

INTRODUCTION

These Annual and Interim Return Filing Specifications have been prepared to give detailed technical guidance to insurers and software vendors in developing systems for capturing Return data for filing with Regulators. **All software packages must receive prior approval from the primary Regulator or the Return will not be accepted.**

The Specifications were designed initially for electronic filing by diskette or CD-Rom; however, they may be expanded later to include electronic filing through communication networks.

The Specifications define the characteristics of the data to be submitted and have been designed to be as generic as possible.

The American Standard Code for Information Interchange (ASCII) is used as the data representation standard. Those familiar with systems will know that ASCII can be generated by spreadsheet-based systems and by systems developed in more traditional mainframe or microcomputer-based programming environments.

Specific guidelines on how to transmit files to Regulators are also included in the Specifications.

The Specifications refer to the detailed set of Crosscheck formulae which are provided in the software package or on OSFI's website. These formulae must be used as the minimum number of tests within Annual Return preparation software to pre-validate data before the file is submitted. **Files that are not fully validated before being sent to the Primary Regulator will be returned automatically and considered not filed.**

The Specifications are subject to revision and improvement. Any queries or suggestions should be addressed Regulatory Information Division, in Ottawa, at (613) 990-3591 or by fax at (613) 991-6248.

DEFINING VARIOUS FORMS OF DATA

The current Return forms consist of **numeric data** in many different formats: whole numbers; amounts rounded to thousands; decimals; ratios and percentages. In addition, the Annual Return (LIFE-1) contains **Yes/No answers** to questions. All data will continue to be included in the hard copy Annual Return; diskette/CD-Rom filing of data **or electronic filing via a secure means provided by their Regulator** is intended at this time to be a supplement to the complete hard copy Annual Return. **Electronic filing is mandatory for all Return forms.**

The **data representation standard** used is ASCII (see previous page). Data can be assembled in ASCII format from either spreadsheets or other data processing applications.

These Specifications require that:

- a) The data reporting **file** (the complete set of data recorded on the **file**) consist of ASCII Standard Delimited Format ("SDF") fixed-length **records**;
- b) The **file** be given a unique file name, as described under File Naming and Record Layout (see next page), to identify the insurer and the year of reporting;
- c) Each **record**, consisting of a **datapoint address** and an **amount**, follow the record layout described under File Naming and Record Layout (see next page);
- d) Each **datapoint address** contained in a record must be defined using the common three-element (10 numeric digit) system:

ppppp(page) / **lll** (line) / **cc**(column)
(see examples under File Naming and Record Layout).

As illustrated under File Naming and Record Layout, all data will be represented in the file in the same numeric formats as prescribed in the Instructions for completing the forms (i.e., figures rounded to thousands should be represented in thousands; ratios to two decimal places should be represented as such, etc.). Negative figures in the data will be represented in the file with a leading minus sign.

Note: *there are a number of "inside datapoints" . Examples are:*

2003080099	"Extraordinary Items Net of Income Taxes"
2003083099	"Discontinued Operations Net of Income Taxes"
3501080099	"Extraordinary Items Net of Income Taxes"
3501083099	"Discontinued Operations Net of Income Taxes"

A File Header will be on the first line of each ASCII file. This will consist of an Institution Code, e.g. (F001), a Return Type (10) and a Time Period 07A, 08Q1, etc.

Position 1-4 Institution Code
 Position 5-6 Return Type
 Position 7-9 Time Period

FILE NAMING AND RECORD LAYOUT

File Naming

The file containing the datapoints that are to be reported will have a file name unique to the insurer and the period reported on, as follows:

First digit - **Primary Regulator**

OSFI	"C"	Newfoundland	"F"
Quebec	"Q"	Nova Scotia	"N"
Ontario	"O"	New Brunswick	"W"
Manitoba	"M"	P.E.I.	"P"
Alberta	"A"	Saskatchewan	"S"
B.C.	"B"	Yukon	"Y"
N.W.T.	"T"	Nunavut	"U"

Second to fifth digit - A unique number assigned by the Primary Regulator that identifies the insurer. Insurers will be provided with their unique numbers by their Primary Regulator.

