

QUARTERLY PHYSICAL REPORT OF OPERATION
As of 2020 June 30

Department: Department of Finance (DOF)
Appropriations: Current Year Appropriations
Agency: Insurance Commission
Operating Unit: N/A
Organization Code (UACS): 110080000000
Report Status:

Particulars 1	UACS CODE 2	Physical Targets					Physical Accomplishments					Variance as of 2020 June 30 13	Remarks 14	
		1st Quarter 3	2nd Quarter 4	3rd Quarter 5	4th Quarter 6	Total 7=(3+4+5+6)	1st Quarter 8	2nd Quarter 9	3rd Quarter 10	4th Quarter 11	Total 12=(8+9+10)			
Part A														
I. Operations														
OO : Insurance, Pre-Need, and HMO Industries' growth and stability improved														
INSURANCE, PRE-NEED, AND HMO REGULATORY AND SUPERVISORY PROGRAM														
Outcome Indicator(s)														
1. Percentage of supervised / regulated entities meeting the net worth requirements					100%	100%	-	-			-	-		Note 1: Submission of 2019 Annual Statements (AS) and Audited Financial Statements (AFS) is on 15 July 2020 for Life/MBAs, Non-life, Pre-Need companies and Brokers and 15 August 2020 for HMOs. Determination of compliance is after the examination which will commence after the submission of the AS/AFS.
2. Percentage of supervised / regulated entities complying with Risk Based Capital (RBC) requirements					100%	100%	-	-			-	-		
Output Indicator(s)														
1. Percentage of supervised / regulated entities examined, verified or monitored					100%	100%	-	-			-	-		Note 2: Examination / verification / monitoring will only commence after the submission of the AS/AFS.
2. Percentage of received application for new and renewal of licenses processed within the prescribed period		100%	100%	100%	100%	100%	100%	100%			100%	0%		
3. Percentage of applications for premium rates, insurance products, investments, contract forms, policies, reinsurance treaties, facultative placements processed within the prescribed period		100%	100%	100%	100%	100%	102%	106%			103%	3%		

Prepared By:



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In coordination with:



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Manager, Budget Division

Approved By:



DENNIS B. FUNA
Insurance Commissioner

Date:

Date:

Date: