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Submission instructions are provided on the last page of this form.

A. APPLICANT DETAILS

1. Full Registered Name of Reciprocal Exchange: [Text box]

2. Registered Head Office Address: (Street Number, City, Province, Postal Code) [Text box]

3. Contact Information of General Manager or Equivalent:
a. Contact Name: [Text box]
b. Contact Title: [Text box]
c. Contact Phone No.: [Text box]
d. Contact Email: [Text box]

The above Reciprocal Exchange hereby applies to the Superintendent of Financial Institutions to renew its permit for one year under Section 187 (4) of the Financial Institutions Act. Date of Application: [Text box] (mm/dd/yyyy)

B. SUPPORTING DOCUMENTS

The following documents are submitted in support of this renewal application and in accordance with Section 187 of the Financial Institutions Act. Please Note: The list below is not conclusive and further requests for information may be made by this office once the application is received.

- 1. annual permit fees in the amount of \$3,500 payable to the Minister of Finance in accordance with Schedule 1, item 23 of the Financial Institutions Fees Regulation;
2. a list of all current members of the reciprocal exchange;
3. an actuarial statement prepared by an actuary or other qualified person approved by the Superintendent;
4. audited financial statements for the preceding December 31 financial year end;
5. a copy of the reciprocal exchange's December 31 financial year end P & C 1 in both ASCII and Special Excel file format\*; and
6. three year financial projections.

\*For more information on P & C 1 filings, please visit OSFI's website at www.osfi-bsif.gc.ca

C. CHANGES TO REPORT

Have there been any changes to the following that have not been reported to the Superintendent? If the answer to any of the below questions is yes, please attach a copy of the revised document(s) along with a description of the changes made.

Table with 5 rows of questions and columns for Yes/No and Appendix # Reference.

**D. RECIPROCAL DIRECTORS AT FISCAL YEAR END**

Please list all current directors at fiscal year end.

Title	Name	Residential Mailing Address (including postal code)	Phone No.:	Email	New this Renewal? (Y/N)

If there are additional directors, please attach a separate Appendix to this form.

**E. OTHER CONTACTS**

**Name of Actuary:**

**Address of Actuary:**

**Email of Actuary:**  **Phone No. of Actuary:**

**Name of External Auditor:**   
(Including Name of Partner)

**Address of External Auditor:**

**Email of External Auditor:**  **Phone No. of External Auditor:**

## F. REINSURANCE

Does the reciprocal cede business to/from other insurers or reinsurers?  Yes  No

If yes, please provide a summary of reinsurance arrangements, including line of coverage, name of insurance company, per cent of total assumed/ceded, reinsurance payable on paid and unpaid losses and the broker(s) used. Please add additional records on a separate sheet.

## G. CERTIFICATION

**A Director of the reciprocal exchange must make the following certification:**

I hereby certify that, to the best of my knowledge and belief, all of the information given in this application is true, correct and complete in all material respects, and that all estimates given are based on facts which have been carefully considered and assessed.

**Director's Full Name:**

**Date Signed:**   
(mm/dd/yyyy)

**Director's Signature:**

**Witness's Signature:**

### Instructions

- 1) This form is required pursuant to Section 187(4) of the *Financial Institutions Act*, and must be filed **no later than March 31 of each year**.
- 2) All applicable information to this renewal application must be provided at the same time. Attach additional typed/printed sheets as necessary. **Please note that your application will not be processed until ALL supporting documents and payment are received.**
- 3) This form must not be handwritten except for the signature and is offered as a fillable and saveable PDF form for your convenience.
- 4) Upon completion, please forward the application together with all attachments to [Filings@ficombc.ca](mailto:Filings@ficombc.ca).

Should you have any questions please call Statutory Approvals at 604-660-3408 or email [StatApprovals@ficombc.ca](mailto:StatApprovals@ficombc.ca).