Sixth and seventh digits - the last two digits of the **year** (e.g., in the year 2007: "07").

Eighth digit - **For Annual Returns, a sequence code** to be used in the event of more than one filing for the same period (e.g., a revision to previously submitted data). Default value would be "A". The first revision (amended filing) would be coded "B", the second revision "C", etc.

Example (i) "**CF00107A**"

This file name refers to a federally registered insurer regulated by OSFI (C). Its unique number, assigned by OSFI is **F001**, the filing year is **2007**, and this is the initial filing (sequence code: **A**)

Example (ii) "**CF00107B**"

This file name refers to the same federally registered insurer (**F001**) filing an amended (**B**) Annual Return for 2007.

Eighth digit - **For Interim Returns**, the last digit of the eight-digit file name should be replaced with "1", "2" or "3" indicating the 1st, 2nd, or 3rd Quarter.

For example: the File Name for the First Quarter of 2008 would be **"CF001081"**.

Record Layout for Financial Data

The file is to be made up of ASCII Standard Delimited Format fixed length records, each record consisting of a datapoint address and an associated, right justified numeric amount. The layout of each record, including the **field location, length and information** about each field is as follows:

Location	Length	Information
1 - 5	5,N*	Page Number (Annual Return page number)
6 - 8	3,N	Line Number (Pre-printed line number)
9 - 10	2,N	Column Number (Pre-printed column number)
11 - 25	15(2)**,N	Amount reported in the Annual Return. (All amounts must be recorded with two decimal places. Dollar amounts, including those already rounded to the nearest thousand, must end with ".00" as in the first and second examples below. A leading minus sign will designate negative amounts, as in the second example below. Zero value should be reported as "0.00"). Where a page is not applicable, the amount should be "0.00"

* " N " indicates "numeric only".
 **(2)" indicates "two decimal places".

Examples of record layout:

Page					Line			Column		Amount														
01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
2	0	0	3	0	0	4	0	0	3							3	2	7	5	0	6	.	0	0
2	0	0	4	0	1	3	0	0	1								-	6	2	4	9	.	0	0
1	0	0	6	0	1	5	1	1	8											1	2	.	2	3
2	1	1	0	0	0	0	1	0	6											7	8	.	8	4
3	5	0	5	0	2	2	0	1	1												0	.	8	0
6	0	0	1	0	2	8	9	0	3												0	.	7	8

Record Layout for Yes/No data

All Yes/No data for the Annual Return forms will have a page, line, column number similar to the financial data.

For example: the General Interrogatories P10.050 to P10.090 and P60.010 to P60.050 of the LIFE-1 have been given line numbers. The **Yes** will be column 1, **No** column 2, and the **Amount** Column 3 unless otherwise noted. Each Yes answer will be reported as "8" and No reported as "9".

There is no Yes/No data in the Interim Returns.

CROSSCHECK ROUTINES

To benefit fully from receiving data on **files**, **Regulators** must be assured that the data is tested by a set of crosscheck routines, before the **data** is filed.

These tests are designed to ensure that, as a minimum, the relationships of datapoints provided are tested.

Insurers who generate annual returns from their internal systems or from purchased commercial software, should ensure that these tests are included as an integral part of the return generation programs.

As noted earlier, **files** that are not fully validated before being sent to **the primary Regulator** will be returned and considered not filed.

PHYSICAL CHARACTERISTICS OF THE ELECTRONIC FILE

All data relating to an insurer will be contained in a **single file**, and the file should be submitted on a **diskette, CD-Rom** or via a secure means provided by their Regulator.

File Labelling

The **file** must be clearly labelled with the name of the insurer, the year being reported on, the name of the file, the date the file was created and the name and telephone number of a contact person.

Suggested label: ABC Life Insurance Company - 2007
File: CF00107B
Date: 28/02/08 Phone: (416) 737-1110
Contact: I.M. Able

FILE SUBMISSION

The procedures for submitting a **file** to **the Regulators** are as follows:

File Transmittal Form

A "**File Transmittal Form**" is to be completed and submitted with the **data** filed with **the primary Regulator** and any other Regulators who may request a copy of the **file** (see attached).

