Financial Services Commission of Ontario

MEMORANDUM FOR THE APPOINTED ACTUARY'S REPORT ON PROPERTY AND CASUALTY INSURANCE BUSINESS

2014

1. INTRODUCTION

This Memorandum describes the requirements of the Financial Services Commission of Ontario (FSCO) with respect to the Appointed Actuary's Report (AAR) on property and casualty insurance business. It sets out the minimum standards used in determining the acceptability of the AAR and provides guidance for actuaries preparing reports in matters relating to presentation, level of detail and nature of the discussions to be included.

Additional special requirements may be included in the covering letter which accompanies these instructions. Such additional requirements must be considered as part of this memorandum.

Ontario incorporated property and casualty insurance companies and reciprocals are required to file an AAR, as part of the Annual Return forms, with FSCO in Canada. It is the responsibility of the insurer to ensure that the AAR submitted as part of the Annual Return complies with FSCO's requirements.

The term AAR refers to the detailed actuarial report submitted to a regulator. This includes the opinion of the Appointed Actuary concerning the fairness and adequacy of the policy liabilities included in the insurer's financial statements, a detailed commentary, data exhibits, and calculations supporting that opinion.

An important purpose of the AAR is to give the regulator a comprehensive report documenting the work done by the Appointed Actuary to calculate the policy liabilities. The AAR is a key component in FSCO's review process of the company's actuarial financial position and profile.

The AAR should not be considered to solely be a report from the company's Appointed Actuary to the regulator's actuaries. It is also intended for company management and is read by regulators who are not actuaries but who are knowledgeable about insurance. It should be a generally understandable presentation that can be used as a key component in the regulator's monitoring of the company's financial results.

2. NOTE ON REGULATORY REQUIREMENTS

2.1 Application of Professional Standards to the Appointed Actuary's Report and Valuation

The Actuary's valuation of all policy liabilities must be in accordance with generally accepted actuarial practice, subject to any additional requirements of the Superintendent.

The Superintendent understands generally accepted actuarial practice to be defined by the professional actuarial Standards of Practice promulgated by the Canadian Institute of Actuaries (CIA), together with the additional requirements and directions of this Memorandum. Any deviations from CIA standards or from the additional requirements of this Memorandum must be clearly reported in the

AAR, must be referenced in a covering letter to the AAR filed with the regulator and must be justified.

The actuarial opinions presented to the shareholders and policyholders of an insurance company should be essentially the same as the opinions filed with the regulator. Should this not be the case, the Actuary is required to disclose in writing to the regulator the material differences between the opinions, as well as the rationale for such differences.

References to "Annual Return" should be read as referring to "Annual Statement" or whatever term is used in the legislation to describe the annual filing by insurers, which include forms P&C-1 and P&C-2.

Office of the Superintendent of Financial Institutions' (OSFI) issues Guideline E-15 that describes all of the duties of the Appointed Actuary and the qualifications that OSFI expects the Appointed Actuary to have. Reference should be made to section 1&2 of this guideline in preparing the AAR.

The CIA annually issues an educational note from the Committee on Property and Casualty Insurance Financial Reporting (PCFRC). This educational note gives guidance on certain valuation issues not yet fully covered in the CIA's Standards of Practice. While the PCFRC note is not a mandatory CIA standard, the Actuary should disclose if the guidance has not been followed.

2.2 Differences (if any) Between Actuary's Valuations and Corresponding Annual Return Liabilities

Companies are expected to book the Actuary's estimated policy liabilities in the Annual Return. In the circumstances where the booked policy liabilities differ from the estimated policy liabilities by more than the Actuary's selected standard of materiality the AAR must include a discussion of the reasons for the differences.

For Ontario regulated companies, the provision for policy liabilities in the liabilities shown in the balance sheet of the Annual Return should be greater than or equal to the corresponding estimated policy liabilities on a discounted basis including PfAD calculated by the Actuary.

2.3 Filing of Reports

Insurers are reminded that the legislation requiring the filing of AARs and opinions with Annual Return forms P&C-1 and P&C-2 requires that each copy of the Annual Return filed with FSCO should contain a properly signed copy of the AAR. Refer to Section 7.2 for filing instructions.

An insurance company that files its Annual Return without including the AAR will not be deemed to have satisfied the requirements of the Insurance Act with respect to the filing of its Annual Return. A certificate containing only the opinion of the Actuary will not be accepted in lieu of a full report.

Note that, according to regulations, actuarial reports are subject to late or erroneous filing penalties.

2.4 Persons Signing the Appointed Actuary's Report

The AAR must be signed by the Appointed Actuary, who must be a Fellow of the CIA.

3. SPECIAL LINE OF BUSINESS CONSIDERATIONS

3.1 Marine Insurance

Marine insurance business, if transacted, must be included within the scope of the AAR. The Appointed Actuary's provisions for marine insurance should be clearly identified in the AAR.

3.2 Title Insurance

Premiums for title insurance are earned at issue and therefore, unearned premium reserves are not usually required. The accident date for all claims is the issue date of the policy as most problems with the title that could cause a claim would be in existence at the issue date of the policy.

3.3 Accident and Sickness Insurance

This Memorandum does not deal specifically with accident & sickness insurance valuation.

Companies and their actuaries preparing reports on accident and sickness business should refer to the *Memorandum to the Appointed Actuary's on the Report on the Valuation of Life Insurance Policy Liabilities* issued by OSFI. The opinion described later in this document, included in the AAR, should cover these related provisions.

