

Establishment of Forms

Pursuant to section 201 (2) of the *Financial Institutions Act* and the Delegation Instrument between the Financial Institutions Commission and the Superintendent of Financial Institutions:

1. The Superintendent establishes the following forms, a copy of each is attached to this instrument, for use with respect to the *Financial Institutions Act*:
 - Personal Information Return for Directors, Senior Officers, Subscribers and Shareholders (Form 13)
 - Credit Union Monthly Financial & Statistical Return
 - Credit Union Audited Financial & Statistical Return
 - Credit Union Quarterly Financial & Statistical Return
 - Credit Union Capital Adequacy Return
 - Financial Return for Trust Companies (Form 3.1)
 - Capital Adequacy Return for Non-Deposit-Taking Trust Companies
 - Application for Incorporation of Trust Companies, Insurance Companies and Credit Unions (Form 4)
 - Application for Business Authorization for Trust Companies, Insurance Companies and Credit Unions (Form 8)
 - Application for Business Authorization for Extra-provincial Corporations (Form 11)
 - Application for Business Authorization for Societies Named in an Order of the Superintendent of Financial Institutions (Form 9)
 - Application for Consent to Amalgamate – Trust Companies, Insurance Companies and Credit Unions (Form 5)
 - Application for Continuation in the Province for Extra-provincial Corporations (Form 6)
 - Application for Annual Permit for Reciprocal Exchanges (Form 10)
 - Canadian Council of Insurance Regulators – Application for Insurer's Licence

2. The Superintendent establishes, by way of reference, the following forms with respect to the *Financial Institutions Act*:
- (a) in the case of an extraprovincial trust corporation, the Annual Statement of Trust Companies prepared and published by the Office of the Superintendent of Financial Institutions and commonly referred to as the OSFI-33.
 - (b) in the case of an extraprovincial insurance corporation authorized to carry on general insurance business:
 - (i) the uniform Annual Return for Canadian Property and Casualty Insurers, commonly referred to as the P&C-1; or
 - (j) the uniform Annual Return for Foreign Property and Casualty Insurers, commonly referred to as the P&C-2.
 - (c) in the case of an extraprovincial insurance corporation authorized to carry on life insurance business:
 - (i) the Annual Return for Canadian Life Insurance Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-54, and the Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies (“MCCSR”) form, commonly referred to as the OSFI-87; or
 - (ii) the Annual Return for Foreign Life Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-55, and the Test of Adequacy of Assets in Canada and Margin Requirements for Foreign Life Companies and Fraternal Benefit Societies (“TAAM”) form, commonly referred to as the OSFI-86; or
 - (iii) the Annual Return for Canadian Fraternal Benefit Societies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-56, and the Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies (“MCCSR”) form, commonly referred to as the OSFI-87; or
 - (iv) the Annual Return for Foreign Fraternal Benefit Societies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-77, and the Test of Adequacy of Assets in Canada and Margin Requirements for Foreign Life Companies and Fraternal Benefit Societies (“TAAM”) form, commonly referred to as the OSFI-86.

- (d) in the case of an insurance company incorporated or continued in British Columbia that is authorized to carry on general insurance business, the Interim Return for Canadian Property and Casualty Insurers, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the Quarterly P&C-1, and the Annual Return for Canadian Property and Casualty Insurers, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the P&C-1.
- (e) in the case of an insurance company incorporated or continued in British Columbia that is authorized to carry on life insurance business:
 - (i) the Quarterly Return for Canadian Life Insurance Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the Quarterly OSFI-54, and the Quarterly Return for Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies ("MCCSR") form, commonly referred to as the Quarterly OSFI-87, and the Annual Return for Canadian Life Insurance Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-54, and the Annual Return for Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies ("MCCSR") form, commonly referred to as the OSFI-87; or
- (f) in the case of an authorized fraternal society incorporated or continued in British Columbia:
 - (i) the Quarterly Return for Canadian Life Insurance Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the Quarterly OSFI-54, and the Quarterly Return Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies ("MCCSR") form, commonly referred to as the Quarterly OSFI-87, and the Annual Return for Canadian Life Insurance Companies, prepared and published by the Office of the Superintendent of Financial Institutions, commonly referred to as the OSFI-54, and the Annual Return for Minimum Continuing Capital and Surplus Requirements for Canadian Life Companies and Fraternal Benefit Societies ("MCCSR") form, commonly referred to as the OSFI-87.



W. ALAN CLARK
SUPERINTENDENT OF FINANCIAL INSTITUTIONS

DATE: DECEMBER 31, 2004

INSTRUCTIONS:

1. This form is required pursuant to sections 18(2)(e), 29(2)(c), 105 and 289(3)(a) and (b) of the **Financial Institutions Act**, and section 11(3)(e) and 108(2)(a) and (b) of the **Credit Union Incorporation Act**.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed/printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act
 The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, 604 660-2947, 1900 – 1050 West Pender Street, Vancouver BC V6E 3S7.

A. GENERAL INFORMATION

1. Personal Information for a:

<input type="checkbox"/> Director	<input type="checkbox"/> Senior Officer	<input type="checkbox"/> Subscriber	<input type="checkbox"/> Shareholder controlling 10% or more of the voting shares
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2. Name of Financial Institution: _____
3. Full Legal Name: _____
Surname Full Given Names
4. All Previous Names: _____
Surname Full Given Names
5. Residential Address (include postal code):

6. Telephone Number: () _____
7. Date of Birth:
8. Place of Birth: _____ City Province/State/Country
9. Citizenship: _____
10. Driver's Licence No.: _____ Issued by: (Prov. / Territory) _____

B. EMPLOYMENT

1. Present Position or Occupation: _____
2. Start Date Present Employment:
3. (i) Name of Present Employer: _____
 (ii) Address (include postal code): _____
 (iii) Telephone Number: () _____

C. OTHER INFORMATION

1. List memberships in professional societies or associations (if none, please indicate):
2. List any Directorates held (if none, please indicate):
3. List any companies in which you own or control more than 10% of the voting shares (if none, please indicate):

4. Have you ever been convicted of an offence under the Criminal Code of Canada or any provincial/territorial legislation?

YES NO

If yes, please provide details of the conviction:

(i) Date of conviction:

(ii) Type of conviction:

5. Has a civil judgment been made or disciplinary action taken against you, or an organization of which you were a director or senior officer, by professional organizations or self-regulatory bodies?

YES NO

If yes, please provide details of the judgment or action:

(i) Date of judgment or action:

(ii) Type of judgment or action:

6. Under the laws of any province, territory, state or country have you, or an organization of which you were a director or senior officer, ever been petitioned into bankruptcy or made a voluntary assignment in bankruptcy?

YES NO

If yes, please provide details of bankruptcy.

(i) Date of Assignment or Receiving Order:

(ii) Date of Absolute Discharge:

(iii) If Conditional Discharge, date of Conditional Discharge and description of conditions:

(iv) Cause of bankruptcy:

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

I consent to the Financial Institutions Commission making such enquiries as it sees fit of government institutions or others for the purpose of investigating my suitability to be a person in a position to control or influence a financial institution, including, but not limited to, a criminal records search with the Royal Canadian Mounted Police.

I acknowledge and agree that the information contained in this return and attachments will be used for the purposes described above.

I understand that it is an offence under the *Financial Institutions Act* and the *Credit Union Incorporations Act* to make a false statement and that it may also be an offence under the CRIMINAL CODE of Canada.

I understand that the Financial Institutions Commission may also request additional information from me.

I am aware that I have duties and obligations under the *Company Act*, *Financial Institutions Act* and *Credit Union Incorporation Act* and that it is my responsibility to fully understand these duties and obligations.

SIGNATURE

TITLE

DATE SIGNED
YYYY / MM / DD

CREDIT UNION MONTHLY FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED BALANCE SHEET - ASSETS (\$) AS AT
CASH AND LIQUID INVESTMENTS		
Cash.....		1010
CUCBC Operating Account		1020
CUCBC Deposits[100 days or less \$ _____ 1035].....		1030
Securities Issued or Guaranteed by Government.....		1040
Deposits-Dep. Taking Institutions ...[100 days or less \$ _____ 1055].....		1050
Guaranteed Debt Sec. Instruments...[1 year or less \$ _____ 1065].....		1060
Non-Guaranteed Commercial Paper (Rated R1 Middle or Better).....		1070
All Other Non-Guaranteed Commercial Paper & Other		1080
Accrued Interest on Above Items.....		1090
		1100
OTHER INVESTMENTS		
Equity Shares - CUCBC/SCCU.....		1110
CUDIC Debentures		1120
Accrued Interest & Dividends on Other Investments		1130
		1140
LOANS		
<i>Personal - Real Estate Secured:</i>		
CMHC/MICC Insured.....		1150
Residential - 75% of FMV or Less.....[LOC's \$ _____ 1165]		1160
Residential - > than 75% of FMV.[LOC's \$ _____ 1175]		1170
<i>Personal - Otherwise Secured:</i>		
Fully Sec. by Dep. & Gov't Sec.....[LOC's \$ _____ 1185]		1180
All Others.....[LOC's \$ _____ 1195]		1190
<i>Personal - Unsecured:</i>		
All.....[LOC's \$ _____ 1205]		1200
<i>Commercial - Real Estate Secured:</i>		
CMHC/MICC Insured.....		1210
Residential	[LOC's \$ _____ 1225]	1220
Progressive Draws/Interim Financing ..	[LOC's \$ _____ 1235]	1230
All Others.....	[LOC's \$ _____ 1245]	1240
<i>Commercial - Otherwise Secured:</i>		
Fully Sec. by Dep. & Gov't Sec.....[LOC's \$ _____ 1255]		1250
All Others.....[LOC's \$ _____ 1265]		1260
<i>Commercial - Unsecured:</i>		
Governments & Municipalities	[LOC's \$ _____ 1275]	1270
All Others.....	[LOC's \$ _____ 1285]	1280
Accrued Interest on Loans		1290
<i>Allowance for Doubtful Loans :</i>		
Personal.....		()1300
Commercial.....		()1310
		1320
OTHER ASSETS		
Premises & Equipment.....		1330
Accumulated Depreciation/Amortization		()1340
Property Acquired in Settlement of Loans - Net		1350
Property Held for Investment - Net.....		1360
Equity Investments - Less than 10% Ownership		1370
Equity Investments - 10% or Greater Ownership		1380
Deferred Income Tax Debits.....		1390
Deferred Charges		1400
All Other Assets		1410
		1420
TOTAL ASSETS		<u>1430</u>

CREDIT UNION MONTHLY FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED BALANCE SHEET – LIABILITIES & CAPITAL (\$) AS AT
BORROWINGS		
CUCBC Operating Account		2010
CUCBC Term	[Specified \$ 2025]	2020
Other	[Specified \$ 2035]	2030
Accrued Interest on Borrowings		2040
		<u>2050</u>
DEPOSITS		
<i>Demand:</i>		
Chequing - Untiered (Basic)		2060
Chequing - Tiered (Maximizer)		2070
Daily Interest (Plan 24)		2080
Minimum Balance (Special Savings)		2090
Investment (T-Bill Savings)		2100
Registered Plans		2110
Other		2120
<i>Term:</i>		
Regular/Premium		2130
Registered Plans		2140
Other		2150
Non-Equity Shares		2160
Accrued Interest on Deposits and Dividends on Non-Equity Shares		2170
		<u>2180</u>
OTHER LIABILITIES		<u>2190</u>
CAPITAL		
<i>Primary Capital:</i>		
Equity Shares	[Discount \$ 2205]	2200
<i>Retained Earnings (Deficit):</i>		
Previous Year End		2210
Net Income (Loss) Year-to-Date		2220
Deferred Income Tax Credits		2240
CUDIC/SCCU Sub. Deb.	[Discount \$ 2255]	2250
Other		2260
Dividends to be Paid as Primary Capital		2270
<i>Secondary Capital:</i>		
Equity Shares	[Discount \$ 2285]*	2280
Subordinated Debt	[Discount \$ 2295]	2290
Dividends to be Paid as Secondary Capital		2300
		<u>2310</u>
TOTAL LIABILITIES AND CAPITAL		<u><u>2320</u></u>

