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Department of Finance
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CIRCULAR LETTER


To : All Insurance/Reinsurance Companies Doing Business in
the Philippines

Subject : Quarterly Reports on Selected Financial Statistics

Attached are the revised forms on the subject. Please note that the values should be **as of the given end of the quarter** and hence represent cumulative amounts.

Please submit the reports within fifteen (15) working days after the end of each quarter to avoid penalty.

For strict compliance.


EDUARDO T. MALINIS
Insurance Commissioner

Encls.:a/s
Stats.



**Statistical Report on Selected Financial Data
on Non-Life Insurance Companies**

As of the Quarter ending March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

Name of Insurance Company

(In Pesos)

I. FINANCIAL CONDITION

Total Assets		_____
Cash & Invested Assets	_____	
Premiums Receivables	_____	
Reinsurance Accounts	_____	
Other Assets	_____	
Total Liabilities		_____
Reserve for Unearned Premiums	_____	
Losses & Claims Payable	_____	
Reinsurance Accounts Payable	_____	
Taxes Payable	_____	
Other Liabilities	_____	
Total Network		_____
Paid-Up Capital/Statutory Deposit	_____	
Capital Paid-in	_____	
Contributed Surplus / Home office Inward Remittances	_____	
Contingency Surplus	_____	
Investment Fluctuation Reserves	_____	
Other Assigned	_____	
Unassigned / Retained Earnings/ Home Office Acct.	_____	

NOTES :

A. Assets

1. Cash and Invested Assets - Bonds, Stocks, Real Estate, Loans, Short Term Inv., Other Inv. and Security Fund
2. Reinsurance Accounts - Premiums Due from Ceding Cos, Prem. Reserves / Loss Reserve withheld by Ceding Cos.
Reinsurance Recoverable on Unpaid & Paid Losses, Other RI Receivables

B. Liabilities

1. Losses & Claims Payable - include loss adjustment expenses payable
2. Reinsurance Accounts Payable - Premiums due to, Premiums reserve / loss reserve withheld for reinsurance,
Other reinsurance accounts payable

C. Network

1. Investment Fluctuation Reserves - include Fluctuation and Revaluation Reserves

As of the Quarter ending March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

II. INVESTMENTS AT COST

Bonds		_____
Short-Term Investment		_____
a) Treasury Bills	_____	
b) Commercial Papers	_____	
c) Promissory Notes	_____	
d) Fixed Income	_____	
e) Repurchase Agreement	_____	
Stocks		_____
Real Estate		_____
Purchase Money Mortgages		_____
Mortgage Loans on Real Estate		_____
Collateral Loans		_____
Guaranteed Loans		_____
Other Loans		_____
a) Car Loans	_____	
b) Chattel	_____	
c) Other Loans per Circular	_____	
Other Investments		_____
a) Contract Receivables	_____	
b) Proprietary Shares	_____	
c) Long - Term Commercial Papers	_____	
Time Deposits / Fixed Deposits		_____
TOTAL INVESTMENTS AS OF THE quarter ending		P _____

January 1 to March 31, June 30, September 30, December 31, 20__

(please encircle the applicable date)

III. OPERATING RESULTS

Premiums Earned	_____	A
Commissions Earned	_____	B
Other Underwriting Income	_____	C
Total Underwriting Income (A + B + C)	_____	D
Losses Incurred	_____	E
Loss Adjustment Expenses	_____	F
Commissions Expenses	_____	G
Other Underwriting Expenses	_____	H
Total Underwriting Expenses (E + F + G + H)	_____	I
Underwriting Gain/Loss (D - I)	_____	J
Gross Investment Income	_____	K
Less: Investment Expense	_____	L
Other Income / (Expenses)	_____	M
General & Administrative Expense	_____	N
Net Income before Income Tax (J + K - L ± M - N)	_____	O
Income Tax	_____	P
Net Income for the quarter excl. capital gain (O - P)	_____	Q
Capital Gain (Loss)	_____	R

