

**PREMIUM INFORMATION USED FOR COST ASSESSMENT IN ONTARIO FORM**

Insurer:		YEAR	YEAR	Change *	
Insurer #:		2025 (000's)	2024 (000's)	(000's)	%
<b>TO BE COMPLETED BY COMPANIES THAT FILED A LF-1, LF-2 or LF-3</b>					
Life direct premium written	pg. 95.010 Line (020+320) Col. 06				
Annuity direct premium written	pg. 95.010 Line (120+420) Col.06				
Accident/Sick direct premium written	pg. 95.010 Line (220+520) Col. 06				
Total Net Premium Written		(A)			
<b>TO BE COMPLETED BY COMPANIES THAT FILED A PC-1, PC-2 or PC-3</b>					
Total direct premium written	pg. 93.30 Line 79 Col. 06	(1)			
Non-consolidated Accident &Sickness direct premium written in Ontario	pg. 93.30 Line 70 Col. 06	(A) (2)			
Direct premium other than accident and sickness (1) - (2)		(A)			
Direct Auto premium written	pg. 93.30 Line 29 Col. 06	(A)			

(A) AMOUNT USED FOR CALCULATING COST ASSESSMENT

\* PROVIDE AN EXPLANATION BELOW OF PREMIUM CHANGES THAT ARE OVER 20% OR 1 MILLION DOLLARS:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_