

OmbudService
for Life & Health
Insurance



Ombudsman
des assurances de
personnes

OLHI • OAP



LEADING THROUGH CHALLENGING TIMES

2020
ANNUAL REPORT

About Us

OLHI is Canada's independent and impartial insurance complaint resolution service. We are dedicated to reviewing life, disability, group health care & dental insurance, travel insurance, and insurance investment product complaints for consumers.

With a final position letter from your insurance company, our team of insurance industry experts will provide an objective review of your complaint and policy, then provide impartial advice on how to resolve the issue. Whether it's an explanatory second opinion, a review of your complaint with the insurer, or a discussion of other options for resolution – we're here to help.



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Message from the Chair

This year has been one of unexpected events and change



Leading through Uncertainty of Pandemic Proportions

We all continue to address numerous challenges resulting from the COVID-19 pandemic. These unprecedented circumstances did not deter OLHI from continuing to provide timely, independent, and fair service to consumers across the country. Our team shifted to a remote working model in March, ensuring our consumer services remained agile and responsive. We continue to closely

monitor the evolving situation, maintaining regular contact with industry stakeholders and other Canadian and international ombudservices to update best practices.

To accommodate public health advisories, the Board held its June 2020 meeting remotely and OLHI's Annual General Meeting will also be held remotely. Every effort will be made to ensure that Member Companies can participate as fully and effectively as in past meetings.

New Leadership

The Board's most important initiative of the past year was the recruitment of a new Chief Executive Officer & Ombudsman. Glenn O'Farrell, LLB, ICD.D stepped into his new role in August 2019 just as we were preparing for last year's Annual General Meeting. Our new CEO was selected by the Board to bring a fresh set of eyes and experience to ensure that OLHI will continue to innovate and thrive into the future. Glenn brings extensive knowledge and expertise in law, regulated industries, and business management. In his first months on the job he led the adoption of a new information technology infrastructure, relocated OLHI's Toronto office to new premises, and optimized OLHI's systems and workflows. We look forward to working with Glenn and OLHI's dedicated staff and consultants to continue this renewal process.

Message from the Chair

Board Changes

One of the main assets of OLHI is the strength of our Board of Directors. It has been a great pleasure as Chair to work with such an accomplished, committed group of people from diverse backgrounds and regions. To reflect fully the diverse skills and accomplishments of the Board, the profiles of the Board Members on the website were updated and are included in this annual report.

Unfortunately, Reginald Richard, one of our longest serving and respected Board Members, has indicated that he intends to resign this year. OLHI is fortunate to have benefitted from Reg's industry knowledge garnered from thirty years in life, property, and casualty insurance. A past member of the IBC Atlantic Insurance Advisory Committee, he was appointed Superintendent of Insurance for New Brunswick, and later was a member of the New Brunswick Hospital Liability Insurance Committee. He made a major contribution to OLHI by chairing the Standards Committee, serving on the Human Resources Committee, and providing insightful input at Board meetings. He will be missed.

As part of the Board's recent governance changes the process for recruiting Independent Directors was updated and expanded. The process is designed to ensure that the Board has the appropriate skills mix, is diverse and represents fully the regions of Canada. The process for recruiting a new Director from the Atlantic region will begin when COVID-19 restrictions are relaxed to allow travel to interview potential Board Members.

Building On Our Strengths and Planning for the Future

OLHI is committed to providing independent, fair, and timely services to consumers by building on our strengths and working diligently to improve our services. The Board has established strong governance policies and practices to ensure OLHI's independence while at the same time our collaboration with regulators, stakeholders, and Member Companies is important to the success of OLHI's independent complaint resolution service. For instance, our companies

Message from the Chair

help us build awareness of our service, their co-operation is essential in meeting our goal of resolving 80% of cases within 120 days and in all cases where OLHI made a final non-binding recommendation in favour of the consumer, the insurance company accepted and paid the consumer quickly.

Looking to the future our priorities include:

- Working to enhance our visibility and activity in Western Canada, a fast-growing region in which cases relative to population lag other parts of the country;
- Working to raise our profile and knowledge of our services in other parts of the country, like Quebec, where we already have a significant presence; and,
- Enhancing our data collection, including seeking input from consumers, so that we can improve services to our customers.

OLHI's success is a team effort involving the Board, management, staff, Member Companies, regulators, and other stakeholders. The uncertainty of current public health considerations only further strengthens OLHI's commitment to providing timely, independent, and fair service for Canadian consumers.

Dr. Janice MacKinnon
Board Chair

Message from the CEO & Ombudsman



It was a pleasure to join OLHI and take on this new role midway through the 2019-2020 year. Throughout my career I have had the good fortune of leading teams in private and public sector enterprise. In many instances, these companies had meaningful purpose in serving the public interest. This is what attracted me to OLHI: its primary purpose of contributing to build confidence in the Canadian life and health insurance marketplace by providing an independent dispute resolution service for consumers. To this new role, I bring the many

lessons acquired along the way and an insatiable appetite for learning how to build on OLHI's already well-established credentials to improve the quality of the public service we provide.

Core Operations & Key Metrics

After having spent more than a decade at offices located at 401 Bay Street, my first order of business was to find new and suitable Toronto office space, in a very active commercial real estate marketplace. Working with external advisors we settled on OLHI's new Toronto offices at 20 Adelaide Street East, suite 802. The relocation provided an opportunity to conduct an extensive review of OLHI's connectivity and IT infrastructure. Given OLHI's mandate, we migrated to new technology platforms that are secure, fast, and reliable.