Legend :

- a) Losses Incurred- Losses Paid plus outstanding losses current year less outstanding losses previous year

Name of Company

IV. BUSINESS DONE (Non-Life) [January 1, 2009 to (March 31), (June 30), (September 30), (December 31), 20__]
(please encircle the applicable date)

Line of Business	Premiums on Direct Business (1)	Premiums Ceded * (2)	Premiums from Assumed Business (3)	Premiums Retroceded * (4)	Net Premiums (1+3-2-4) (5)	Premiums Earned (6)	Losses Incurred (7)
Fire							
Marine							
Aviation							
Motor Car							
Health							
Accident							
Engineering							
Other Casualty							
Suretyship							
T O T A L							

* - To and from Authorized and Unauthorized Companies

Authorized Signature
(Signature over printed name)

**Statistical Report on Selected Financial Data
on Life Insurance Companies (Variable)**

As of the Quarter ending March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

Name of Insurance Company

(In Pesos)

BALANCE SHEET

Total Assets		_____
A. Assets at Market Value	_____	
1. Bonds	_____	
2. Stocks	_____	
3. Fixed Deposit	_____	
4. Others (Specify)	_____	
B. Assets Held to Cover Linked Liabilities		_____
1. Bonds	_____	
2. Stocks	_____	
3. Fixed Deposits	_____	
4. Others (Specify)	_____	
C. Net Investment Income due and accrued		_____
D. Others (Specify)		_____
E. Debtors / Accounts Receivables (Specify)		_____

Total Liabilities		_____
Shareholder Capital (Proprietary)	_____	
Retained Shareholder Profit (Proprietary)	_____	
Technical Provisions	_____	
Technical Provisions for linked Liabilities	_____	
Fund for Future Appropriations	_____	
General Expenses Due and Accrued	_____	
Creditors	_____	

UNIT MOVEMENT FOR THE YEAR

Outstanding Units at the beginning of the quarter	_____
Deposits during the quarter	_____
Outstanding Units at the end of the quarter	_____

As of the Quarter ending March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

STATEMENT OF CHANGE IN NET ASSETS as of the quarter _____

Net Assets, beginning		_____
<i>Additions :</i>		
Deposits, net of Withdrawals		_____
Gross Investment Income		_____
Interest on Bonds	_____	
Dividend Income	_____	
Interest on Deposits	_____	
Interest on Loans	_____	
Other Income	_____	
Total Additions		_____
<i>Deductions:</i>		
Investment Expenses	_____	
Investment Management fees	_____	
Taxes	_____	
Other Expenses	_____	
Total Deductions		_____
Net Assets , end of the quarter		_____

For Variable

Name of Company _____

IV. BUSINESS DONE [January 1, 2009 to (March 31), (June 30), (September 30), (December) 20__

(please encircle the applicable date)

	No. of Policies	Sum Assured	Insurance Premium	Investment Policies
1. Beginning Balance				
2. New Business a. Issued b. Revived c. Increased d. Others				
3. Insurance Terminated				
4. In force as of end of the Quarter				

Prepared by : _____

**Statistical Report on Selected Financial Data
on Life Insurance Companies (Traditional)**

As of the Quarter ending March 31, June 30, September 30, December 31 20__
(please encircle the applicable date)

Name of Insurance Company

(In Pesos)

I. FINANCIAL CONDITION

Total Assets _____

Cash & Invested Assets	_____
Life Ins. Premiums & Annuity Considerations, Uncollected	_____
Reinsurance Accounts	_____
Other Assets	_____

Total Liabilities _____

Legal Policy Reserves	_____
Policy & Contract Claims	_____
Premium Deposit Fund	_____
Reinsurance Accounts	_____
Taxes Payable	_____
Other Liabilities	_____

