



Republic of the Philippines  
 Department of Finance  
**INSURANCE COMMISSION**  
 1071 United Nations Avenue, Manila



<b>Advisory No.:</b>	RS-2025-011
<b>Classification:</b>	Regulatory and Supervisory Advisory
<b>Date:</b>	21 April 2025

**INSURANCE COMMISSION ADVISORY**

**TO : ALL LIFE AND NON-LIFE INSURANCE, REINSURANCE, AND PRE-NEED COMPANIES AUTHORIZED TO DO BUSINESS IN THE PHILIPPINES**

**SUBJECT : REVISED GUIDELINES ON THE SUBMISSION OF QUARTERLY AND ANNUAL REPORTS FOR THE COMPILATION OF THE OTHER FINANCIAL CORPORATIONS SURVEY (OFCS)**

Pursuant to Circular Letter (CL) No. 2017-40 mandating all Life and Non-life Insurance, Reinsurance and Pre-Need Companies to submit the reports for the compilation of the OFCS, the Commission issues the revised Standard Structured Templates (SSTs) for report submissions beginning Q1 2025.

The SSTs have been revised in compliance with the requirements of the Philippine Statistics Authority (PSA) Statistical Survey Review and Clearance System (SSRCS). Further, validation checks, and other enhancements have been implemented to improve the data quality and survey process efficiency.

The Revised Guidelines on the submission of Quarterly and Annual Reports for the Compilation of The Other Financial Corporations Survey (OFCS) are as follows:

1. The revised OFCS SSTs, which shall be accomplished by concerned regulated entities, are herein attached as:
  - a. **Annex 1** – Summary of Changes;
  - b. **Annex 2** - 2025 BSP-OFCS SST Form 1\_Life and Non-life IC; and
  - c. **Annex 3** - 2025 BSP-OFCS SST Form 2\_Pre-Need IC.

The Reporting Guidelines has been integrated into the OFCS SSTs to assist respondents in the accurate completion and submission of the templates.



2. The accomplished OFCS SSTs shall be submitted via email, following the requirements below:

<b>Insurance Commission Recipient Email</b>	To: <a href="mailto:stat@insurance.gov.ph">stat@insurance.gov.ph</a>
<b>BSP Recipient Email</b>	Cc: <a href="mailto:ofcs@bsp.gov.ph">ofcs@bsp.gov.ph</a>
<b>Subject of the Email</b>	<p><b>Life Companies (Regular/Traditional):</b> L_&lt;QQYYYY&gt;_&lt;Company name&gt;_RF Example: L_1Q2025_ABC Company Inc._RF</p> <p><b>Life companies (Segregated/Variable):</b> L_&lt;QQYYYY&gt;_&lt;Company name&gt;_SF Example: L_1Q2025_ABC Company Inc._SF</p>
<b>Filename of the attachment</b>	<p><b>Non-Life Companies:</b> NL_&lt;QQYYYY&gt;_&lt;Company name&gt; Example: NL_1Q2025_ABC Company Inc.</p>
	<p><b>Pre-Need Companies:</b> PN_&lt;QQYYYY&gt;_&lt;Company name&gt; Example: PN_1Q2025_ABC Company Inc.</p>

3. The deadline for submission of the OFCS SSTs are as follows:

Reference Quarter	Date of Submission <sup>1</sup>
Q1	31 May
Q2	31 August
Q3	30 November
Q4 (Unaudited)	25 February
Q4 (Audited) <sup>2</sup>	30 April

4. According to CL No. 2017-40, a penalty of Five Thousand Pesos (₱5,000.00) shall be imposed for each day of delay in submitting the report. Additionally, a penalty of Five Hundred Pesos (₱500.00) will be charged for every wrong data entry.

<sup>1</sup> If the submission date falls on a weekend/holiday, the submission is moved to the next working day after the deadline.

<sup>2</sup> Q4 (Audited) or Audited Annual Report (AAR). If there are **no changes** to the previously submitted unaudited Q4 report, please provide an **email confirmation** on or before the scheduled deadline for documentation purposes.

All concerned Insurance, Reinsurance, and Pre-Need Companies are hereby directed to comply with the revised guidelines and submit the required reports within the specified deadlines.

For strict compliance.

