



Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
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Circular Letter No. : 07-2012
Date : 02-15-12

CIRCULAR LETTER

TO : All Insurance Companies, Mutual Benefit Associations and Cooperative Insurance Societies Doing Microinsurance Business in the Philippines

SUBJECT : Filing of 2011 Annual Statement

In connection with our Circular Letter No. 5-2011 dated January 31, 2011 relative to the performance standards for microinsurance, every insurance company, mutual benefit association and cooperative insurance society providing microinsurance products and services are required to file with the Insurance Commission, its corresponding Annual Statement on the form herewith enclosed containing relevant exhibits and schedules that were revised to include data and information on microinsurance business operations.

Please be guided accordingly.

EMMANUEL F. DOOC
Insurance Commissioner

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF _____

Certificate of Authority No. _____ Tax Identification _____

Date of Original Issue _____

Date of Latest Renewal _____

Organized under the Laws of the Republic of the Philippines _____

Incorporated on _____ Telephone No. _____

Home Office _____ Mailing Address _____

Corporate Residence Certificate No. _____ FAX No. _____

Issued at _____ on _____ Commenced business on _____

MEMBERS OF THE BOARD,
OFFICERS AND EMPLOYEES

Members of the Board and Officers were elected
on _____
Term of office to expire on _____

POSITION	NAME	NATIONALITY	NO. OF SHARES OWNED	AMOUNT
Chairman				
Vice Chairman				
Directors				
President				
Exec. Vice-Presidents				
Sr. Vice-President				
Vice-President				
Secretary				
Treasurer				
Actuary				
Department Heads:				
Underwriting				
Sales				
Investments				
Administration				
Claims				
Chief Accountant				
Auditor: Internal				
Auditor: External				
Number of Salaried Officers		Number of Salaried Employees		
Number of Insurance Agents		Number of General Agents		

Names and Address of General Agents; Certificate of Authority Number and Date of Issue:

Name	Address	C/A No.	Date Issued/Renewed

Number of Branches (Total) _____ Domestic/Local _____ Foreign _____

Branch Office Address _____

Domestic/Local _____ Name of Manager _____

Foreign _____

Affiliates	NUMBER OF SHARES		Company Owned	Percentage of Ownership
	Authorized	Capital Stock Paid-Up		

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

ASSETS		Current Year	Previous Year
1. Bonds (Schedule A)			
2. Treasury Bills			
3. Stocks (Schedule B)			
4. Real estate (Schedule C)			
4.1. Properties occupied by the company(less P encumbrances)			
4.2. Properties acquired in satisfaction of debts (less P encumbrances)			
4.3. Investments in real estate (less P encumbrances)			
5. Purchase money mortgages (Schedule D)			
6. Mortgage loans (Schedule E)			
7. Policy loans (Schedule F)			
8. Collateral loans (Schedule G)			
9. Guaranteed loans (Schedule H)			
10. Other loans (Schedule I)			
11. Short-term investments (Schedule J)			
12. Security fund			
13. Other investment(Schedule K)			
14. Cash on hand and in banks (Schedule L)			
14. A Cash and invested assets			
15. Electronic data processing equipments (Schedule M)			
16. Amount due from ceding companies (Schedule N and O)			
17. Amount recoverable from accepting companies (Schedule P and Q)			
18. Receivables from life insurance pool (Schedule S, cols, 5, 6 & 7)			
19. Net life insurance premiums and annuity considerations due and uncollected			
20. Accident and health premiums due and uncollected			
21. Net-life deferred premiums			
22. Net accident and health deferred premiums			
23. Investment income due and accrued			
24. Net adjustment in assets and liabilities due to foreign exchange rate			
25. Investment in Variable Contract-Seed Capital (another better account name - assignment of IC)			
26			
27			
28			
29			
30			
31			
32			
33			
34 TOTAL ADMITTED ASSETS			

* Enumerate Other Admitted Assets from Line/s 23 to 31.
NOTE: The items on this page to agree with Exhibit 12. Col.4

LIABILITIES	Current Year	Previous Year
1 Aggregate reserve for life policies and contracts (Exhibit 8)		
2 Aggregate reserve for accident and health policies (Exhibit 9)		
3 Supplementary contracts without life contingencies (Exhibit 10, Col. 5)		
4 Policy and contract claims (Exhibit 11, Part 1)		
5 Policyholders' dividend accumulations. (Exhibit 10, Col. 6)		
6 Policyholders' dividends and experience refunds due and unpaid (Exhibit 7)		
7 Policyholders dividends and experience refunds payable in		
7.1 Apportioned for payment to _____		
7.2 Not yet appropriated		
8 Amount provisionally held deferred dividend policies not included in Item 7		
9 Premiums and annuity considerations received in advance less= P _____		
discount: including= P _____accident and health premiums		
10 Liability for premium deposit funds		
11 Policy and contract liabilities not included elsewhere:		
11.1 Surrender values on cancelled policies		
11.2		
11.3		
12 Amount due to accepting companies (Schedule P & Q)		
13 Amount payable to ceding companies (Schedules N & O, cols. 5 & 6)		
14 Commissions to agent due or accrued - Life and annuity= P _____		
Accident and Health = P _____		
15 General expenses due or accrued (Exhibit 5, Line 11)		
16 Taxes and Licenses Payables		
16.1 Premium Tax Payable		
16.2 Documentary Stamps Payable		
16.3 Income Tax Payable		
16.4 Other Taxes and Licenses Payable		
17 "Cost of Collection" on premiums and annuity considerations uncollected		
in excess of total loading thereon		
18 Unearned investment income (Exhibit 3, Col. 2)		
19 Amount withheld or retained by company as agent or trustee		
20 Amount held for agents' account (including = P _____agents'credit balances)		
21 Remittances and items not allocated		
22 Net adjustments in assets and liabilities due to foreign exchange rate		
23 Liability for benefits for employees and agents not included above		
24 Borrowed money= P _____and interest thereon= P _____		
25 Dividends to stockholders declared and unpaid		
26 Other Liabilities (give items and amount):		
26.1 Payable to life insurance pools (Schedule S, col. 9)		
26.2 Accounts Payable		
26.3 Loans Payable		
26.4 Other liabilities		
27 Total Liabilities		
NET WORTH*/TRUSTEED SURPLUS **		
28 Capital Stock Paid-up* /Statutory Deposit**		
28.1 Capital paid in excess of par value*		
28.2 Seed Capital on Variable Contracts		
29 Special Surplus Funds.		
29.1 Fluctuation Reserve - Stock and Bonds		
29.2 Fluctuation Reserve - Foreign Exchange		
29.3 Revaluation Reserve - Real Estate		
30 Contributed Surplus*		
31 Statutory Reserve Surplus***		
32 Contingency Surplus*/Home Office Inward Remittances**		
33 Unassigned Surplus */Home Office Account		
34 Total of Items 28 to 33		
35 TOTAL LIABILITIES AND NETWORTH*/TRUSTEED SURPLUS**		

[illegible]