Turning to key metrics for the 2019-2020 year, OLHI platforms saw a record number of inquiries from the public through steady web growth (up 9.8%) over the previous year. The share of complaints reviewed by our analysts remained constant year-over-year at 13% demonstrating consistency in OLHI's complaint analysis process. And finally, our investigation settlement ratio in favour of consumers came in again this year at 80%.

Message from the CEO & Ombudsman

Leading Through Challenging Times

Within weeks of the Toronto team settling into our new office on Adelaide Street East, a pneumonia-like flu began to spread and within days all workplaces, schools, society as we know it the world over was shut down. OLHI was no exception to the impact of COVID-19. Since March 13, we dutifully closed our offices, made the necessary adjustments and in accordance with provincial and federal mandates all staff have been working remotely. In these challenging times our OLHI team came together to demonstrate their commitment and were being as productive as ever from their home offices across the country. To help bring the team together and encourage one another, we held weekly team conference calls. These calls were not meant to have a specific business objective, but to be a way to connect and build morale in these difficult times. We continue to have a standing Thursday afternoon meeting with our team members across the country.

Reinforcing Relationships

OLHI has been collaborating with key stakeholders including the Canadian Council of Insurance Regulators (CCIR) and its member regulators. Notably, I had the opportunity to meet with representatives of BC Financial Services Authority, Financial Services Regulatory Authority of Ontario, Alberta Superintendent of Insurance and l'Autorité des marchés financiers. I was honoured to be invited to become a member of the FSRA Stakeholder Advisory Committee – Life and Health Insurance. In addition, there were a few critical opportunities to collaborate with the Canadian Life and Health Insurance Association to align our efforts specifically around messaging related to COVID-19. The most tangible result was a notification to Canadian travellers urging them to return to Canada pertaining to travel health insurance claims and available assistance for consular officials for travel assistance. Earlier in the year, we also collaborated on a notice regarding insurance policies of the deceased for the victims of Flight #PS752.

Message from the CEO & Ombudsman

Strengthening and Expanding the OLHI Team

On the strength of her many contributions to OLHI, Marjolaine Cantin was promoted to the role of Senior Deputy Ombudsman. Kim Alison Fraser was recruited to the role of Head of Communications and Marketing. We also brought on a new Corporate Secretary & Executive Assistant, Vanessa Vanderwalt. Working collaboratively with Carl Copeland, Stéphanie Robillard and Charles Cooper, we were also able to strengthen our roster of expert insurance resources by adding Carol Perrin as our newest team member.

Looking Forward

Clearly, COVID-19 will continue to impact the marketplace across all sectors including ours. Nonetheless, for the coming year our sights are set on improving all the ways we interface with the public and deliver the service at the core of our mandate. We will examine every available opportunity to ensure our communications are friendly and helpful. We will be working at raising OLHI's profile across the western provinces through strategies to create better awareness of the important service we provide to the public. Building off the strength of OLHI's newly upgraded IT infrastructure, we will work to leverage the power of data analytics across our activities. We are now training staff, seeking alignment among systems, and investigating the best ways to discover insights from our data. We believe this is the way to position OLHI for greater future success and to meet the needs of consumers requiring our life and health insurance dispute resolution services.

Glenn O'Farrell
CEO and Ombudsman

The OLHI Service Promise

Accessibility: Our free services are always available by phone or our website.

Timeliness: We always respond within 48 hours.

Courtesy: Courtesy, professionalism and respect define every interaction.

Clarity: We ensure consumers understand insurance policies and our advice.

Accuracy: Our goal is to accurately document complaints to effectively resolve disputes.

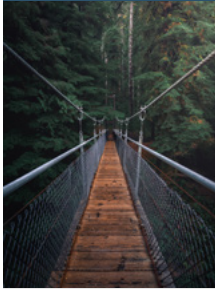
Fairness & Impartiality: We are unbiased and impartial.

Consistency: We follow a rigorous, consistent process.

Knowledge: We have specialized insurance knowledge and dispute resolution expertise.

Privacy: All of our files and cases are 100% confidential.

Independence & Objectivity: We are overseen by the Canadian Council of Insurance Regulators to ensure impartiality.



OLHI... We're Here to Help

OLHI provides helpful, friendly, and accessible advice when consumers are most in need. Our team of insurance industry professionals are committed to helping consumers reach a fair and equitable resolution to their insurance complaints. We emphasize clarity, authenticity, care, and consideration with every client interaction. We diligently review consumer complaints, determine each complaint's merit, and work with our member insurance companies to reach a fair and equitable resolution to every complaint. Whether it's an explanatory second opinion for a consumer, a review of their complaint with a member insurance company, or a discussion of other options for resolution – we're here to help.

Our goal is to give you a final response within 120 days.

Complaints

Complaint Handling Process

Step 1: Consumer Contact

- ▶ Provide general guidance to consumer on industry & OLHI complaints processes
- ▶ Refer consumer to Member Company to complete internal process, if applicable

Step 2: Review by Complaints Analyst

- ▶ Determine if complaint is within OLHI mandate¹
- ▶ Consumer submits final position letter and related information
- ▶ Complaints Analyst determines if there are grounds for conciliation with insurer
- ▶ If no grounds, review letter issued and possible options identified

Step 3: Review by OmbudService Officer

- ▶ If grounds to conciliate are present, OmbudService Officer (OSO) discusses complaint with parties and obtains any additional information
- ▶ OSO seeks voluntary resolution of complaint through conciliation