  
**REYNALDO A. REGALADO**  
Insurance Commissioner





**SUMMARY OF CHANGES ON THE  
REVISED OTHER FINANCIAL CORPORATIONS SURVEY  
STANDARD STRUCTURED TEMPLATES  
IN COMPLIANCE WITH THE  
PHILIPPINE STATISTICS AUTHORITY'S  
STATISTICAL SURVEY REVIEW AND CLEARANCE SYSTEM**



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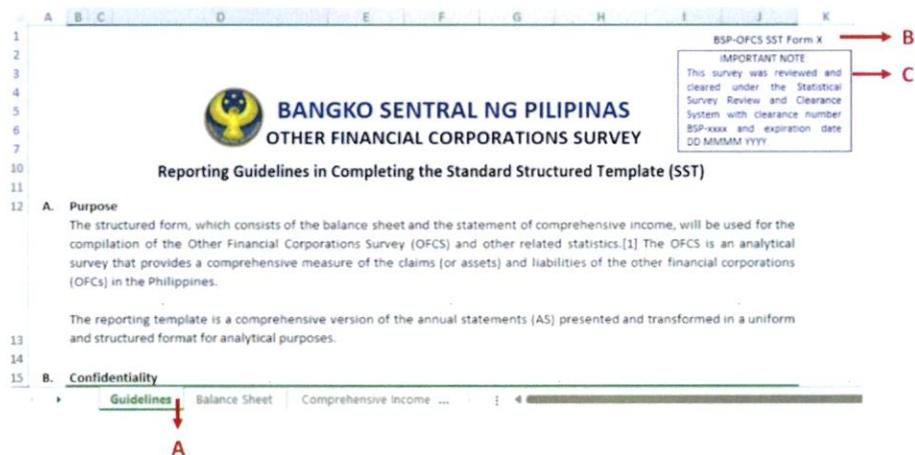


**I. Rationale for the updates in the BSP-OFCS SST Forms**

The Statistical Survey Review and Clearance System (SSRCS) is a mechanism implemented by the Philippine Statistics Authority (PSA) to evaluate the design and instruments of statistical surveys conducted by government agencies.<sup>1</sup> Starting with the collection of Q1 2025 data for the Other Financial Corporations Survey (OFCS), the Standard Structured Template (SST) must be approved by the PSA through the SSRCS process. The PSA clearance number and expiration date must be printed on the SST. The BSP implemented additional validation checks and other changes aimed to improve data quality and efficiency in the survey process. This document will serve as reference of the changes in the new SST.

**II. BSP-OFCS SST Form 1\_Life and Non-life IC**

**A. Reporting guidelines**



REFERENCE	FIELD NAME	DESCRIPTION
A	Guidelines	The OFCS reporting guidelines, previously provided as a separate document, has been integrated into the OFCS SST. This will assist respondents in the accurate completion and submission of the template and will serve as a valuable resource for properly identifying the counterparty sectors associated with the corresponding balance sheet accounts.

<sup>1</sup> Frequently Asked Questions (<https://psa.gov.ph/ssrcs/faqs>)



B	Form number	A form number has been assigned to each OFCS SST and can be located on the <i>Guidelines</i> sheet within the statistical survey form.
C	Survey clearance number and expiration date	The PSA clearance number together with the expiration date are printed on the upper right corner of the <i>Guidelines</i> sheet within the statistical survey form. This indicates that the survey has undergone the SSRCS process, and that the PSA allows its conduct.

## **B. Balance Sheet**

### **1. Important reminder**

The *Balance Sheet* report format was updated primarily to comply with PSA's SSRCS requirements. Alongside this update, the BSP introduced new and improved validation checks to minimize data errors and reduce inquiries between respondents and the BSP. This revision also enhances the presentation of balance sheet accounts by implementing a multi-level numbering system.

No rows were added or removed from the Balance Sheet. However, selected account names were modified to 1) comply with updated accounting standards; 2) enhance the clarity and presentation of financial information; and 3) align with the Insurance Commission's (IC) Financial Reporting Framework (FRF) account presentation. These changes are outlined in Section B.3.



**2. Enhanced report format**

**Legend**

- Formula
- To be filled in
- To be reviewed
- Modified accounts

**Notes:** of which financial/corporations -> Banks and Other Financial Corporations

**Instructions:**

- Indicate the name of the institution above As of (mm/dd/yyyy)
- Select industry type:  No entries to verify.  No data to transmit.
- Quick check:  No entries to verify.  No data to transmit.
- Submit to BSP?  No entries to verify.  No data to transmit.