34	Contingency surplus, December 31, previous year		45	Contributed surplus, December 31, current year	
35	Surplus paid-in, December 31, previous year		46	Surplus paid-in, December 31, current year	
36	Special surplus funds, December 31, previous year		47	Special surplus funds, December 31, current year	
36.1			47.1		
36.2			47.2		
36.3			47.3		
37	Net gains from operations (Item 33, page 4)		48	Net loss from operations (Item 33, p. 4)	
38	Net capital gains (Exhibit 4, column 6)		49	Net capital loss (exhibit 4, col. 6)	
39.1	Increase in contingency surplus - deposit on subscription		50	Decrease in contingency surplus - deposit on subscription	
39.2	Increase in other surplus paid in		51	Decrease in other surplus paid in	
40	Net gain from non-admitted and related items (Exhibit 13, col.3 line 40)		52	Net loss from non-admitted and related items(exhibit 13, col. Line 40)	
41	Decrease in fluctuation reserve		53	Increase in fluctuation reserve	
42	Decrease in reserves on account of changes in valuation basis		54	Increase in reserves on account of changes in valuation basis	
43	Unassigned surplus, December 31, previous year		55	Unassigned surplus, December 31, current year	
44	TOTAL		56	TOTAL	

* Disclose the amounts allocated for Microinsurance (especially on items 37 & 48), if any

EXHIBIT 2 - NET INVESTMENT INCOME
(Accrued basis)

1	Total interest, dividends and real estate income (Exhibit 3, col. 7, Line 15)	
2	Investment expenses(Exhibit 5, col. 3, Line 10)	
3	Taxes, Licenses and fees (Exhibit 6, col. 3 Line 7)	
4	Depreciation on real estate	
5		
6	Total (Lines 2 to 5 inclusive)	
7	NET INVESTMENT INCOME -Line 1 less Line 6 (to Item 4, page 4)	
8	Ratio of net investment income to mean assets(see instructions)	
9	Ratio of net investment income to mean assets before income tax, if any included in line 3	

EXHIBIT 3 - INTEREST, DIVIDENDS AND REAL ESTATE INCOME

	Collected During the Year (1)	Current Year			Previous Year (3+4-2-5) (6)
		Unearned (2)	Due (3)	Not-admitted (5)	
1 Interest on Bonds	*				
2 Dividends on Stocks	+				
3 Income on Real Estate	**				
4 Interest on Purchase Money Mortgages					
5 Interest on Mortgage Loans					
6 Interest on Policy Loans					
7 Interest on Collateral Loans					
8 Interest on Guaranteed Loans					
9 Interest on Other Loans					
10 Interest on Short-term Investments					
11 Interest on Security Fund					
12 Interest on Other investments					
13 Interest on Bank Deposits					
14 Other Income					
15 TOTALS					

*Includes P _____ accrual of discount less P _____ amortization of premium
and less P _____ paid for accrued interest on purchases.
** Includes P _____ for company's occupancy of its own buildings; and excludes
P _____ interest. On encumbrances
+ Excludes P _____ paid for Accrued dividends on purchases.

* Disclose the amounts allocated for Microinsurance, if any

***EXHIBIT 4-GAINS AND LOSSES ON INVESTMENT AND OTHER ASSETS**

	Increase in Book Value	Profit on Sale or Maturity	Decrease in Book Value	Loss on Sale or Maturity	Net Gain(+) or Loss(-) from Change in Differ ence between Book & Admitted Values	Net Gains(+) Or Loss(-) (1+2-3-4+5)
	(1)	(2)	(3)	(4)	(5)	(6)
1 Bonds						
2 Stocks						
3 Real estate			**			
4 Purchase Money Mortgages						
5 Mortgage Loans						
6 Policy Loans						
7 Collateral Loans						
8 Guaranteed Loans						
9 Other Loans						
10 Short-Term Investment						
11 Security Fund						
12 Other Investments						
13 Cash and Bank deposit						
14 Others (specify)						
15 TOTALS						

16 Net realized gains(+) or losses(-) on assets disposed of during the year P
less P _____ reflected in previous years' statements.

17 Net unrealized gain(+) or losses (-) of the year.

* Adjustments due to amortization to be reported in Exhibit 3.

** Excluding P _____ depreciation on real estate included in Exhibit 2, Line 4

* Disclose the amounts allocated for Microinsurance, if any

EXHIBIT 5 - GENERAL EXPENSES

	Microinsurance (1)	Regular Insurance		Investments (4)	Totals (5)
		Life (2)	Accident & Health (3)		
1 Rent					
2.1 Salaries and Wages					
2.2 Allowances to employees including P _____ for officers)					
2.3 Directors Fees and Allowances					
2.4 Contributions for benefit plan for employees					
2.5 Payment to employees under non-funded benefit programs					
2.6 Other employee's welfare					
3.1 Agency expense allowances					
3.2 Contributions for benefit plan for agents*					
3.3 Payments to non-agent under non-funded benefit programs					
3.4 Other agents welfare					
3.5 Agents balances charged off					
3.6 Agency Conferences and Promotions					
3.7 Agency Training					
4.1 Medical examination fees					
4.2 Inspection report fees					
4.3 Expenses of investigation and settlement of policy claims					
5.1 Legal fees and expenses					
5.2 Fees to public accountants and consulting actuaries					
5.3 Management professional fees					
6.1 Travelling expenses					
6.2 Advertising expenses					
6.3 Postage, telephone and telegraph					
6.4 Printing and stationery					
6.5 Cost of depreciation - furniture, fixture and equipment					
6.5a Cost of Depreciation - transportation equipment					
6.6 Rental of Equipment					
6.7 Repairs and maintenance - furniture, fixture and equipment					
6.7a Repairs and maintenance - transportation and equipment					
7.1 Books and periodicals					
7.2 Bureau and association dues					
7.3 Insurance, except on real estate					
7.4 Miscellaneous losses					
7.5 Collection and bank service charges					
7.6 Sundry general expenses					
7.7 Group service and administration fees					
7.8 Representation and entertainment expenses					
8.1 Repairs and maintenance - others					
8.2 Security Services					
8.3 Donations					
8.4					
9.1 Real estate expenses - Depreciation					
9.2 Investment expenses not included elsewhere					
10 GENERAL EXPENSE INCURRED					
11 General Expense unpaid December 31, current year					
12 General expense unpaid December 31, previous year					
13 General expense paid during the year (lines 10-11 +12)					

A. Compensation to agents on a plan other than commissions included in Col. 1 : First year P _____
Renewal P _____

B. Agency supervision, except Home Office, included in Col. 1 Line 2.1. P _____, Line 6.1 P _____
Line P _____

C. Branch office expenses other than those in A and B included in Col. 1: Line P _____
Line P _____, all other lines P _____

*These items include P _____ on account of prior service.