Step 4: Review By Senior Adjudicative Officer

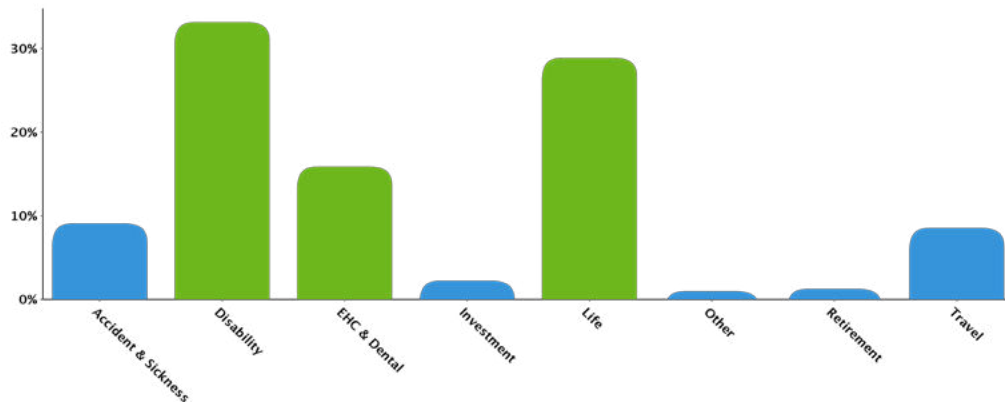
- ▶ If grounds to pursue complaint are present, Senior Adjudicative Officer (SAO) considers and reviews complaint
- ▶ Parties speak with SAO, if desired
- ▶ SAO prepares written report with non-binding recommendations

¹OLHI cannot accept complaints that:

- ▶ do not pertain to life and health insurance issues or are not against a Member Company
- ▶ have been previously considered by OLHI or have been (or are currently before) a court, tribunal or other dispute resolution process
- ▶ are made by third party service providers or relate to an uninsured plan that is administered by a Member Company

Complaints Resolution

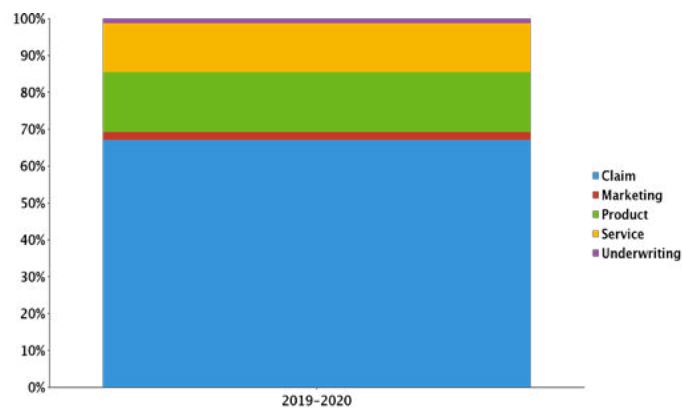
Complaints by Product



Product Fiscal Year	Accident & Sickness		Disability		EHC & Dental		Investment		Life		Other		Retirement		Travel		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2019-2020	168	9.1%	614	33.2%	294	15.9%	41	2.2%	535	28.9%	18	1.0%	23	1.2%	158	8.5%	1,851	100.0%

- Other includes Annuity, Job Loss and Locked-In Retirement products.
- Complaints about Disability, Life and EHC & Dental represent 78% of the total volume in 2019-2020.
- The percentage of Disability and Extended Health complaints is smaller this year with a 3.4% decrease for Disability and a 3.8% decrease for EHC & Dental.
- Accident and Sickness's share increased by 2.7%. All remaining product categories remain relatively stable.

Complaints by Company Function

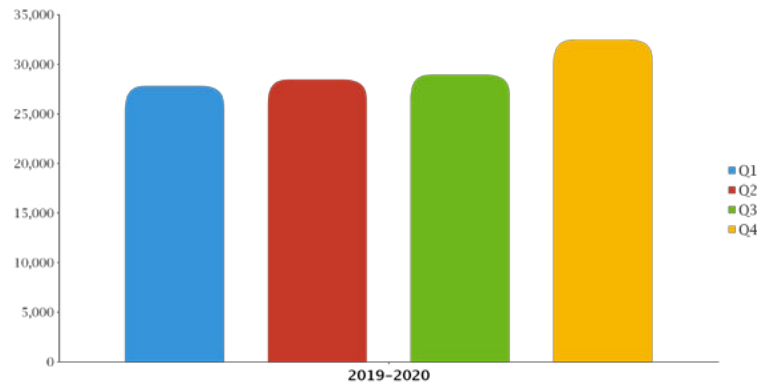


Company Function Fiscal Year	Claim		Marketing		Product		Service		Underwriting		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
2019-2020	1,242	67.1%	40	2.2%	301	16.3%	245	13.2%	23	1.2%	1,851	100.0%

- Issues with Claims represent most of our complaints at 67.1% of the overall distribution, similarly to previous years. Product related complaints come second at 16.3%, which is 6.8% higher than 2018-2019.
- There is a shift in predominant functions this year to the Claim and Product reaching nearly 84% of the total volume.

Website Statistics

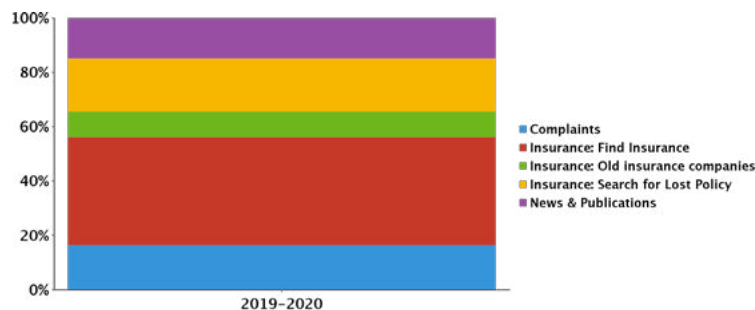
Growth by Quarter



Fiscal Quarter	Q1		Q2		Q3		Q4		Total	
	Volume	%	Volume	%	Volume	%	Volume	%	Volume	%
2019-2020	27,809	23.6%	28,447	24.2%	28,942	24.6%	32,463	27.6%	117,661	100.0%

- As in previous fiscal years, the 4th quarter is the highest in volume compared to other quarters of the fiscal year.
- There is an overall increase in web visits of 9.8% in 2019-2020 compared to previous year's volume.