* also include Deductions From Capital on Line 2285 (see FICOM's Capital Adequacy Return Completion Guide for details)

CREDIT UNION MONTHLY FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED INCOME STATEMENT (\$) FOR PERIOD ENDED	
FINANCIAL INCOME			
Liquid Investments		3010	
Other Investments		3020	
<i>Loan Interest:</i>			
Personal:			
Real Estate Secured (excluding Lines of Credit).....		3030	
Otherwise Secured (excluding Lines of Credit).....		3040	
Unsecured (excluding Lines of Credit).....		3050	
Lines of Credit.....		3060	
Commercial:			
Real Estate Secured (excluding Lines of Credit).....		3070	
Otherwise Secured (excluding Lines of Credit).....		3080	
Unsecured (excluding Lines of Credit).....		3090	
Lines of Credit.....		3100	
Interest Rate/Foreign Exchange Contracts - Net		3110	
Trading Gains (Losses)		3120	3130
FINANCIAL EXPENSE			
<i>Borrowings Interest:</i>			
CUCBC Operating Account.....		3140	
CUCBC Term.....		3150	
Other		3160	
<i>Demand Interest:</i>			
Chequing - Untiered (Basic).....		3170	
Chequing - Tiered (Maximizer).....		3180	
Daily Interest (Plan 24).....		3190	
Minimum Balance (Special Savings).....		3200	
Investment (T-Bill Savings)		3210	
Registered Plans.....		3220	
Other		3230	
<i>Term Interest:</i>			
Regular/Premium.....		3240	
Registered Plans.....		3250	
Other		3260	
Non-Equity Share Dividends.....		3270	
Subordinated Debentures/Debt.....		3280	3290
FINANCIAL MARGIN			3300
NON-FINANCIAL INCOME			
Member Services.....		3310	
<i>Equity Investments - 10% or Greater:</i>			
Revenue Allocations from Subsidiary Companies - Net.....		3320	
Subsidiary and Other Equity Investment Earnings - Net		3330	
Other.....		3340	3350
NON-FINANCIAL EXPENSES			
Salaries & Benefits.....		3360	
Data Processing.....		3370	
Premises & Equipment.....		3380	
Depreciation/Amortization.....		3390	
Loan Losses - Net.....		3400	
Property Acquired in Settlement of Loans - Net		3410	
Other.....		3420	3430
NET OPERATING INCOME (LOSS)			3440
Equity Share Dividends.....		3450	
Patronage Refunds		3460	
Income Taxes		3470	
Capital Gain (Loss)/Extraordinary Items.....		3480	3490
NET INCOME (LOSS)			3500

CREDIT UNION MONTHLY FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED STATISTICS AS AT
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EQUITY INVESTMENTS (Subsidiary(ies) and other equity investment(s) - 10% or greater ownership as calculated using Equity Method of Accounting)

Acquisition Cost.....	\$	4010
Plus: Post Acquisition Net Earnings (Losses), After Goodwill Amortization Expenses:		
To Previous Year End.....	\$	4020
Year-To-Date:		
Insurance Subsidiaries	\$	4030
Property/Real Estate Development	\$	4040
All Other	\$	4050
	\$	4060
	\$	4070
	\$	4080
	\$	4090
VALUE OF EQUITY INVESTMENT	\$	4100

LOANS IN ARREARS (including LOC's)

Days	PERSONAL			COMMERCIAL		
	Real Estate	Otherwise	Unsecured	Real Estate	Otherwise	Unsecured
30 - 89	\$	\$	\$	\$	\$	\$
90 - 179	\$	\$	\$	\$	\$	\$
180 - 364	\$	\$	\$	\$	\$	\$
365 & over	\$	\$	\$	\$	\$	\$
	4110-4140	4150-4180	4190-4220	4230-4260	4270-4300	4310-4340

UNAUTHORIZED ADVANCES

	PERSONAL		COMMERCIAL	
	All		All	
LOC's Exceeded.....	\$		\$	
		4370		4400
Overdrafts > 3 days	\$		\$	
		4410		4420

UNFUNDED LOANS

	PERSONAL		COMMERCIAL		
	All		Real Estate	Otherwise	Unsecured
LOC's.....	\$		\$	\$	\$
		4430	4440	4450	4460
All Other Loans.....	\$		\$	\$	\$
		4470	4480	4490	4500

OTHER STATISTICS

Total Off Balance Sheet Exposures.....	\$	4510
Concentration Risk Adjustment: Single Parcels of Land	\$	4520
Staff - Full Time Equivalent.....	#	4530
Membership	#	4540

SIGNATURE

General Manager/CEO >		Date >	Y / M / D
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CREDIT UNION AUDITED FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED BALANCE SHEET - ASSETS (\$) AS AT
CASH AND LIQUID INVESTMENTS		
	Cash.....	1010
	CUCBC Operating Account	1020
	CUCBC Deposits[100 days or less \$ _____ 1035].....	1030
	Securities Issued or Guaranteed by Government.....	1040
	Deposits-Dep. Taking Institutions ...[100 days or less \$ _____ 1055].....	1050
	Guaranteed Debt Sec. Instruments...[1 year or less \$ _____ 1065].....	1060
	Non-Guaranteed Commercial Paper (Rated R1 Middle or Better).....	1070
	All Other Non-Guaranteed Commercial Paper & Other	1080
	Accrued Interest on Above Items.....	1090
		<u>1100</u>
OTHER INVESTMENTS		
	Equity Shares - CUCBC/SCCU	1110
	CUDIC Debentures.....	1120
	Accrued Interest & Dividends on Other Investments.....	1130
		<u>1140</u>
LOANS		
	<i>Personal - Real Estate Secured:</i>	
	CMHC/MICC Insured.....	1150
	Residential - 75% of FMV or Less.....[LOC's \$ _____ 1165]	1160
	Residential - > than 75% of FMV.[LOC's \$ _____ 1175]	1170
	<i>Personal - Otherwise Secured:</i>	
	Fully Sec. by Dep. & Gov't Sec.....[LOC's \$ _____ 1185]	1180
	All Others.....[LOC's \$ _____ 1195]	1190
	<i>Personal - Unsecured:</i>	
	All[LOC's \$ _____ 1205]	1200
	<i>Commercial - Real Estate Secured:</i>	
	CMHC/MICC Insured.....	1210
	Residential[LOC's \$ _____ 1225]	1220
	Progressive Draws/Interim Financing ..[LOC's \$ _____ 1235]	1230
	All Others.....[LOC's \$ _____ 1245]	1240
	<i>Commercial - Otherwise Secured:</i>	
	Fully Sec. by Dep. & Gov't Sec.....[LOC's \$ _____ 1255]	1250
	All Others.....[LOC's \$ _____ 1265]	1260
	<i>Commercial - Unsecured:</i>	
	Governments & Municipalities[LOC's \$ _____ 1275]	1270
	All Others.....[LOC's \$ _____ 1285]	1280
	Accrued Interest on Loans	1290
	<i>Allowance for Doubtful Loans :</i>	
	Personal.....	(_____)1300
	Commercial.....	(_____)1310
		<u>1320</u>
OTHER ASSETS		
	Premises & Equipment.....	1330
	Accumulated Depreciation/Amortization	(_____)1340
	Property Acquired in Settlement of Loans - Net	1350
	Property Held for Investment - Net.....	1360
	Equity Investments - Less than 10% Ownership	1370
	Equity Investments - 10% or Greater Ownership	1380
	Deferred Income Tax Debits.....	1390
	Deferred Charges	1400
	All Other Assets	1410
		<u>1420</u>
TOTAL ASSETS		<u>1430</u>

CREDIT UNION AUDITED FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED BALANCE SHEET - LIABILITIES & CAPITAL (\$) AS AT
BORROWINGS		
	CUCBC Operating Account	2010
	CUCBC Term [Specified \$ 2025] ...	2020
	Other [Specified \$ 2035] ...	2030
	Accrued Interest on Borrowings	2040
		<u>2050</u>
DEPOSITS		
	<i>Demand:</i>	
	Chequing - Untiered (Basic)	2060
	Chequing - Tiered (Maximizer)	2070
	Daily Interest (Plan 24)	2080
	Minimum Balance (Special Savings)	2090
	Investment (T-Bill Savings)	2100
	Registered Plans	2110
	Other	2120
	<i>Term:</i>	
	Regular/Premium	2130
	Registered Plans	2140
	Other	2150
	Non-Equity Shares	2160
	Accrued Interest on Deposits and Dividends on Non-Equity Shares	2170
		<u>2180</u>
	OTHER LIABILITIES	<u>2190</u>
CAPITAL		
	<i>Primary Capital:</i>	
	Equity Shares [Discount \$ 2205]	2200
	Retained Earnings (Deficit):	
	Previous Year End	2210
	Net Income (Loss) Year-to-Date	2220
	Deferred Income Tax Credits	2240
	CUDIC/SCCU Sub. Deb. [Discount \$ 2255]	2250
	Other	2260
	Dividends to be Paid as Primary Capital	2270
	<i>Secondary Capital:</i>	
	Equity Shares [Discount \$ 2285]* ..	2280
	Subordinated Debt [Discount \$ 2295]	2290
	Dividends to be Paid as Secondary Capital	2300
		<u>2310</u>
	TOTAL LIABILITIES AND CAPITAL	<u>2320</u>

* also include Deductions From Capital on Line 2285 (see FICOM's Capital Adequacy Return Completion Guide for details)

CREDIT UNION *AUDITED* FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED INCOME STATEMENT (\$) FOR PERIOD ENDED
FINANCIAL INCOME		
	Liquid Investments	3010
	Other Investments	3020
	<i>Loan Interest:</i>	
	Personal: Real Estate Secured (excluding Lines of Credit).....	3030
	Otherwise Secured (excluding Lines of Credit).....	3040
	Unsecured (excluding Lines of Credit).....	3050
	Lines of Credit.....	3060
	Commercial: Real Estate Secured (excluding Lines of Credit).....	3070
	Otherwise Secured (excluding Lines of Credit).....	3080
	Unsecured (excluding Lines of Credit).....	3090
	Lines of Credit.....	3100
	Interest Rate/Foreign Exchange Contracts - Net	3110
	Trading Gains (Losses)	3120
		<u>3130</u>
FINANCIAL EXPENSE		
	<i>Borrowings Interest:</i>	
	CUCBC Operating Account	3140
	CUCBC Term.....	3150
	Other	3160
	<i>Demand Interest:</i>	
	Chequing - Untiered (Basic).....	3170
	Chequing - Tiered (Maximizer).....	3180
	Daily Interest (Plan 24).....	3190
	Minimum Balance (Special Savings)	3200
	Investment (T-Bill Savings)	3210
	Registered Plans.....	3220
	Other	3230
	<i>Term Interest:</i>	
	Regular/Premium	3240
	Registered Plans.....	3250
	Other	3260
	Non-Equity Share Dividends	3270
	Subordinated Debentures/Debt	3280
		<u>3290</u>
	FINANCIAL MARGIN	<u>3300</u>
NON-FINANCIAL INCOME		
	Member Services.....	3310
	<i>Equity Investments - 10% or Greater:</i>	
	Revenue Allocations from Subsidiary Companies - Net.....	3320
	Subsidiary and Other Equity Investment Earnings - Net	3330
	Other	3340
		<u>3350</u>
NON-FINANCIAL EXPENSES		
	Salaries & Benefits.....	3360
	Data Processing.....	3370
	Premises & Equipment.....	3380
	Depreciation/Amortization.....	3390
	Loan Losses - Net.....	3400
	Property Acquired in Settlement of Loans - Net	3410
	Other	3420
		<u>3430</u>
	NET OPERATING INCOME (LOSS)	<u>3440</u>
	Equity Share Dividends.....	3450
	Patronage Refunds	3460
	Income Taxes	3470
	Capital Gain (Loss)/Extraordinary Items.....	3480
		<u>3490</u>
	NET INCOME (LOSS)	<u>3500</u>

