SUPPLEMENTAL RATING QUESTIONNAIRE

(Business of 2014)

Please state any overall risk appetite and risk tolerance statement(s) that have been established or approved by a Board or senior management that apply to the company and provide guidance in providing policyholder security and creating stakeholder value. The risk appetite and risk tolerance statements may be a mix of qualitative and quantitative statements. If no such statements have been formally approved by a Board or senior management, please answer "None".

PREMIUMS WRITTEN IN OTHER COUNTRIES

(000s)

17. Please provide total corporate-wide product specific premium and service fee revenues, written in countries other than Canada and the United States by major line of business (revenues may be shown in the currency applicable to the financial statements of the legal entity in which the business is written):

(01)	(02)	(03)	(04)	(05)	(06)
(01)	Gross Written	Gross Written			
			Fee	Gross	Gross
Country (please note applicable currency)	Premium	Premium	Revenue	Premium/Fees	Premium/Fees
	Life Insurance	Annuities	Asset Management	Health/Other *	TOTAL
1.					
2.					
2. 3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21. TOTAL (Line 1 through Line 20)					

*

Please use NOTES PAGE to list and describe "Other" Gross Premium/Fees recorded in column (05).

18. CYBER INSURANCE PURCHASED: Please complete if your company purchases cyber risk protection, either as a standalone policy or as a sublimit within another policy. If multiple coverages fall under a single policy or sublimit, enter those on a single row below with the corresponding limits. If protection for coverages are purchased separately, please provide the largest limits purchased separately on each row below. Only include amounts pertaining to the Cyber Risk Coverages.

(01)	(02)	(03)	(04)	(05)	(06)	(07)
			Standalone	Standalone		
			Policy	Policy		
	Per Occurrence	Aggregate	Per Occurrence	Aggregate	Per Occurrence	Aggregate
	Sublimit	Sublimit	Limit	Limit	Deductible **	Deductible **
Types of Coverage Purchased*	(\$000s)	(\$000s)	(\$000s)	(\$000s)	(\$000s)	(\$000s)
1.						
2.						
3.						
4.						
5.						

* (i.e. Property, Business Interruption, Theft, Liability, etc.)

** if applicable