured Vehicle (Replacement Insurance) – Auto

Existing products refer to those available for sale during the Reference Period. Populate the products offered for each sub-classes Accident and Sickness (lines 111 to 117). Accident and Sickness class of insurance is an automated calculation totalling all the sub-classes of insurance under it. If there are data under "Other", provide detail in general comments.

(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	Property	
002	Aircraft	
003	Automobile	
004	Credit Protection	
005	Legal Expense	
006	Liability	
007	Mortgage	
008	Title	
009	Marine	
011	Accident & Sickness	0
111	Critical illness	
112	Disability	
113	Health and dental	
114	Long term care	
115	Prescription drug	
116	Travel health	
117	Other	
012	Other Approved Products	
019	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



5. PREMIUMS AND CLAIMS

DEFINITIONS

2023-P&C

All amounts reported must be in thousands of dollars.

The information to be reported in this tab excludes commercial insurance products and reinsurance.

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 is non-consolidated, limited to individual policies and must be provided by distribution channel. The amount of the automatic calculation in columns (19) and (89) 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.

For the Direct Premium Written, the Claims incurred and Internet New Direct Premiums, accident and sickness* class of insurance is an automated calculation totalling all the sub-classes of insurance under it. For the Number of New Policies Sold by Internet column (01), as for the policies tab, indicate on line 210 the total number of policies and for the accident and sickness sub-class of insurance on lines 211 to 217 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 distributions channels (Independent Channels and Direct or Exclusive Channels) sell your products through the Internet, you must answer "yes" to question 150, 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.

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

Class of Insurance	Direct Premiums Written				Claims incurred			
	Reference to the Quarterly Return / Annual Supplement: Schedule 93.30 for Canadian insurers Schedule 67.10 for Foreign insurers Rows 03, 10, 14, 35, 40, 50, 62, 66, 68, 70 and 63 Columns (01) to (14) Exclude "Out of Canada" data				Provide non-consolidated data only			
	Independent Channels (Broker)	Direct or Exclusive Channels (Agency)	Other Distribution Channels	TOTAL (\$000)	Independent Channels (Broker)	Direct or Exclusive Channels (Agency)	Other Distribution Channels	TOTAL (\$000)
	(01)	(02)	(03)	(19)	(08)	(09)	(10)	(89)
010 Property				0				0
020 Aircraft				0				0
030 Automobile				0				0

040	Credit Protection				0				0
050	Legal Expense				0				0
060	Liability				0				0
070	Mortgage				0				0
080	Title				0				0
090	Marine				0				0
100	Accident & Sickness	0	0	0	0	0	0	0	0
101	Critical illness				0				0
102	Disability				0				0
103	Health and dental				0				0
104	Long term care				0				0
105	Prescription drug				0				0
106	Travel health				0				0
107	Other				0				0
110	Other Approved Products				0				0
129	TOTAL (in thousands of dollars)	0	0	0	0	0	0	0	0

150	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 Sold	New Direct Premiums (in thousands of dollars)
		(01)	(02)
190	Property		
195	Automobile		
200	Liability		
205	Marine		
210	Accident & Sickness		0
211	Critical illness		
212	Disability		
213	Health and dental		
214	Long term care		
215	Prescription drug		
216	Travel health		
217	Other		
219	TOTAL	0	0

General comments:

180



6. DISTRIBUTORS

DEFINITIONS

2023-P&C

All amounts reported must be in thousands of dollars.

The information to be reported in this tab excludes commercial insurance products.

Information on your top 10 distributors (determined by the amount of Direct Premiums Written) is to be reported in this section.

If a distributor has several locations, those should be considered and reported as one distributor.

(03) New Direct Premiums Written during the reference period. Indicate the percentage of the insurer's direct premiums written from the current reference period that is attributed to the distributor.

(07) Loans does not include advancement of commissions. If no loan is granted to a distributor listed, please indicate 0.

(08) If you are not participating in the distributor's equity, please indicate 0.

(12) Compliance reviews allows the insurer to assess its compliance function and regulatory implications, to identify gaps, provide implementation plan to address deficiencies and benchmark against best practices.

	Name of the Top 10 Distributors	% of New Direct Premiums Written	Distribution Channel	Exclusivity Clause?	Binding Authority?	(\$000) Loans to Distributor	Participating % in Distributor's Equity	Minimum Volume Clause?	First Refusal Right Over Distributor?	Other Types of Advantages?	Compliance Review Conducted Within the Reference Period?
	(01)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)
010											
020											
030											
040											
050											
060											
070											
080											
090											
100											

General comments:

270



7. SALES AND SERVICING INCENTIVES

DEFINITIONS

2023-P&C

The information to be reported in this tab excludes commercial insurance products and reinsurance.

All amounts reported must be in thousands of dollars.

For all questions: list only the incentives that are provided by the insurer by class of insurance and distribution channel. 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 (including commissions) 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.

(21) to (23) 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).

(31) to (33) 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.

For monetary incentives, Direct or Exclusive Channels (Agency) includes commissions paid to agents as well as firms for the sales or service of any product.

Accident and Sickness class of insurance is an automated calculation totalling all the sub-classes of insurance under it.

