

April 25, 2018

Good day **1 Cooperative Insurance System of the Philippines Life and General Insurance (1 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	:	1 Cooperative Insurance System of the Philippines Life and General Insurance (1 CISP)
FILING REFERENCE NO.	:	CAPR-40476
DATE SUBMITTED	:	April 25, 2018

COOPERATIVE DEVELOPMENT AUTHORITY
RECEIVED
 27 APR 2018
 By: *[Signature]*
 SUPERVISION AND EXAMINATION UNIT

COOPERATIVE DEVELOPMENT AUTHORITY**Cooperative Annual Progress Report (CAPR) Form**

As of December 31, 2017

GENERAL INFORMATION

A. Cooperative Identification Number (CIN):	205160009		
B. Name of the Cooperative as of latest amendment:	1 Cooperative Insurance System of the Philippines Life and General Insurance (1 CISP)		
C. Present Address of Cooperative:	Region: NCR Province: Metro Manila District: 4th District-Quezon City City/Municipality: Quezon City-IV Street Address: 80 Malakas, Barangay Pinyahan, Diliman		
D. Registration Number (under RA 9520):	9520-16000011		
E. Date Registered:			
Original Date of Registration:	December 04, 1991		
Registration Date under RA 9520:	October 08, 2015		
F. Business Permit:			
Business Permit No.:	97-069453		
Date Issued:	January 15, 2018		
Amount Paid:	PhP 0.00		
G. Category of Cooperative:	Secondary Cooperative		
H. Type of Cooperative:	Insurance Cooperative		
I. Asset Size of the Cooperative:	Large (with Assets over P100 million)		
J. Common Bond of Membership:	Institutional		
K. Date of General Assembly:	April 14, 2018		
L. Quorum Requirement:	50% +1		
M. Fiscal Year:	January - December		
N. Area of Operation:	Regional		
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>			
	Business Activity	Bases of Volume of Business	Amount
	Insurance	Gross Service Revenue /Income	442,456,324.00
<i>O2. Products/Commodities:</i>			
	Major Products	Specific Products	Raw or Processed
<i>O3. Other Financial Services:</i>			

<i>O4. Importation Activities, if any, identify:</i>				
		Import Items:	NONE	
		Volume of Importation:	0.00	
P. Information on Number of Employees:				
		Current Year	TOTAL	
		Male	Female	
	Number of Personnel Receiving Salaries	29	41	70
	Number of Personnel receiving Honoraria only	14	8	22
Q. Contact Person:				
a. Name:	MARY ANN P. ALDE			
b. Designation:	ACCOUNTANT			
c. Phone Number:	923-0739 / 924-0388			
d. Fax Number:	924-0388			
e. Email address:	acctg.cisp@gmail.com			
R. Information on Membership	Particulars	For Secondary	Other Juridical	
		Primary	Persons	
	No. of Regular members	2,703	0	
	No. of Associate members	8	0	
Total No. of Members	2,711	0		