ACCOUNT NAME	IN DOMESTIC CURRENCY	FOREIGN CURRENCY (IN US DOLLARS)	FOREIGN CURRENCY (IN EURO CURRENCY UNITS)	TOTAL PESO EQUIVALENT
<b>ASSETS</b>				
<b>CASH ON HAND &amp; IN BANKS</b>	0.00	0.00	0.00	0.00
<b>i. Cash on hand</b>				0.00
<b>ii. Cash in banks</b>	0.00	0.00	0.00	0.00
<b>a. Current accounts</b>	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
<b>b. Current accounts (overdrafts)</b>	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
<b>c. Savings account</b>	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
<b>TIME DEPOSITS</b>	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
<b>PREMIUMS DUE AND UNCOLLECTED / PREMIUMS RECEIVABLE - NET</b>	0.00	0.00	0.00	0.00
<b>Premiums due and uncollected / premiums receivable - gross</b>	0.00	0.00	0.00	0.00
Central Banks				0.00
Other Depository Corporations				0.00
Other Financial Corporations				0.00
Central Government				0.00
State and Local Government				0.00
Social Security Agencies				0.00
Public Nonfinancial Corporations				0.00
Other Nonfinancial Corporations				0.00
Households and NPISHs				0.00
Nonresidents				0.00
<b>Less: Expected credit losses - premiums receivable</b>				0.00
<b>PREMIUM DUE FROM CEDING COS. - NET</b>	0.00	0.00	0.00	0.00
<b>Premium due from ceding cos. - gross</b>	0.00	0.00	0.00	0.00
Other Financial Corporations				0.00
Nonresidents				0.00
<b>Less: Expected credit losses - premium due from ceding cos.</b>				0.00
<b>FUNDS HELD BY CEDING COS. - NET</b>	0.00	0.00	0.00	0.00
<b>Funds held by ceding cos. - gross</b>	0.00	0.00	0.00	0.00

REFERENCE	FIELD NAME	DESCRIPTION
A	Report title	The logo and name of the conducting agency have been added to the title of the survey form. Likewise, the financial statement title has been revised:  From: Balance Sheet Report Form for Life, Nonlife, and General Insurance Companies (Quarterly) To: Statement of Financial Position for Life, Non-life, and General Insurance Companies
B	Confidentiality notice	The confidentiality notice is incorporated to remind the respondents how the financial information will be used and protected.



C	Legend	Inserted "Modified accounts" to help the respondents identify which accounts were renamed.
D	Industry field	Respondents will identify the insurance industry sector.
E	Submit to BSP	New validation check; this field determines whether the OFCS SST meets the criteria for submission to the BSP. Otherwise, the respondents may refer to <i>Quick check</i> field to identify any issues found in their report.
F	Quick check	New validation check; this feature provides a consolidated overview of validation issues detected across the OFCS SST. Likewise, this will help respondents to quickly identify and address data inconsistencies or errors in the account validation fields.
G	Account validation fields	Validation checks; additional validation fields were incorporated to selected accounts. Remarks on how to address the validation discrepancies or issues will be displayed for the respondent's appropriate action.

**3. Modified balance sheet accounts**

FROM		TO	
ROW NO.	ACCOUNT NAME	ROW NO.	ACCOUNT NAME
132, 133	Mutual, Unit Investment Trust, Real Estate Investment Trusts, Other Funds, and Investment Management Agreements	137, 138	MUTUAL, UNIT INVESTMENT TRUST, REAL ESTATE INVESTMENT TRUSTS, AND OTHER FUNDS
208	Other PPE items	213	Other PPE items (including right-of-use (ROU) asset)
246	Others	251	If Others-NEC > 10% of Total Assets, provide a breakdown of its composition below:
306	Accounts Payable	311	If Accounts Payable > 10% of Total Liabilities, provide a breakdown of its composition below:
363	Other liabilities	368	If Others-NEC > 10% of Total Liabilities, provide a breakdown of its composition below:
419	Retained earnings/ Home office account, ending	424	RETAINED EARNINGS: HOME OFFICE ACCOUNT/VUL SEED CAPITAL, ENDING
422	Add: Translation adjustments	427	Add: Transition adjustments/changes in accounting policies/prior period adjustments
Various	Impairment loss	Various	Expected credit losses



### C. Comprehensive Income

#### 1. Important reminder

The *Comprehensive Income* (formerly named as the *Income Statement*) report format was also updated to comply with the PSA's SSRCS requirements. New validation checks were incorporated to minimize data errors and reduce inquiries between respondents and the BSP.