4. FORMAT OF THE APPOINTED ACTUARY'S REPORT

4.1 Report Outline

While the format of the AAR differs from Actuary to Actuary most AARs include sections similar to the following:

- Introduction
- Opinion
- Supplementary Information Supporting the Opinion
- Executive Summary
- Description of Company
- Data

- Claims Liabilities
- Premium Liabilities
- Other Liabilities
- Compliance
- Unpaid Claims and Loss Ratio Analysis Exhibit
- Exhibits and Appendices

In Section 5 “Contents of the Appointed Actuary’s Report” the above outline is used to discuss the required contents.

Although the exact content of the AAR is left to the professional judgement of the author, the Actuary is encouraged to use the outline found in Section 5.

4.2 Table of Contents

A table of contents showing where the above information is located must be included at the beginning of the AAR.

To facilitate the review, the AAR should have separately identified sections with numbered pages. Reference to such pages should be part of the table of contents.

5. CONTENTS OF THE APPOINTED ACTUARY’S REPORT

5.1 Introduction

This section should identify the company involved, the date of valuation, the identity of the author, the author's full address and telephone number, and the author's authority for preparing the report. This section should indicate clearly that the report is an actuarial valuation report or supports an actuarial opinion. The scope of the report should be clearly identified.

This section should also discuss the issues arising from prior year-end AAR and indicate whether they have been resolved to the satisfaction of the regulator.

5.2 Expression of Opinion

The Actuary must use the prescribed opinion (see Appendix I). Any different wording will be considered as a qualification.

The opinion wording is as recommended in the CIA Standards of Practice – Practice-Specific Standards for Insurers, as follows:

- I have valued the policy liabilities [and reinsurance recoverables] of [the Company] for its [consolidated] [statement of financial position] at [31 December XXXX] and their changes in the [consolidated statement of income] for the year then ended in accordance with the accepted actuarial practice in Canada including selection of appropriate assumptions and methods.

- In my opinion, the amount of policy liabilities [net of reinsurance recoverables] makes appropriate provision for all policy obligations and the [consolidated] financial statements fairly present the results of the valuation.

The language in square brackets is variable and other language may be adjusted to conform to interim financial statements and to the terminology and presentation in the financial statements.

Note that:

- **The liability figures carried by the company in the Annual Return must be stated in the opinion.**

- **The liability figures derived by the Actuary must be stated in the opinion.**

This section must contain an original signature of the author of the report, the author's name in type, and the date of signing.

Any qualification or limitation concerning any aspect of the report should be noted in this section. These qualifications or limitations should be similar to the ones included in the opinion for Canadian Annual Returns presented to the shareholders and policyholders. Caveats or any form of disclaimer should be excluded from the opinion but could be included in Section 5.3 “Supplementary Information Supporting the Opinion”.

For branches where the External Auditor Report is not available at the time the Actuary has to render his/her opinion**, a qualified opinion, conditional upon receiving an unqualified opinion from the External (Auditor), must be issued. The expected completion date of the external auditor’s work should be stated. When the auditor’s work is completed, the Actuary must either:**

a. file an unqualified opinion with FSCO, or

b. file a revised opinion with a supporting AAR issued if the Auditor is unable to give an unqualified opinion.

5.3 Supplementary Information Supporting the Opinion

It is important that any reader of the AAR be able to understand how the Actuary’s figures, as shown in the opinion, are derived. This section should contain references to the report sections, exhibits and/or appendices where these results are derived or summarized. Where results from several places must be added together a table should be included.

Any conditions or limitations pertaining to the policy liabilities should also be included in this section.

With the implementation of IFRS, consolidated reporting will be required within P&C regulatory returns for those companies that use form P&C-1. FSCO anticipates that most Actuaries will continue to prepare non-consolidated AARs; however, additional exhibit that contains the same level of information in the Expression of Opinion must be provided to reconcile the information within the AAR to the consolidated opinion.

5.4 Executive Summary

This section should contain a summary of the key results and findings and any other information the Actuary wishes to bring to the attention of the reader. In particular, it should comment on the comparison of the actual experience with the expected experience in the prior year end valuation for all lines combined. It should also reference any significant changes in methods or assumptions from the prior AAR, significant issues and how they were resolved, data or other concerns identified by the Actuary and any other unusual circumstances identified as part of the valuation. **Any deviation from CIA standards or from the requirements of this memorandum must also be included in this section.**

5.5 Description of Company

5.5.1 Ownership and Management

The Actuary should provide a brief history of the Company covering ownership and senior management. Changes over the past several years should be identified and potential impacts on the valuation as a result of these changes should be discussed.

5.5.2 Business

This section should contain a brief description of the lines/classes of business written, distribution channels and geographic distribution. Recent changes in business written, underwriting policies and claims policies and procedures should be noted and the impact of these changes should be described.

5.5.3 Reinsurance

5.5.3.a Reinsurance Arrangement

The author of the AAR should describe the company's reinsurance arrangements (type of arrangements, significant terms and conditions, and order of application of treaties) and any changes in the arrangements (including changes in retention or limits) during the experience period used in the report. This description should be included for all years where the ceded unpaid claims could be material. In many cases it is useful to include the principles behind the Company's reinsurance program such as, maximum probable loss.

5.5.3.b Reinsurance Ceded

The provision for reinsurance ceded must be reduced for expected reinsurer defaults, disputes, the time value of money due to delays in payment or other reasons that could reduce the amount recoverable. This reduction is in addition to the reinsurance margin which is a reduction to a best estimate and not a provision for expected defaults. The AAR should clearly indicate where none of the above reductions are made to the provision for reinsurance ceded.

When making this estimate it is not expected that the Actuary will necessarily assess the financial condition of each reinsurer. However, the existence of any of the following situations and the actions taken should be described:

- a dispute has arisen with a reinsurer;
- a reinsurance collectible is significantly overdue;
- the reinsurer has a history of not settling accounts promptly;
- the reinsurer is known to have been the subject of regulatory restrictions in its home jurisdiction; or
- the reinsurer has a poor credit rating.