CREDIT UNION AUDITED FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED STATISTICS AS AT
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EQUITY INVESTMENTS (Subsidiary(ies) and other equity investment(s) - 10% or greater ownership as calculated using Equity Method of Accounting)

Acquisition Cost.....	\$	4010
Plus: Post Acquisition Net Earnings (Losses), After Goodwill Amortization Expenses:		
To Previous Year End.....	\$	4020
Year-To-Date:		
Insurance Subsidiaries	\$	4030
Property/Real Estate Development	\$	4040
All Other	\$	4050
	\$	4060
	\$	4070
	\$	4080
	\$	4090
VALUE OF EQUITY INVESTMENT	\$	4100

LOANS IN ARREARS (including LOC's)

Days	PERSONAL			COMMERCIAL		
	Real Estate	Otherwise	Unsecured	Real Estate	Otherwise	Unsecured
30 - 89	\$	\$	\$	\$	\$	\$
90 - 179	\$	\$	\$	\$	\$	\$
180 - 364	\$	\$	\$	\$	\$	\$
365 & over	\$	\$	\$	\$	\$	\$
	4110-4140	4150-4180	4190-4220	4230-4260	4270-4300	4310-4340

UNAUTHORIZED ADVANCES

	PERSONAL		COMMERCIAL	
	All		All	
LOC's Exceeded	\$	4370	\$	4400
Overdrafts > 3 days	\$	4410	\$	4420

UNFUNDED LOANS

	PERSONAL	COMMERCIAL		
	All	Real Estate	Otherwise	Unsecured
LOC's.....	\$ 4430	\$ 4440	\$ 4450	\$ 4460
All Other Loans	\$ 4470	\$ 4480	\$ 4490	\$ 4500

OTHER STATISTICS

Total Off Balance Sheet Exposures	\$	4510
Concentration Risk Adjustment: Single Parcels of Land	\$	4520
Staff - Full Time Equivalent.....	#	4530
Membership	#	4540

SIGNATURE

General Manager/CEO >	Date >	Y / M / D
-----------------------	--------	-----------

CREDIT UNION *QUARTERLY* FINANCIAL & STATISTICAL RETURN

CHARTER NO.	CREDIT UNION NAME	UNCONSOLIDATED QUARTERLY RETURN AS AT
-------------	-------------------	---------------------------------------

COMMERCIAL LOAN RISK RATING

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Number.....	5010	5020	5030	5040	5050
Amount \$.....	5060	5070	5080	5090	5100

LOAN PORTFOLIO DETAIL - INDUSTRY & RESTRICTED

<u>Industry</u>			<u>Restricted</u>	
<u>Agriculture</u>	<u>Fishing</u>	<u>Hospitality</u>	<u>Commercial</u>	
\$ _____ 5110	\$ _____ 5120	\$ _____ 5130	\$ _____ 5150	

INTEREST RATE RISK

On Balance Sheet Repricing

	\$ <u>Assets</u>	% <u>Yield</u>	\$ <u>Liabilities</u>	% <u>Cost</u>
Non-Interest Rate Sensitive	5160	5250	5340	5430
Variable Rate	5170	5260	5350	5440
Fixed Rate:				
0-3 Months.....	5180	5270	5360	5450
4-6 Months.....	5190	5280	5370	5460
7-12 Months.....	5200	5290	5380	5470
1-2 Years.....	5210	5300	5390	5480
2-3 Years.....	5220	5310	5400	5490
3-4 Years.....	5230	5320	5410	5500
Over 4 Years.....	5240	5330	5420	5510

Off Balance Sheet Hedging (Interest Rate Swaps & Forward Rate Agreements)

	Notional Principal (\$) <u>Credit Union Pays Interest On</u>	% Interest <u>Credit Union Pays</u>	Notional Principal (\$) <u>Credit Union Receives Interest On</u>	% Interest <u>Credit Union Receives</u>
0-3 Months.....	5520	5590	5660	5730
4-6 Months.....	5530	5600	5670	5740
7-12 Months.....	5540	5610	5680	5750
1-2 Years.....	5550	5620	5690	5760
2-3 Years.....	5560	5630	5700	5770
3-4 Years.....	5570	5640	5710	5780
Over 4 Years.....	5580	5650	5720	5790

SIGNATURE

General Manager/CEO >	Date > Y / M / D
-----------------------	------------------

Capital Adequacy (CA) Return

Credit Union

as at September 30, 2004

Line #	Account Name	\$ Amount	Audited Financial & Statistical Return (AF&SR) Line #'s & Instructions
--------	--------------	-----------	--

SUMMARY

	Capital Base		• CA Return Line 121 from below
	Total Risk Weighted Assets (RWA)		• CA Return Line 315 from page 3
	Capital Adequacy Ratio - %		• Capital Base divided by RWA

CAPITAL BASE

Primary Capital

101	Equity Shares (including dividends), Net of Discount		• 2200 plus 2270 less 2205
102	CUDIC / SCCU Subordinated Debt, Net of Discount		• 2250 less 2255
103	Credit Union's Retained Earnings		• 2230
104	Deferred Income Tax Credits (Debits)		• add 2240 or deduct 1390
105	Other		• 2260
106	Total Primary		• sum of CA Return Lines 101 to 105

Secondary Capital

107	Proportion of System Retained Earnings x 50%		• provided by FICOM
108	Other Equity Shares (incl. dividends), Net of Discount		• 2280 plus 2300 less any discount incl. in 2285
109	Other Debt Capital, Net of Discount		• 2290 less 2295
110	Total Secondary		• sum of CA Return Lines 107 to 109
111	Total Eligible Secondary		• lessor of CA Return Lines 110 and 106

Deductions from Capital

112	Goodwill and Other Intangible Assets		• included in 2285
113	Investment - Banks, Trust or Deposit Business		• included in 2285
114	Investment in Credential Securities Inc.		• included in 2285
115	Invest. - Insurance Business, Venture Cap. Corp., etc.		• included in 2285
116	Excess Investment in Prescribed Businesses		• included in 2285
117	Off Balance Sheet Securitized Mtgs. (ie Smart Trust)		• included in 2285
118	Total Deductions		• CA Return Lines 112 to 117

119	Total Capital Available		• CA Return Lines 106 plus 111 less 118
-----	--------------------------------	--	---

120	Credit Union Retained Earnings Divided By 35%		• CA Return Line 103 divided by 35%
-----	--	--	-------------------------------------

Capital Base is the Lesser of Line 119 or Line 120:

121	CAPITAL BASE		• lessor of CA Return Lines 119 and 120
-----	---------------------	--	---

Capital Adequacy (CA) Return

Credit Union

as at September 30, 2004

Line #	Account Name	Unweighted \$ Amount	x Risk Factor	=	Risk Weighted \$ Value	Audited Financial & Statistical Return (AF&SR) Line #'s & Instructions
--------	--------------	----------------------	---------------	---	------------------------	--

BALANCE SHEET ASSETS

Cash, Liquid & Other Investments

Unweighted Column Reference

201	Cash		0.0			* 1010
202	CUCBC Deposits		0.0			* 1020 plus 1030 plus 1090*
203	Securities Issued or Guar. by Gov't		0.0			* 1040 plus 1090*
204	Deposits-Deposit Taking Institutions		0.2			* 1050 plus 1090*
205	Guar. Debt Security Instruments		0.2			* 1060 plus 1090*
206	Non-Guar. Commercial Paper R1		0.5			* 1070 plus 1090*
207	All Other Liquid Investments		1.0			* 1080 plus 1090*
208	CUCBC/SCCU Eq. Sh. & CUDIC Deb.		1.0			* 1140
209	Total Cash, Liquid & Other Invest.					* 1100 plus 1140 or sum of CA Return Lines 201 to 208

* includes accrued interest allocation

Loans

210	CMHC / MICC / GE Cap. Insured		0.0			* 1150 plus 1210 plus 1290*
211	Guar. by Gov't or Fully Sec. by Dep.		0.0			* 1180 plus 1250 plus 1270 plus 1290*
212	Personal R/E Res. <= 75% of FMV		0.5			* 1160 plus 1290* less 1300**
213	Personal R/E Res. > 75% of FMV		1.0			* 1170 plus 1290* less 1300**
214	Commercial Loans & Leases		1.0			* sum (1220,1230,1240,1260,1280,1290*) less 1310
215	Other Personal		0.8			* 1190 plus 1200 plus 1290* less 1300**
216	Total Loans					* 1320 or sum of CA Return Lines 210 to 215

* includes accrued interest allocation

** includes pers. loan allow. allocation

Other Assets

217	Premises & Equipment - Net		1.0			* 1330 less 1340
218	Prop. Acq. in Settle. of Loans - Net		1.0			* 1350
219	Prop. Held for Investment - Net		1.5			* 1360
220	Equity Investments - Less than 10%		1.0			* 1370 less CA Return Line 114
221	Equity Investments - 10% or Greater		1.0			* 1380 less CA Return Lines 112, 113, 115
222	Deductions from Capital		0.0			* Sum of CA Return Lines 112 to 115
223	Deferred Income Tax Debits		1.0			* 1390
224	Deferred Charges		1.0			* 1400
225	All Other Assets		1.0			* 1410
226	Total Other Assets					* 1420 or sum of CA Return Lines 217 to 225

227	TOTAL ASSETS					* 1430 or sum of CA Return Lines 209, 216, 226
-----	---------------------	--	--	--	--	--

INSTRUCTIONS

1. This form **must** be typewritten or printed.
2. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
3. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.

A. COMPANY DETAILS

1. NAME OF TRUST COMPANY: _____

2. TYPE OF BUSINESS AUTHORIZATION:
 Deposit Business Deposit and Trust Business
3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____
5. FAX NUMBER: _____
6. JURISDICTION OF INCORPORATION: _____
7. (i) CONTACT PERSON: _____
(ii) TITLE: _____
8. FISCAL YEAR END: _____

B. REPORTING PERIOD

Financial Return for the Period Ending _____ 19 _____

C. CAPITAL AND LIQUIDITY

1. Risk-based Capital Adequacy Ratio (if applicable): _____
2. Capital to Asset Multiple (or Borrowing Multiple/Debt Ratio): _____
3. Liquidity Ratio [from line 890 on Schedule 8]: _____

CERTIFICATION

We, _____ and _____ as officers
of _____ in
the city of _____ in the province of _____,
hereby certify that the foregoing statements and attached schedules have been prepared from the books and records of the company,
and that to the best of our knowledge and belief are correct and complete and show the financial position of the company and the
conditions of the company's affairs on the _____ day of _____, 19 _____.

