



# **DECISION**

## **IN THE MATTER OF**

### **THE GENERAL INSURANCE COUNCIL OF SASKATCHEWAN**

(Council)

### **MARKET PRACTICES COMMITTEE**

(Committee)

### **RESPECTING**

**Ana Spidalieri, Designated Representative**

(DR)

**of**

**Willis Canada Inc. o/a Willis Towers Watson**

(the Agency)

The Committee is authorized under Council's Bylaw 2, section 2-3, to investigate complaints and adjudicate or mediate disputes respecting alleged non-compliance with *The Insurance Act* (Act), *The Insurance Regulations* (regulations) or Council's Bylaws (Bylaws) by applicants, licensees or persons who are required to be licensees pursuant to section 5-31(3)(i) of the regulations, and to make decisions respecting penalties and other charges pursuant to section 5-31(3)(k) of the regulations.

The Compliance and Enforcement department of the Insurance Councils of Saskatchewan (ICS) investigated the actions of the DR of the Agency above for failure to respond to Council inquiries, which is a violation of Council Bylaw 4-1(2)(u).

A Notice of Proposed Action dated August 13, 2025, including a Consensual Agreement and Undertaking (Agreement) was served to the DR of the Agency on August 15, 2025. The Agreement notified the DR that fines were being sought against the Agency for breaching Council's Bylaws.

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The DR, on behalf of the Agency, chose to submit written representations to the Committee pursuant to section 10-11(3)(b) of the Act, respecting why she felt the actions identified in the Agreement should not be taken. She submitted her written representations to Council via e-mail on September 15, 2025.

On October 6, 2025, in accordance with section 10-11(10)(a) of the Act, the Committee convened to review the conduct of the DR for the Agency, in relation to their failure to respond to inquiries from ICS. The Committee has determined that the DR has violated Bylaw 4-1: Professional Misconduct, specifically Bylaw 4-1(2)(u) outlined below.

**MISCONDUCT AND BYLAW VIOLATIONS:**

**Bylaw 4-1 Professional misconduct**

(1) For the purposes of the Act, the regulations and these bylaws, professional misconduct is a question of fact but includes any matter, conduct or thing, whether or not disgraceful or dishonorable that:

(c) is a breach of the Act, the regulations of these bylaws.

**Bylaw 4-1 Professional misconduct**

(2) Without limiting the generality of subsection 4-1(1), a licensee may be guilty of misconduct if the licensee:

(u) fails to reasonably respond to inquiries from LICs or ICS.

**REASONS FOR THE DECISION:**

Following review, the Committee has determined that the DR has violated the above Bylaws based on the following findings of the investigation:

1. The DR failed to respond to correspondence issued by ICS on **February 6, 2025**.
2. Reminder notices were sent on **March 4, 2025**, and again on **July 2, 2025**, clearly stating that failure to respond constitutes a breach of ICS Bylaws.
3. A DR holds a position of trust and is expected to act in accordance with the law, demonstrating integrity and honesty at all times.
4. Failure to respond to regulatory inquiries compromises the oversight mechanisms that ensure compliance, accountability, and consumer protection.
5. Although the DR acknowledged the delay in response, no evidence was provided to confirm that the inquiry was addressed or completed.

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The Committee considers this a serious breach of professional standards and emphasizes the importance of timely and appropriate responses to regulatory bodies.

Following a thorough review of the written representation submitted by the DR, the Committee has determined that DR, Ana Spidalieri on behalf of Willis Canada Inc. o/a Willis Towers Watson is in violation of Bylaw 4-1: Professional Misconduct.

As a result, the following penalties are hereby imposed:

**THE COMMITTEE HEREBY ORDERS THAT:**

1. The Licensee pay the following fines:

<b>Bylaw 4-1(2)(u)</b> for failure to respond to Council	<u>\$300.00</u>
<b>Total:</b>	<b>\$300.00</b>
Costs of investigation: 3 hours at \$110.00 per hour	<u>\$330.00</u>
<b>Total fines and costs:</b>	<b>\$630.00</b>

2. The Licensee must **pay the fines and costs within 30 days of being served with this Decision**, pursuant to section 5-39(3) of the Act.

Dated at Regina, in the Province of Saskatchewan, this 9th day of October 2025.

Originally signed by:

Ariel Dwyer, Chair  
Market Practices Committee  
General Insurance Council of Saskatchewan

**Section 5-39(3) of the Act**

If a penalty imposed against a holder of an insurance intermediary's licence pursuant to subsection (2) is not paid within 30 days after the holder is served with the written notice of the penalty and the decision of the Superintendent is not appealed, the licence is automatically suspended immediately following the last date for paying the penalty or appealing the decision, whichever is later, and remains suspended until the penalty is paid or the licence expires.