No rows were added or removed from the original Income Statement. However, a new line item was included in the last row to transform the report into a Statement of Comprehensive Income. This change is outlined in Section C.3.

#### 2. Enhanced report format

**BANGKO SENTRAL NG PILIPINAS**  
OTHER FINANCIAL CORPORATIONS SURVEY  
**STATEMENT OF COMPREHENSIVE INCOME FOR NON-LIFE INSURANCE COMPANIES (CUMULATIVE)**  
in absolute amount; for the period ended indicated

All information gathered herein shall be treated strictly confidential and shall be used for statistical purposes only.

**Legend:**  
Formula  
To be filled in  
To be reviewed  
New account

Company name  
For the period ended  
Quick check: **No entries to verify.**

ACCOUNT NAME	INCOME/EXPENSE
<b>A. UNDERWRITING INCOME</b>	
1 Unearned premiums	
2 Premiums earned	
3 Commissions earned	
4 Other underwriting income <i>Please specify: (Use the miscellaneous section (K) provided below)</i>	0.00
5 Gross Underwriting Income	0.00
<b>B. UNDERWRITING EXPENSE</b>	
6 Reinsurance recoverable on losses	
7 Losses incurred	
8 Loss adjustment expenses paid	
9 Commission expenses incurred	
10 Premium tax incurred during the period	
11 Other underwriting expenses <i>Please specify: (Use the miscellaneous section (L) provided below)</i>	0.00
12 Total Underwriting Expenses	0.00
<b>NET UNDERWRITING INCOME</b>	<b>0.00</b>
<b>C. INVESTMENT INCOME</b>	
13 Interest income (on bonds, treasury bills, loans, etc.)	

Note: Same report format for life insurance companies



REFERENCE	FIELD NAME	DESCRIPTION
A	Report title	The logo and name of the conducting agency have been added to the title of the survey form. Likewise, the financial statement title has been revised:  From: Income Statement Report Form for Nonlife Insurance Companies (Quarterly) To: Statement of Comprehensive Income for Non-Life Insurance Companies (Cumulative)
B	Confidentiality notice	The confidentiality notice is incorporated to remind the respondents how the financial information will be used and protected.
C	Legend	Inserted "To be reviewed" and "New account"
D	Company Name	A new field has been added and is linked to the company information section on the <i>Balance Sheet</i> .
E	For the period ended	A new field has been added and is linked to the reporting period section on the <i>Balance Sheet</i> .
F	Quick check	New validation check; this feature provides a consolidated overview of validation issues detected in the <i>Comprehensive Income</i> sheet. Likewise, this will help respondents to quickly identify and address data inconsistencies or errors in the account validation fields.
G	Account validation fields	New validation checks; validation fields were incorporated to selected accounts. Remarks on how to address the validation discrepancies or issues will be displayed for the respondent's appropriate action.

**3. Additional comprehensive income accounts**

**a. Life insurance companies**

Row No.	Account Name
121	OTHER COMPREHENSIVE INCOME (LOSS)
122	TOTAL COMPREHENSIVE INCOME

**b. Non-life insurance companies**

Row No.	Account Name
128	OTHER COMPREHENSIVE INCOME (LOSS)
129	TOTAL COMPREHENSIVE INCOME



**III. BSP-OFCS SST Form 2\_Pre-Need IC**

**A. Reporting guidelines**

REFERENCE	FIELD NAME	DESCRIPTION
A	Guidelines	The OFCS reporting guidelines, previously provided as a separate document, has been integrated into the OFCS SST. This will assist respondents in the accurate completion and submission of the template and will serve as a valuable resource for properly identifying the counterparty sectors associated with the corresponding balance sheet accounts.
B	Form number	A form number has been assigned to each OFCS SST and can be located on the <i>Guidelines</i> sheet within the statistical survey form.
C	Survey clearance number and expiration date	The PSA clearance number together with the expiration date are printed on the upper right corner of the <i>Guidelines</i> sheet within the statistical survey form. This indicates that the survey has undergone the SSRCS process, and that the PSA allows its conduct.