EXHIBIT 6- TAXES, LICENSES, AND FEES

(Accrual Basis)

	Insurance			Investments	Totals
	Microinsurance	Life	Accident & Health		
	(1)	(2)	(3)	(4)	(5)
1 Real estate taxes					
2 Licenses and fees					
3 Assessment fees					
4 Premium taxes					
5 Documentary stamps					
6 Income Tax					
6.1 SSS and other like contributions					
Other taxes					
7 TAXES, LICENSES AND FEES INCURRED					
8 Taxes, licenses and fees unpaid December 31, current year					
9 Taxes, licenses and fees unpaid December 31, previous year					
10 Taxes, licenses and fees paid during the year(Lines 7-8+9)					

EXHIBIT 7 - DIVIDENDS/EXPERIENCE REFUNDS TO POLICYHOLDERS

	Microinsurance	LIFE		Accident and Health	Total
		Ordinary	Group		
		(1)	(2)	(3)	(4)
1 Applied to pay renewal premiums					
2 Applied to shorten the endowment or premium paying period					
3 Applied to provide paid-up additions					
4 Applied to provide paid-up annuities					
5 TOTAL LINES 1 TO 4					
6 Paid in cash					
7 Left on deposit with the company					
8					
9 TOTAL LINES 5 TO 8					
10 Amount due and unpaid (Item 6, Page 3)					
11 Provision for annual dividends and/ or experience refunds including P terminal dividends (Item 7, Page 3, in part)					
12 Provision for deferred dividends and/or experience refunds (Item 8, Page 3, in part)					
13 TOTAL LINES 10 TO 12					
14 Line 13 of previous year					
15 TOTAL DIVIDENDS/EXPERIENCE REFUNDS TO POLICYHOLDERS (Lines 9 + 13-14)					

** Disclose the amounts allocated for Microinsurance, if any

(To Item 29, Page 4)

(To Item 30 Page 4)

EXHIBIT 8A-CHANGES IN BASES OF VALUATION DURING THE YEAR
(Including supplementary contracts set up on a basis other
than that used to determine benefits)

	DESCRIPTION OF VALUATION CLASS	VALUATION BASES		Increase in Actuarial Reserve Due to Change
		Changed from	Changed To	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
TOTAL(to agree with item 6, page 5)				

- 1 Does the company at present issue both participating and non-participating policies? Answer: _____ If not, state whichkind is issued. Answer: _____
- 2 Does the company issue any insurance for which the gross premiums are less than the net premiums? Answer? _____.The additional reserve to cover defeciencies in gross premiums must be included in Exhibit 8.
- 3 Does the Company waive deduction of deferred fractional premiums at death on any of its business?Answer: _____
Is any surrender value promised in excess of the reserve as legally computed?Answer; _____ If so, the amount of such excess must be indicated in G.3 of Exhibit 8.
- 5 State the number of policies, the amount of insurance in force under each of the following plans:

* Include Microinsurance, if any

	NON-PARTICIPATING		PARTICIPATING			
	No. of Policies	Amount	Annual Dividend		Deferred Dividend	
			No. of Policies	Amount	No. of Policies	Amount
Microinsurance						
Industrial						
Ordinary						
Group						
TOTALS						

EXHIBIT 9 - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH POLICES

	Total	Microinsurance	Group Accident and Health	Accident only	Accident and health	Non-cancell- able accident & health	Hospital and medical Expenses
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Unearned premium reserve							
2 Additional reserves for guaranteed renewable policies							
3 Present value of amounts not yet due on claims							
4 Reserve for future contingent benefits (deferred)							
5							
6 Total(Gross)							
7 Reinsurance assumed							
8 Reinsurance ceded							
9 TOTAL (net)(to item 2,page 3)							

EXHIBIT 10 - SUPPLEMENTARY CONTRACTS WITHOUT LIFE CONTINGENCIES AND DIVIDEND ACCUMULATIONS

	Valuation Rate (1)	Contract Rates (2)	SUPPLEMENTARY CONTRACTS WITHOUT LIFE CONTINGENCIES			Dividend Accumulations (6)
			Present value of Amounts Not Yet Due (3)	Amounts Left on Deposit (4)	Totals (5)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15 TOTALS(as per Items 3&5, page 3)						

* Include Microinsurance, if any

EXHIBIT 11-POLICY AND CONTRACT CLAIMS

PART-1 Liability End of Current Year

	Total	Microinsurance	Industrial Life*	O R D I N A R Y					G R O U P		ACCIDENT AND HEALTH	
				Life Insurance	Total and permanent Disability	Additional accidental death	Individual Annuities	Supplementary Contracts	Life Insurance	Annuities	Group	Individual
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 Due and unpaid												
2 In course of settlement:												
2.1. Resisted					+							
2.2. Other					+							
3 Incurred but unreported (less reinsurance)					+							
4 Total (Gross)												
5 Add: Reinsurance Assumed on reported claims												
6 Less: Reinsurance Ceded on reported claims												
7 NET LIABILITY (Col. 1 to Item 4, Page 3):			**	***								

* Including total and permanent disability and accident benefits

*** Including matured endowment unpaid amounting to P

** Including matured endowments unpaid amounting to P + Include only portion of liability applicable to assumed "accrued" payments. Reserve for unaccrued payments, P appears in Item 1, Page 3 Exhibit 8, Section F.

PART 2 - Incurred during the Year

	Total	Microinsurance	Industrial Life*	O R D I N A R Y					G R O U P		ACCIDENT AND HEALTH	
				Life Insurance***	Total and permanent Disability	Additional accidental death	Individual Annuities	Supplementary Contracts	Life Insurance	Annuities	Group	Individual
	(1)	(2)	(3)**	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1 Settlements during the year												
a: Direct business												
b: Reinsurance assumed												
c: Reinsurance ceded												
d. Net amount		+										
2 Net liability Dec. 31 current year from part 1												
3 Amount recoverable from reinsurers December 31, previous year												
4 Net liability Dec. 31 previous year												
5 Amount recoverable from reinsurers December 31, current year												
6 Net incurred benefits Line 1.d + Line 2 + Line 3 - Line 4 - Line 5												

* Including total and permanent disability and accident benefits.

** Including matured endowments amounting to P _____ in Line 1.d and P _____ in Line 6.

*** Including matured endowments amounting to P _____ in Line 1.d and P _____ in Line 6.

+ includes p _____ premiums waived under total and permanent disability benefits,

EXHIBIT 12- ASSETS

	Ledger Assets (1)	Non-Ledger Assets (2)	Assets Not Admitted (3)	Net Admitted Assets (4)
1 Bonds				
2 Stocks				
3 Real estate (Less P _____ encumbrances)				
3.1 Properties occupied by the company				
3.2 Properties acquired in satisfaction of debt				
3.3 Investment in real estate				
4 Purchase money mortgages				
5 Mortgages loans				
6 Policy loans				
7 Collateral loans				
8 Guaranteed loans				
9 Other loans				
10 Short -term investment				
11 Security fund				
12 Other investment				
13 Cash and bank deposit				
13.1 Cash in company's office				
13.2 Deposits in bank and trust companies				
14 Electronic data processing machines				
15 Amount due from ceding companies				
16 Amount recoverable from accepting companies				
17 Receivables from life insurance pools				
18 Life insurance premiums and annuity consideration due and uncollected				
18.1 Industrial uncollected(excluding P _____ loading)				
18.2 Ordinary net uncollected- 1st year(excluding P _____ loading)				
18.3 Ordinary net uncollected (excluding P _____ loading)				
18.4 Group life net uncollected(excluding P _____ loading)				
18.5 Group annuity uncollected(excluding P _____ loading)				
18.6 Total(line 18.1 to 18.5)				
19 Accident and health premiums due and uncollected				
20 Investment income due and accrued				
21 Net adjustments in assets and liabilities due to foreign exchange rates				
22 Other assets(give items and amounts)				
22.1 Agents' balance(debit P _____ credit P _____)				
22.2 Bills receivable				
22.3 Furniture, fixtures and equipment				
22.4 Transportation equipment				
22.5 Cash advanced to or in hands of officers or agents				
22.6 Loans on personal security, endorsed or not				
22.7				
23 Prepaid expenses				
24 Leasehold improvements				
25				
26				
27				
TOTALS _____				