Incentives (\$000) by classes of insurance

Class of Insurance	Monetary Incentives				Non-monetary Incentives			
	Independent Channels (Broker)	Direct or Exclusive Channels (Agency)	Other Distribution Channels	TOTAL (\$000)	Independent Channels (Broker)	Direct or Exclusive Channels (Agency)	Other Distribution Channels	TOTAL (\$000)
	(21)	(22)	(23)	(29)	(31)	(32)	(33)	(39)
010 Property				0				0
030 Automobile				0				0
060 Liability				0				0
090 Marine				0				0

100	Accident & Sickness	0	0	0	0	0	0	0
101	Critical illness				0			0
102	Disability				0			0
103	Health and dental				0			0
104	Long term care				0			0
105	Prescription drug				0			0
106	Travel health				0			0
107	Other				0			0
115	Others (all other classes of insurance)				0			0
119	TOTAL (in thousands of dollars)	0	0	0	0	0	0	0

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

	Performance Measures	Incentives / Commissions
	(01)	(02)
290	Cancellations rates	
300	Number and type of complaints	
310	Premium volume	
320	Claims volume	
330	Consumer satisfaction	

General comments:

350



8. CLAIMS

DEFINITIONS

2023-P&C

The information to be reported in this tab excludes commercial insurance products.

A claim is:

- Considered opened or reported when the insurer opens the claims file.
- 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. Excludes partial denial.
- Closed when the final payment is transmitted to the insured.

The Number of open claims at the end of the period line 050 must be equal to 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 049 with explanation in general comments 230.

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 181 days from the date of claims reported.

(10) 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. For this class of insurance:

- In case of periodic payments, a claim is considered closed when the initial payment is transmitted to the insured.
- "Average days to final payment*" does not include periodic payments (ex. long-term disability) or payments made in installments.

The information sought is limited to complete denials of claims.

Complete the table	Property (01)	Aircraft (02)	Automobile (03)	Credit Protection (04)	Legal Expense (05)	Liability (06)	Mortgage (07)	Title (08)	Marine (09)	Accident & Sickness (10)	Other Approved Products (11)
010 Number of open claims at the beginning of the period (from your last filed return tab 8.0 Claims line 050)										0	
020 Number of new claims opened during the period										0	
030 Number of claims closed with an indemnity payment during the period										0	
040 Number of claims denied during the period										0	
049 Adjustment to Balance Claims (Explanation needed in general comments line 230)										0	
050 Number of claims still open at the end of the period [(010+020) - (030+040) +(049)]	0	0	0	0	0	0	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	
080 Number of claims closed or denied within 91-180 days from date the claim was reported										0	
090 Number of claims closed or denied over 181 days from date the claim was reported										0	

Complete the table for Accident & Sickness		Accident & Sickness						
		Critical illness	Disability	Health and dental	Long term care	Prescription drug	Travel health	Other
		(01)	(02)	(03)	(04)	(05)	(06)	(07)
310	Number of open claims at the beginning of the period (from your last filed return tab 8.0 Claims line 050)							
320	Number of new claims opened during the period							
330	Number of claims closed with an indemnity payment during the period							
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
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 row 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



9. COMPLAINT EXAMINATION

DEFINITIONS

2023-P&C

Note that as of 2022, complaints to be entered and transmitted with your annual statement, are done so via the Complaint Reporting tool accessible throughout the year in the AMF's online services under the "Complaint Management" section.

Whether or not you have any complaints to report, you are required to complete and file (confirm) the Complaint Report.

001	Do you have a senior officer responsible for complaint handling?	(01)
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Indicate if the following are present within your organization:

		(01)
160	Documented complaint handling policies and procedures guideline	
170	Complaint handling unit or department	
180	Reporting mechanism regarding aggregated complaints on a periodic basis to management and the board of directors	
190	Ongoing training program for staff whose activities include complaint handling	

General comments:

220	
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10. PROTECTION OF PERSONAL INFORMATION

DEFINITIONS

2023-P&C

The members of the Canadian Council of Insurance Regulators (CCIR), representing Canada's insurance regulators, expect protection of confidentiality of personal information policies and procedures adopted by Insurers to ensure compliance with legislation relating to privacy protection.

The information to be reported in this tab excludes commercial insurance products.

The breaches reported in this form are those that have a significant impact on the customer and require disclosure under applicable privacy legislation.

Breaches refers to incidents and occurrences based on applicable privacy legislation and provincial insurance legislation regardless of the number of individuals impacted by the breach.

		(01)
010	Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?	
	If yes, please indicate if the following are addressed by your policies and procedures:	
020	Timely notification to customers of any breaches that could impact their interests or rights	
030	Timely notification to the appropriate authorities of any breaches that could impact the consumer's interests or rights	
040	Timely notification to the responsible and appropriate individuals within your organization	

		(01)
050	Have you had any breaches in the protection of personal information during the reference period?	
060	If yes, indicate the number of breaches:	
070	Were the breaches reported to the proper authorities where required by law (e.g., Privacy Commissioner, regulatory authority)?	
	If no, please provide details as to why the incident(s) was not reported to the appropriate authority:	
080		

090	General comments: