

**PREMIUM INFORMATION USED FOR COST ASSESSMENT IN ONTARIO**

<b>Insurer:</b>		<b>YEAR</b>	<b>YEAR</b>	<b>Change *</b>	
<b>Insurer #:</b>					
<b>Item</b>	<b>Reference</b>	<b>2018 (000's)</b>	<b>2017 (000's)</b>	<b>(000's)</b>	<b>%</b>
<b>TO BE COMPLETED BY COMPANIES THAT FILED AN LIFE-1 or LIFE-2</b>					
Life net premium written	pg. 95.010 Line (089+389) Col. 06				
Annuity net premium written	pg. 95.010 Line (189+489) Col.06				
Acc/Sick net premium written	pg. 95.010 Line (299+599) Col. 06				
Total Net Premium Written		(A)			
<b>TO BE COMPLETED BY COMPANIES THAT FILED AN OSFI 56</b>					
Life net premium written	pg. 91.00 Line 04 Col. 06				
Annuity net premium written	pg. 91.00 Line 44 Col.06				
Acc/Sick net premium written	pg. 91.00 Line 84 Col. 06				
Total Net Premium Written		(A)			
<b>TO BE COMPLETED BY COMPANIES THAT FILED A P&amp;C-1 or P&amp;C-2</b>					
Total net premium written	pg. 93.30 Line 89 Col. 06		(1)		
Non-consolidated Accident &Sickness net premium written in Ontario		(A) (2)			
Net premium other than accident and sickness (1) - (2)		(A)			
Direct Auto premium written	pg. 93.30 Line 29 Col. 06	(A)			
<b>TO BE COMPLETED BY COMPANIES THAT FILED AN S15</b>					
Direct premiums written					
Net premiums written					
Net premiums earned					
Net claims incurred					

(A) AMOUNT USED FOR CALCULATING COST ASSESSMENT

\* PROVIDE AN EXPLANATION BELOW OF PREMIUM CHANGES THAT ARE OVER 20% OR 1 MILLION DOLLARS:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_