* Include Microinsurance, if any

EXHIBIT 13
ANALYSIS OF NON-ADMITTED ASSETS AND RELATED ITEMS
(Excluding Investment Adjustments not Listed)

	End of Previous Year (1)	End of Current year (2)	Changes for Year Increase(-) or Decrease (+) (3)
1 Company's stock owned			
2 Loans on company's stock			
3 Supplies, stationery, printed matter			
4 Furniture and Equipment			
5 Commuted commissions			
6 Agent's balances(net)			
7 Cash advanced to or in the hands of officers or agents			
8 Loans on personal security endorsed or not			
9 Bills receivable			
10 Premium notes etc., in excess of net value and other policy liabilities on individual policies			
11 Accident and health premiums due and uncollected			
12 Other asset net admitted (itemize)			
12.1 Prepaid expenses			
12.2			
12.3			
13 Agents credit balances (Page 3, Item 20 inside)			
14 TOTAL CHANGE (Col.30)*			

* Carry to Item 40, Page 5 if (+), or to Item 52. Page 5 if (-) Surplus Account

* Include Microinsurance, if any

Currency Unit: Pesos

[illegible]

For review, Item # 3 below (revived during the year)

EXHIBIT 15 - LIFE, ACCIDENT AND HEALTH INSURANCE POLICIES

[illegible]

EXHIBIT 16 - ANNUITIES (PAID-FOR BASIS) AND SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES

CLASSIFICATION	1. Individual Annuities*		2. Group Annuities			3. Supplementary Contracts		Total	
	No.	Annual Income	Contracts	Certificates	Annual Income	No.	Annual Income	No.	Annual Income
1. Outstanding at end of previous year									
2. Issued during year									
3. Transferred from Insurance account during year									
4. Total									
5. Other net changes during the year									
6. Outstanding at end of current year									

* Disclose the amounts allocated for Microinsurance, if any

CLASSIFICATION OF ANNUITIES AND SUPPLEMENTARY CONTRACTS WITH LIFE CONTINGENCIES OUTSTANDING AT THE END OF THE YEAR

CLASSIFICATION	1. Individual Annuities*		2. Group Annuities			3. Supplementary Contracts		Total	
	No.	Annual Income	Contracts	Certificates	Annual Income	No.	Annual Income	No.	Annual Income
7. Income now payable									
8. Deferred; fully paid									
9. Deferred; not fully paid									
10. Total									

* Individual Annuities. Include here all survivorship annuities and deferred annuities and deferred annuities including contracts providing for deferred annuities purchased by accumulations during deferred period and which provide for a death benefit during the period of deferment substantially equal to the value of non-forfeiture benefit available on lapse.

* Disclose the amounts allocated for Microinsurance, if any

30. Is the company issuing microinsurance products? If yes, what microinsurance products in particular is it selling?

31. What portion (%) of the company's premium income is derived from microinsurance?

33. Has the company assumed business from an MBA/microMBA? Since when has the company been assuming business from MBAs?
Under what form of reinsurance agreement?

SUMMARY OF INSURANCE POLICIES
(Direct Business Only)
in Force of _____
BY PLAN INSURANCE

PLAN	ORDINARY Number of Policies	Amt. Of Insurance
a. Whole Life		
<i>Microinsurance</i>		
<i>Regular Insurance</i>		
Ordinary Life		
Classic Benefit		
15 Pay Life		
20 Pay Life		
Life Paid up at 65		
RPU		
Sub Total		
b. Endowment		
<i>Microinsurance</i>		
10-yr endowment		
Endowment at age 55		
.		
.		
.		
<i>Regular Insurance</i>		
10-yr endowment		
15-year endowment		
20 year endowment		
Endowment at 60		
Endowment at 65		
Others		
Total		
c. Term		
<i>Microinsurance</i>		
Yearly Renewable		
5 Year Yearly Renewable		
.		
.		
Reinsurance Assumed		
.		
<i>Regular Insurance</i>		
Yearly Renewable		
5 Year Yearly Renewable		
.		
Reinsurance Assumed		
.		
Total		
d. Accident and Health		
<i>Microinsurance</i>		
.		
.		
.		
<i>Regular Insurance</i>		
.		
.		
.		
Total		

PLAN	GROUP		No. Of Policies	No. Of Certificates	Amt. Of Insurance
A. Permanent					
Microinsurance					
.					
.					
.					
Regular Insurance					
.					
.					
.					
Total					
B. Term					
Microinsurance					
.					
Reinsurance Assumed					
.					
Regular Insurance					
MRI					
Credit Group Life					
GYRT					
Pools					
Total					
C. Accident and Health					
Microinsurance					
.					
.					
.					
Regular Insurance					
.					
.					
.					
Total					

5- YEAR HISTORICAL DATA

	2004 (1)	2005 (2)	2006 (3)	2007 (4)	2008 (5)
Life Insurance in Force, Exhibit 15					
1. Ordinary -Term (Line 24, Col.7)					
2 Ordinary - Non-Term(Line 24, Col. 3 + Col5					
3 Group(Line 24, Col.12+Col.15)					
4 Industrial(Line24,Col.20+Col.22+Col.24)					
5 TOTAL(Line 24, Col.29)					
New Business Issued, Exhibit 15					
6 Ordinary(Line 2,Col.9)					
7 Group(Line 2, Col.12+Col.15)					
8 Industrial(Line2,Col.20+Col.22+Col.24)					
9 TOTAL(Line 2, Col.29)					
Premium Income (Exhibit 1, Part 1 Page7)					
10 Ordinary - First Year (Line 10, Col.3+4+5+6)					
11 Ordinary - Single (Line 14, Col.3+4+5+6)					
12 Ordinary - Renewal (Line 24, Col.3+4+5+6)					
13 Group (Line 28, Col.7+8)					
14 Industrial (Line 28, Col.2)					
15 Accidental and Health (Line 28, Col.9+10)					
16 TOTAL (Line 28, Col.1)					
Balance Sheet Items (Pages 2 and 3)					
17 Total Admitted Assets (Page 2, Line 32)					
18 Total Liabilities (Page 3, Line 27)					
19 Aggregate Reserves (Page 3, Lins 1+2)					
20 Capital (Page 3, Line 28 +28.1)					
21 Surplus(Page 3, Lines 29.1,29.2,29.3, 30 and 31)					
Percentage Distribution of Assets (Page 2, Line/s ÷ Page 2, Line 13A x 100.0)					
22 Bonds (Line1)					
23 Stocks(Line 2)					
24 Real Estate (Line 3.1, 3.2. & 3.3.)					
25 Purchase Money Mortgages (Line 4)					
26 Mortgage Loans (Line 5)					
27 Policy Loans (Line 6)					
28 Collateral Loans (Line 7)					
29 Guaranteed Loans(Line 8)					
30 Other Loans (Line 9)					
31 Short-Term Investment (Line 10)					
32 Security Fund (Line 11)					
33 Other Investments (Line 12)					
34 Cash on Hand and in banks (Line 13)					
35 Other Assets (Line 31)					
36 TOTAL = 100%					
Total Non-Admitted Assets and Admitted Assets					
37 Total Non-Admitted Assets (Exhibit 12, Line 26, Col.3)					
38 Total Admitted Assets (Exhibit 12, Line 26, Col.4)					
Investment Data (Page 8)					
39 Ratio of Net Investment Income to Mean Assets (Exhibit 2, Line 8, to two decimals)					
40 Net Investment Income (Exhibit 2, Line7)					
41 Net Realized Gains or Losses (Exhibit 4, Line 16)					
42 Net Unrealized Gains or Losses (Exhibit 4, Line 17)					
Benefits and Reserve Increases (Page 4)					
43 Total Policy Benefits - Life (Line 8,9,10,11,12,12A, 12B, Cols. 2+3+4+6+7-9-10)					
44 Total Policy Benefits - Accident & Health (Line 13, Cols. 5+8-11)					
45 Increase in Reserves - Life (Line 17, Cols. 2+3+4+6+7-9-10)					
46 Increase in Reserves - Accident and Health (Line 18, Cols. 5+8-11)					
47 Dividends/Experience Refunds to policyholders (Line 29+30, Col.1)					
Operating Ratios					
48 Commission Expense Ratio (Page 4, Line 21, Col.1 ÷ Line 1, Col.1)x100.0					
49 Insurance Expense Ratio (Page 4, Line 23, Col.1÷Line 1, Col.1) x 100.0					
50.1 Surrender ratio(ordinary)*					
50.2 Surrender ratio (Industrial)**					
51.1 Lapse Ratio (Ordinary)***					
51.2 Lapse Ratio (Insdustrial****					
Net Gain from Operations by Lines of Business (Page4)					
52 Industrial (Line 33, Col.2)					
53 Ordinary (Line 33, Col.3+6-9)					
54 Group (Line33, Col. 4+7 -10)					
55 Accident and Health (Line 33, Col. 5+8-11)					
56 TOTAL (Line 33, Col.1)					