The form has two purposes. It **supplies some additional** information and it serves as a certification that the data in the **file** matches the data on the hard copy.

The form is self explanatory, with the possible exception of the following terms:

Software Vendor - if you are using a commercially marketed package, please give the name of the vendor.

Version Number - refers to the version number of the commercial software used. This will normally be indicated on distribution **files** or copyright screens.

Signing Authority - one of the officers who is authorized to sign the affidavit in the return should also sign the **File** Transmittal Form.

Validation Report

This report is also to be submitted with the **file** and transmittal form (see next page).

Shipping Instructions

The **file** is to be sent with the hard copy on or before the due date prescribed for the filing of the Return. The **file** should be well protected in special-purpose diskette **or CD-Rom** shipping packaging. "**FRAGILE**" should be marked on the outside of the package.

VALIDATION REPORT

A **Validation Report** containing a pre-selected sample of datapoints from each Return must be generated and printed at the same time that the **ASCII file** is produced and filed.

The purpose of this report is to give **Regulators** initial assurance that the **file** has been produced from the same data used to generate the hard copy.

Insurers are asked to ensure that the printing of this report is incorporated into the programs written to generate the **file**.

Annual

The validation report is to be filed in the format below:

VALIDATION REPORT (LIFE-1)	
ABC Life Insurance Company	
This report has been generated from the following data file:	
Data file name ---->CF00107B	
Data created ---->28/02/08	
Datapoint	Amount
2001089901	\$\$\$
2002038901	\$\$\$
2002089901	\$\$\$
2003089901	\$\$\$
2004001001	\$\$\$
2102088940	\$\$\$
2202034901	\$\$\$
2301088901	\$\$\$
3503019989	\$\$\$
3505089901	\$\$\$
3507048901	\$\$\$
4503028989	\$\$\$
7001089901	\$\$\$
7002038901	\$\$\$
7003066901	\$\$\$
9501069933	\$\$\$
9503002033	\$\$\$

VALIDATION REPORT (OSFI 87 - MCCSR)

ABC Life Insurance Company

This report has been generated from the following data file:

Data file name ----»CF00107B

Data created ----»28/02/08

Datapoint	Amount
2000508002	\$\$\$
2003009002	\$\$\$
3101006905	\$\$\$
5501009903	\$\$\$
6002009906	\$\$\$
7001009903	\$\$\$
8001009904	\$\$\$

Interim

The validation report is to be filed with the **ASCII file** in the format below:

VALIDATION REPORT (LIFE-1 Interim)	
ABC Life Insurance Company	
This report has been generated from the following data file:	
Data file name ---->CF001081	
Data created ---->15/04/08	
Datapoint	Amount
2001089901	\$\$\$
2002038901	\$\$\$
2002089901	\$\$\$
2003089901	\$\$\$
3503019989	\$\$\$

Quarterly

VALIDATION REPORT (OSFI-87 Quarterly MCSR)	
ABC Life Insurance Company	
This report has been generated from the following data file:	
Data file name ---->CF001081	
Data created ---->15/04/08	
Datapoint	Amount
2000504002	\$\$\$
2000508002	\$\$\$

FILE TRANSMITTAL FORM

Name of Insurer		Year	
Contact Person		Telephone #	
Title		Facsimile #	
Email address			
Return Type			Annual Returns
Software Vendor		Version Number	
Is the Validation Report attached?		(If not, please explain)	
For Annual Returns only,		If this is not the first time that an ASCII file has been filed for this Return period, please indicate if it is the:	
1 st revision "B"	2 nd revision "C"	3 rd revision "D"	
If a revised file is being submitted, please enclose a printed hard copy of each changed page with the changed datapoints highlighted.			
The undersigned hereby certifies that, according to the best of his/her knowledge and belief, the datapoint amounts contained in this ASCII file are the same as those contained in the hard copy of the Annual Return (also enclosed).			
Name		Title	
Date		Signed	