



2023

001

SELECT LANGUAGE

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"/> | (01) | Northwest Territories <input type="checkbox"/> | (02) | Quebec <input type="checkbox"/> | (03) |
| 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"/> | (01) | Accident & Sickness - Individual** <input type="checkbox"/> | (02) | Annuities - Individual <input type="checkbox"/> | (03) |
| 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 | Term <input type="checkbox"/> | (01) | Universal <input type="checkbox"/> | (02) | Whole <input type="checkbox"/> | (03) |
| 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

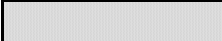





ANNUAL STATEMENT ON MARKET CONDUCT

Life and Health Insurance

2023-L&H

TABLE OF CONTENTS

SCHEDULE	
Identification	Identification
2.0	Governance
3.0	Policies
4.0	Products - Individual Life and Accident and Sickness
5.0	Products - Group Life and Accident and Sickness
6.0	Products - Individual Annuities
6.5	Products - Group Annuities
7.0	Premiums
8.0	Distributors - Life and Accident and Sickness
8.4	Distributors - Annuities
9.0	Sales and Servicing Incentives
9.5	Lapses
10.0	Claims
11.0	Complaint Examination
12.0	Protection of Personal Information
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 = Alert. It means that this response may not be consistent with what is requested (e.g. wrong format). Just make sure your answer is correct. Not blocking.</p> <p>"1" in a red cell with, at column "G", E = Error. It means that you need to correct the data before submitting your form (e.g. mandatory sections or drop-down menu not answer, wrong format, etc.). Blocking.</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 Calculation
	Conditional Locked Field (linked with the Identification tab boxes)
	Enterable Field
	Adjustment Field (+/-) only if necessary - Row or Column
	Locked Field - Leave Empty
Text / Number	Negative value
<u>Underlined</u>	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-L&H

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 customers' needs;
- Ensuring that any advice given is of a high quality;
- Dealing with customer 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 rows 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)			
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		(01)

650	Do you conduct customer satisfaction surveys?	(01)
	If yes, were the following conducted?	
660	Sale	
670	Claim	
680	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)
-----	--	------

700	General comments:



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. If there are data under "Other", provide detail in general comments.

**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). If there are data under "Other", provide detail in general comments.

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.

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

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	0

General comments:

110



4. PRODUCTS - INDIVIDUAL LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

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. 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	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



5. PRODUCTS - GROUP LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

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 Accident and Sickness (lines 021 to 027). 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	Group Life	
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



6. PRODUCTS - INDIVIDUAL ANNUITIES

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. 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.

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).

Existing Products

		Class of Insurance (Main Guarantee)	Number of Products Offered
			(01)
001	Annuity		
002	Guaranteed investment account (GIA)		
003	Segregated funds		
004	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



6.5 PRODUCTS - GROUP ANNUITIES

DEFINITIONS

20232-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. 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.

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).

Existing Products		
	Class of Insurance (Main Guarantee)	
	Number of Products Offered (01)	
001	Annuity	
002	Guaranteed investment account (GIA)	
003	Segregated funds	
004	Other	
009	TOTAL	0

List of new or modified products during the Reference Period		
Name of the Product Offered (01)	Class of Insurance (Main Guarantee) (02)	Most Significant Types of Change in the Reference Period (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



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)

Direct Premiums Written				
Class of Insurance	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	0

General comments:	
180	



8. DISTRIBUTORS - LIFE AND ACCIDENT AND SICKNESS

DEFINITIONS

2023-L&H

All amounts reported must be in thousands of dollars.

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

Information on your top 10 distributors (determined by Direct Premiums Written amount) 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 (Individual policies) or Direct Premiums Written during the reference period (Group policies). 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.

INDIVIDUAL POLICIES

	Name of the Top 10 Distributors	% of New Direct Premiums Written	Distribution Channel	Exclusivity Clause?	(\$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)	(07)	(08)	(09)	(10)	(11)	(12)
010										
020										
030										
040										
050										
060										
070										
080										
090										
100										

GROUP POLICIES

	Name of the Top 10 Distributors	% of Direct Premiums Written	Distribution Channel	Exclusivity Clause?	(\$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)	(07)	(08)	(09)	(10)	(11)	(12)
260										
270										
280										
290										
300										
310										
320										
330										
340										
350										

General comments:

520



8.4 DISTRIBUTORS - ANNUITIES

DEFINITIONS

2023-L&H

All amounts reported must be in thousands of dollars.

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

Information on your top 10 distributors (determined by Total Assets under administration) is to be reported in this section.

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

(03) Total Assets under administration during the reference period. Indicate the percentage of the insurer's assets 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.

INDIVIDUAL POLICIES

	Name of the Top 10 Distributors	% of Assets Under Administration	Distribution Channel	Exclusivity Clause?	(\$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)	(07)	(08)	(09)	(10)	(11)	(12)
010										
020										
030										
040										
050										
060										
070										
080										
090										
100										

GROUP POLICIES

	Name of the Top 10 Distributors	% of Assets Under Administration	Distribution Channel	Exclusivity Clause?	(\$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)	(07)	(08)	(09)	(10)	(11)	(12)
260										
270										
280										
290										
300										
310										
320										
330										
340										
350										

General comments:

520



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 (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.

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).

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

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



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

General comments:

110



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).

The information sought is limited to complete denials of claims. 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.

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).

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	20				
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		

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	
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



11. COMPLAINT EXAMINATION

DEFINITIONS

2023-L&H

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	
190	Ongoing training program for staff whose activities include complaint handling	

General comments:

		(01)
220		



12. PROTECTION OF PERSONAL INFORMATION

DEFINITIONS

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.

010	Do you have policies and procedures in place regarding breaches in confidentiality and the protection of personal information?	(01)
	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	

050	Have you had any breaches in the protection of personal information during the reference period?	(01)
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)?	
080	If no, please provide details as to why the incident(s) was not reported to the appropriate authority:	

090	General comments:
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