* Page 16, Col.9 ;Line 15÷½(Lines 1+24)x100
** Page 17, Col 26 ;Line 15÷½(Lines 1+24)x100
*** Page 16, Col.9 ;Line 16÷½(Lines 1+24)x100
**** Page 17, Col.26 ;Line 16÷½(Lines 1+24)x100

Bonds to be grouped in the following manner and each group arranged alphabetically:

- Domestic Issues
 - a. Government
 - b. Private

- Foreign Issues*
 - a. Government
 - b. Private

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF _____

SCHEDULE A - BONDS

DESCRIPTION: Give complete and accurate description of bonds owned. If bonds are registered, coupon, or serial issuesm give amount in each group. (1)	DATE			CERTIFICATES			Incumbrance if any (8)	Where Kept (9)	Underwri- ting Dis- count/ Premium (10)	Acquisition Cost (11)	Annual Rate (12)	How** Paid (13)	Collected During the Year (14)	Accrued Previous Year (15)	Accrued Current Year (16)	Earned Current Year (17)
	Acquired (2)	Issued (3)	of Maturity (4)	Serial No. (5)	Face Value											
					Per Cert. (Pesos) (6)	Total (Pesos) (7)										
Domestic Issues a. Government Treasury Notes 																

* Where a bond is payable in foreign currency the par value payable in that currency and the corresponding rate of exchange used should be included as a part of the description.

** Indicate whether annually, semi-annually or monthly

* Disclose the amounts allocated for Microinsurance, if any

- A. Domestic Issues
 - 1. Financial Institution
 - 2. Non-Financial Institution
- B. Foreign Issues*
 - 1. Financial Institution
 - 2. Non-Financial Institution

SCHEDULE B - STOCKS

SCHEDULE F – POLICY LOANS

Loan No. (1)	Date Granted (2)	Policy Number (3)	Date Issued (4)	Amount of Insurance (5)	Annual Premium (6)	Policyholder/ Borrower (7)	Original Amount of Loan (8)	Balance of Loan Previous Year (9)	Additional Loan During the Year (10)	Payments During the Year (11)	Balance Loan Current Year (12)
Microinsurance											
1											
2											
3											
Sub-total											
Regular Insurance											
1											
2											
3											
Sub-total											
						Totals					

SCHEDULE G- COLLATERAL LOANS

Name and address of Borrower: (State if borrower is a parent, subsidiary, affiliate, officer or director (1)	Term of Loan		Amount of Original loan (4)	Description of Security held as Collateral December 31 of Current Year (5)	PRINCIPAL				INTEREST				
	Date of Loan (2)	Date of Maturity (3)			Amount Unpaid December 31 previous Year (6)	Amount Loaned during the Year (7)	Amount Paid During the Year (8)	Amount Unpaid December 31 Current Year (9)	Annual Rate (10)	Collected During the Year (11)	Accrued Previous Year (12)	Accrued Current Year (13)	Earned During the Year (14)
Microinsurance 1 2 3													
Sub-total													
Regular Insurance 1 2 3													
Sub-total													
TOTALS													

* Include Microinsurance, if any

SCHEDULE H- GUARANTEED LOANS

*Include Microinsurance, if any

SCHEDULE J- SHORT-TERM INVESTMENTS

Description: Give complete and accurate description of securities: Type, name of issuer, serial no. etc. (1)		D A T E		Purchased From (5)	Acquisition Cost (6)	I N T E R E S T				
		Acquired (3)	Date of Maturity (4)			Rate (7)	Collected During the Year (8)	Accrued Previous Year (9)	Accrued Current Year (10)	Earned During the Year (11)
Government Securities										
Microinsurance										
Regular Insurance										
Sub-Total										
Non-Government Securities										
Microinsurance										
Regular Insurance										
Sub-Total										
GRAND TOTAL				TOTALS						

SCHEDULE L - CASH ON HAND AND IN BANKS
Showing All Balances (According to Company Records) Carried in Each Bank or Trust Company
on the Last Day of Each Month of the Current Year

Name and Location of Bank or Trust Company (1)	Incumbrance (2)	January (3)	February (4)	March (5)	April (6)	May (7)	June (8)	July (9)	August (10)	September (11)	October (12)	November (13)	December (14)	INTEREST			
														Collected During the Year (15)	Accrued Previous Year (16)	Accrued Current Year (17)	Earned During the Year (18)
A. Cash in Company's Office: Microinsurance 1 2 3 Regular Insurance																	
B. Cash in Banks - Domestic Microinsurance 1. Current a. b. c. 2. Savings a. b. c. 3. Time/Fixed Deposit a. b. c. Regular Insurance 1. Current a. b. c. 2. Savings a. b. c. 3. Time/Fixed Deposit a. b. c. c.																	
GRAND TOTALS																	

* In case of deposits in foreign banks, please attach computation showing amount of deposit in foreign currency, conversion rate used, etc.