Signature: _____ Date Signed: _____

Position: _____

Signature: _____ Date Signed: _____

Position: _____

Corporation: _____

Period Ending: _____

SCHEDULE 1 - BALANCE SHEET: ASSETS
(to nearest \$000)

Cash, Deposits and Securities

Cash and Demand Deposits

101	
-----	--

Treasury Bills, Banker's Acceptances
and Term Deposits

102	
-----	--

Bonds and Debentures

(1) Market Value (2) Book Value

	(1) Market Value	(2) Book Value
Government - Federal, Provincial and Municipal	104	
Government - Foreign	105	
Corporate - Canadian	106	
Corporate - Foreign	107	
Common Shares - Canadian	108	
- Foreign	109	
Preferred Shares - Canadian	110	
- Foreign	111	
Interest and Dividends - Accrued and Receivable	112	
Other Investments	113	
<i>(attach details if greater than 5% of total Assets)</i>		

Provision for Losses

119	
-----	--

Total Cash, Deposits and Securities
(add lines 101, 102 and 104 to 113 Col 2 less line 119)

120	
-----	--

Loans

Mortgages - Insured	121	
- Uninsured	122	
Commercial	123	
Leasing - Consumer	124	
- Commercial	125	
Consumer	126	
Collateral	127	
Institutional	128	
Interest Accrued and Receivable	138	
Provision for Losses	139	

Total Loans *(add lines 121 to 138 less line 139)*

140	
-----	--

Corporation: _____

Period Ending: _____

SCHEDULE 1 - BALANCE SHEET: ASSETS - Continued
(to nearest \$000)

Real Estate (net of accumulated depreciation)

Real Estate for Own Use

141	
-----	--

Investment in Real Estate

Income Producing

142	
-----	--

Non-income Producing

143	
-----	--

Foreclosed Real Estate

144	
-----	--

Income Accrued and Receivable

145	
-----	--

Provision for Losses

149	
-----	--

Total Real Estate (add lines 141 to 145 less line 149)

150	
-----	--

Loans to and Investments in Subsidiaries

Equity in Subsidiaries

151	
-----	--

Loans, Bonds and Debentures

152	
-----	--

Interest and Dividends - Accrued and Receivable

153	
-----	--

Provision for Losses

154	
-----	--

Total Investments in Subsidiaries (add lines 151 to 153 less line 154)

160	
-----	--

Investments in Joint Ventures

165	
-----	--

Other Assets (net of accumulated depreciation/amortization)

Deferred Charges

171	
-----	--

Furniture, Fixtures and Equipment

172	
-----	--

Goodwill and Other Intangible Assets

173	
-----	--

Other Assets

174	
-----	--

(attach details if greater than 5% of total assets)

Total Other Assets (add lines 171 to 174)

180	
-----	--

Total Assets (add lines 120, 140, 150, 160, 165 and 180)

189	
-----	--

Corporation: _____

Period Ending: _____

**SCHEDULE 2 - BALANCE SHEET: LIABILITIES
AND SHAREHOLDERS' EQUITY**
(to nearest \$000)

Deposits

Demand Deposits and Certificates
Term Deposits and Certificates
RRSP / RRIF and Other Registered Plans
Interest Accrued and Payable

200	
201	
202	
203	

Total Deposits (add lines 200 to 203)

210	
-----	--

Non-subordinated Debt

Mortgages Payable
Other Non-subordinated Loans
Interest Accrued and Payable

211	
212	
213	

Total Non-subordinated Debt (add lines 211 to 213)

215	
-----	--

Subordinated Debt

Subordinated Debt
Interest Accrued and Payable

217	
218	

Total Subordinated Debt (add lines 217 and 218)

220	
-----	--

Deferred Net Gains (Losses) on Futures/Options for Hedging Purposes

225	
-----	--

Deferred Income Taxes

230	
-----	--

Other Liabilities
(attach details if greater than 5% of total liabilities)

235	
-----	--

Total Liabilities (add lines 210, 215, 220, 225, 230 and 235)

240	
-----	--

Corporation: _____

Period Ending: _____

**SCHEDULE 2 - BALANCE SHEET: LIABILITIES
AND SHAREHOLDERS' EQUITY - Continued**
(to nearest \$000)

CAPITAL AND RETAINED EARNINGS (DEFICIT)

Common Shares

245	
-----	--

Preferred Shares - Redeemable

250	
-----	--

- Non-Redeemable

251	
-----	--

Total Preferred Shares (add lines 250 and 251)

254	
-----	--

Contributed Surplus

255	
-----	--

Retained Earnings (Deficit)

Balance at Beginning of Fiscal Year

260	
-----	--

Net Income (Loss)

261	
-----	--

Dividends Declared - Preferred Shares

262	
-----	--

- Common Shares

263	
-----	--

Other (provide details)

264	
-----	--

Balance at End of Period (add lines 260, 261, 264 less lines 262 and 263)

269	
-----	--

Total Capital and Retained Earnings (add lines 245, 254, 255 and 269)

298	
-----	--

Total Liabilities, Capital and Retained Earnings (Deficit) (add lines 240 and 298)

299	
-----	--

Corporation: _____

Period Ending: _____

SCHEDULE 3 - INCOME STATEMENT
(to nearest \$000)

FINANCIAL INCOME

Demand and Term Deposits, Treasury Bills and Banker's Acceptances	301	
Bonds and Debentures	302	
Common Shares	303	
Preferred Shares	304	
Mortgage Loans	305	
Commercial Loans	306	
Leasing - Consumer	307	
- Commercial	308	
Consumer Loans	309	
Collateral Loans	310	
Institutional Loans	311	
Other Financial Income	312	

Total Financial Income (add lines 301 to 312) 320

FINANCIAL EXPENSE

Demand Deposits	321	
Term Deposits and Certificates	322	
Subordinated Debt	323	
Non-Subordinated Debt	324	
Other Financial Expense	325	

Total Financial Expense (add lines 321 to 325) 330

Financial Margin (line 320 less line 330) 335

Provision for Losses 336

Net Financial Margin (line 335 less line 336) 340

Corporation: _____

Period Ending: _____

SCHEDULE 3 - INCOME STATEMENT - Continued
(to nearest \$000)

NON-FINANCIAL INCOME

Net Income (Loss) from Interest Rate Swaps

341	
-----	--

Net Income (Loss) from Futures/Options

343	
-----	--

Net Income (Loss) from Real Estate

Real Estate for Own Use

344	
-----	--

Investment Real Estate

345	
-----	--

Foreclosed Real Estate

346	
-----	--

Total Net Income (Loss) from Real Estate (add lines 344 to 346)

350	
-----	--

Fees and Commissions

Estates, Trusts and Agencies

351	
-----	--

Real Estate Commissions (net)

352	
-----	--

Management Fees

353	
-----	--

Loan and Commitment Fees

354	
-----	--

Service Charges

355	
-----	--

Other

356	
-----	--

Total Fees and Commissions (add lines 351 to 356)

360	
-----	--

Other Non-Financial Income

366	
-----	--

Total Non-Financial Income (add lines 341, 343, 350, 360 and 366)

369	
-----	--

Corporation: _____

Period Ending: _____

SCHEDULE 3 - INCOME STATEMENT - Continued
(to nearest \$000)

NON-FINANCIAL EXPENSE

Mortgage Expense	370	
Salaries	371	
Directors Fees	372	
Audit and Accounting Fees	373	
Management Fees	374	
Other Non-financial Expense	375	

Total Non-Financial Expense (add lines 370 to 375) 380

Net Income before Gain (Loss) on Investments and Income Taxes
(lines 340 and 369 less line 380) 381

Net Gain (Loss) on Investments

Bonds and Debentures	385	
Shares	386	
Other	387	

Total Net Gain (Loss) on Investments (add lines 385 to 387) 390

Earnings (Losses) from Subsidiary Operations 392

Earnings (Losses) from Joint Ventures 393

Net Income (Loss) before Taxes (add line 381, 390, 392 and 393) 394

Income Taxes - Current 395

- Deferred 396

Net Income (Loss) before Extraordinary Items and Discontinued Operations
(line 394 less lines 395 and 396) 397

Extraordinary Items and Discontinued Operations (provide details) 398

Net Income (Loss) (add lines 397 and 398) 399

Corporation: _____

Period Ending: _____

SCHEDULE 4 - LOAN IN ARREARS/RESTRUCTURED
(to nearest \$000)

	Arrears			(4) Troubled Loans Restructured
	(1) 30-60 days	(2) 61-90 days	(3) over 90 days	
MORTGAGES - INSURED				
Number of Accounts	401			
Amount Outstanding (\$)	402			
Accrued Interest (\$)	403			

MORTGAGES - UNINSURED				
Number of Accounts	411			
Amount Outstanding (\$)	412			
Accrued Interest (\$)	413			

COMMERCIAL				
Number of Accounts	421			
Amount Outstanding (\$)	422			
Accrued Interest (\$)	423			

FINANCIAL LEASES - Consumer				
Number of Accounts	431			
Amount Outstanding (\$)	432			
Accrued Interest (\$)	433			

FINANCIAL LEASES - Commercial				
Number of Accounts	441			
Amount Outstanding (\$)	442			
Accrued Interest (\$)	443			

Corporation Name: _____

Period Ending: _____

SCHEDULE 4 - LOAN IN ARREARS/RESTRUCTURED
(to nearest \$000)

	Arrears			(4) Troubled Loans Restructured
	(1) 30-60 days	(2) 61-90 days	(3) over 90 days	
CONSUMER				
Number of Accounts	451			
Amount Outstanding (\$)	452			
Accrued Interest (\$)	453			

INSTITUTIONAL				
Number of Accounts	461			
Amount Outstanding (\$)	462			
Accrued Interest (\$)	463			

OTHER				
Number of Accounts	471			
Amount Outstanding (\$)	472			
Accrued Interest (\$)	473			

	PROVISION FOR LOSSES	
	General	Specific
Mortgages - Insured	490	
- Uninsured	491	
Commercial	492	
Financial Leases - Consumer	493	
- Commercial	494	
Consumer	495	
Institutional	496	
Other	497	
Total (add lines 490 to 497)	499	

SCHEDULE 6 - MATURITIES AND INTEREST RATE MATCHING - Continued
(to nearest \$000)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Variable Rate Total	FIXED RATE					Non Interest Sensitive	
			On Demand	0 - 3 M	3+ - 6 Mr	6+ - 1 Yr	1+ - 2 Yr	2+ Yrs	
ASSETS - continued									
Mortgages	\$ 610								
	%								
Commercial Loans	\$ 611								
	%								
Leases	\$ 612								
	%								
Consumer Loans	\$ 613								
	%								
Collateral Loans	\$ 614								
	%								
Institutional Loans	\$ 615								
	%								
Total Assets	* \$ 620								
	** %								
Amount / Impact of Asset Hedging	\$ 625								
	%								

* Add dollars from lines 601 to 615

** Calculate aggregate weighted average (%)

SCHEDULE 6 - MATURITIES AND INTEREST RATE MATCHING - Continued
(to nearest \$000)

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
		Variable Rate Total	On Demand	0 - 3 M	3+ - 6 M	6+ - 1 Yr	1+ - 2 Yr	2+ Yrs	Non Interest Sensitive
LIABILITIES AND SHAREHOLDERS EQUITY									
Demand / Term Deposits and Certificates with Early Redemption	\$ 630								
	%								
Other Term Deposits and Certificates	\$ 631								
	%								
Non-Subordinated Debt	\$ 632								
	%								
Subordinated Debt	\$ 633								
	%								
Other Liabilities	\$ 634								
	%								
Amount / Impact of Liability Hedging	\$ 635								
	%								
Common / Preferred Shares	\$ 636								
	%								
Contributed Surplus	\$ 637								
	%								
Retained Earnings	\$ 638								
	%								
Total Liabilities and Equity	* \$ 640								
	** %								

* Add dollars from lines 630 to 638 not including line 635

** Calculate aggregate weighted average %

Corporation: _____

Period Ending: _____

SCHEDULE 7 - MISCELLANEOUS ITEMS
(to nearest \$000)

Deposits Obtained via Deposit Agents _____

701	
-----	--

Commitments

Mortgage _____

705	
-----	--

Commercial Loan _____

706	
-----	--

Other _____

707	
-----	--

Total Commitments (add lines 705 to 707) _____

710	
-----	--

Futures/Options/Swaps Contracts (provide details) _____

715	
-----	--

Loan Guarantees _____

720	
-----	--

Letters of Credit _____

725	
-----	--

Revolving Lines of Credit: Credit Cards _____

730	
-----	--

Revolving Lines of Credit: Other _____

731	
-----	--

Capitalized Interest and Fees _____

735	
-----	--

Other Contingent Liabilities (attach details of nature of contingency) _____

740	
-----	--

Accounting Principles

Have there been any changes in accounting principles / policies since the last filing of the annual financial statements and the auditors report thereon? (please check) _____

	Yes	No
799		

If "YES", provide full details in writing, and submit the information with this return.