Most Common Pages Viewed

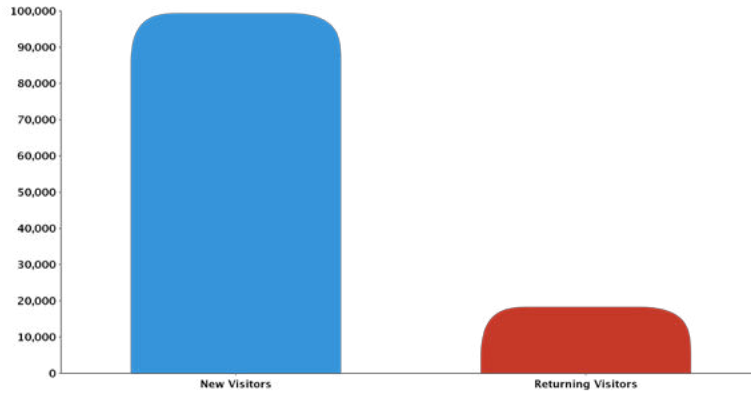


Main page viewed	Complaints		Insurance: Find Insurance		Insurance: Old insurance companies		Insurance: Search for Lost Policy		News & Publications		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
2019-2020	27,635	16.4%	66,965	39.7%	15,926	9.4%	33,071	19.6%	25,022	14.8%	168,619	100.0%

- Find Insurance tool remains the most popular page with the highest number of views during 2019-2020 at 39.7%.
- A slight increase of 2.2% in the total volume of Most Common Pages Viewed is noted this year when compared to 2018-2019.
- All the Most Common Pages maintained steady traffic and there were no significant shifts in the distribution or volume year-over-year.

Website Statistics

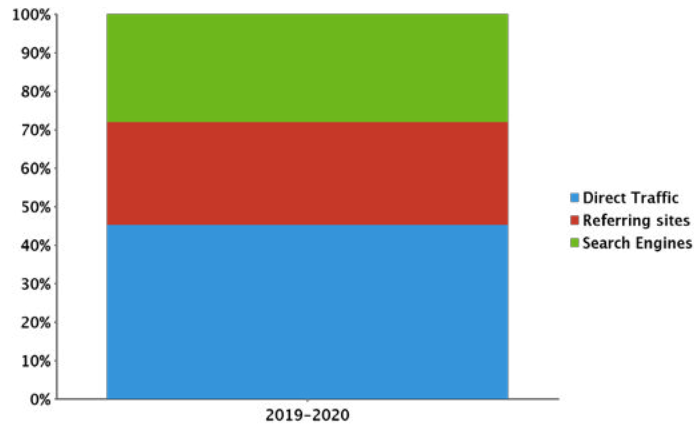
Visitors



Volume	Type of Visitors			
	Fiscal Year	New Visitors	Returning Visitors	Total
	2019-2020	99,348	18,313	117,661

- The data on visitors to OLHI/OAP websites is tracked by Google Analytics and recorded each month
- OLHI/OAP websites saw a total of 99,348 New Visitors this year, an increase of 10.2% compared to 2018-2019

Traffic Sources



Type of Traffic	Direct Traffic		Referring sites		Search Engines		Total		
	Fiscal Year	#	%	#	%	#	%	#	%
	2019-2020	53,289	45.3%	31,336	26.6%	33,036	28.1%	117,661	100.0%

- The percentage share of each type of traffic remained very stable in 2019-2020 compared to last fiscal year
- A volume increase is however noted across all three types of traffic on OLHI/OAP websites.

Investigations

Investigation Statistics

OLHI opened eleven new investigations and closed nineteen this fiscal year.

By product, disability insurance investigations constitute most of the opened investigations with seven cases, followed by life insurance investigations with two cases, one EHC & dental, and one travel case.

By function, claims remain at the highest volume with 63.6%, while an increase of 3.5% was noted for service-related issues (em-dash) now reaching 27.3%.

Of the 19 closed investigations:

- Eight cases were found to have no merit
- One complaint was withdrawn
- Ten settlement recommendations were made by OLHI Officers, eight of which were followed by insurers, resulting in a settlement ratio of 80%
- No cases were recommended for escalation to the Senior Adjudicative Officer

Case Study 01:

A Well-Documented Health History Leads to Success for a Quebec Bank Manager's Short-Term Disability Claim

Summary

A mid-career manager with a major bank in Quebec had a history of mental health challenges. After an 11-week disability leave for depression (including a three-week elimination period), she returned to work full-time in a new role with the bank. Her short-term disability claim was rejected citing an improvement of her symptoms by the end of the three-week elimination period. The insurance company's position was that her return to work involved discussions with her employer and decisions being made during her leave, which were interpreted as a suggestion of mild symptoms that would not be in accordance with the definition of disability in the insurance policy. The insurer also stated that her inability to work because of a conflict at work couldn't be significant enough to require medical leave.

