

Transactions between Canadian incorporated insurance companies and their foreign affiliates, agencies and bank accounts and other companies or persons outside Canada, 2013

BP-27

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
 E-mail: bop.surveys@statcan.gc.ca

Please correct any mistakes in Name or Address

Guide

Authority: This survey is conducted under the authority of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19. COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THE STATISTICS ACT.*

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.

Fax or e-mail 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 *Statistics Act*.

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 *Statistics Act*. 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, 2013. If unable to comply, please report at period end of closest fiscal year:

Day	Month	Year

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: **bop.surveys@statcan.gc.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 No

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 → If **yes**, name and country of residence of controlling shareholder or group

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No

2. Jurisdiction of incorporation of reporting company (AB, BC, MB, NB, NL, NS, NT, NU, ON, PE, QC, SK, YT) Code

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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

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Country of control of the ultimate parent (see enclosed coding sheet) Country code

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Insurance Transactions

1. Does the company cede Canadian business or out of Canada business to unregistered, non-resident insurers?

Affiliated Yes No Non-Affiliated Yes No
 ↳ If **yes** to either please complete Parts 1A & 1B ↳

2. Does the company transact any out of Canada business from a Canadian office or branch in Canada?

Affiliated Yes No Non-Affiliated Yes No
 ↳ If **yes** to either please complete Parts 1C and 2 ↳

If the answers are "No" to the two above questions, complete only Part 3. **Thank You**

Date	Telephone : E-mail : Facsimile :	Name and title of responsible officer	Signature
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