Corporation: _____

Period Ending: _____

SCHEDULE 8 - LIQUIDITY
(to nearest \$000)

Net Liquid Assets

(unless otherwise indicated, all amounts at Book value)

Cash, Demand Deposits with a Financial Institution **801**

Treasury Bills **802**

Bonds, Debentures, and Other Securities Guaranteed by a Bank Maturing Within One Year **803**

Term Deposits, Bearer Deposit Notes and Other Similar Instruments Issued by a Financial Institution Payable on 100 Days Notice or Maturing Within 100 Days **804**

Securities Guaranteed by Government of Canada, a Province or Territory, or by a Municipal Corporation at Market Value (Book Value \$ _____) **805**

Demand Loans other than Loans to an Individual, Fully Secured per lines 802 to 805 **806**

Interest Accrued and Receivable **807**

Demand Loans, or Loans having an Original Term to Maturity of 7 Days or Less **829**

Total Net Liquid Assets (add lines 801 to 807 less line 829) **830**

Borrowings Payable within 100 days or on Notice of 100 days or less

Demand Deposits **841**

Bonds, Debentures, Notes and Other Deposits (exclude line 829 values) **842**

Securities Guaranteed by the Corporation **843**

Interest Accrued and Payable **844**

Total Borrowings Payable within 100 days (add lines 841 to 844) **850**

Percentage of Liquid Assets over 100 day Borrowings line 830 **890** %
line 850



INSTRUCTIONS

1. This form is required pursuant to sections 68, 125 and 288 of the *FINANCIAL INSTITUTIONS ACT*.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

A. COMPANY DETAILS

1. NAME OF TRUST COMPANY: _____

2. HEAD OFFICE ADDRESS: _____

3. TELEPHONE NUMBER: _____ 4. FAX NUMBER: _____
5. INCORPORATION NUMBER: _____
6. JURISDICTION OF INCORPORATION: _____
7. (i) CONTACT PERSON: _____
(ii) TITLE: _____
8. FISCAL YEAR END: _____

B. CAPITAL

SURPLUS (DEFICIT) CAPITAL BASE (From Line 2038) _____

CERTIFICATION

We, _____ and _____ as officers
of _____ in
the city of _____ in the province of _____,
hereby certify that the foregoing statements and attached schedules have been prepared from the books and records of the company, and
that to the best of our knowledge and belief are correct and complete and show the financial position of the company and the conditions of
the company's affairs on the _____ day of _____, 19 _____.

Signature: _____ Date Signed: _____
Position: _____

Signature: _____ Date Signed: _____
Position: _____

Corporation: _____

Period Ending: _____

**CALCULATION OF BRITISH COLUMBIA
CAPITAL BASE – PART 1**
(to nearest \$000)

PRIMARY CAPITAL

Common Shares	_____	2001	
Preferred Shares – Non-redeemable and non-cumulative	_____	2002	
Contributed Surplus	_____	2003	
Retained Earnings (Deficit)	_____	2004	
Retained Earnings (Deficit) of Non-financial Subsidiaries	_____	2005	
Deferred Income Taxes	_____	2006	
Total Primary Capital (add lines 2001 to 2006)			_____ 2010

SECONDARY CAPITAL

Subordinated Debt	_____	2011	
Other Preferred Shares	_____	2012	
Total Secondary Capital (add lines 2011 and 2012)			_____ 2015
Eligible Secondary Capital (lesser of lines 2010 and 2015)			_____ 2017
Total Capital (add lines 2010 and 2017)			_____ 2020

DEDUCTIONS FROM CAPITAL

Goodwill and Other Intangible Assets	_____	2025	
Equity in Subsidiaries - Deposit and/or Trust Business	_____	2026	
- Other Financial Institutions	_____	2027	
- Ancillary over 2% of Total Assets	_____	2028	
Total Deductions from Capital (add lines 2025 to 2028)			_____ 2030
Capital Base (line 2020 less line 2030)			_____ 2035

**CALCULATION OF BRITISH COLUMBIA
CAPITAL BASE – PART 2**

A. Capital Base (line 2035)	_____	2035
B. Assets Held In Trust	_____	2036
C. Required Capital Base (0.5% times line 2036)	_____	2037
D. Surplus (Deficit) Capital Base (line 2035 minus line 2037)	_____	2038

INSTRUCTIONS

1. This form is required pursuant to sections 12(1)(b) of the **FINANCIAL INSTITUTIONS ACT** and section 6(1)(b) of the **CREDIT UNION INCORPORATION ACT**.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act
The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 - 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. APPLICATION FOR INCORPORATION OF:

Trust Company Insurance Company Credit Union

2. NAME OF COMPANY / CREDIT UNION: _____

3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____ 5. FAX NUMBER: _____

6. (i) CONTACT PERSON: _____

(ii) TITLE: _____

B. INCORPORATION FEES

Attach the incorporation fee, in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. PLAN

Attach a business plan for the proposed company / credit union.

D. MEMORANDUM / CONSTITUTION

Attach the proposed memorandum / constitution for the company / credit union .

E. ARTICLES / RULES

Attach the proposed articles / rules for the company / credit union.

F. NOTICE OF OFFICE

Provide the following:

Registered Office Address: _____

Records Office Address: _____

Branch Address(es): _____

G. PRELIMINARY ACTIVITIES

List the preliminary activities the company / credit union will be undertaking before obtaining a business authorization. (Attach separate sheet if additional space is required.)

H. SUBSCRIBERS, DIRECTORS AND SENIOR OFFICERS

Attach a Personal Information Return for each subscriber who would own or control 10% or more of the voting shares in the company / credit union and for each proposed director and senior officer.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED
Y M D

INSTRUCTIONS

1. This form is required pursuant to section 61(1), (4), (5), (6), (7), and (8) of the FINANCIAL INSTITUTIONS ACT.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act

The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 - 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. APPLICATION FOR BUSINESS AUTHORIZATION FOR:

Deposit Business Trust Business Deposit and Trust Business Insurance Business

2. NAME OF COMPANY / CREDIT UNION : _____

3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____ 5. FAX NUMBER: _____

6. INCORPORATION NUMBER: _____

7. (i) CONTACT PERSON: _____

(ii) TITLE: _____

B. BUSINESS AUTHORIZATION FEES

Attach the business authorization fee, in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. DEPOSIT BUSINESS FOR DEPOSIT BUSINESS OR DEPOSIT AND TRUST BUSINESS APPLICANTS ONLY.

In the case of a trust company, attach a letter of 'no objection' from the Canada Deposit Insurance Corporation, or an approved deposit insurer.

D. INSURANCE BUSINESS FOR INSURANCE BUSINESS APPLICANTS ONLY

1. Business Authorization to be confined to: LIFE INSURANCE BUSINESS GENERAL INSURANCE BUSINESS
 LIFE AND GENERAL INSURANCE BUSINESS SPECIFIC CLASS OR CLASSES OF INSURANCE

2. Name of Actuary: _____

3. Address: _____

4. Telephone Number: _____

5. Attach a letter of no objection or evidence of membership from an approved insurance compensation plan in respect to classes of insurance permitted under business authorization.

E. FINANCIAL STATEMENTS

- 1. Name of Auditor: _____
- 2. Address: _____
- 3. Telephone: _____
- 4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement.

F. COMMITTEES

- 1. List the members of audit committee: _____

- 2. List members of investment and loan committee: _____

- 3. List members of conduct review committee: _____

- 4. Attach a copy of the written investment and lending policies and conduct and review policies and procedures.

G. PLAN

Detail and explain any material changes to the business plan that was submitted with the application for incorporation or provide a business plan for the business authorization requested in this application.

H. OTHER BUSINESS

List any other financial or related services that the financial institution will be carrying on that does not constitute business for which a business authorization is required.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE	TITLE	DATE SIGNED Y M D
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INSTRUCTIONS

- 1. This form is required pursuant to section 159(1) of the FINANCIAL INSTITUTIONS ACT.
2. This form must be typewritten or printed.
3. All applicable information must be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

A. APPLICANT DETAILS

1. APPLICATION FOR BUSINESS AUTHORIZATION FOR:

- Deposit Business Trust Business Deposit and Trust Business Insurance Business

2. NAME OF EXTRAPROVINCIAL CORPORATION:

3. HEAD OFFICE ADDRESS:

4. TELEPHONE NUMBER: 5. FAX NUMBER:

6. INCORPORATION NUMBER:

7. JURISDICTION OF INCORPORATION:

8. (i) CONTACT PERSON:

(ii) TITLE:

B. BUSINESS AUTHORIZATION FEES

Attach the business authorization fees, in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. PLAN

Attach a business plan for the extraprovincial corporation.

D. MEMORANDUM / CONSTITUTION

Attach the memorandum / constitution for the extraprovincial corporation.

E. ARTICLES / BY-LAWS

Attach the articles / by-laws for the extraprovincial corporation.

F. NOTICE OF OFFICE IN BRITISH COLUMBIA

Provide the following:

Registered Office Address:

Records Office Address:

Branch Address(es):

G. SHAREHOLDERS, DIRECTORS AND SENIOR OFFICERS

Attach Personal Information Return for each shareholder who owns or controls 10% or more of the voting shares in the extraprovincial corporation and for each proposed director and senior officer.

H. COMMITTEES FOR EXTRAPROVINCIAL CORPORATIONS FROM NON - DESIGNATED JURISDICTIONS ONLY.

- 1. Attach a list of directors' committees and their members (i.e. audit committee)
- 2. Attach a copy of all written investment and lending policies and conduct review policies and procedures.

I. DEPOSIT BUSINESS FOR DEPOSIT BUSINESS OR DEPOSIT AND TRUST BUSINESS APPLICANTS ONLY.

Attach a letter of 'no objection' from the Canada Deposit Insurance Corporation or an approved deposit insurer.

J. INSURANCE BUSINESS FOR INSURANCE BUSINESS APPLICANTS ONLY

1. Business Authorization to be confined to:
- | | |
|--|---|
| <input type="checkbox"/> LIFE INSURANCE BUSINESS | <input type="checkbox"/> GENERAL INSURANCE BUSINESS |
| <input type="checkbox"/> LIFE AND GENERAL INSURANCE BUSINESS | <input type="checkbox"/> SPECIFIC CLASS OR CLASSES OF INSURANCE |

- 2. Name of Actuary: _____
- 3. Address: _____
- 4. Telephone: _____
- 5. Attach a letter of 'no objection' or evidence of membership from an approved insurance compensation plan in respect to classes of insurance permitted under business authorization.

K. FINANCIAL STATEMENTS

- 1. Name of Auditor: _____
- 2. Address: _____
- 3. Telephone: _____
- 4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement and the latest audited financial statements.

L. OTHER BUSINESS

List any other financial or related services that the financial institution will be carrying on that does not constitute business for which a business authorization is required.

M. ORGANIZATIONAL CHART

Attach a corporate organizational chart including subsidiaries and affiliates. (show the percentage of voting shares owned).

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED
Y M D

INSTRUCTIONS

1. This form is required pursuant to Section 61(3) of the **FINANCIAL INSTITUTIONS ACT**.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 - 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. NAME OF SOCIETY: _____

2. HEAD OFFICE ADDRESS: _____

3. TELEPHONE NUMBER: _____ 4. FAX NUMBER: _____
5. INCORPORATION NUMBER: _____
6. JURISDICTION OF INCORPORATION: _____
7. (i) CONTACT PERSON: _____
(ii) TITLE: _____

B. BUSINESS AUTHORIZATION FEES

Attach the business authorization fees in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. INSURANCE BUSINESS

1. Business Authorization to be confined to: LIFE INSURANCE BUSINESS GENERAL INSURANCE BUSINESS
 LIFE AND GENERAL INSURANCE BUSINESS SPECIFIC CLASS OR CLASSES OF INSURANCE
2. Name of Actuary: _____
3. Address: _____
4. Telephone Number: _____
5. Attach a letter of 'no objection' or evidence of membership from an approved insurance compensation plan in respect to classes of insurance permitted under business authorization.

D. FINANCIAL STATEMENTS

- 1. Name of Auditor: _____
- 2. Address: _____
- 3. Telephone: _____
- 4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement.
- 5. Attach the latest audited financial statements.

E. COMMITTEES

- 1. List the members of audit committee: _____

- 2. List members of investment and loan committee: _____

- 3. List members of conduct review committee: _____

- 4. Attach a copy of the written investment and lending policies and conduct and review policies and procedures.

