

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



| Advisory No .: | MSS 2025-2025-03 |
|-----------------|------------------|
| Classification: | Management |
| | Support Services |
| | Advisory |
| Date: | 23 May 2025 |

INSURANCE COMMISSION ADVISORY

TO : ALL REGULATED ENTITIES

SUBJECT : CLOUD MIGRATION AND NEW URLS FOR THE ENHANCED LICENSING SYSTEM (ELS) AND IC ONLINE UPLOADING SYSTEMS

Please be informed that the eleven (11) IC Online Uploading Systems and Enhanced Licensing System (ELS) have been successfully migrated as part of the Insurance Commission's efforts to deliver more reliable and user-friendly digital services.

As part of this migration, the eleven (11) IC Online Uploading Systems are being centralized into a single, unified system to streamline access, improve efficiency, and enhance user experience. This unified uploading system will serve as the central platform for all document submissions previously handled through the separate portals.

Key Information:

- 1. No Major Functional Changes Aside from the updated access links/addresses and the unified interface for uploading systems, users will continue to use the platforms as they did previously.
- 2. Go-Live Schedule The both systems will go live on Thursday, 12 June 2025 and will be fully operational by Friday, 13 June 2025.
- 3. Temporary Downtime Access to the systems may be temporarily unavailable during the transition period on Thursday, 12 June 2025 to facilitate final transition and validation activities.
- 4. New URLs / Address
 - a. Unified Online Uploading System: ic-uploading.insurance.gov.ph
 - b. IC ELS: ic-licensing.insurance.gov.ph

Please update your records and bookmarks with the new URLs once issued. For any issues encountered after the migration, kindly reach out to the IC Information Systems Division via isdivision@insurance.gov.ph.

Please be guided accordingly. Thank you.

REYNALDO A. REGALADO Insurance Commissioner



ance.gov.ph

TUVNORD

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IC Online Submission Systems (Authorized User Account Enrollment Form)

- I. Type of Request:
 - New User Account
 - Deactivate Account
 - Reactivate Account

II. Authorized User Details

| First Name | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Last Name | |
| Company Email Address | |
| Which IC Divisions are you assigned to submit requirements using the Online Submission System? | (Please indicate if Non-Life Division, Rating Division, etc.) |
| Signature over printed name | |

CONFORME:

The above-enumerated details is the duly authorized action officer / personnel in relation to transactions with the Insurance Commission (IC) on matters pertaining to the IC Online Submission Systems. It is my responsibility to immediately inform IC, by filing the necessary information, on eventuality of any change and/or modification covering this form, including amendment/s to any of the information.

Printed Name and Signature of Authorized Immediate Supervisor, or Manager. (please indicate your position below the line):