Findings

When an OLHI Complaints Analyst reviewed the case, they found documentation from the bank manager's employer about symptoms such as difficulty concentrating, lack of energy, insomnia, anxiety, stress and lack of interest months before the disability leave. A leave of absence was later recommended by the banker's physician along with a diagnosis of major depression. She was prescribed medication, psychological counselling and blood work to monitor the effects of the medication. Two weeks later, a significant improvement was noted by her doctor, along with a recommendation to continue psychological treatment, medication and rest.

One month later, she met with her employer to discuss a return to work plan. She returned to work full-time in a new position after 11 weeks. A review of the case by the insurer's medical consultant concluded that the conflict at work didn't cause her medical condition, but that it was the trigger that initiated her deteriorating condition in the months leading up to her leave of absence.



Case Study 01:

A Well-Documented Health History Leads to Success for a Quebec Bank Manager's Short-Term Disability Claim

Conclusion

An OLHI Officer determined it was worth negotiating a change of position or a settlement with the insurance company. The negotiation hinged on six key points:

1. Significant improvement is not the same as making a full recovery and therefore should not constitute the end of the disability;
2. Sick leave was clearly part of the treatment: the insurer's medical consultant acknowledged a record of debilitating symptoms throughout the disability period;
3. The insurer's medical consultant agreed the workplace conflict triggered symptoms of depression;
4. The insurance policy's definition of disability says the insured "shall be unable to substantially execute the essential duties of their work" which was corroborated both by the consumer's physician and the insurer's medical consultant;
5. Essential duties are not defined in the policy and the insured being in a management position would have had to actively demonstrate self-confidence, be engaged and interested in her work and maintain concentration, all of which were impaired; and
6. The fact that she returned to work after a relatively short period of time and actively participated in a return-to-work plan both demonstrate good faith.

The complaint was settled and an amount representing the total two-month claim for disability benefits requested by the insured was paid.



Case Study 02:

How a Loan, Dividends and an Acquisition Affected a 35-Year-Old Whole Life Insurance Policy

Summary

A retirement age Ontario man purchased a \$25,000 whole life insurance policy in 1980. In 2015, he learned that a \$2,000 loan was taken out against his policy in 1989. By 2015, the outstanding balance of the policy loan was more than \$12,000. Further complicating matters, his insurance company was acquired by another insurance company in 1996.

His insurance company refused to cancel the loan or remove the accumulated interest charges because they claimed that annual policy reports sent to the policyholder referenced the loan and loan balance. But this was interpreted as a suggestion that a loan could be available for the consumer to borrow. Based on this understanding, he never inquired sooner. When the insurance company's final position letter stated the retiree was responsible for payment of the loan and accumulated interest, he contacted OLHI. After a preliminary review by a Complaints Analyst, the complaint was escalated to the investigation level with an Officer.

Findings

While the policyholder's insurance company couldn't provide original loan documentation from 1989, likely due to the 1996 acquisition, their records did show a \$2000 cheque was issued in 1989. But because it had been more than 25 years since the cheque was issued, the insurance company no longer had a returned cheque.

At one point before the consumer contacted the insurance company about the loan, they withdrew accumulated policy dividends from the policy and applied them against the unpaid loan balance. There was no written request from the consumer to make this transfer. However, it was the company's practice to permit oral requests for dividend transfers. Both the insurer and the consumer would need to compromise in order to achieve a resolution of the complaint at the investigation stage of the OLHI complaint process.



Case Study 02:

How a Loan, Dividends and an Acquisition Affected a 35-Year-Old Whole Life Insurance Policy