F. OTHER BUSINESS

List any other financial or related services that the society has been carrying on that does not constitute business for which a business authorization is required.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED
Y M D

INSTRUCTIONS

1. This form is required pursuant to section 29(2)(a) of the **FINANCIAL INSTITUTIONS ACT** and section 20(2) of the **CREDIT UNION INCORPORATION ACT**.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act

The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 - 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. Number of Companies / Credit Unions applying to amalgamate: _____

2. Provide the following information for each Company / Credit Union applying to amalgamate:

NAME OF AMALGAMATING COMPANY / CREDIT UNION : _____

HEAD OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

INCORPORATION NUMBER: _____ JURISDICTION OF INCORPORATION: _____

TYPE OF BUSINESS AUTHORIZATION: _____

CONTACT PERSON NAME / TITLE: _____

NAME OF AMALGAMATING COMPANY / CREDIT UNION : _____

HEAD OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

INCORPORATION NUMBER: _____ JURISDICTION OF INCORPORATION: _____

TYPE OF BUSINESS AUTHORIZATION: _____

CONTACT PERSON NAME / TITLE: _____

NAME OF AMALGAMATING COMPANY / CREDIT UNION : _____

HEAD OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

INCORPORATION NUMBER: _____ JURISDICTION OF INCORPORATION: _____

TYPE OF BUSINESS AUTHORIZATION: _____

CONTACT PERSON NAME / TITLE: _____

NAME OF AMALGAMATING COMPANY / CREDIT UNION: _____

HEAD OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

INCORPORATION NUMBER: _____ JURISDICTION OF INCORPORATION: _____

TYPE OF BUSINESS AUTHORIZATION: _____

CONTACT PERSON NAME / TITLE: _____

If more than four companies / credit unions are applying to amalgamate, please provide details as listed above on a separate sheet.

B. PROPOSED AMALGAMATED COMPANY / CREDIT UNION :

NAME OF PROPOSED AMALGAMATED COMPANY / CREDIT UNION : _____

HEAD OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

AMALGAMATION INCORPORATION NUMBER: _____ JURISDICTION OF AMALGAMATION: _____

TYPE OF BUSINESS AUTHORIZATION: _____

CONTACT PERSON NAME / TITLE: _____

C. AMALGAMATION FEE

Attach the amalgamation fees in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

D. PLAN

Attach a business plan for the proposed amalgamated company / credit union.

E. MEMORANDUM / CONSTITUTION

Attach the proposed memorandum / constitution for amalgamated Company / Credit Union applying to amalgamate.

F. ARTICLES / BY-LAWS / RULES

Attach the proposed articles / by-laws / rules for the amalgamated Company / Credit Union / Society.

G. NOTICE OF OFFICE IN BRITISH COLUMBIA

Provide the following:

Registered Office Address: _____

Records Office Address: _____

Branch Address(es): _____

H. SHAREHOLDERS, DIRECTORS AND SENIOR OFFICERS

Attach a Personal Information Return for each shareholder who owns or controls 10% or more of the voting shares in the proposed amalgamated company / credit union and for each proposed director and senior officer.

I. FINANCIAL STATEMENTS

- 1. Name of Auditor: _____
- 2. Address: _____
- 3. Telephone: _____
- 4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement for each company / credit union applying to amalgamate.
- 5. Attach latest audited financial statements for each company / credit union without a business authorization.

J. AMALGAMATION AGREEMENTS

Attach the full particulars of the terms upon which the amalgamation is to take place, together with copies of every agreement relating to the amalgamation.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE	TITLE	DATE SIGNED Y M D
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INSTRUCTIONS

1. This form is required pursuant to sections 29(2)(a) of the FINANCIAL INSTITUTIONS ACT.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act

The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 – 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. APPLICATION TO BE CONTINUED AS A:

 Trust Company Insurance Company

2. NAME OF COMPANY: _____

3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____ 5. FAX NUMBER: _____

6. INCORPORATION NUMBER: _____

7. JURISDICTION OF INCORPORATION: _____

6. (i) CONTACT PERSON: _____

(ii) TITLE: _____

B. CONTINUATION FEES

Attach the continuation fees in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. PLAN

Attach a business plan for the proposed company.

D. MEMORANDUM / CONSTITUTION

Attach the proposed memorandum / constitution for the company.

E. ARTICLES / RULES

Attach the proposed articles / rules for the company.

F. NOTICE OF OFFICE

Provide the following:

Registered Office Address: _____

Records Office Address: _____

Branch Address(es): _____

G. PRELIMINARY ACTIVITIES

List the preliminary activities the company will be undertaking before obtaining business authorization.
(Attach separate sheet if additional space is required.)

H. SUBSCRIBERS, DIRECTORS AND SENIOR OFFICERS

Attach a completed Personal Information Return for each subscriber who owns or controls 10% or more of the voting shares in the company and for each proposed director and senior officer.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED

Y M D

INSTRUCTIONS

1. This form is required pursuant to Section 186(1)(a) of the **FINANCIAL INSTITUTIONS ACT**.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed / printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 1900, 1050 West Pender Street, Vancouver, British Columbia, V6E 3S7.
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-660-2947), 1900 – 1050 West Pender Street, Vancouver BC V6E 3S7.

A. APPLICANT DETAILS

1. APPLICATION FOR:

- Initial Permit
 Renewal of permit

 2. NAME OF RECIPROCAL EXCHANGE: _____

 3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____ 5. FAX NUMBER: _____

6. (i) CONTACT PERSON: _____

(ii) TITLE: _____

B. ANNUAL PERMIT FEES

Attach the annual permit fees in the amount set out in the Financial Institutions Fees Regulation, made payable to the Minister of Finance and Corporate Relations.

C. MEMBERS OF RECIPROCAL EXCHANGE

1. Attach any agreement(s) entered into by members.
2. Attach forms of all policies and endorsements.
3. List members of the reciprocal exchange:

NAME	ADDRESS	TELEPHONE

D. FINANCIAL STATEMENTS — FOR RENEWALS ONLY

1. Gross Premiums Received for the year ending December 31, 19 ____, (\$000): _____
2. Reinsurance Assumed for the year ending December 31, 19 ____, (\$ 000): _____
3. Reinsurance Ceded for the year ending December 31, 19 ____, (\$ 000): _____
4. Net Premiums Received for the year ending December 31, 19 ____, (\$ 000): _____
5. Name of Auditor: _____
6. Address: _____

7. Telephone Number: _____
8. Attach latest financial statements including a balance sheet and income statement.

E. ACTUARIAL STATEMENTS

1. Name of Actuary: _____
2. Address: _____
3. Telephone Number: _____
4. Attach the latest actuarial statement.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED

Y M D

Canadian Council of Insurance Regulators Application for Insurer's Licence

FOR OFFICE USE ONLY

Licence Fee	\$	Date :	Receipt no.	Licence no.
Filing Fee	\$	Processed by :		Date :
Total Fee	\$	Approved by :		Date :

STATUTORY DECLARATION

I, the undersigned, an authorized representative of the applicant, do certify that the information and documents provided in support of this application are complete and truthful in all respects and that the applicant has complied with the requirement of the laws of all provinces to which it has applied for a licence and/ or the laws of the parliament of Canada governing the activities of the corporation, including regulations adopted by these laws, and hereby undertake to notify the licensing regulators(s) of any material change that may affect this application.

(Applicant)	Sworn before me at _____	
(Authorized Representative)	this day of _____	(Commissioner of Oaths)

(An authorized representative is the attorney for service/chief agent/chief representative or a duly appointed officer of the corporation.)

The incorporating regulator in Canada is/will be	
---	--

The **incorporating regulator** in Canada is the regulatory authority in the jurisdiction of incorporation for Canadian companies or OSFI for non-marine branches of foreign companies. **Licensing regulators** are the other regulators in the Canadian jurisdictions in which the applicant is licensed or is seeking a licence.

This application has been designed to communicate the information and documentation requirements of the various Canadian regulators in their capacity either as a licensing regulator or as the incorporating regulator and should be submitted to each jurisdiction for which the applicant is seeking a licence or an amendment thereto. The information needs of the incorporating Canadian regulator will normally exceed those of the licensing regulators. **It should be noted that the review of a licence application is a professional assessment and information in addition to that contained in this application form may be requested by individual regulators. Each jurisdiction remains free to impose regulatory or administrative requirements in addition to those provided for in this form.** There are seven appendices (Part G) attached to this application form. Information contained in Parts A, B, C and Appendix I of this application is an integral part of each jurisdiction's licensing data base and changes to any of the data, including certified copies of amendments to articles of incorporation/constating documents, should be reported to each jurisdiction on a timely basis.

New Licence Amended Licence

A **new licence** is the first licence in a jurisdiction. An **amended licence** is the addition or deletion of classes of insurance to an existing licence. Applicants for a **new licence** must complete the entire application except for part D. Applicants for an **amended licence** are required to complete only parts A, B, D and F, if applicable.

Renewal Licence		Renewal Fee		Renewal Jurisdiction	
-----------------	--	-------------	--	----------------------	--

Not all jurisdictions issue renewal licences; most, including those jurisdictions that do not issue renewal licences, will request confirmation of licensing data by way of a turn-around document and provide a calculation of the renewal fee, if applicable (Alberta, Quebec, Ontario and Newfoundland, for example, will **not** use this application form); however, some jurisdictions will send out this application form and request the applicant to complete parts A, B, C and Appendix I and to calculate the renewal fee based on information in Appendix VI. British Columbia does not issue renewal licences and will **not** use this form. It requires the registrant to calculate the annual fee and make the annual filing in accordance with the legislative annual filing requirements (see appendix VI).

**Canadian Council of Insurance Regulators
Application for Licence to Undertake Contracts of Insurance**

PART A THE APPLICANT (all applicants)

1	Name		
2	Head office		
		Tel. :	Fax :
3	Chief business office in Canada (if head office is outside Canada)		
		Tel. :	Fax :
4	Electronic Communications	Corporate contact :	
		E-mail address :	
5	Incorporation	Date :	Jurisdiction :
		Type (stock, fraternal, mutual, reciprocal, etc.) :	
6	Licence limitations	Reinsurance only :	Discontinuing :

PART B CURRENT LICENCE STATUS (all applicants)

1. Complete as follows : Y = licensed N = not licensed

	OSFI	NF	PE	NS	NB	PQ	ON	MB	SK	AB	BC	YK	NT
Currently licensed in/by :													

2. The applicant is currently licensed in one or more of the following jurisdictions outside Canada :

--

3. Has the applicant ever been refused a licence or is it currently operating in any jurisdiction under a licence that is subject to a condition ? Please provide details and contact person in the relevant jurisdiction.

--

**Canadian Council of Insurance Regulators
Application for Licence to Undertake Contracts of Insurance**

PART C CLASSES OF INSURANCE (new and renewals)
--

For new licence applications, indicate each class of insurance being applied for per jurisdiction by writing or typing a «Y». Please list any additional classes not specified below in the blank unshaded spaces provided (classes of insurance are not harmonized in Canada). For renewal licences, please indicate the classes of insurance currently being written in each jurisdiction.

Classes applied for	OSFI	NF	PE	NS	NB	PQ	ON	MB	SK	AB	BC	YK	NT
Accident & Sickness													
Aircraft													
Automobile													
Boiler and Machinery													
Credit													
Fidelity													
Hail													
Legal Expense													
Life													
Liability													
Marine													
Mortgage													
Property													
Surety													
Title													

In Saskatchewan, Accident and Sickness are separate classes of insurance and should be shown separately in the blank unshaded spaces provided.

PART D PROPOSAL FOR AMENDED LICENCE (applicants for amended licence only)

Deletion of following classes of insurance :	
Addition of following classes of insurance :	

The applicant for a licence amendment should include, as an attached document, a narrative that provides the following information:

- reasons for the amendment, including its overall financial impact on the company ; and
- for new classes, a description of all new policy types, the method of distribution and the budgeted volumes for each jurisdiction

Note: Information requested in Part D should be submitted to licensing regulators only after the amended licence has been approved by the incorporating regulator.