It is expected that the Actuary will discuss reinsurance matters with management and the Auditor of the company to determine whether there are unusual problems and/or delays expected to be encountered in collecting the relevant amounts from the reinsurers.

Where reinsurance agreements were commuted or changed, the author should clearly indicate how any changed arrangements were taken into account.

5.5.3.c Financial Reinsurance Agreements

The Actuary must disclose information of any material financial reinsurance agreements ceded, where there is not significant insurance risk transfer between the ceding company and the reinsurer, or where there are other reinsurance agreements or side letters that could offset the financial effect of the first reinsurance agreement. If no such agreements exist, the Actuary must state that there are no material financial reinsurance agreements. The Actuary should also describe the process used to reach the above conclusion.

The Actuary should disclose any related party reinsurance that has or could have a material impact on the policy liabilities. The disclosure should include the parties involved, a description of the reinsurance and the impact on policy liabilities.

5.5.4 Materiality Standards

In preparing the company's Annual Return, the company management and the Auditor routinely agree on a level of materiality. The standard of materiality applied for accounting purposes and for valuation of an insurer's policy liabilities must be reported in the AAR. In addition, the Actuary must report how the materiality standard is selected for the valuation of policy liabilities. If different materiality standards are applied in the valuation, the Actuary must disclose them.

5.6 Data

The extent of the author's review and verification of the data and the extent of the author's reliance on data prepared by others should be noted. The methods and procedures used to ensure that the valuation data are sufficient, reliable and accurate should be clearly described.

In particular the AAR should describe the type of data provided and the review and verification procedures applied thereto and the procedures and steps undertaken to ensure that the valuation data is sufficient, reliable and accurate.

The statutory requirement that the Actuary file an AAR with the Annual Return assumes that the Actuary has met the standard of care, as required by the CIA. In particular this requires that the Actuary establish suitable check procedures to verify that the data utilized is reliable and sufficient for the valuation of policy liabilities.

In complying with generally accepted actuarial practice, the Actuary must meet a standard of care with respect to the data used in valuations. This standard of care, specified in the CIA standards, requires the Actuary to establish suitable check procedures for the verification of data. The CIA/CICA's Joint Policy Statement (JPS) reflects the Canadian Institute of Chartered Accountants' (CICA) new Guide: Audits of financial statements that contain amounts that have been determined using actuarial calculations (replacing Audit Guideline 43).While the JPS offers the Actuary the option to consider the Auditor's work, the existence of the JPS does not override the Act's requirement for filing reports with the Annual Return that meet the required standard of care in the CIA standards. The extent to which the Actuary considers the work of the Auditor must be discussed in the AAR. Where the Actuary uses the work of the Auditor, the details of the Auditor's work should not be addressed in the AAR. **If there are instances where the Actuary does not use the work of the Auditor because of any special circumstances, this must be disclosed in the AAR. In such cases, the Actuary should describe the data verification that was performed.**

In the event that the External Auditor's work is not complete when the Actuary provides his/her opinion, please refer to Section 5.2 Expression of Opinion.

With respect to <u>any</u> line of business (including more specifically accident & sickness business, pools and facility associations), the Actuary should also indicate any reliance on or use of the work of another Actuary; the scope of such reliance must be disclosed and a justification for such reliance must be presented. The extent of the review of the other Actuary's work should also be described.

5.7 Claims Liabilities

5.7.1 Undiscounted Claims Liabilities

The commentary on the claims liabilities must contain details of the derivation of the gross, ceded and net provisions. Normally the Actuary will calculate two of these provisions directly and derive the third by addition or subtraction. The provisions calculated directly will depend on the circumstances of the company and the preference of the Actuary, however, the individual provisions should each be reasonable.

The data, analysis and commentary will normally be provided by the actuarial lines of business. These lines will be selected by the Actuary based on the credibility and homogeneity of the resulting data. Where the actuarial lines of business have changed from the prior report, the reasons for the changes should be clearly stated. In some cases it may be appropriate to use different lines of business for the ceded and gross/net provisions.

The commentary should disclose whether or not the company has exposure to mass tort and latent claims. If it does, the Actuary should discuss the nature and treatment of those claims in the calculation of the provisions for unpaid liabilities.

The AAR should include all the supporting information and exhibits underlying the reserving method when adjusted data is used due to a change in reserving practice.

Where the actuarial lines of business do not include all the business written by the company (e.g. pools and associations) the additional amounts should be clearly indicated and included in a reconciliation exhibit.

In determining the provision for each actuarial line of business, the author of the report should take into account, among other factors, at least the following:

- any significant trends in the severity and frequency of claims,
- any important changes in the coverage of the policies,
- the changes in the cost of reinsurance and/or in reinsurance arrangements,
- any changes in the lags in the reporting of claims and in the payment of claims,
- changes to the loss reserving practices,
- the effect of regulatory changes and
- the potential effects of court decisions

The commentary should discuss the existence of any significant development (adverse or favourable) in the run-off of the reserves that had been set up in prior years, reasons for the development and changes to methods and assumptions that would eliminate the recurrence of any consistent development.

Regulatory reforms can have a significant effect on claim reserve requirements and determination of reserve estimates based on alternative reserving methods or/and assumptions. Additional commentary should be provided on any large differences in the reserving estimates calculated from

the methods for the regulatory reform period. Company should refer to FSCO Technical Notes for Automobile Insurance Rate and Risk Classification Filings issued October 2014 for Benchmark Reform Loss Cost Adjustment Factors and consider the reform impact in reserve estimation.