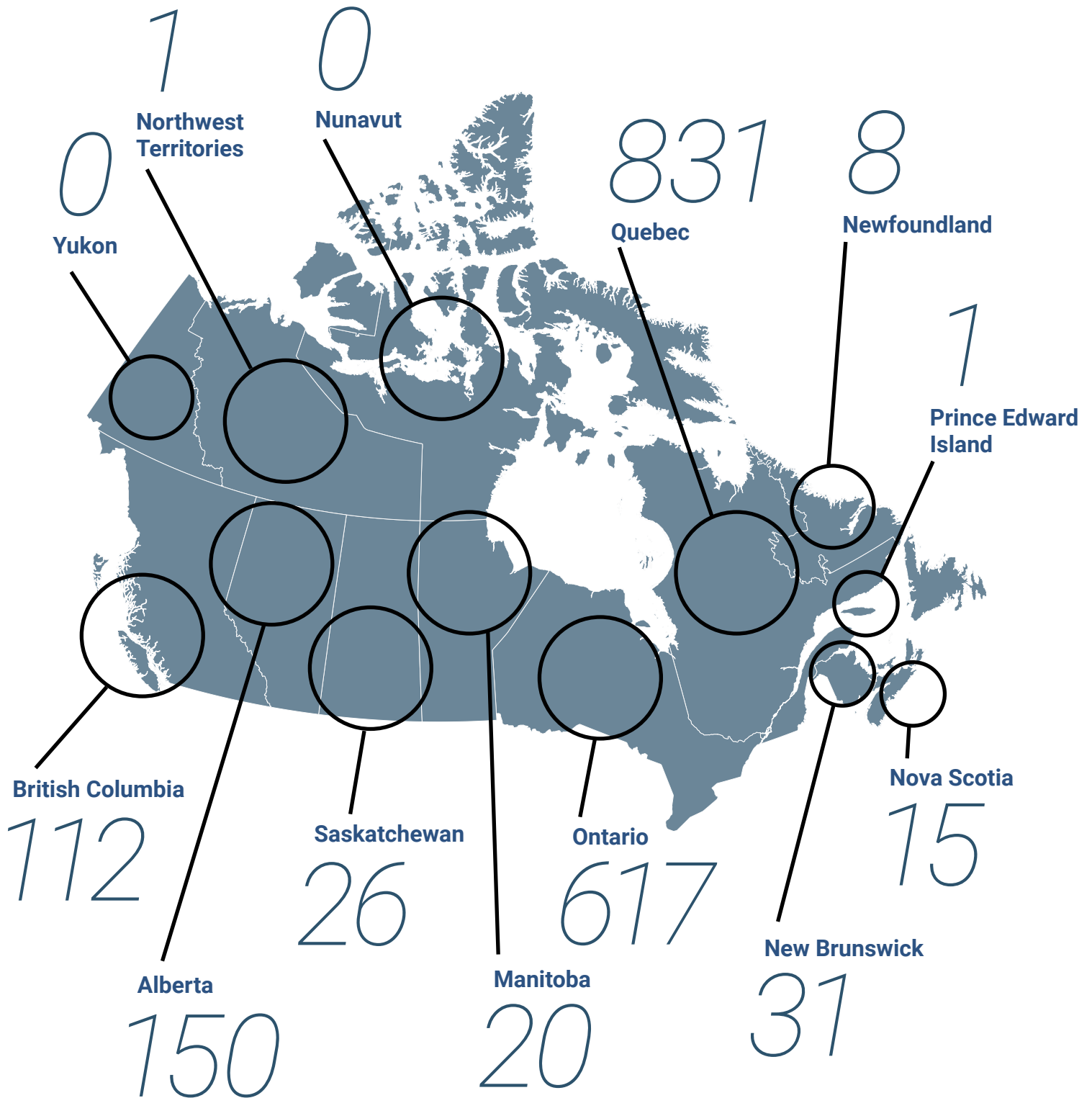
Conclusion

After an OLHI Officer had separate discussions with the insurance company and the complainant, the insurer agreed to waive the accumulated loan interest and re-credit the dividends to the policy, provided that the \$2,000 loan principal would stand against the policy. The consumer accepted the insurance company's offer and was satisfied with this resolution to his complaint.



National Stats

Complaints and Investigations



KPMG Auditor's Report

Statement of Financial Position

March 31, 2020, with comparative information for 2019

	2020	2019
Assets		
Current assets:		
Cash and cash equivalents (note 2)	\$ 946,777	\$ 658,430
Prepaid expenses and deposits	40,396	28,900
Accounts receivable	45,897	50,256
	<u>1,033,070</u>	<u>737,586</u>
Capital assets (note 3)	57,207	18,724
Intangible assets (note 3)	46,286	61,341
	<u>\$ 1,136,563</u>	<u>\$ 817,651</u>
Liabilities and Fund Balance		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 104,176	\$ 128,230
Deferred Income	106,723	—
Current portion of deferred lease inducement	2,534	7,789
	<u>213,433</u>	<u>136,019</u>
Deferred lease inducement	9,925	—
	<u>223,358</u>	<u>136,019</u>
Fund balance:		
Operating fund:		
Invested in capital assets and intangible assets	103,493	80,065
Unrestricted	809,712	601,567
	<u>913,205</u>	<u>681,632</u>
Commitments (note 5)		
	<u>\$ 1,136,563</u>	<u>\$ 817,651</u>

KPMG Auditor's Report

Statement of Operations

Year ended March 31, 2020, with comparative information for 2019

	2020	2019
Revenue:		
General assessment fees	\$ 2,275,000	\$ 2,191,002
Investment income	5,067	2,124
	<u>2,280,067</u>	<u>2,193,126</u>
Expenses:		
Staff and adjudicative services	1,206,884	1,171,925
Professional fees	226,124	164,720
Board of Directors' fees	152,827	156,286
Rent	101,658	97,936
Board meetings and travel	63,913	90,528
Management fees (note 4)	87,575	87,575
Information technology	63,605	62,934
Staff meetings and travel	31,803	41,695
Supplies and services	39,989	22,853
Telecommunications	18,672	22,087
Amortization of capital assets and intangible assets	23,661	21,656
Insurance	15,000	13,136
Training and development	4,221	12,856
Facilities fees - Toronto	5,231	6,277
Translation	5,415	4,604
Loss on disposal of capital assets	1,916	—
	<u>2,048,494</u>	<u>1,977,068</u>
Surplus of revenue over expenses	<u>\$ 231,573</u>	<u>\$ 216,058</u>

See accompanying notes to financial statements.

KPMG Auditor's Report

Statement of Changes in Net Assets

Year ended March 31, 2020, with comparative information for 2019

	2020			2019		
	Invested in capital assets and intangible assets	Unrestricted operating fund	Total	Invested in capital assets and intangible assets	Unrestricted operating fund	Total
Net assets, beginning of year	\$ 80,065	\$ 601,567	\$ 681,632	\$ 105,726	\$ 359,848	\$ 465,574
Surplus (deficiency) of revenue over expenses	(23,661)	255,234	231,573	(21,656)	237,714	216,058
Net change in investment in capital assets and intangible assets	47,089	(47,089)	–	(4,005)	4,005	–
Net assets, end of year	\$ 103,493	\$ 809,712	\$ 913,205	\$ 80,065	\$ 601,567	\$ 681,632

See accompanying notes to financial statements.