**B. Balance Sheet**

**1. Important reminder**

The *Balance Sheet* report format was updated primarily to comply with PSA's SSRCS requirements. Alongside this update, the BSP introduced new and improved validation checks to minimize data errors and reduce inquiries between respondents and the BSP. This revision also enhances the presentation of balance sheet accounts by implementing a multi-level numbering system.

No rows were added or removed from the Balance Sheet. However, selected account names were modified to 1) comply with updated accounting standards; and 2) enhance the clarity and presentation of financial information. These changes are outlined in Section B.3.

**2. Enhanced report format**

**Annotations:**

- A:** Title: BANGKO SENTRAL NG PILIPINAS OTHER FINANCIAL CORPORATIONS SURVEY STATEMENT OF FINANCIAL POSITION FOR PRE-NEED COMPANIES
- B:** Confidentiality notice: All information gathered herein shall be treated strictly confidential and shall be used for statistical purposes only.
- C:** Legend: Formula, To be revised, Modified accounts.
- D:** Date field: Indicate the name of the Pre-Need Company above As of (mm/dd/yyyy)
- E:** Quick check/Submit to BSP: Quick check: No entries to verify. Submit to BSP? No data to transmit.
- F:** Table content: ACCOUNT NAME, IN DOMESTIC CURRENCY, FOREIGN CURRENCY (IN USD), FOREIGN CURRENCY (PESO EQUIVALENT), TOTAL PESO EQUIVALENT

ACCOUNT NAME	IN DOMESTIC CURRENCY	FOREIGN CURRENCY (IN USD)	FOREIGN CURRENCY (PESO EQUIVALENT)	TOTAL PESO EQUIVALENT
<b>ASSETS</b>				
<b>TOTAL TRUST FUND &amp; INSURANCE PREMIUM FUND</b>				
1 INVESTMENT IN TRUST FUNDS				0.00
2 INSURANCE PREMIUM FUND				0.00
<b>CORPORATE ASSETS</b>				
<b>GOVERNMENT SECURITIES - NET</b>	0.00	0.00	0.00	0.00
I. Short term government securities - Gross	0.00	0.00	0.00	0.00
Central Government				0.00
State and Local Government				0.00
Social Security Agencies				0.00
Public Nonfinancial Corporations				0.00
Other Financial Corporations				0.00
Nonresidents				0.00
ii. Long term government securities - Gross	0.00	0.00	0.00	0.00
Central Government				0.00
State and Local Government				0.00
Social Security Agencies				0.00
Public Nonfinancial Corporations				0.00
Other Financial Corporations				0.00
Nonresidents				0.00
Less: Expected credit losses - Government securities				0.00
<b>CASH ON HAND &amp; IN BANKS</b>	0.00	0.00	0.00	0.00
I. Cash on hand	0.00	0.00	0.00	0.00
ii. Cash in banks	0.00	0.00	0.00	0.00
a. Current accounts	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
b. Current accounts (overdrafts)	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
c. Savings account	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00
d. Time deposits	0.00	0.00	0.00	0.00
Other Depository Corporations				0.00
Nonresidents				0.00



REFERENCE	FIELD NAME	DESCRIPTION
A	Report title	The logo and name of the conducting agency have been added to the title of the survey form. Likewise, the financial statement title has been revised:  From: Balance Sheet Report Form for Pre-Need Companies (Quarterly) To: Statement of Financial Position for Pre-Need Companies
B	Confidentiality notice	The confidentiality notice is incorporated to remind the respondents how the financial information will be used and protected.
C	Legend	Inserted "Modified accounts" to help the respondents identify which accounts were renamed.
D	Submit to BSP	New validation check; this field determines whether the OFCS SST meets the criteria for submission to the BSP. Otherwise, the respondents may refer to <i>Quick check</i> field to identify any issues found in their report.
E	Quick check	New validation check; this feature provides a consolidated overview of validation issues detected across the OFCS SST. Likewise, this will help respondents to quickly identify and address data inconsistencies or errors in the account validation fields.
F	Account validation fields	Validation checks; additional validation fields were incorporated to selected accounts. Remarks on how to address the validation discrepancies or issues will be displayed for the respondent's appropriate action.