5.7.2 Claims Expenses

Claims expenses are normally split between internal (unallocated) and external (allocated).

Some actuaries combine external expenses with incurred losses and base their analysis on the total of losses and expenses. Other actuaries calculate separate provisions for indemnity and external expenses. The Actuary should clearly indicate the chosen approach and include appropriate documentation for the analysis.

A variety of methods are used for internal loss expense provisions. The method(s) should be described and changes in methods from prior AAR's and their impact should be clearly indicated and, if material, included in the Executive Summary.

5.7.3 Comparison of Actual Experience with Expected Experience in Prior Year-End Valuations

In order to assess the effect of changes in the estimated claims liabilities, FSCO requires that a comparison of Actual Experience with Expected Experience on an undiscounted basis be provided for each actuarial line of business and for all lines combined for at least the last two years. However, where possible the Actuary should strive to provide the data for the latest five years. These comparisons must be provided gross and net of reinsurance. Normally these comparisons will include external adjustment expenses, exclude internal adjustment expenses and exclude classes of business not reviewed by the Actuary (e.g. pools).

Actual Experience refers to the ultimate gross and net undiscounted estimates selected for each accident year for each actuarial line of business valued as of the current year-end (December 31 or October 31). Expected Experience in Previous Year End Valuations refers to the ultimate undiscounted estimates selected by the Actuary at each of the prior year-ends. **Additional run-off experience of unpaid claims on a discounted basis can also be included to facilitate the comparison of Actual Experience with Expected Experience.** If the ultimate undiscounted estimates are not available for a line of business (e.g. tabular reserves) then the ultimate discounted estimates may be used. The total for all lines combined must be included and the Actuary will normally include useful subtotals.

Where there are changes in the actuarial lines of business the Actuary must allocate the actual total claims liabilities from prior reports to the current actuarial lines of business using a reasonable approximation. For the first year following the change it would be useful to show the development using the old actuarial lines of business as well.

Where the Actuary uses underwriting/policy year rather than accident year the Actuary may show the comparison of actual to expected experience using projected loss ratios based on underwriting/policy year data. In this case the Actuary should estimate the dollar impact of the development. This would normally be calculated by multiplying the change in loss ratio by the underwriting/policy year earned premium at the prior year-end.

Whenever significant differences in ultimate estimates occur for any accident year, the Actuary should provide commentary explaining such changes in ultimate estimates for each accident year. In addition, the Actuary should discuss any actions taken to reduce the likelihood of similar differences in the future. Commentary from prior reports should be updated based on the most recent experience. For this section the Actuary may use a standard greater than the selected materiality standard to eliminate comments on normal fluctuations in data. A lower standard should be used for individual lines and a moderately higher standard may be used for older accident years to avoid repeating some of the less important comments from prior reports.

Significant differences may exist between the loss development on page 60.40 of the Annual Report and that shown in the Comparison of Actual Experience. FSCO acknowledges that the company is not required to use the AAR as a basis for filling out page 60.40 and that the differences can arise from such items as the allocation of unallocated loss adjustment expenses (ULAE), Facility Association and Other Reserves. The Actuary should inform the Company of any significant differences and also include a discussion of the differences in the AAR.

5.7.4 Discounted Claims Liabilities

The claims liabilities must be discounted and include appropriate margins as required by CIA Standards. Commentary should be included if the present value of unpaid claims and adjustment expenses (excluding PfADs) is expected to be greater than total undiscounted unpaid claims and adjustment expenses. This should be cross referenced with Section 8.2.

The investment return rate(s) used for the valuation should be indicated and the method used to select the investment return rate(s) should be described in detail. All supporting exhibits should be included in the AAR. **The AAR should discuss the margin provided for investment return rate(s), including the underlying provision for asset default.**

The selected margins and the reasons for their selection should be indicated. The impact of changes in selected margins should be quantified and the changes should be justified. Where material the impact of the changes in selected margins should be disclosed in the Executive Summary.

5.8 Premium Liabilities

The premium liabilities are normally calculated by line of business, however, the lines need not be identical to the actuarial lines of business used to estimate the claims liabilities.

The Actuary is expected to comment on all aspects of components of premium liability, and particularly, on the following:

- expected losses, loss expenses and servicing costs on the policies in force,
- expected adjustments (plus or minus) to swing rated policies,
- expected changes to premiums as a result of audits, late reporting or endorsements,
- expected commission adjustments on policies with variable commissions and,
- anticipated broker/agent commission.

The premium liabilities should be discounted with appropriate margins as required by CIA Standards. Where the selected interest rate or margins differ from those used in the Claims Liabilities Section the reasons for the selections should be described.

The treatment of the above items may differ by company. The Actuary must demonstrate that the total of the carried premium liabilities is at least as large as his/her provision.

5.9 **Other Liabilities/Other Assets**

The Actuary must also comment on the adequacy of reserves, including IBNR, maintained for Self-Insurance Retention (SIR) plans. SIRs represent the portion of a loss that is payable by the policyholder. These should be included in the opinion as “other net liabilities”. They should be reported net of reinsurance, not net of the supporting assets. These supporting assets are to be included in the opinion as “other amounts to recover”. The report should describe these provisions and provide details of their calculation.

Whenever amounts for salvage and subrogation are material, and therefore presented separately in the Annual Return, they must be included in the opinion as “other amounts to recover”. The report should describe the method used to calculate these amounts.

Any other amounts reported by the Company as Other Liabilities or Other Assets should be included in the opinion with suitable commentary.