**Canadian Council of Insurance Regulators
Application for Licence to Undertake Contracts of Insurance**

PART E DOCUMENTATION REQUIRED (applicants for new licence only)
--

An application is not considered made until all required documents have been submitted. Any documents not submitted with this application must be accompanied by a separate sworn statutory declaration. Applicants are strongly encouraged to submit the application only after all documentation has been completed in full.

The following documentation is common to a new licence application filing in all Canadian jurisdictions regardless of whether the jurisdiction is the incorporating or licensing regulator. For both the **core** and **supplemental** packages, please indicate, by recording a « Yes » in the right hand column labelled « Attached ? », if the documentation has been included in the filing.

Core Documentation Package

Ref.	Document	Attached ?
1	Certified copies of articles of incorporation/constating documents, including by-laws, regulations and amendments thereto (in Saskatchewan, certified copy of constitution - Sections 37(1)(a), 341 and 373).	
2	For applicants to provincial regulators, certificate of Status from province of incorporation, or, where federally registered, a copy of the Order to Commence and Carry on Business.	
3	Listing of Attorney for Service/Chief Agent/Chief Representative per jurisdiction (Appendix I).	
4	Power of Attorney for Appointment of Attorney for service for each jurisdiction where application is being made, except for jurisdiction of head office (Appendix VII).	
5	Schedule by regulator (par value and market value) of all securities held for deposit and where a reciprocal deposit is being used, a certified copy of the Order in Council (when required) which provides that the deposit held by the relevant jurisdiction is held as a reciprocal deposit.	
6	Proof of membership in a Canadian compensation plan or confirmation from the appropriate compensation plan that the company is not eligible for membership.	
7	Certified copy of the company's most recent financial statements and auditor's report thereon or if the applicant is a new company, certified copy of the audited opening balance sheet of the new company.	

All of the following documentation, **as a minimum**, is required by the incorporating regulator.

The supplemental documentation package is required only by the jurisdictions listed below in their capacity as licensing regulators who will endeavour to avoid duplication in the review process by relying, as much as possible, on the incorporating jurisdiction for detailed review, analysis and background checks.

Supplemental Documentation Package for British Columbia; Saskatchewan; Ontario; Quebec; Alberta

Ref.	Document	Attached ?
8	Business Plan (see instructions outlined in Appendix II)	
9	Personal Information Return (Appendix III)	
10	Copies of all policy forms and endorsements	

**Canadian Council of Insurance Regulators
Application for Licence to Undertake Contracts of Insurance**

PART F DOCUMENTATION REQUIRED BY JURISDICTIONAL LEGISLATION AND ADMINISTRATIVE NEEDS
(an applicant is required to submit this documentation if it is applying for new or amended licence in a jurisdiction with any of these requirements.)

Ref.	Jurisdiction	Document	Attached ?
1	Ontario / BC / Quebec	Automobile Rates and Rate Classification System (Quebec - copy of auto rate manual)	
2	Ontario / Saskatchewan / Alberta	Publication of Notice of Application (Ontario - Section 49; Saskatchewan - Section 36); Alberta - Publication of Licence in Gazette - Section 42)	
3	Nova Scotia / Newfoundland	Evidence of registration under the Corporation Registration Act (Nova Scotia) and under the Corporations Act (Newfoundland)	
4	Newfoundland / Manitoba	Deposit in the appropriate amount (in accordance with the classes and the amount of premiums written), if not registered under Insurance Companies Act (Canada)	
5	Quebec	<ul style="list-style-type: none"> · Deposit in accordance with the specific requirements in Quebec. Contact the regulator (IGFI). · List of branch offices and copies of general agents, portfolio managers' and wholesale contracts. · The most recent inspection report, produced by the incorporating or the licensing regulator. · Resolution of the board of directors confirming the nomination of the actuary who has the responsibility of evaluating the reserves and join a copy of his report on the most recent financial statement. · The declaration of registration and the french version of the name to be used in Quebec. · In the business plan (appendix II), supplemental and specific requirements in Quebec. Contact the regulator (IGFI). 	
6	Alberta	Prescribed Forms - Notice of Chief Office in Alberta (Section 35); List of Authorized Appointees (Section 511). Contact the regulator to get the needed filing documents.	
7	Manitoba	<ul style="list-style-type: none"> · Prescribed Form - Authorized Signatures form (MG-3486 (Rev. 94)). · Prescribed Form - Power of Attorney for Chief Agent in Canada form (MG-2004 (Rev.94)) for Canadian companies only. 	

PART G APPENDICES

IAttorneys for Service in Canada
IIGuideline for Completion of Business Plan
III Personal Information Return
IV Listing of Canadian Regulators
V Summary of Canadian Insurance Regulation
VI Summary of Jurisdictional Fees/Filing Instructions
VIIPower of Attorney (except Quebec where the form is prescribed)

**Canadian Council of Insurance Regulators
Attorneys for Service (Chief Agent/Chief Representative) in Canada
Appendix I**

(to be completed for each jurisdiction where application for a new licence is being made, except for the jurisdiction of its head office; please indicate in each case whether it is an attorney for service or chief agent/chief representative)

Canada

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Newfoundland

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Prince Edward Island

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Nova Scotia

Attorney for Service/Chief
Street Address

	Tel.	Fax :

New Brunswick

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Quebec

Chief Representative
Street Address

	Tel.	Fax :

Ontario

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Manitoba

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Saskatchewan

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Saskatchewan (if more than one)

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Alberta

Attorney for Service/Chief
Street Address

	Tel.	Fax :

British Columbia

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Yukon

Attorney for Service/Chief
Street Address

	Tel.	Fax :

Northwest Territories

Attorney for Service/Chief
Street Address

	Tel.	Fax :

**Canadian Council of Insurance Regulators
Guideline for Completion of Business Plan
Appendix II**

The 'Business Plan' is a package that consists of financial statements, a forecast and a narrative section as follows:

I FINANCIAL STATEMENTS

To assess whether the owners have the financial capacity to provide continued financial support to the (proposed) company, copies of their audited financial statements (and regulatory statements, if applicable) for the past five years are required. In some cases this financial statement package will also include audited financial statements of direct and beneficial parent companies or detailed background information showing the personal financial resources of individuals who are or will be shareholders. Interim financial statements for the company ending the quarter preceding (month before in British Columbia) the application must be included. If the applicant is an existing company, audited financial statements and regulatory statements for the past five years should be provided to any jurisdiction where it is seeking an initial licence.

II FIVE YEAR FORECAST

A financial projection must be prepared for a period of five years and must include an income statement, a balance sheet and a statement of retained earnings. The information should be presented in accordance with Section 4250 of the CICA Handbook and conform to the applicable Canadian regulatory annual statement format. Compliance with minimum asset and/or continuing capital requirements for each year of the projection should be clearly demonstrated and all assumptions used should be described and supported. The projected operating results should disclose underwriting information by class of business and by licensing jurisdiction. When considered necessary by the regulator, an actuarial opinion on the reasonability of the projections and the name, address and telephone number of the actuary and/or other persons involved in preparing the forecast must also be disclosed.

III NARRATIVE

This section should clearly present the company's business case for licensing in each of the jurisdictions to which it has applied. As a minimum it should include the following:

Financial

A review of the company's capitalization and (proposed) share structure (number of shares authorized, issued and paid up); summary comments on the forecast, the company's financial position and the ownership group's financial resources.

Organization Structure

A description of the direct and beneficial ownership of the (proposed) company, including, a detailed organization chart. Any financial institutions within the group should be clearly identified.

Foreign Institutions

If the applicant is a subsidiary of a foreign institution engaged in the insurance business, this section must indicate that the company is capable of making a contribution to the financial system in Canada and that treatment as favourable will be provided by the jurisdiction in which the foreign institution principally carries on business (compliance with section 24 of the Insurance Companies Act (Canada)).

Corporate Governance

The applicant must provide a list of directors' committees and their members and set out the company's conduct review policies and procedures (conduct review requirements are not applicable to foreign companies).

Management, Personnel and Training

Please outline the (proposed) management structure and senior officers; recruiting and training policies.

Products

A thorough description of all products to be marketed should be provided.

Marketing , Distribution, Claims Handling, Policyholder Service

The methods of marketing, distribution, claims handling, policyholder service and handling of consumer complaints (notation should be made of any jurisdictional exceptions to the company's general practices in these regards) must be described. List all branch offices. Provide the name of the company's compliance officer and details of the compliance plan used for monitoring agents and representatives as required in each jurisdiction.

Investment Policy

Provide a summary of the (proposed) investment policy and practices, including any specific jurisdictional procedures or guidelines.

Reinsurance

A reinsurance summary showing all proposed reinsurance coverages and terms must be included.

**Canadian Council of Insurance Regulators
Personal Information Return
(new licence applicants only)
Appendix III**

To be completed for each senior officer, director and significant shareholder (i.e. ownership of 10% or more of the company's shares). It is anticipated that the incorporating regulator may request background checks, including criminal record searches.

Senior Officer, Director and/or 10% or greater shareholder :	
Name (full legal name and, if applicable, all previous names; surnames first) :	
Residence (address and telephone number) :	
Date and Place of Birth :	Drivers' Licence No. (jurisdiction) :
Citizenship :	
Education (provide dates, school and degree, if obtained) :	
Memberships/Professional Associations (provide designation, if applicable) :	
Directorates held (indicate if affiliated or unaffiliated) :	
Companies in which person owns or controls 10% more of the voting shares :	
Employment History (provide name of employer, address, kind of business, title, responsibilities, employment dates, and if applicable, reasons for leaving) :	
Have you, or to the best of your knowledge, has any firm in which you were a member, or any corporation in which you are or were an officer, director or major shareholder (10% or more) during the past ten years, been convicted of a criminal offence or of violating any securities or insurance legislation and/or made an assignment for the benefit of creditors, or become legally insolvent, or been adjudged a bankrupt or filed a petition in bankruptcy? If yes, provide specific details on convictions, bankruptcies or civil judgements by professional organizations or self-regulatory bodies :	

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief. I consent to the regulator requesting any criminal record searches and also authorize and request any and all former employers and any other person requested to furnish to the regulators, or any agent acting on their behalf, any information they may have concerning my credit worthiness, character, ability, business activities, educational background, general reputation and, in the case of former employers, my employment history with them and the reasons for my leaving them. I hereby release each such employer and each such other person from any and all liability of whatever nature by reason of furnishing such information to the regulators or any agent acting on their behalf.

I understand that the regulators may also request additional information from me to enable them to evaluate this return. I also understand that I have certain duties and obligations imposed upon me by the legislation in each licensing jurisdiction and that it is my responsibility to fully understand these duties and obligations.

