April 27, 2021

# 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	
INAIVIE II:		1 Cooperative Insurance System of the Philippines Life and General Insurance (1 CISP)	
FILING REFERENCE NO.	:	CAPR-79456	
DATE SUBMITTED		April 26, 2021	

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, 2020

### **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 Street, 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 21, 2021 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 24, 2021						
L. Quorum Requirement:	50% +1						
M. Fiscal Year:	January - December						
N. Area of Operation:	Regional						
O. Business Activities:							
O1. Annual Volume of Busines amount per business activity):	s: (select only business	activities underta	ken (maybe more the	an one)	and indica	te total	
	[ n ·	- ·					
	Business Activity			Amount			
	Insurance Gross Service Revenue /Income		venue / Income	1,128,493,923.00			
O2. Products/Commodities:							
	Major Products	Specif	ic Products	Raw	or Process	ed	
03.04 5:							
O3. Other Financial Services:							
	Insurance						
O4. Importation Activities, if a	uny identify:						
04. Importation Activities, if a	ny, identify.						
	Import Items: NONE						
	Volume of Importation: 0.00						
	L		70.a				
				Current Year			
P. Information on Number of					Female	TOTAL	
Employees:	Number of	Personnel Receivi	Bases of Volume of Business iross Service Revenue /Income    Specific Products   Rase	42	77	119	
				23	11	34	
			•				
Q. Contact Person:							
a. Name:	MARY ANN P. ALDE						
b. Designation:	ACCOUNTANT						
c. Phone Number: d. Fax Number:	923-0739 / 924-0388 924-0388						
e. Email address:	acctg.cisp@gmail.cor	n					
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R. Information on Membership							
	Particu	For Secondary	For Secondary	Other Juridical		2000.0000.00	
	Particulars		Primary	Persons		S	
	No. of Regular memb	r members 2,965			0		

Particulars	For Secondary	Other Juridical Persons		
Particulars	Primary			
No. of Associate members	540	0		
Total No. of Members	3,505	0		