6. SPECIFIC DISCLOSURE REQUIREMENTS

6.1 **Dynamic Capital Adequacy Testing (DCAT)**

The AAR must disclose the following information with respect to the DCAT reporting in the last three years:

- date on which the DCAT reports were signed by the Appointed Actuary,
- date on which the DCAT reports were presented,
- to whom the DCAT reports were presented (e.g. full board, audit committee, chief agent),
- whether the reports were presented in person or only in written form and
- date used as the start of the projection period in the DCAT report.

6.2 New Appointment

If the Actuary was appointed to the role during the last year, the following disclosures must be made in the AAR:

- date of appointment,
- date of resignation of the previous Appointed Actuary,
- date on which the regulator was notified of the appointment,
- confirmation of communication with the previous Actuary, as required by legislation and
- list of the Actuary's qualifications, keeping in mind, but not limited to, the CIA's Rules of Professional Conduct.

6.3 Annual Required Reporting to the Board or Audit Committee

The AAR must disclose the dates on which the Appointed Actuary met with the board, the audit committee of the board or the chief agent, as required by legislation for the last three years.

6.4 Continuing Professional Development Requirements

The Appointed Actuary must disclose in the AAR that he/she is in compliance with the Continuing Professional Development requirements of the CIA.

6.5 Disclosure of Compensation

The Appointed Actuary should make a disclosure of compensation in the AAR. The form of the statement should be as follows:

Disclosure of Compensation

I attest that all my direct and indirect compensation is derived using the following methodology:

____

____

____

____

I confirm that I have performed my duties without regard to any personal considerations or to any influence, interest or relationship in respect of the affairs of my client or employer that might impair my professional judgment or objectivity.

I confirm that my ability to act fairly is unimpaired and that there has been full disclosure of the methodology used to derive my compensation to all known direct users of my services.

If the Appointed Actuary is a participant in a bonus plan or a stock option plan that is based on company performance and which is in addition to a base salary, the value, as a percentage, of the bonus plan or stock option plan to the base salary must be disclosed. The basis used to determine the amount of the bonus or stock options granted must be disclosed.

Due to its sensitive nature the “Disclosure of compensation” may be included in a cover letter to FSCO and other Canadian regulators rather than as part of the AAR.

6.6 Re-submitting the Report

The AAR must disclose the reason for re-submission.

6.7 Reporting Relationships of the Appointed Actuary

The AAR is expected to disclose the reporting relationships and dependencies of the Appointed Actuary.

For Appointed Actuaries who are employees of the company, the AAR should disclose the name and position of the person (or persons) to whom the Appointed Actuary reports as well as any changes in this regard over the past year. Both solid line and dotted line reporting relationships should be disclosed. Any anticipated change should also be disclosed.

When the Appointed Actuary is not an employee of the company, the AAR should disclose the names and positions of the main contacts within the company with respect to the different functions of the Appointed Actuary, such as the valuation, DCAT, and MCT support (if any).

For example, disclosure should include the name and position of:

- the person who has hired the Appointed Actuary; and
- the company employees with whom the Appointed Actuary discusses findings and reports.

7. REVIEW PROCEDURES

7.1 FSCO’s Review Procedure

The Superintendent recognizes the confidential nature of the contents of the AAR.

Reviews of the filed Annual Returns may disclose that an Actuary's valuation warrants further assessment and questioning.

Since the review of an AAR may take place over an extended period after filing, FSCO may notify the Actuary that supplemental detail is required to sufficiently assess the assumptions and methods. The Actuary is expected to respond promptly to all supplemental requests. Working papers required to support the computation of the policy liabilities figures reported in the Annual Return and the AAR should be available at all times and should be made available to the regulator upon request.

The Superintendent may appoint an Actuary to conduct a review of the AAR or to perform an independent valuation of the policy liabilities, if deemed necessary.

7.2 Filing Directions

Pursuant to Section 102 of the Insurance Act (Ontario), all insurers licensed in the Province of Ontario are required to file annual returns for the year ended on the 31st day of December. Failure to meet the filing requirement can result in a penalty fee under Section 447 of the Insurance Act.

The current requirement for filing the DCAT report is no later than the 30th of September each year. If request is made to submit on a later date, the company should send its request in writing to Actuarial Services, Automobile Insurance Division, FSCO.

An electronic copy of the AAR or DCAT report can be sent to FSCO per instruction in the FSCO annual filing instruction letter. Separate diskettes or CDs should be used for separate companies. **For security reasons, e-mail should not be used. When separate electronic report is provided, it is preferable if information can be easily copied by FSCO staff and thus, the report should not be security protected and exhibits should be in a format that can easily be transferred to a spreadsheet.**

8. UNPAID CLAIMS AND LOSS RATIO ANALYSIS EXHIBIT

8.1 Introduction

The Unpaid Claims and Loss Ratio Analysis Exhibits (UCLR Analysis Exhibit), as shown in Appendix II is constructed to allow the presentation and collection of industry loss information in a standard format. The compiled information allows for the analysis of the impact of discounting on claims reserves and the analysis of the evolution of loss trends. In order to achieve these objectives, the exhibits are constructed by class of insurance and by accident year and contain information on a current year and on a cumulative year basis.

8.2 Data

A page must be completed for each actuarial line of business. Each actuarial line of business must be uniquely linked to one and only one Annual Return line of business as listed in Appendix III. For reinsurers, proportional and non-proportional business should be reported separately.

The basis on which the Exhibit is completed, either “accident year” or “underwriting year”, must be specified on each page. The selected basis should be the same for all pages. Insurers completing the exhibits on a “report year” basis should select “accident year”.

If an actuarial line of business is a combination of two or more Annual Return lines, it is up to the Actuary to determine in which Annual Return line to place it to best represent the operations of the company. For actuarial lines of business where the earned premium is not available in the same detail as the claims (e.g. automobile-liability bodily injury and property damage), the Actuary should either estimate a split of the earned premium or combine the data showing it in the Annual Return line which best represents the line of business underwritten by the company.

