BRITISH DLUMBIA sst Place on Earth	inancial Institu Commission		APPLICATION FOR ANNUAL PERI For Reciprocal Exchanges FOR
 This form must I All applicable info necessary. Upon completion Financial Institut Surrey, British C 	be typewritten or printed.		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 <i>Financial Institutions Act</i> and the <i>Credit Union</i> <i>Incorporation Act</i> . If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604 953-5300), 1200 - 13450 102 nd Avenue, Surrey, British Columbia V3T 5X3.
A. APPLICANT	-		
1. APPLICAT	ION FOR:		
🗌 Initia	I Permit 🗌 Rer	newal of Permit	
2. NAME OF	RECIPROCAL EXCHAN	GE:	
3. HEAD OF			
4. TELEPHO	NE NUMBER:	5. FAX NUM	BER:
6. (i) CONTA	CT PERSON:		
(ii) TITLE:			
Minister of Fir C. MEMBERS (1. Attach any 2. Attach for	nual permit fees in the an	ANGE nto by members. orsements.	ons Fees Regulation, made payable to the
	NAME	ADDRESS	TELEPHONE

Ministry of Finance APPLICATION FOR ANNUAL PERMIT

D.	D. FINANCIAL STATEMENTS — FOR RENEWALS ONLY						
	1.	Gross Premiums Received for the year ending December 31, 20, (\$000):					
	2.	Reinsurance Assumed for the year ending December 31, 20, (\$000):					
	3.	Reinsurance Ceded for the year ending December 31, 20, (\$000):					
	4.	Net Premiums Received for the year ending December 31, 20, (\$000):					
	5.	Name of Auditor:					
	6.	Address:					
	7.	Telephone Number:					
	8.	Attach latest financial statements including a balance sheet and income statement.					
_	. ACTUARIAL STATEMENTS						
E.	AC	TUARIAL STATEMENTS					
E.		FUARIAL STATEMENTS Name of Actuary:					
E.	1.						
E.	1. 2.	Name of Actuary:					
Ε.	1. 2. 3.	Name of Actuary:					
Ε.	1. 2. 3.	Name of Actuary:Address:					
Е.	1. 2. 3.	Name of Actuary:Address:					
Е.	1. 2. 3.	Name of Actuary:Address:					
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Е.	1. 2. 3.	Name of Actuary:Address:					
Е.	1. 2. 3.	Name of Actuary:Address:					
	1. 2. 3. 4.	Name of Actuary:Address:					

SIGNATURE	TITLE		DA	TE SIGNED	_
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