**3. Modified balance sheet accounts**

FROM		TO	
Row No.	Account Name	Row No.	Account Name
170	Cash in banks	174	Cash in banks (savings/time deposits)
185	Other PPE items	189	Other PPE items (including right-of-use (ROU) asset)
203	Others	207	If Others-NEC > 10% of Total Assets, provide a breakdown of its composition below:
218	Accounts payable	222	If Accounts Payable > 10% of Total Liabilities, provide a breakdown of its composition below:
253	Other liabilities	257	If Others-NEC > 10% of Total Liabilities, provide a breakdown of its composition below:



307	Add: Translation Adjustments	311	Add: Changes in accounting policies/prior period adjustments
Various	Impairment loss	Various	Expected credit losses

### C. Comprehensive Income

#### 1. Important reminder

- The *Comprehensive Income* (formerly named as the *Income Statement*) report format was also updated to comply with the PSA's SSRCS requirements. New validation checks were incorporated to minimize data errors and reduce inquiries between respondents and the BSP.

No rows were added or removed from the original Income Statement. However, selected accounts were modified to 1) remove irrelevant notes and 2) transform the report into a Statement of Comprehensive Income. These changes are outlined in Section C.3.

#### 3. Enhanced report format

**BANGKO SENTRAL NG PILIPINAS**  
OTHER FINANCIAL CORPORATIONS SURVEY  
STATEMENT OF COMPREHENSIVE INCOME FOR PRE-NEED COMPANIES (CUMULATIVE)  
in absolute amount; for the period ended indicated

**Legend:**  
 Formula  
 To be filled in  
 To be reviewed  
 Modified/New → C

Company name → D  
 For the period ended → E  
 Quick check: No entries to verify. → F

ACCOUNT NAME	INCOME/EXPENSE
1 Premiums	
2 Increase(decrease) in pre-need reserves	
3 Increase(decrease) in insurance premium reserves	
4 Increase(decrease) in other pre-need reserves	
5 Other direct income (ex. processing fees, surcharges, etc.)	
6 <b>TOTAL DIRECT INCOME (1+2+3+4+5)</b>	0.00
7 <b>TOTAL DIRECT EXPENSES (7.1+7.2+7.3)</b>	0.00
7.1 Less: Benefit payments (surrenders, maturities, lapsed, terminated, etc.)	
7.2 Commissions expenses	
7.3 Other direct expenses (insurance, discount, overrides, bonus, etc.)	
8 <b>GAIN/(LOSS) (6-7)</b>	0.00
9 Plus: Interest/income earned from the following trust fund/placements/investments. (gross of final taxes)	0.00
9.1 Bonds	
9.2 Stocks	
9.3 Real estate	
9.4 Purchase money mortgage	

Guidelines | Balance sheet | **Comprehensive Income**



REFERENCE	FIELD NAME	DESCRIPTION
A	Report title	The logo and name of the conducting agency have been added to the title of the survey form. Likewise, the financial statement title has been revised:  From: Income Statement Reporting Template for Pre-Need Companies (Quarterly) To: Statement of Comprehensive Income for Pre-Need Companies (Cumulative)
B	Confidentiality notice	The confidentiality notice is incorporated to remind the respondents how the financial information will be used and protected.
C	Legend	Inserted "To be reviewed" and "Modified/New"
D	Company Name	A new field has been added and is linked to the company information section on the <i>Balance Sheet</i> .
E	For the period ended	A new field has been added and is linked to the reporting period section on the <i>Balance Sheet</i> .
F	Quick check	New validation check; this feature provides a consolidated overview of validation issues detected in the <i>Comprehensive Income</i> sheet. Likewise, this will help respondents to quickly identify and address data inconsistencies or errors in the account validation fields.
G	Account validation fields	New validation checks; validation fields were incorporated to selected accounts. Remarks on how to address the validation discrepancies or issues will be displayed for the respondent's appropriate action.

**4. Modified/new comprehensive income accounts**

FROM		TO	
Row No.	Account Name	Row No.	Account Name
29	Trust Fund (net of trustee fee P21,922,720, and provision for tax on Tf P103,187,174)	33	Trust Fund
66	Less: Dividends	70	OTHER COMPREHENSIVE INCOME (LOSS)
67	Net Income (Loss) after Tax after Dividends (18-19)	71	TOTAL COMPREHENSIVE INCOME (18+19)