

March 28, 2022

Good day **Cooperative Insurance System of the Philippines Life and General Insurance (CISP)**,

Thank you for filing your Cooperative Annual Progress Report (CAPR). This email notification indicates that: Your CAPR had been forwarded to the SEU for processing and verification. Please note that the said CAPR does not reflect the completion of your submission unless a copy of the encoded CAPR Form has been submitted to the Authority, through the Extension Office, within five (5) days from the electronic submission duly signed by the Accountable Officer.

**REPUBLIC OF THE PHILIPPINES
COOPERATIVE DEVELOPMENT AUTHORITY**

CAPR SUMMARY

REG. NO.	:	9520-16000011
CIN	:	205160009
NAME	:	Cooperative Insurance System of the Philippines Life and General Insurance (CISP)
FILING REFERENCE NO.	:	CAPR-24303
DATE SUBMITTED	:	April 22, 2017

CDA-SEU-FR-003
Revision No. 5
Effectivity Date: February 7, 2017

COOPERATIVE DEVELOPMENT AUTHORITY

Cooperative Annual Progress Report (CAPR) Form

As of December 31, 2016

GENERAL INFORMATION

A. Cooperative Identification Number (CIN):	205160009
B. Name of the Cooperative as of latest amendment:	Cooperative Insurance System of the Philippines Life and General Insurance (CISP)
C. Present Address of Cooperative: Region: Province: District:	NCR Metro Manila 4th District-Quezon City Quezon City-IV 80 MALAKAS ST., CENTRAL DISTRICT, DILIMAN, QUEZON CITY

City/Municipality: Street Address:							
D. Registration Number (under RA 9520):	9520-16000011						
E. Date Registered: Original Date of Registration: Registration Date under RA 9520:	December 04, 1991 February 20, 2017						
F. Business Permit: Business Permit No.: Date Issued: Amount Paid:	97-069453 January 05, 2017 PHP 0.00						
G. Category of Cooperative:	Secondary Cooperative						
H. Type of Cooperative:	Insurance-Secondary Cooperative						
I. Asset Size of the Cooperative:	Large (with Assets over P100 million)						
J. Common Bond of Membership:	Not Applicable						
K. Date of General Assembly:	April 08, 2017						
L. Quorum Requirement:	50% +1						
M. Fiscal Year:	January - December						
N. Area of Operation:	National						
O. Business Activities:							
<i>O1. Annual Volume of Business: (select only business activities undertaken (maybe more than one) and indicate total amount per business activity):</i>							
	<table border="1"> <thead> <tr> <th>Business Activity</th> <th>Bases of Volume of Business</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Insurance</td> <td>Gross Service Revenue /Income</td> <td>442,456,324.00</td> </tr> </tbody> </table>	Business Activity	Bases of Volume of Business	Amount	Insurance	Gross Service Revenue /Income	442,456,324.00
Business Activity	Bases of Volume of Business	Amount					
Insurance	Gross Service Revenue /Income	442,456,324.00					
<i>O2. Products/Commodities:</i>							
	<table border="1"> <thead> <tr> <th>Major Products</th> <th>Specific Products</th> <th>Raw or Processed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Major Products	Specific Products	Raw or Processed			
Major Products	Specific Products	Raw or Processed					
<i>O3. Other Financial Services:</i>							
<i>O4. Importation Activities, if any, identify:</i>							

	<table border="1"> <tr> <td style="text-align: right;">Import Items:</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: right;">Volume of Importation:</td> <td style="text-align: center;">0.00</td> </tr> </table>	Import Items:	0	Volume of Importation:	0.00										
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<p>P. Information on Number of Employees:</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Current Year</th> <th rowspan="2">TOTAL</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Number of Personnel Receiving Salaries</td> <td style="text-align: center;">21</td> <td style="text-align: center;">31</td> <td style="text-align: center;">52</td> </tr> <tr> <td style="text-align: center;">Number of Personnel receiving Honoraria only</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>		Current Year		TOTAL	Male	Female	Number of Personnel Receiving Salaries	21	31	52	Number of Personnel receiving Honoraria only	0	0	0
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Number of Personnel receiving Honoraria only	0	0	0												
<p>Q. Contact Person: a. Name: b. Designation: c. Phone Number: d. Fax Number: e. Email address:</p>	<p>MARY ANN P. ALDE ACCOUNTANT (02) 924-0388 (02) 924-0388 </p>														
<p>R. Information on Membership</p>	<table border="1"> <thead> <tr> <th rowspan="2">Particulars</th> <th>For Secondary</th> <th rowspan="2">Other Juridical Persons</th> </tr> <tr> <th>Primary</th> </tr> </thead> <tbody> <tr> <td>No. of Regular members</td> <td style="text-align: center;">2,699</td> <td style="text-align: center;">0</td> </tr> <tr> <td>No. of Associate members</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Total No. of Members</td> <td style="text-align: center;">2,705</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>	Particulars	For Secondary	Other Juridical Persons	Primary	No. of Regular members	2,699	0	No. of Associate members	6	0	Total No. of Members	2,705	0	
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