A “Total” page must also be completed; this exhibit should balance to the AAR. An individual page does not have to be completed for a category that is not reviewed by the Actuary but the total discounted reserves including PfAD for the category must be included in Line 15 (“Other Provisions”), of the “Total” page.

In the UCLR Analysis Exhibit, the present value of unpaid claims and adjustment expenses (excluding PfADs) (Column [7]) is expected to be less than the total undiscounted unpaid claims and adjustment expenses (Column [6]). If amount in the column [7] is greater than the amount in column [6], the AAR must comment on the reason for such exception.

The UCLR Analysis Exhibit is expected to be completed on a net basis with net being defined by the Actuary in the AAR. For instance, if the Actuary has completed his or her net analysis gross of intra-group reinsurance, the UCLR Analysis Exhibits should also be completed on this basis. Any adjustments to the net basis as reported in the AAR (e.g. industry pools or inter-company reinsurance) should be made in Lines 14 and 15 of the “Total” page.

It is the Actuary’s responsibility to ensure the accuracy of the UCLR Analysis Exhibit and accompanying electronic filing.

Note that figures must be expressed in thousands of Canadian dollars.

The detailed instruction for the completion of the UCLR Analysis Exhibit is contained in Appendix IV.

The detailed instruction for the completion of the electronic filing can be found on OSFI’s website: *Instructions for Electronic Filing - Data from the Unpaid Claims and Loss Ratio Exhibits*.

9. Appendix I - Expression of Opinion

I have valued the policy liabilities [and reinsurance recoverables] of [the Company] for its [consolidated] [statement of financial position] at [31 December XXXX] and their changes in the [consolidated statement of income] for the year then ended in accordance with the accepted actuarial practice in Canada including selection of appropriate assumptions and methods.

In my opinion, the amount of policy liabilities [net of reinsurance recoverables] makes appropriate provision for all policy obligations and the [consolidated] financial statements fairly present the results of the valuation.

The results of my valuation together with amounts carried in the Annual Return are the following:

Claims Liabilities	**Carried in Annual Return ($'000)**	**Actuary's Estimate ($'000)**
(1) Direct unpaid claims and adjustment expenses		
(2) Assumed unpaid claims and adjustment expenses		
(3) Gross unpaid claims and adjustment expenses		
(4) Ceded unpaid claims and adjustment expenses		
(5) Other amounts to recover		
(6) Other net liabilities		
(7) Net unpaid claims and adjustment expenses (3)-(4)-(5)+(6)		

Premium Liabilities	**Carried in Annual Return ($'000) (Col. 1)**	**Actuary's Estimate ($'000) (Col. 2)**
(1) Gross policy liabilities in connection with unearned premiums		
(2) Net policy liabilities in connection with unearned premiums		
(3) Gross unearned premiums		
(4) Net unearned premiums		
(5) Premium deficiency		
(6) Other net liabilities		
(7) Deferred policy acquisition expenses		
(8) Maximum policy acquisition expenses deferrable $[(4)+(5)+(9)]_{\text{Col. 1}} - (2)_{\text{Col. 2}}$		
(9) Unearned Commissions		

The language in square brackets is variable and other language may be adjusted to conform to interim financial statements and to the terminology and presentation in the financial statements.

_________________________FCIA
Signature of Appointed Actuary

_________________________FCIA
Printed name of Appointed Actuary

____
Date opinion was rendered

10. Appendix II - Unpaid Claims and Loss Ratio Analysis Exhibit

Unpaid Claims and Loss Ratio Analysis Exhibit

(All amounts are on a Net basis and in $'000)

Actuary's Category :

Exhibit Category :

Accident Year or U/W Year: Accident Year

Line	Accident Year	Paid Losses[a]		Unpaid Claim Analysis[a]									Loss Ratio Analysis[a]				
				Undiscounted Unpaid Claims and Adjustment Expenses				Provision and Margin for Adverse Deviation (PfAD and MfAD)					Income			Loss Ratio (%)	
		Current Year (XXXX)	Cumulative (XXXX and Prior)	Case Reserves	IBNR	Total	Present Value of Unpaid Claims and Adjustment Expenses - Total	PfAD: Claims ($'000)	MfAD: Claims (%)	PfAD: Reinsurance ($'000)	PfAD: Interest Rate ($'000)	Discounted Reserves Including PfAD	Earned Premiums	Invest. Income from UPR	Cumulative Investment Income from Unpaid Claim Reserves	Undiscounted	Discounted
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	XXXX-10 & Prior					-			-			-					
2	XXXX-9					-			-			-					
3	XXXX-8					-			-			-					
4	XXXX-7					-			-			-					
5	XXXX-6					-			-			-					
6	XXXX-5					-			-			-					
7	XXXX-4					-			-			-					
8	XXXX-3					-			-			-					
9	XXXX-2					-			-			-					
10	XXXX-1					-			-			-					
11	XXXX					-			-			-					
12	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
13	ULAE - Total																
14	"Facility Association" and "Plan"																
15	Other Provisions																
16	Grand Total											-					

a) Including Allocated loss adjustment expenses (ALAE), but excluding Unallocated loss adjustment expenses (ULAE), except for lines 13 to 15.