KPMG Auditor's Report

Statement of Cash Flows

Year ended March 31, 2020, with comparative information for 2019

	2020	2019
Cash provided by (used in):		
Operating activities:		
Surplus of revenue over expenses	\$ 231,573	\$ 216,058
Items not affecting cash:		
Amortization of capital assets and intangible assets	23,661	21,656
Amortization of deferred lease inducement	(4,118)	(4,493)
Loss on disposal of capital assets	1,916	—
Change in non-cash operating working capital:		
Prepaid expenses and deposits	(11,496)	(987)
Accounts receivable	4,359	(32,386)
Accounts payable and accrued liabilities	(24,054)	17,705
Deferred revenue	106,723	—
Deferred lease inducement	12,460	—
	341,024	217,553
Investing activities:		
Additions to capital assets and intangible assets	(52,677)	—
Increase in cash and cash equivalents	288,347	217,553
Cash and cash equivalents, beginning of year	658,430	440,877
Cash and cash equivalents, end of year	\$ 946,777	\$ 658,430

See accompanying notes to financial statements.

Member Companies

Acadia Life
Actra Fraternal Benefit Society
Aetna Life Insurance Company
Alberta Blue Cross
Allianz Care
Allianz Life Insurance Company of North America
American-Health and Life Insurance Company (AHLIC)
American Bankers Insurance Company of Florida
American Bankers Life Assurance Company of Florida
Assumption Life
Assurant Solutions
Assuris
BMO Life Insurance Company
Brookfield Annuity Company
Canadian Premier Life Insurance Company
CANADA Life (Great West, London Life, Canada Life)
Canassurance Insurance Company
Chubb Life Insurance Company of Canada
CIBC Life Insurance Company Limited
CIGNA Life Insurance Company of Canada
Combined Insurance Company of America
Co-operators Life Insurance Company
CUMIS Life Insurance Company
Desjardins Financial Security Life Assurance Company
Faith Life Financial
First Canadian Insurance Corporation
Foresters Financial
Foresters Life Insurance Company
Gerber Life Insurance Company
Green Shield Canada
Group Medical Services
Humania Assurance Inc.
Industrial Alliance Insurance and Financial Services Inc.
Ivari
Knights of Columbus
La Capitale Civil Service Insurance Inc.
La Capitale Financial Security Insurance Company
Liberty Life Assurance Company of Boston
Manitoba Blue Cross
Manulife Canada Ltd
Medavie Blue Cross
National Bank Life Insurance Company
New York Life Insurance Company
Old Republic Insurance Company of Canada
Pacific Blue Cross
Pavonia Life Insurance Company of Michigan
Primerica Life Insurance Company of Canada
RBC Life Insurance Company
Reliable Life Insurance Company
Saskatchewan Blue Cross
Scotia Life Insurance Company
SSQ Financial Group
Sun Life Financial
TD Life Insurance Company
Teachers Life Insurance Society (Fraternal)
The Empire Life Insurance Company
The Equitable Life Insurance Company of Canada
The Union Life, Mutual Assurance Company / UL Mutual
The Wawanesa Life Insurance Company
Transglobal Insurance Company
Western Life Assurance Company
Zurich Life

Our Board of Directors



Dr. Janice MacKinnon

Independent Director

Dr. Janice MacKinnon is a Fellow of the Royal Society of Canada, a member of the Order of Canada, and a former Saskatchewan Finance Minister, who also served as Minister of Economic Development and Social Services. During her tenure as Finance Minister Saskatchewan became the first government in Canada to balance its budget in the 1990s.

She is a Professor of fiscal policy at the University of Saskatchewan and an Executive Fellow at the University of Calgary School of Public Policy and is the author of three books and many articles on public policy issues. She has also served as the Chair of the Board of the Institute for Research on Public Policy, as a board member of the Canada West Foundation, and is currently on the Advisory board of the Canadian Global Affairs Institute.

She served as Chair of Canada's Economic Advisory Council from 2010 to 2015. She was also appointed to the federal advisory panel on NAFTA and the environment and she co-chaired the Manitoba Commission reviewing the province's K-12 Education system. In 2019 Alberta Premier Jason Kenney appointed her as Chair of Alberta's Blue Ribbon Panel on Alberta's Finances. She currently serves on the Board of Governors of the University of Alberta.

As Chair of the OLHI Board of Directors, Dr. MacKinnon brings considerable expertise in finance, public policy, government relations, strategic planning and governance.



Lea Algar

Independent Director

Lea Algar has had a distinguished career in the insurance industry and in the ombudservice. She was appointed the first Ontario Insurance Ombudsman. She also served as Chair of the General Insurance OmbudService (GIO) Board of Directors.

Ms. Algar has also been a Chartered Insurance Professional (CIP). She worked with the Insurance Institute of Canada, the Insurance Bureau of Canada, the Ontario Insurance Commission, which became part of the Financial Services Commission of Ontario. She has also served as a Director on the Board of the Property and Casualty Insurance Compensation Corporation.

Ms. Algar was also a Partner with the Truman & Snively Insurance Agency and a Professor of the Insurance Administration Program at Mohawk College.

As an Independent Director on the OLHI Board, she brings to the board her significant expertise in governance, consumer affairs, ombudservices, and extensive knowledge of the insurance industry.

Our Board of Directors



Geoff Plant

Independent Director

Geoff Plant is a lawyer and mediator based in Vancouver. Mr. Plant is a partner with Gall Legge Grant Zwack LLP and serves as Chancellor of the Emily Carr University of Art + Design.

Mr. Plant was a Member of British Columbia Legislative Assembly from 1996-2005 and served as Attorney General of British Columbia and Minister responsible for Treaty Negotiation. He was also the Minister responsible for the Citizens' Assembly on Electoral Reform.

After leaving politics, Mr. Plant has provided public service in a number of other capacities, including serving as Board Chair of Providence Health Care and Board Vice Chair of BC Ferries, and leading negotiations on behalf of government with First Nations political organizations. Mr. Plant has also served as Board Chair of the British Columbia Land Title & Survey Authority, the Canada West Foundation, and the Dalai Lama Center for Peace and Education. He was also named as one of Canada's Most Influential Lawyers by Canadian Lawyer Magazine and served as Vancouver's Civil City Commissioner.