SCHEDULE N- Data on Reinsurance Assume for All Life and Related Benefits

		Balances as of December 31, _____						Transactions Made During the Year				
Name of Company	Type	Amount In Force at end of Year	Reserve Credits	Claims Payable On		Amounts Due from Ceding Companies		Reinsurance Prem. On reinsurance Assumed During the Year (9)	Commuissions on Assumed Business (10)	Payments on Claims Reinsured (11)	Other Payments/ (Recoveries) (12)	Remittances Made during the Year (13)
				Paid Losses (5)	Unpaid Losses (6)	Premium (7)	Others (8)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Authorized: Microinsurance												
Regular Insurance												
Sub-Total												
Unauthorized												
Sub-Total												
GRAND TOTALS												

a) Use the following abbreviations: GP (group business coinsured);CAT (Catastrophe reinsurance of group only, individual only group and individual combined); GPO (reinsurance of group business other than coinsurance or catastrophe);DIS(disability benefits included in individual policies); YRT(individual life reinsured on yearly renewable term plan) M(individual life insured on modified coinsurance plan); ADB(accident death benefits included in ndividual policies);CO (individual life reinsured on coinsurance plan); OTH (other reinsurance of individual life business). If more than one type in same reinsuring company show separate line for each.

b) Grand Total should tally with corresponding amounts as shown in Exhibit 8.

c) All reinsurance premium booked during the year including premiums due the previous years.

d) This includes refunds, adjustments and other related reinsurance expenses.

SCHEDULE - O
Data on Reinsurance Assumed for All Accident & Health Benefits

Balances as of December 31, _____													
Name of Company	Type	Premiums In Force at End of Year	Reserve Credits For		Claims Payable On		Amounts Due from Ceding Companies		Reinsurance Prem. On reinsurance Assumed During the Year (10)	Commuissions on Assumed Business (11)	Payments on Claims Reinsured (12)	Other Payments/ (Recoveries) (13)	Remittances Made during the Year (14)
			Unearned Premiums	Other than Unearned Premiums	Paid Losses	Unpaid Losses	Premium	Others					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Authorized: Microinsurance													
Regular Insurance													
Sub-Total													
Unauthorized													
Sub-Total													
GRAND TOTALS													

a) Use the following abbreviations: GP (group business coinsured); CAT (Catastrophe reinsurance of group only, individual only group and individual combined); GPO (reinsurance of group business other than coinsurance or catastrophe); DIS(disability benefits included in individual policies); YRT(individual life reinsured on yearly renewable term plan) M(individual life insured on modified coinsurance plan); ADB(accident death benefits included in individual policies);CO (individual life reinsured on coinsurance plan); OTH (other reinsurance of individual life business). If more than one type in same reinsuring company show separate line for each.

b) Grand Total should tally with corresponding amounts as shown in Exhibit 8.

c) All reinsurance premium booked during the year including premiums due the previous years.

d) This includes refunds, adjustments and other related reinsurance expenses.

Schedule Q
Data on Reinsurance Ceded for All Accident & Health Benefits

Name of Company	Type	Balances as of December 31, 2008							Transactions During the Year				
		Premiums in Force at end of Year	Reserve Credit For		Claims Recoverable On		Amount Due to Reinsurer		Reinsurance Premium on Reinsurance Ceded During the year (10)	Commissions on Ceded Business (11)	Recoveries on Claims Reinsured (12)	Other Recoveries (Payment) (13)	Remittances Made During the Year (14)
			Unearned Premiums	Other than Unearned Premiums	Paid Losses	Unpaid Losses	Premiums	Others					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Authorized Microinsurance													
Regular Insurance													
Sub-Total													
Authorized													
Sub-Total													
Grand Total													

- a) Use the following abbreviations: GP (group business coinsured);GPO(group business reinsured on basis other than coinsurance);YRT(individual business reinsured on yearly renewable term plan); M(individual business reinsured on modified coinsurance plan); CO(individual business reinsured on coinsurance plan);OTH(Other reinsurance of individual business). If more than one type in the same reinsuring company show separate line for each type.
- b) This refers to the aggregate premiums (for the full term of the policy) for all policies recorded on or prior to the statement date which have not expired or been cancelled as of the statement
- c) grand Total should tally with corresponding amounts as shown in Exhibit 8.
- d) This includes refunds, adjustments and other related reinsurance expenses.

Schedule S -LIFE INSURANCE POOLS BUSINESS
(Direct Group Business Only)

[illegible]

SCHEDULE T									
* Showing all claims for death losses and all other policy claims resisted or compromised during the year, and all claims for death losses and other policy claims resisted December 31 of current year									
Include action taken on all claims listed as resisted at December 31 in prior year's statement									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	FOR MICROINSURANCE ONLY		
POLICY NUMBERS	YEAR OF DEATH	YEAR REPORTED TO COMPANY	AMOUNT CLAIMED	AMOUNT PAID DURING THE YEAR	AMOUNT RESISTED DEC.31 OF CURRENT YEAR	WHY COMPROMISED OR RESISTED	Date Complete Documents Submitted	Claim Action (Paid/Denied)	Date Claims Paid
Microinsurance									
Subtotal									
Regular Insurance									
Subtotal									
Totals									

* Claims under Accident and Health policies need not be reported in this schedule. All other claims should be classified and reported in the following sub-divisions:

- a) Claims disposed of during current year (b) Claims resisted. In each of the above sections, Death claims, Additional Accidental Benefit claims. Disability Benefit claims, Matured Endowment claims and Annuities with Life Contingencies claims, should be listed seperately with sub-totals for each group.

SCHEDULE V

Premiums and Claims by Market Segment (Institutional Sector) and by Region

Regions	Financial				Household				Government							
	# of Policy	Sum	Premium	Benefits	# of Policy	Sum	Premium	Benefits	# of Policy	Sum	Premium	Benefits	# of Policy	Sum	Premium	Benefits
	holders	Assured	Income	Payments	holders	Assured	Income	Payments	holders	Assured	Income	Payments	holders	Assured	Income	Payments
NCR																
CAR**																
I																
II																
III																
IV																
V																
VI																
VII																
VIII																
IX																
X																
XI																
XII																
CARAGA																
ARMM																
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

** Microinsurance

Legends:

Non-Financial - Manufacturing, agriculture, mining, marine, government-owned and controlled corporations and other corporations which are not involved

Financial - banks, investment corporation, insurance corporation, pawnshops and othre financial intermediations

Household - individual insureds

Government - National Government, excluding GOCCs

NPISHS - non-profit institutions serving households like Red Cross, Green Cross, charitable institutions, NGOs, Cooperatives, etc.

NCR	Manila, Quezon City, Caloocan, Pasay, Makati, Malabon, Mandaluyong, Las Pinas, San Juan, Taguig, Valenzuela, Marikina, Navotas, Paranaque, Pasig, Pateros
CAR	Mt. Province, Benguet, Abra, Ifugao, Kalinga-Apayao, Baguio City
Region I	Ilocos Norte, Ilocos Sur, La Union, Pangasinan (Laoag City, Dagupan City)
Region II	Cagayan, Isabela, Quirino, Nueva Vizcaya, Batanes (Santiago City)
Region III	Bulacan, Nueva Ecija, Tarlac, Bataan, Zambales, Pampanga(Cabanatuan City, Palayan City, Olongapo City, Angeles City, San Fernando City)
Region IV	Rizal, Cavite, Batangas, Mindoro Occ., Mindoro Or., Romblon, Marinduque Quezon, Aurora, Palawan
Region V	Camarines Norte, Camarines Sur, Catanduanes, Sorsogon, Masbate, Albay, Naga City
Region VI	Iloilo, Aklan, Capiz, Antique, Negros Occ. Guimaras
Region VII	Cebu, Negros Or., Bohol, Siquijor
Region VIII	Leyte, southern Leyte, Northern Samar, Western Samar, Eastern Samar
Region IX	Zamboanga Norte, Zamboanga Sur, Basilan (Zamboanga City)
Region X	Misamis Occ. Misamis Or. Bukidnon, Camiguin
Region XI	Davao Sur, Davao Norte, Davao Or. South Cotabato, Sarangani (Davao City)
Region XII	North Cotabato, Sultan Kudarat, Lanao Norte, Cotabato City, Marawi City
Region XIII	Caraga-Agusan Norte, Agusan Sur, Surigao Norte, Surigao Sur (Butuan City, Surigao City)
ARMM	Lanao Sur, Tawi-Tawi, Maguindanao (excluding Cotabato City, Marawi City)

* Disclose information on Microinsurance, if any

Submitted to the Philippine Insurance Commission Pursuant to the law of the Republic of the Philippines.