Unpaid Claims and Loss Ratio Analysis Exhibit

(All amounts are on a Net basis and in $'000)

Actuary's Category :

Exhibit Category :

Accident Year or U/W Year: Accident Year

		Paid Losses[a]		Unpaid Claim Analysis[a]									Loss Ratio Analysis[a]				
				Undiscounted Unpaid Claims and Adjustment Expenses				Provision and Margin for Adverse Deviation (PfAD and MfAD)					Income			Loss Ratio (%)	
Line	Accident Year	Current Year (XXXX)	Cumulative (XXXX and Prior)	Case Reserves	IBNR	Total	Present Value of Unpaid Claims and Adjustment Expenses - Total	PfAD: Claims ($'000)	MfAD: Claims (%)	PfAD: Reinsurance ($'000)	PfAD: Interest Rate ($'000)	Discounted Reserves Including PfAD	Earned Premiums	Invest. Income from UPR	Cumulative Investment Income from Unpaid Claim Reserves	Undiscounted	Discounted
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1	XXXX-10 & Prior					-			-			-					
2	XXXX-9					-			-			-					
3	XXXX-8					-			-			-					
4	XXXX-7					-			-			-					
5	XXXX-6					-			-			-					
6	XXXX-5					-			-			-					
7	XXXX-4					-			-			-					
8	XXXX-3					-			-			-					
9	XXXX-2					-			-			-					
10	XXXX-1					-			-			-					
11	XXXX					-			-			-					
12	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-		

17	MfAD: Reinsurance (%)	
18	MfAD: Interest Rate (%)	
19	Interest Rate to Discount Unpaid Claims and Adjustment Expenses (%)	

a) Including Allocated loss adjustment expenses (ALAE), but excluding Unallocated loss adjustment expenses (ULAE)

11. Appendix III – Annual Return Lines of Business

- Property-Personal
- Property-Commercial
- Aircraft
- Automobile-Liability - Private Passenger
- Automobile-Personal Accident - Private Passenger
- Automobile-Other - Private Passenger
- Automobile-Liability - Other than Private Passenger
- Automobile-Personal Accident - Other than Private Passenger
- Automobile-Other - Other than Private Passenger
- Boiler and Machinery
- Credit
- Credit Protection
- Fidelity
- Hail
- Legal Expense
- Liability
- Mortgage
- Other Approved Products
- Surety
- Title
- Marine
- Accident and Sickness

12. Appendix IV – Unpaid Claims and Loss Ratio Analysis Exhibit

12.1 Data

A page must be completed for each actuarial line of business.

Each actuarial line of business must be uniquely linked to one and only one exhibit category as listed in Appendix III. For reinsurers, proportional and non-proportional business must be reported separately.

If the Actuary's category is a combination of two or more Annual Return categories, it is up to the Actuary to determine in which Annual Return category to place it to best represent the operations of the company. For actuarial lines of business where the earned premium is not available in the same detail as the claims (e.g. automobile-liability bodily injury and property damage), the Actuary should either estimate a split of the earned premium or combine the data showing it in the Annual Return category which best represents the line of business underwritten by the company. A "Total" page must also be completed; this exhibit should balance to the AAR. An individual page does not have to be completed for a category that is not material but the total discounted reserves including PfAD for the category must be included in Line 15 ("Other Provisions"), of the "Total" page. The regulator might require that the UCLR Analysis Exhibit be completed for certain categories. The data for the category might not be credible for one company but could be useful to the regulator once aggregated with the rest of the industry.

The UCLR Analysis Exhibit is expected to be completed on a net basis with net being defined by the Appointed Actuary in the AAR. For instance, if the Appointed Actuary has completed his or her net analysis gross of inter-company reinsurance, the UCLR Analysis Exhibit should also be completed on this basis. Any adjustments to the net basis as reported in the AAR Actuary's Exhibits (e.g. industry pools or inter-company reinsurance) should be made in Lines 14 and 15 of the "Total" page.

12.2 Information Contained in the Unpaid Claims and Loss Ratio Analysis Exhibit (by Column)

The UCLR Analysis Exhibit contains amounts segregated by accident years (refer to Section 12.5 for instructions on other basis). All amounts entered on the UCLR Analysis Exhibit are to be expressed in Canadian dollars and rounded to the nearest thousand dollars.

Columns 03 and 13 through 17 must be completed for the past 10 accident years while columns 02 and 04 through 12 must be completed for all accident years.

12.2.1 Column 01 – Accident Year

Column 01 of the exhibit represents the segregation by accident year. Line 11 represents the most recent accident year, lines 02 to 10 represent the nine prior accident years and line 01 represents all prior years to line 02.

12.2.2 Column 02 – Paid Losses: Current Year

Column 02 represents the paid claims and paid allocated adjustment expenses for the current calendar year.

Paid losses for Accident year XXXX-10 & Prior should be reported in Line 1.

12.2.3 Column 03 – Paid Losses: Cumulative

Column 03 represents the cumulative paid claims and paid allocated adjustment expenses for all calendar years.

12.2.4 Column 04 – Undiscounted Unpaid Claims and Adjustment Expenses: Case Reserves

Undiscounted case basis reserves of the unpaid claims and allocated adjustment expenses are presented in column 04. If the claims liabilities are case reserved on a discounted basis (e.g. tabular reserves), the discounted case reserves are to be entered.

12.2.5 Column 05 – Undiscounted Unpaid Claims and Adjustment Expenses: IBNR

Undiscounted incurred but not reported reserves are shown in column 05. These reserves also include any adjustment for the deficiency or redundancy of the case reserves (also known as the broad definition of IBNR) presented in column 04. The undiscounted IBNR includes all amounts related to the undiscounted unpaid allocated adjustment expenses. If the undiscounted claim liabilities for a line are not available (e.g. tabular reserves), then the discounted IBNR should be entered.

12.2.6 Column 06 – Undiscounted Unpaid Claims and Adjustment Expenses: Total

This is the total of columns 04 and 05.

