

Transactions between Canadian incorporated insurance companies and their foreign affiliates, agencies and bank accounts and other companies or persons outside Canada, 2020

Confidential when completed

Please make a copy for your records

Si vous préférez ce questionnaire en français, veuillez cocher

Toll free: 1-800-565-1685
 Facsimile: 1-888-883-7999
 Email: infostats@canada.ca

Please correct any mistakes in Name or Address

Guide							
Authority:	This survey is conducted under the authority of the <i>Statistics Act</i>, Revised Statutes of Canada, 1985, Chapter S-19. COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THE <i>STATISTICS ACT</i>.						
Purpose of the survey:	The data are required to prepare statements on Canada's Balance of International Payments and Investment Position. This information is used as a major input in the conduct of monetary and exchange rate policies by the Government of Canada. Your information may also be used by Statistics Canada for other statistical and research purposes.						
Fax or email transmission disclosure:	If you choose to transmit the questionnaire to Statistics Canada by facsimile or other electronic transmission, please be advised that there could be a risk of disclosure during the communication. However, upon receipt of your information, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the <i>Statistics Act</i> .						
Confidentiality:	Statistics Canada is prohibited by law from releasing any information it collects which could identify any person, business, or organization, unless consent has been given by the respondent or as permitted by the <i>Statistics Act</i> . Statistics Canada will use the information from this survey for statistical purposes.						
Record linkage:	To enhance the data from this survey, Statistics Canada may combine it with information from other surveys or from administrative sources.						
Period covered:	Please report as at December 31, 2020. If unable to comply, please report at period end of closest fiscal year. <table style="float: right; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 0 5px;">Day</td> <td style="text-align: center; padding: 0 5px;">Month</td> <td style="text-align: center; padding: 0 5px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	Day	Month	Year			
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Filing of this questionnaire:	A completed copy of this questionnaire should be returned within four weeks of receipt to: Statistics Canada, 150 Tunney's Pasture Driveway, Distribution Centre SC-0505, Ottawa, Ontario K1A 0T6 If you need any clarification about reporting, please call toll free at 1-800-565-1685 . Fax 1-888-883-7999 . Email: infostats@canada.ca .						
Geographical:	Please use enclosed coding list to identify countries. If a country is not on the list, please write the name in full.						
Corporate Information							
Please provide a copy of your corporate organization chart as required by the Office of the Superintendent of Financial Institutions Canada or by your provincial regulator. (For P&C-1 reporters, please include pages 10.30 and 10.40; for OSFI-54 reporters, please include page 10.070.)							
Corporation Organization Chart provided? Yes <input type="checkbox"/> No <input type="checkbox"/>							
1. Does any single shareholder or group of related shareholders own more than 50% of the company's common shares?	Country code (see enclosed coding sheet)						
Yes <input type="checkbox"/> → If yes , name and country of residence of controlling shareholder or group							
No <input type="checkbox"/>	Federal (CAN) or provincial/territorial Code						
2. Jurisdiction of incorporation of reporting company:	(AB, BC, MB, NB, NL, NS, NT, NU, ON, PE, QC, SK, YT) 						
3. Is the company a member of a Canadian corporate group?							
If yes , → list other Canadian insurance companies or the branches of foreign insurers registered in Canada that are part of the corporate group, if any.							
If yes , → name of the ultimate parent of the corporate group 							
Country of control of the ultimate parent (see enclosed coding sheet)	Country code 						
Insurance Transactions							
1. Does the company cede Canadian business or out of Canada business to unregistered, non-resident insurers?							
Affiliated	Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Affiliated Yes <input type="checkbox"/> No <input type="checkbox"/>						
	If yes to either please complete Parts 1A & 1B						
2. Does the company transact any out of Canada business from Canadian office or branch in Canada?							
Affiliated	Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Affiliated Yes <input type="checkbox"/> No <input type="checkbox"/>						
	If yes to either please complete Parts 1C and 2						
If the answer is "No" to the two above questions, complete only Part 3.							
Thank You							
Date	Telephone: Facsimile: Email:	Name and title of responsible officer	Signature				