## Appendix A – Legislative Provisions

### *The Insurance Act*

“appeal panel” means a panel established pursuant to section 17 of The Financial and Consumer Affairs Authority of Saskatchewan Act to hear appeals with respect to this Act;

#### **Appeal of decision or order of insurance council**

**10-34(1)** A decision or order made by an insurance council or a committee of an insurance council pursuant to Part V may be appealed to the appeal panel by:

- (a) an applicant who has been refused a licence or endorsement if the Superintendent’s powers to issue or refuse a licence have been delegated to the insurance council;
- (b) an applicant or licensee whose licence or endorsement is made subject to any limitation, restriction, term or condition or any new, additional or amended limitation, restriction, term or condition if the Superintendent’s powers to impose limitations, restrictions, terms and conditions on licences or endorsements have been delegated to the insurance council;
- (c) an applicant who has been refused reinstatement of a licence or an endorsement if the Superintendent’s powers to reinstate licences or endorsements have been delegated to the insurance council;
- (d) a licensee whose licence has been suspended or cancelled if the Superintendent’s powers to suspend or cancel licences or endorsements have been delegated to the insurance council; or
- (e) a person required to pay a penalty or costs assessed in accordance with the regulations.

(2) A notice of appeal must be in writing and must be served on the insurance council and the Superintendent and filed with the chairperson of the Authority within 30 days after the date of the insurance council’s decision or order.

#### **Extension of time**

**10-35** A person mentioned in subsection 10-33(1) or 10-34(1) may apply to the appeal panel for an extension of the time within which an appeal may be commenced, and the appeal panel may, if the appeal panel considers it reasonable to do so, make an order extending the time within which the appeal may be commenced.

#### Notice of appeal

**10-36(1)** A written notice of appeal must set out:

- (a) all grounds on which the appeal is based, including:
  - (i) the nature of any error alleged in the Superintendent’s or insurance council’s decision or order, as the case may be; and
  - (ii) the specific grounds on which it is alleged that an error exists;
- (b) in summary form, the material facts on which the appellant relies; and

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(c) an address for the appellant for service of documents relating to the appeal.

(2) If, in the opinion of the appeal panel, a person fails to provide information required pursuant to subsection (1), the appeal panel may, at any time before determining the appeal, require the person to provide the information within a specified time, and, if the person does not provide the information within that time, the appeal panel may dismiss the appeal.

(3) Within five business days after receiving the notice of appeal, the appeal panel shall fix a date and place for hearing the appeal.

(4) After receiving a notice of appeal pursuant to subsection (1), the Superintendent or insurance council, as the case may be, shall as soon as is reasonably possible provide to the appeal panel a copy of:

- (a) any information, evidence or material the Superintendent or insurance council relied on or considered in making the decision or order that is the subject of the notice of appeal;
- (b) the transcript of any hearing conducted by the Superintendent or insurance council respecting the decision or order that is the subject of the notice of appeal;
- (c) the decision or order that is the subject of the notice of appeal and any reasons for the decision or order provided to the appellant by the Superintendent or insurance council.

(5) The Superintendent or insurance council, as the case may be, shall provide to the appellant or the appellant's lawyer or agent a copy of the documents provided to the appeal panel pursuant to subsection (4) if the appellant or the appellant's lawyer or agent pays to the Superintendent or insurance council, as the case may be, the reasonable costs of making and providing a copy.

**Rules re appeals**

**10-37(1)** Subject to subsection (2), the appeal panel shall determine the appeal on the basis of:

- (a) the notice of appeal;
- (b) any information provided pursuant to subsection 10-36(2); and
- (c) the materials provided pursuant to subsection 10-36(4).

(2) If the appellant or the appellant's lawyer or agent applies to the appeal panel to present new or additional evidence, the appeal panel may authorize the appellant to introduce the new or additional evidence.

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(3) If the appellant or the appellant's lawyer or agent presents new or additional evidence during the hearing of an appeal, the appeal panel may, if it considers it to be appropriate to do so:

- (a) consider the new or additional evidence;
- (b) exclude the new or additional evidence;
- (c) direct a new hearing by the Superintendent or the insurance council on the basis of the new or additional evidence and the materials mentioned in subsection 10-36(2); or
- (d) direct further inquiries by the Superintendent or the insurance council.

(4) On an appeal pursuant to sections 10-33 and 10-34, the appeal panel may do any of the following:

- (a) dismiss the appeal;
- (b) allow the appeal;
- (c) direct a new hearing or further inquiries by the Superintendent or the insurance council;
- (d) vary the decision or order of the Superintendent or the insurance council;
- (e) substitute the appeal panel's own decision for the decision of the Superintendent or the insurance council;
- (f) in the case of an appeal pursuant to section 10-34, order the insurance council to issue or reinstate the licence or endorsement;
- (g) if applicable, vary any terms and conditions imposed by the Superintendent or insurance council on the appellant's licence or endorsement;
- (h) make any order as to costs that the appeal panel considers appropriate.

(5) The Superintendent is entitled to be heard, by a lawyer or otherwise, at the hearing of an appeal pursuant to section 10-33 or 10-34 and on any application connected with the appeal.

(6) The insurance council is entitled to be heard, by a lawyer or otherwise at the council's own expense, at the hearing of an appeal pursuant to section 10-34 and on any application connected with the appeal.

(7) The appeal panel shall provide a decision, in writing, including the reasons for the decision to:

- (a) in the case of an appeal pursuant to section 10-33, the appellant and the Superintendent; and
- (b) in the case of an appeal pursuant to section 10-34, the appellant, the insurance council and the Superintendent.

(8) The commencement of an appeal pursuant to section 10-33 or 10-34 does not stay the effect of the decision or order appealed from, but, on five business days' notice to the

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Superintendent and the insurance council, if applicable, the appellant may apply to the appeal panel for a stay of the decision or order pending the disposition of the appeal.

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