Date of Issue _____ Date of Issue _____ Date of Issue _____

Home office	Mailing Address
-------------	-----------------

Telephone No. Fax No.

Corporate Residence Certificate No. _____ Issued at Makati City _____ on _____

NATIONALITY	FROM	TO
-------------	------	----

Directors

Treasurer

Misc.

Misc.

Insurance Agents

Number of Salaried Employees _____

Name and Addresses of General Agents & Brokers; Certificate of Authority Number and Date of Issue

Date Issued/Renewed

Please see attached

Number of Branches (Total)

Domestic/Local: _____ Foreign: _____

Domestic/Local

Branch Office Address

Name of Manager/ BDC Coordinator

Foreign

NUMBER OF SHARES

Affiliates

Authorized

Capital Stock
Paid-up

Company
Owned

Percentage of
Ownership

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

EXHIBIT I. STATEMENT OF INCREASE AND DECREASE OF LEDGER ASSETS DURING THE YEAR

	CURRENT YEAR
A. INCREASE IN LEDGER ASSETS	
1. Increase in Paid-Up Capital Stock during the year	
2. Increase in Contributed Surplus during the year	
3. Deposit Premiums received, if any	
4a. Gross Interests/Dividends/Other Income	
Earned during the year: per schedule 15, Page 34 Column 2	
4b. Other Income Earned during the year	
5. Underwriting income:	
5.1 Net Premiums Earned, per Recapitulation I pages 13, col. 15 (disclosed prems collected for MI during the year _____)	
5.2 Commission Income-Treaty	
5.3 Commission Income-Facultative	
5.4 Other Underwriting Income	
6. Total underwriting Income	
7. Remittances Received From Home or Branch Office	
8. Borrowed Money P_____, less Amount repaidP_____	
9. Amount Collected from Receivables previously written off.	
10. Other Receipts not included elsewhere:	
10.1 Receipts arising from Microinsurance	
10.2	
11. Gross Profit on Sales or Maturity of Investments:	
11.1 Bonds	
11.2 Stocks	
11.3 Real Estate	
11.4 Others	
12. Gross increase by Adjustment in Book Value of Ledger Assets	
12.1 Bonds, per Schedule 1, page 18	
12.2 Stocks, per Schedule 2, page 21	
12.3 Real Estate, per Schedule 3, page 19	
12.4 Foreign Deposits, per Schedule 11, page 27	
12.5 Others	
13. Increase in Liabilities Tending to Increase in Ledger Assets (Attach Computation or Analysis)	
14. Total increase in Ledger Assets Brought Forward to line 1, page 3	

CURRENT YEAR

1.	Amount carried forward from line 14, page 2	
	B. DECREASE IN LEDGER ASSETS:	
2.	Decrease in Paid-up Capital (Treasury Stock)	
3.	Decrease in Contributed Surplus	
4.	Investment Expenses: Incurred	
4.1	Taxes on Real Estate	
4.2	Repairs on Building and other Improvements	
4.3	Maintenance on Real Estate	
4.4	Brokerage Fee on Purchase/Sale of Investment	
4.5	Other Investment Expenses	
5.	Underwriting Deductions: As incurred	
5.1	Net Losses Incurred, per Recapitulation II, page 14 (refer to Recap II for MI)	
5.2	Loss Adjustment Expenses Incurred	
5.3	Commission Expenses, Recapitulation III, page.15 (refer to Recap III for MI)	
5.4	Premium Tax	
5.5	Fire Service Tax	
5.6	Other Underwriting Expenses	
6.	Operating, General and Administrative Expenses Incurred	
6.1	Salaries and Wages	
6.2	Allowances and Bonuses	
6.3	SSS Contributions	
6.4	PAG-IBIG Fund Contributions	
6.5	Other Employees Benefits	
6.6	Christmas & Anniv. Expenses	
6.7	Freight Charges	
6.8	Rental Expense	
6.9	Light and Water	
6.10	Advertising and Promotions	
6.11	Representation and Entertainment	
6.12	Professional and Technical Development	
6.13	Professional Fees	
6.14	Periodicals & Magazines	
6.15	Printing, Stationery and Office Supplies	
6.16	Communications and Postages	
6.17	Lease Charges	
6.18	Bank Charges	
6.19	Depreciations and Amortization	
6.20	Transportation and Travel Expenses	
6.21	Registration Fee	
6.22	General Office Maintenance and Related Expenses	
6.23	Furniture and Equipment including rent, depreciation and Repairs of Same	
6.24	Other Operating Expenses (microinsurance- related expenses)	
6.25	Taxes, Licenses and Fees	
6.25.1	Licenses and Fees	
6.25.2	Corporate Residence Certificate	
6.25.3	Documentary Stamp Tax	
6.25.4	Deferred Income Tax Charge	
6.25.5	Others	
7.	Deposit Premiums Returned	
8.	Premiums Balances Charged Off	
9.	Income Taxes Paid During the year	
10.	Remittances paid to Home/Branch Office	
11.	Borrowed Money Paid P _____ less Amount Borrowed P _____	
12.	Interest Paid on Borrowed Money	
13.	Dividends paid to Stockholders	
14.	Gross Loss on Sale/Maturity of Ledger Assets:	
14.1	Real Estate, per Schedule 3, page 19	
14.2	Bonds, per Schedule 1, page 17, col.17	
14.3	Stocks, per Schedule 2, page 18, col.18	
14.4	Others	
15.	Gross Decrease by Adjustment in Book Value of Ledger Assets:	
15.1	Real Estate, per Schedule 3, page 19	
15.2	Bonds, per Schedule 1, page 17, col.17	
15.3	Stocks, per Schedule 2, page 21, col.18	
15.4	Others	
16.	Decrease in Liabilities Tending to Decrease Ledger Assets (Attach Computations or Analysis)	
17.	TOTAL DECREASE IN LEDGER ASSETS	
18.	NET INCREASE (DECREASE) IN LEDGER ASSETS DURING THE YEAR (LINE 1 Less LINE 17)	
19.	ADD: AMOUNT OF LEDGER ASSETS DECEMBER 31, PREVIOUS YEAR	
20.	TOTAL LEDGER ASSETS, DECEMBER 31, CURRENT YEAR AS PER LINE 45, EXHIBIT II PAGE 4	
	COL. 1	