Mr. Plant brings a wealth of experience in government relations and governance to the OLHI Board of Directors as well as expertise in dispute resolution, mediation and law.



Reginald W. Richard

Independent Director

Reginald W. Richard spent thirty years with a national life, property and casualty insurer in all domains of insurance in the Atlantic Provinces, Western Canada and Ontario. He is a past member of the IBC Atlantic Insurance Advisory Committee and served on various co-operative and credit union committees.

Mr. Richard was appointed Superintendent of Insurance for New Brunswick, and later was a member of the New Brunswick Hospital Liability Insurance Committee. After retiring in 1999, Mr. Richard served on the Board of the Canadian Life and Health Insurance Association (CLHIA) Consumer Assistance Centre, which later evolved into OLHI with new leadership, governance, and a mandate to provide impartial and independent consumer complaint resolution services.

As a long tenured member of the OLHI Board of Directors, Mr. Richard has served as Chair of OLHI's Standards Committee since 2006, and has a keen interest in information technology, product management, dispute resolution and working with Regulators.

Our Board of Directors



Louise Shiller

Independent Director

Louise Shiller has held senior positions in both the public and private sectors, building expertise in the areas of behaviour management, school administration, student services, and educational leadership. She has extensive experience in mediation, crisis intervention, harassment and violence prevention. She was instrumental in developing and establishing several essential programs throughout Quebec and improving the delivery of services at various organizations and school boards. She also served as President of the Quebec Counselling Association. Ms. Shiller worked for Youth Protection and became the Director of Federation CJA West Island, leading the strategic planning process and making decisions on behalf of the community at large.

In 2010, Ms. Shiller was appointed as Concordia University's Director and Senior Advisor of Rights and Responsibilities, promoting values of diversity, civility, equity, respect, inclusion, and non-discrimination. Her mandate included resolving conflicts, behavioural incidents, and rights violations in an effective and constructive manner, while overseeing intervention and redress. In this important role, she developed, revised, and administered policies, public documents, and training programs. During her tenure, she led task forces and committees, as well as continuously made systemic recommendations and improvements.

Ms. Shiller continues her work in ombudservices focusing on best practices including, appraisals and policy development. She is currently serving as an Ombudsperson at the post-secondary level.

As a member of the Board of Directors, Ms. Shiller brings leadership and distinctive skills to the areas of programming, public policy, governance, and dispute resolution.



Claude Garcia

Industry Director

Claude Garcia joined the Québec Ministry of Social Affairs in 1969, occupying various positions including Assistant Deputy Minister. He later returned to the private sector in 1978 as Partner with Hébert, LeHouillier et associés, consulting actuaries. He joined the Standard Life Assurance Company in 1983, starting his career with the insurer as Senior Vice-President and later becoming President of Canadian Operations for Standard Life in 1991. He retired from that position in 2004.

During his career, Mr. Garcia has served on numerous boards in the private and public sector. He has acted as chairman of the Chambre de Commerce du Montréal Métropolitain, the Montreal YMCA Foundation and of l'Agence des partenariats public-privé du Québec. He has been a director of the Standard Life Assurance Company, the Caisse de dépôt et placement du Québec, Quno, the Montreal Exchange, Cogeco and Cogeco Communications, Jarislowsky Fraser, l'Institut de recherches cliniques de Montréal and BTB Reit. Mr. Garcia remains Chairman of Goodfellow.

Having spent most of his career in insurance, he brings extensive knowledge of the insurance industry to the OLHI Board. His experience in the public and private sectors has built his expertise in product, consumer affairs, leadership, public policy direction, government relations, finance, strategic planning, and governance.

Our Board of Directors



Dr. Dieter Kays

Industry Director

A corporate director, with his ICD.D, Dieter Kays has a Ph.D. in leadership and organizational effectiveness. He is currently chair of the Lutheran Church-Canada Worker Pension and Benefits Board. From 2010 to 2019 he served on the board of St. Mary's Hospital in Kitchener, including as board chair.

A graduate of the Stanford International Executive Program, Dr. Kays was the CEO and President of FaithLife Financial (FLF) one of largest fraternal life insurance companies in Canada and prior to retiring from FLF in 2010, he was on the board of directors of the Canadian Life and Health Insurance Association (CLHIA).

Prior to that time, Kays also had a distinguished career as CEO of Lutherwood, a multiservice social service agency. Lutherwood was repeatedly identified in national culture surveys as one of the top 10 medium sized organizations in Canada. Having served on numerous boards and provincial task forces, he has consulted to organizations in Canada and abroad. He is known for his expertise in governance, leadership and strategic planning.



Frank Swedlove

Industry Director

is the Immediate Past President of the Canadian Life and Health Insurance Association (CLHIA) and served as the first Chair of the Global Federation of Insurance Associations (GFIA).

Mr. Swedlove spent most of his career with the Department of Finance in Ottawa as an Advisor to several Ministers of Finance, and later as Assistant Deputy Minister of the Financial Sector Policy Branch. He was also President of the Financial Action Task Force, an international body responsible for fighting global money laundering and terrorist financing. Since leaving CLHIA in 2017, Mr. Swedlove has started a public policy consulting company called Swedlove Consulting Inc. Mr. Swedlove is also a recipient of both the Queen's Golden Jubilee medal for public service and the Queen's Diamond Jubilee medal for service to the insurance industry.

His experience with the Federal government and time spent as President of CLHIA give Mr. Swedlove a unique and insightful perspective on the insurance industry, consumer affairs, public policy, government relations, working with Regulators and strategic planning.