

April 24, 2019

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**

<b>REG. NO.</b>	:	<b>9520-16000011</b>
<b>CIN</b>	:	<b>205160009</b>
<b>NAME</b>	:	<b>1 Cooperative Insurance System of the Philippines Life and General Insurance (1 CISP)</b>
<b>FILING REFERENCE NO.</b>	:	<b>CAPR-52820</b>
<b>DATE SUBMITTED</b>	:	<b>April 23, 2019</b>

COOPERATIVE DEVELOPMENT AUTHORITY  
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REGULATION DIVISION

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

As of December 31, 2018

**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: Province: District: City/Municipality: Street Address:	NCR Metro Manila 4th District-Quezon City Quezon City-IV No. 80, Malakas St., Brgy. Pinyahan, Diliman
D. Registration Number (under RA 9520):	9520-16000011
E. Date Registered: Original Date of Registration: Registration Date under RA 9520:	December 04, 1991 October 08, 2015
F. Business Permit: Business Permit No.: Date Issued: Amount Paid:	97-069453 January 10, 2019 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 13, 2019		
L. Quorum Requirement:	50% +1		
M. Fiscal Year:	January - December		
N. Area of Operation:	Regional		
O. Business Activities:			
01. Annual Volume of Business: (select only business activities undertaken (maybe more than one) and indicate total amount per business activity):			
	<b>Business Activity</b>	<b>Bases of Volume of Business</b>	<b>Amount</b>
	Insurance	Gross Service Revenue /Income	779,904,306.00
02. Products/Commodities:			
	<b>Major Products</b>	<b>Specific Products</b>	<b>Raw or Processed</b>
03. Other Financial Services:			
	Insurance		
04. Importation Activities, if any, identify:			
	<b>Import Items:</b>	NONE	
	<b>Volume of Importation:</b>	0.00	
P. Information on Number of Employees:		<b>Current Year</b>	<b>TOTAL</b>
		<b>Male</b>	<b>Female</b>
	<b>Number of Personnel Receiving Salaries</b>	36	58
	<b>Number of Personnel receiving Honoraria only</b>	17	9
		94	26
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	<b>Particulars</b>	<b>For Secondary</b>	<b>Other Juridical Persons</b>

Particulars	For	Other Juridical Persons
	Primary	
No. of Regular members	2,836	0
No. of Associate members	32	0
Total No. of Members	2,868	0