12.2.7 Column 07 – Present Value of Unpaid Claims and Adjustment Expenses: Total

Present value case basis reserves and IBNR of the unpaid claims and allocated adjustment expenses are presented in column 07. The discount rate used in the present value calculations must be stated as a footnote in the exhibit or clearly identified in the AAR. The underlying rule to be respected with the completion of the UCLR Analysis Exhibit is that the amounts shown should correspond to those calculated by the Appointed Actuary in the AAR. Do not add any PfAD to this column.

12.2.8 Column 08 – Provision for Adverse Deviation (PfAD): Claims

The provision for adverse deviation on claims is presented in column 08.

12.2.9 Column 09 –MfAD: Claims (%)

This column is the margin for adverse deviation and is equal to the ratio of column 08 to column 07.

12.2.10 Column 10 – PfAD: Reinsurance

The provision for reinsurance adverse deviation is presented in column 10.

12.2.11 Column 11 – PfAD: Interest Rate

A provision for interest rate adverse deviation is presented in column 11.

12.2.12 Column 12 – Discounted Reserves Including PfAD

Column 12 is the result of the following formula:

Column (07) + Column (08) + Column (10) + Column (11)

Note that for the “Total” exhibit, amounts for column 12 are entered on line 13 (ULAE – Total), line 14 (Facility Association and Plan) and line 15 (Other Provisions) as well as line 16 (Grand Total). Lines 13 through 16 are included only in the “Total” exhibit.

12.2.13 Column 13 – Earned Premiums

Earned premiums are shown separately by accident year. Net earned premiums are reported and developed at ultimate where development is possible, for example, where experience rating is used.

12.2.14 Column 14 – Investment Income from UPR

Investment income from unearned premium for each accident year is presented in this column. The use of the methodology must be consistent with the one used to calculate the discounted reserves presented in the annual statement.

Please refer to the CIA Educational Note *Evaluation of the Runoff of Claims Liabilities when the Liabilities are Discounted in Accordance with Accepted Actuarial Practice* for guidance on the calculation of these amounts.

12.2.15 Column 15 – Cumulative Investment Income from Unpaid Claim Reserves

The cumulative investment income from the unpaid claim reserves is presented in column 15.

Please refer to the CIA Educational Note *Evaluation of the Runoff of Claims Liabilities when the Liabilities are Discounted in Accordance with Accepted Actuarial Practice* for guidance on the calculation of these amounts.

12.2.16 Column 16 – Loss Ratio (%): Undiscounted

The Undiscounted loss ratio is calculated using the following formula:

$$\frac{100 * [\text{Column (03)} + \text{Column (06)}]}{\text{Column (13)}}$$

12.2.17 Column 17 – Loss Ratio (%): Discounted

The Discounted loss ratio is calculated using the following formula:

$$\frac{100 * [\text{Column (03)} - \text{Column (15)} + \text{Column (12)}]}{\text{Column (13)} + \text{Column (14)}}$$

12.3 Information Contained in the Unpaid Claims and Loss Ratio Analysis Exhibit (by Line)

The amounts contained in lines 1 to 12 of UCLR Analysis Exhibit exclude all paid and unpaid ULAE.

12.3.1 Line 13 – ULAE - Total

Discounted unpaid ULAE, including provisions for adverse deviation (PfAD), are entered in line 13 in the “Total” exhibit but excluded entirely from the other exhibits.

12.3.2 Line 14 – “Facility Association” and “Plan”

The discounted unpaid claims of all automobile pools (e.g. Facility Association, Ontario Risk Sharing Pool and Plan de Répartition des Risques) are entered in line 14 (Facility Association and Plans) of the “Total” exhibit but excluded from all the other exhibits.

12.3.3 Line 15 – Other Provisions

The discounted unpaid claims for all other provisions (e.g. non-material lines of business, non-automobile industry pools and inter-company reinsurance) are entered in line 15 (Other Provisions) of the “Total” exhibit.

12.3.4 Line 16 – Grand Total

This is the total of lines 12 through 15 of column 12 of the “Total” exhibit.

12.3.5 Line 17 – MfAD: Reinsurance (%)

The margin for adverse deviation on reinsurance is presented in line 17. If the margins vary by year, a weighted average of margins that produces the same total PfAD should be entered.

12.3.6 Line 18 – MfAD: Interest Rate (%)

The margin for adverse deviation on interest rate is presented in line 18. If the margins vary by year, a weighted average of margins that produces the same total PfAD should be entered.

12.3.7 Line 19 – Interest Rate to Discount Unpaid Claims & Adjustment Expenses (%)

The interest rate entered on this line should include an explicit provision for asset default – cross reference with Section 5.7.4. Do not subtract interest rate MfAD from this line. If the interest rates vary by year, a weighted average of interest rate that produces the same total present value of unpaid claims and adjustment expenses should be entered.

12.4 Claims Reported on Other than an Accident Year Basis

Normally, the UCLR Analysis Exhibit will be completed on an accident year basis (year in which the claim was incurred).

However, some insurers may have used a basis other than accident year when completing the AAR. This includes reinsurers reporting on an underwriting year basis (year when the policy is written) as well as insurers writing policies on a claims-made basis who declare on report year (year when the claim is reported). These insurers may encounter difficulties in completing the UCLR Analysis Exhibit on an accident year basis.

It is recommended that the basis that is most suited to the company’s operation be used to complete the exhibits. Insurers completing the exhibits on other than an accident year basis are subject to the condition that the regulators are advised. In such case, line 15 (Other Provisions) of the “Total” exhibit must be adjusted so that line 16 (Grand Total) equals to the net unpaid claims and adjustment expenses reported in the opinion page of the AAR.