Dated and signed this _____ day of _____ 20____, at _____

(signature)

**Canadian Council of Insurance Regulators
Listing of Canadian Regulators
Appendix IV**

FEDERAL

Superintendent of Financial Institutions
Office of the Superintendent of Financial Institutions
Canada
255 Albert Street tel. : (613) 990-8010
Ottawa ON K1A 0H2 fax : (613) 990-6901
Contact : As above

NEWFOUNDLAND AND LABRADOR

Superintendent of Insurance
Department of Government Services and Lands
2nd Floor West Block
P.O. Box 8700 tel. : (709) 729-2571
St. John's NF A1B 4J6 fax : (709) 729-4151
Contact :
Insurance and Pensions Division tel. : (709) 729-2595
Licensing and Enforcement Officer fax : (709) 729-3205

NOVA SCOTIA

Superintendent of Insurance
Department of Business and Consumer Services
P.O. Box 2271,
9 South, Maritime Centre tel. : (902) 424-6331
Halifax NS B3J 3C8 fax : (902) 424-1298
Contact : As above

QUEBEC

Inspecteur général des institutions financières
Direction générale de la surveillance et du contrôle
800 place D'Youville tél. : (418) 528-9140
Québec PQ G1R 4Y5 téléc. : (418) 528-0835
Contact : As above

MANITOBA

Superintendent of Insurance
1115 - 405 Broadway
Winnipeg MB R3C 3L6 tel. : (204) 945-2542
fax : (204) 948-2268
Contact : As above

ALBERTA

Superintendent of Insurance
Alberta Treasury
9515 - 107 Street tel. : (403) 422-1592
Edmonton AB T5K 2C3 fax : (403) 420-0752
Contact : Arthur Hagan,
Deputy Superintendent of Insurance

YUKON

Superintendent of Insurance
Government of the Yukon
Box 2703 tel. : (867) 667-5257
Whitehorse YT Y1A 2C6 fax : (867) 667-3609
Contact : Carol Cameron,
Intake and Licensing Officer
tel. : (867) 667-5940

PRINCE EDWARD ISLAND

Superintendent of Insurance
Department of Provincial Affairs and Attorney General
P.O. Box 2000 tel. : (902) 368-4564
Charlottetown PE C1A 7N8 fax : (902) 368-5283
Contact : Robert Bradley,
Deputy Superintendent of Insurance

NEW BRUNSWICK

Superintendent of Insurance
Department of Justice, Insurance Branch
Room 175 , 670 King Street
P.O. Box 6000 tél. : (506) 453-2512
Fredericton NB E3B 5H1 téléc. : (506) 453-7435
Contact : Licensing Officer
tel. : (506) 453-2541

ONTARIO

Superintendent of Insurance
Financial Services Commission of Ontario
5160 Yonge Street, 16th Floor tel. : (416) 250-7250
North York ON M2N 6L9 fax : (416) 590-7070
Contact : Corporate Licensing Officer
tel. : (416) 590-7292

SASKATCHEWAN

Superintendent of Insurance
Sask. Financial Services Commission, Financial Institutions Division
6th Flr., 1919 Saskatchewan Dr. tel. : (306) 787-7881
Regina SK S4P 3V7 fax : (306) 787-9006
Contact : Manager of Licensing
Audit and Compliance
tel. : (306) 787-2956

BRITISH COLUMBIA

Superintendent of Financial Institutions
Financial Institutions Commission
1900 -1050 West Pender Street tel. : (604) 660-2947
Vancouver BC V6E 3S7 fax : (604) 660-3170
Contact : Deputy Superintendent, Insurance

NORTHWEST TERRITORIES

Superintendent of Insurance
Department of Finance
4922-48th Street, P.O. Box 1320
Government of the Northwest
Territories tel. : (867) 873-7308
Yellowknife NT X1A 2L9 fax : (867) 873-0325
Contact : As above

**Canadian Council of Insurance Regulators
Summary of Canadian Insurance Regulation
Appendix V**

FEDERAL

Insurance Companies Act (Canada)

NEWFOUNDLAND AND LABRADOR

Insurance Companies Act, RSN 1990
Corporations Act (for incorporation and registration only)
Insurance Adjusters, Agents and Brokers Act
Insurance Adjusters, Agents and Brokers Regulations
Automobile Insurance Act
Life Insurance Act
Accident and Sickness Insurance Act
Fire Insurance Act
Insurance Contracts Act

NOVA SCOTIA

Insurance Act, R.S.N.S. 1989, chapter 231
Mutual Insurance Companies Act, R.S.N.S. 1989, ch. 306
Insurance Premiums Tax Act, R.S.N.S. 1989, ch. 232
Uninsured Automobile Regulations, OIC 76 - 376, May 22, 1996
Licences for Agents Regulations, OIC 93 - 461A, May 31, 1993
Licences for Adjusters Regulations, OIC 92 - 1145, Nov. 24, 1992
Insurance Company Regulations, OIC 90 - 629, May 22, 1990

QUEBEC

Act Respecting Insurance chapter A-32

MANITOBA

Insurance Act, R.S.M. 1987
The Insurance Corporations Tax Act L.R.M. 1987, c. 150
The Marine Insurance Act
Insurance Agents Regulation, M.R. 389/87R
Insurance Company Classes of Insurance Regulation M.R. 390/87R
Guarantee Corporation for Insurers, M.R. 140/90
Insurance Councils Regulation, M.R. 227/91, amended by M.R. 134/93
Insurance Agents and Adjusters Fees Regulation, M.R. 73/93
Insurance Fees Regulation, M.R. 44/95

ALBERTA

Insurance Act, RSA 1980 (Licensing - Sections 23-48)

YUKON

Insurance Act (Yukon)

PRINCE EDWARD ISLAND

The Insurance Act, R.S.P.E.I. 1988, Cap. 1-4
The Insurance Act, R.S.P.E.I. 1988, Cap. 1-4, Regulations
Premium Tax Act, R.S.P.E.I. 1988, Cap. P-19
Fire Prevention Act, R.S.P.E.I. 1988, Cap. F-11, Section 9

NEW BRUNSWICK

Insurance Act, Part II, Sections 20-95 & 242.1-242.5
Regulation 94 - 142
Premium Tax Act

ONTARIO

Insurance Act, RSO, 1990
Licensing - Sections 40 - 69
Rates - Part XV

SASKATCHEWAN

The Saskatchewan Insurance Act, R.S.S. 1978, c. S-26
The Saskatchewan Insurance Council Regulations, S-26, Reg 2
The Saskatchewan Insurance Regulations, 2003, S-26, Reg 8
The Saskatchewan Insurance Compensation Regulations, 1990, S-26, Reg 5

BRITISH COLUMBIA

Financial Institutions Act, R.S.B.C. 1996, c. 141
and regulations passed pursuant thereto
Insurance Act, R.S.B.C. 1996, c. 226
Insurance (Marine) Act, R.S.B.C. 1996, c. 230
Insurance (Premium Tax) Act, R.S.B.C. 1996, c. 232

NORTHWEST TERRITORIES

The Insurance Act, R.S. N.W.T. 1988, c. 1-4, as amended
The Insurance Regulations, R.R. N.W.T. 1990
Designation of Compensation Association Order, c. 1-2, as amended
Insurance Regulations, c. 1-3, as amended
Uninsured Automobile Coverage Regulations, c. 1-4

Canadian Council of Insurance Regulators
Summary of Jurisdictional Fees/Filing Instructions
(subject to change)
Appendix VI

FEDERAL

No fee

NEWFOUNDLAND AND LABRADOR

Initial application fee is \$1,500
Annual filing fee for subsequent years based on direct premiums written in Newfoundland as follows :
under \$3 million = \$1,500
\$3 million to under \$5 million = \$2,500
\$5 million and over = \$3,500
Cheques to be made payable to Newfoundland Exchequer Account

NOVA SCOTIA

Life and A&S = \$750 each
Property, liability, marine and auto = \$500 each
All other classes = \$300
Maximum annual fee = \$1,500

QUEBEC

Initial application fee is \$1,330
Licence \$777

MANITOBA

As per fees schedule set out in the Insurance Fees Regulation

1. Life = \$920; life + A&S = \$1,200
2. Property = \$1,150; auto = \$600; see regulation for additional P&C classes (maximum fee = \$1,725)
3. Mutual Benefit Societies, Fraternal and provincial mutual insurance companies - \$25 - \$350 (see regulation)
4. Initial licence = \$300 (\$75 for mutual benefit societies and fraternal)
5. Annual statement filing fee = \$30
6. Discontinued licence = \$60

ALBERTA

Filing fee = \$50
Licence fee as per Fees, Forms and Certificates Expiry Regulation
(calculation provided by regulator)

YUKON

Recording and filing fee = \$5
Licence fees:
Life = \$300
Property = \$150
Accident = \$150
Other = \$50
Mutual benefit/fraternal = \$50
Discontinued licence (except life) = \$10

PRINCE EDWARD ISLAND

Initially and annually thereafter, the greater of :
\$600, if licensed for automobile, property, life or accident and sickness.
\$300, if licensed for any class other than above.

NEW BRUNSWICK

Insurance Act, Sections 79 and 94, Regulation 94-142
(minimum \$50)

ONTARIO

No fee

SASKATCHEWAN

(all cheques to be made payable to Minister of Finance)

Payable every 5 years; the fee ceiling is \$8,000
Initial Application Review Fee is \$1,000
Basic fee is \$2,000
For each additional class, the fee is \$2,000 (includes life, hail and crop and individual property coverages)
For reciprocals, underwriters agencies and reinsurers exclusively, the fee is \$1,500
For discontinuing licences, co-operatives, mutuals, fraternal and mutual benefit societies, the fee is \$500.
For a permit for vending machine, the fee is \$200.
Amalgamation fee = \$100
Annual Return Filing Fee = \$100
Publication Fee for the Gazette = \$37.45

BRITISH COLUMBIA

As per the schedules set out in the Financial Institutions Fees Regulation:
B.C. Incorporation Fee = \$5,000
Initial Business Authorization Fee = \$2,500
The annual filing fee is payable 90 days after the fiscal year end and is based on the total non-consolidated assets in Canada as of the fiscal year end date. See schedule 1 item 10 for B.C. incorporated companies and schedule 1 item 11 for extra provincial companies. The annual filing fee for reciprocal exchanges = \$2,500. Please note that the annual filing returns are required on the forms submitted to the primary regulator in Canada.

NORTHWEST TERRITORIES

Insurance Regulations, Appendix A c. 1-3, as amended
Joint stock and mutuals
life, property = \$330 each
accident = \$220
hail = \$25
all other classes = \$50 in total
discontinued (except life) = \$10
Mutual Benefit and Fraternal Societies
\$100 - \$200 depending on size (membership)
Reciprocals or inter insurance exchanges = \$200

**Canadian Council of Insurance Regulators
Power of Attorney
Appendix VII**

(To be completed for each licensing jurisdiction except Quebec which requires a prescribed form)

KNOW ALL MEN BY THESE PRESENTS THAT _____
an insurer organized and existing under the laws of _____
and licensed to carry on business in _____
and having its head office in _____
hereby nominates, constitutes and appoints, under the provisions of _____
as its true and lawful attorney and chief agent resident in the above jurisdiction and located at :

for the purposes of the above legislation.

The said chief agent is hereby expressly authorized to receive service of process in all suits and proceedings against the said insurer in the above named jurisdiction in respect of any liability incurred by it therein, and also to receive from _____ all notices that the law requires to be given, or which it is thought advisable to give.
Title of regulating authority above

IT IS HEREBY DECLARED that service of process for or in respect of such liability on the said chief agent is legal and binding on the said insurer, to all intents and purposes whatsoever.

DATED _____
Month, day, year

SIGNED AND SEALED BY :

IN THE PRESENCE OF :

Signature and description of office

Signature of witness

Signature and description of office

NOTE :

- a) The power of attorney may confer upon the chief agent any further or other powers that the insurer considers advisable.
- b) The party witnessing the signature of the officers of the company is required to take the affidavit on the following page before a person authorized to administer oaths.

**Canadian Council of Insurance Regulators
Affidavit of Execution
Appendix VII**

IN THE MATTER OF THE _____
(Legislation)

AND THE APPOINTMENT OF A CHIEF AGENT THEREUNDER BY

Name of appointing insurer

TO WIT :

I, _____
Full name of witness

of the _____ of _____
Status of municipality Name of municipality

in the _____ of _____
County, etc., or district Name of county, etc., or district

in _____
Name of province or state and country

Occupation _____

MAKE OATH AND SAY THAT :

1. I was personally present and did see the annexed power of attorney duly signed by

_____ and
Full name of signing officer

Full name of signing officer

and did witness the application of the corporate seal of the appointing insurer thereto.

2. I know the said signing officers and they are the

_____ and _____
Description of office Description of office

respectively of the said corporation (or « company »).

3. I am the subscribing witness to the said Power of Attorney.

SWORN at the _____

of _____

in the _____

of _____

this _____ day of _____ 20 _____

Signature of witness

A commissioner or notary public

NOTE : To be signed by the party witnessing the signatures on preceding page and affidavit of such party to be taken before a person authorized to administer oaths.

NOTICE OF COMMENCEMENT OF BUSINESS

The _____
(Name of Insurance Company)

Notice is hereby given that _____
(Name of Insurance Company)

has become licensed in Saskatchewan as an insurer and will be underwriting insurance in

Saskatchewan as from the _____ day of _____, 20_____.

Dated at _____, this _____ day of _____, 20_____.

Signature

Print Name of Signing Officer

Official Capacity

Representing - Name of Insurer