Total Network _____

Paid-Up Capital/Statutory Deposit	_____
Capital Paid-in	_____
Contributed Surplus/Home Office/Inward Remittances	_____
Contingency Surplus	_____
Investment Fluctuation Reserves	_____
Other Assigned	_____
Unassigned / Retained Earnings/ Home Office Acct.	_____

NOTES :

A. Assets

1. Cash and Invested Assets - Bonds, Stocks, Real Estate, Loans, Short Term Inv., Other Inv. and Security Fund
2. Uncollected Premiums and Annuity Considerations - include Accident & Health Premiums due and Uncollected Reinsurance Accounts - Premiums due from and Recoverable from Accepting Companies

B. Liabilities

1. Legal Policy reserves - include aggregate reserves for policy & contracts with and without life contingencies
2. Reinsurance Accounts - Due To, Funds Held for Reins., Amounts Payable to Ceding Companies

C. Network

1. Investment Fluctuation Reserves - include Fluctuation and Revaluation Reserves

As of the Quarter ending March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

II. INVESTMENTS AT COST

Bonds		_____
Short-Term Investment		_____
a) Treasury Bills	_____	
b) Commercial Papers	_____	
c) Promissory Notes	_____	
d) Fixed Income	_____	
e) Repurchase Agreement	_____	
Stocks		_____
Real Estate		_____
Mortgage Loans		_____
Policy Loans		_____
Collateral Loans		_____
Guaranteed Loans		_____
Other Loans		_____
a) Car Loans	_____	
b) Chattel	_____	
c) Other Loans per Circular	_____	
Other Investments		_____
a) Contract Receivables	_____	
b) Proprietary Shares	_____	
c) Long - Term Commercial Papers	_____	
Time Deposits/Fixed Deposits		_____
TOTAL INVESTMENTS AS OF THE quarter ending		P _____

January 1 to March 31, June 30, September 30, December 31, 20__
(please encircle the applicable date)

III. OPERATING RESULTS

Premium Income	_____	A
Less: Increase /(Decrease) in Reserves	_____	B
Commissions Earned	_____	C
Other Underwriting Income	_____	D
Total Underwriting Income (A ± B + C + D)	_____	E
Less: Benefit Payments	_____	F
Commission Expenses	_____	G
Premium Tax	_____	H
Other Underwriting expenses	_____	I
Total Underwriting Expenses (F ± G + H + I)	_____	J
Underwriting Gain/ Loss (E - J)	_____	K
Gross Investment Income	_____	L
Less: Investment Expenses	_____	M
Other Income / (Expense)	_____	N
General & Administrative Expenses	_____	O
Net Income (Loss) before Inc.Tax (K + L - M ± N - O)	_____	P
Less: Income Tax	_____	Q
Net Income as of the _____ quarter excl. capital gain/loss (P - Q)	_____	R
Capital Gain /(Loss)	_____	S

For Traditional

Name of Company _____

IV. BUSINESS DONE [January 1, 2009 to (March 31), (June 30), (September 30), (December) 20__]
 (please encircle the applicable date)

	Whole Life			O R D I N A R Y Endowment			T e r m			P e r m a n e n t			G R O U P T e r m					
	No. of Policies	Sum Assured	Premium	No. of Policies	Sum Assured	Premium	No. of Policies	Sum Assured	Premium	No. of Policies	No. of Certificates	Sum Assured	Premium	No. of Policies	No. of Certificates	Sum Assured	Premium	
1. Beginning Balance																		
2. New Business a. Issued b. Revived c. Increased d. Others																		
3. Insurance Terminated																		
4. In force as of end of the Quarter																		

Prepared by : _____

Whole Life			INDUSTRIAL			Endowment			Term			Health and Accident		
No. of Policies	Sum Assured	Premium	No. of Policies	Sum Assured	Premium	No. of Policies	Sum Assured	Premium	No. of Policies	Sum Assured	Premium	No. of Policies	Principal Sum	Premium

Noted by : _____