

June 23, 2020

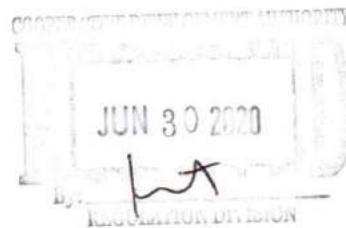
Good day **1 Cooperative Insurance System of the Philippines Life and General Insurance (1 CISP)**,

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-65953
DATE SUBMITTED	:	June 19, 2020

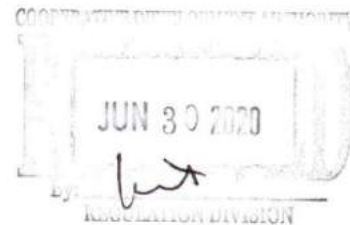


CDA-SEU-FR-003
 Revision No. 5
 Effectivity Date: February 7, 2017

COOPERATIVE DEVELOPMENT AUTHORITY

Cooperative Annual Progress Report (CAPR) Form

As of December 31, 2019



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 16, 2020 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:	July 25, 2020		
L. Quorum Requirement:	50% +1		
M. Fiscal Year:	January - December		
N. Area of Operation:	Regional		
O. Business Activities:			
O1. Annual Volume of Business: (select only business activities undertaken (maybe more than one) and indicate total amount per business activity):			
	Business Activity	Bases of Volume of Business	Amount
	Insurance	Gross Service Revenue /Income	1,234,337,280.00
O2. Products/Commodities:			
	Major Products	Specific Products	Raw or Processed
O3. Other Financial Services:			
	INSURANCE		
O4. Importation Activities, if any, identify:			
	Import Items:		NONE
	Volume of Importation:		0.00
P. Information on Number of Employees:			Current Year
		Male	Female
	Number of Personnel Receiving Salaries	54	67
	Number of Personnel receiving Honoraria only	16	25
			TOTAL
			121
			41
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 Persons
		Primary	
	No. of Regular members	2,924	0

Particulars	For Secondary	Other Juridical Persons
	Primary	
No. of Associate members	26	0
Total No. of Members	2,950	0