EXHIBIT II. STATEMENT OF FINANCIAL CONDITION

ACCOUNTS	Ledger Assets	Non-Ledger Including Excess of Market (or amortized) over Book Values	Assets not Admitted Including excess of Book over Market (or amortized) Values	Net Admitted Assets	Previous Year December 31, 2009
	(1) Pesos	(2) Pesos	(3) Pesos	(4) Pesos	(5) Pesos
1. Bonds (page 19)					
2. Treasury Bills (page 19a)					
3. Stocks (page 20)					
4. Real Estate (net)					
5. Purchase Money Mortgages					
6. Mortgage Loans (page 23)					
7. Collateral Loans					
8. Guaranteed Loans					
9. Other Loans (page 26)					
10. Short-term Investments					
11. Security Fund (page 28)					
12. Other Investments					
13. Cash on Hand and in Banks (page 29)					
14. Premiums Receivable (page 30)					
15. Premiums Due from Ceding Companies-Treaty					
16. Premiums Due from Ceding Companies- Facultative					
17. Premiums Reserve Withheld by Ceding Companies-Treaty					
18. Reinsurance Recoverable on Unpaid Losses- Treaty					
19. Reinsurance Recoverable on Unpaid Losses- Facultative					
20. Loss Reserve Withheld by Ceding Companies					
21. Reinsurance Recoverable on Paid Losses-Treaty					
22. Reinsurance Recoverable on Paid Losses- Facultative					
23. Other Reinsurance Accounts Receivable					
24. Salvage Recoverable					
25. Accounts Receivable					
26. Notes Receivable					
27. Accrued Investment Income (page 35)					
28. Other Receivables (page 35)					
29. Electronic Data Processing Equipment (page 36)					
30. Furniture, Fixtures and Other Office Equipment (p36)					
31. Transportation Equipment (page 36)					
32. Deposits (page 36)					
33. Prepayments (page 36)					
34. Leasehold and Leasehold Improvements (page 36)					
35. Other Assets (page 36)					
36. Input Taxes					
37.					
38 TOTAL					

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

LIABILITIES		CURRENT YEAR DECEMBER 31, 2010	PREVIOUS YEAR DECEMBER 31, 2009
1	Losses and Claims Payable-Direct Business		
2	Losses and Claims Payable to Ceding Companies-Treaty note 1		
3	Losses and Claims Payable to Ceding Companies-Facultative		
4	Loss Adjustment Expenses Payable-Direct Business		
5	Loss Adjustment Expenses Payable to Ceding Companies-Treaty		
6	Loss Adjustment Expenses Payable to Ceding Companies-Facultative		
7	Reserve for Unearned Premiums		
8	Premiums Due to Reinsurers-Treaty		
9	Premiums Due to Reinsurers-Facultative		
10	Premiums Reserve Withheld for Reinsurers-Treaty		
11	Loss Reserve Withheld for Reinsurers-Treaty		
12	Other Reinsurance Accounts Payable		
13	Commissions Payable-Direct Business		
14	Accrued Expenses		
15	Premium Tax Payable		
16	Fire Service Tax Payable		
17	Documentary Stamps Payable		
18	Value Added Tax Payable		
19	Income Tax Payable		
20	Withholding Tax Payable		
21	Other Taxes and Licenses Payable (Deferred VAT Liability)		
22	Catastrophe Loss Reserve		
23	Accounts Payable		
24	Notes Payable		
25	Return Premiums Payable		
26	Dividends Payable		
27	Due to Home Office***		
28	Due to Other Foreign Branches***		
29	Unearned Bond Discount		
30	Other Liabilities		
31	Due to Affiliates		
35	TOTAL LIABILITIES		
36	NET WORTH*/TRUSTEED SURPLUS**		
37	Capital Stock Paid-Up*/Statutory Deposits**		
38	Capital Paid in Excess of Par Value*		
39	Contributed Surplus*		
40	Contingency Surplus*		
41	Special Surplus Funds		
41.1	Fluctuation Reserve-Stock/Bond Investments		
41.2	Fluctuation Reserve-Foreign Exchange		
41.3	Revaluation Reserve-Real Estate		
42	Retained Earnings/Earned Surplus (Net of Non-Admitted Assets)*		
43	Home Office Account**		
44	Home Office Inward Remittances**		
45	TOTAL NETWORTH*/TRUSTEED SURPLUS**		
46	TOTAL LIABILITIES AND NETWORTH/TRUSTEED SURPLUS**		

*- applicable to domestic companies

**-applicable to branches of foreign companies

without *- applicable to domestic companies and branches of foreign companies

***- applicable to branches of foreign companies

note 1 - items 1, 2 & 3 should include Incurred but not reported losses (IBNR)

UNDERWRITING EXHIBIT.

1. Net Premiums Written Recap I, page 13, col. 14 (MI _____)
2. Less: Unearned Premiums of Current Year, per item 7, page 5 (MI _____)
3. Premiums Earned on Current Business Year (MI _____)
4. Add: Unearned Premiums of Previous Year, per item 7, page 5
5. Premiums Earned During the Year
6. Commissions Earned During the Year, p 15, col. 3 +10
7. Other Underwriting Income
8. Gross Underwriting Income

9. Net Losses Paid, p 14, col. 14 (MI _____)
10. Add: Reinsurance Recoverable on Unpaid Losses of
Previous Year, per Item 12, page 6 of Last Year's Exhibit
12. Less: Reinsurance Recoverable on Unpaid Losses of
Current Year, per items 20 & 21, page 4
13. BALANCE
14. Add: Unpaid Losses, December 31 of Current Year, per items
1 to 3+22, page 5
15. TOTAL
16. Deduct: Unpaid Losses, December 31 of Previous Year, per
Item 14, page 6 of Last Year's Exhibit
17. Losses Incurred During the Year, per item 5.1, page 3
18. Loss Adjustment Expenses Paid
19. Add: Loss Adjustment Expenses Unpaid, Current Year, per
items 4 to 6, page 5
20. TOTAL
21. Less: Loss Adjustment Expenses Unpaid, Previous Year,
per item 19, page 6 of last year's exhibit
22. Loss Adjustment Expenses Incurred During the Year, Per item 5.2, page 3
23. Commission Paid (MI _____)
24. Add: Commissions Payable, Current year, per item 13, page 5
25. TOTAL
26. Less: Commissions Payable, Previous Year, per item 24, page 6 of
last year's exhibit
27. Commission Expenses Incurred During the Year, Per item 5.3, page 3
28. Premium Tax Paid
29. Add: Unpaid Premium Tax, Current Year, per item 15, page 5
30. TOTAL
31. Less: Unpaid Premium Tax, Previous Year, per item 29,
page 6 of last year's exhibit
32. Premium Tax Incurred During the Year, Per item 5.4, page 3
33. Other Underwriting Deductions
34. TOTAL UNDERWRITING DEDUCTIONS (line 20 +30+33)
35. NET UNDERWRITING INCOME, Brought Forward (line 8-line34)

[illegible]

Disclose amount for microinsurance, if any.

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

EXHIBIT III STATEMENT OF UNDERWRITING AND INVESTMENT OPERATIONS
(Showing the Sources and Application of the Increase/Decrease in Net Worth During the Year)

	(Pesos)	(Pesos)	(Gain/Loss in Surplus) (Pesos)
NET UNDERWRITING INCOME, Carries Forward	-		
C. INVESTMENT INCOME			
36. Interest, Dividends, and Rent collected During the Year, p34, col. 3			
37. Less: Interest, Dividend, and Rent Due and Accrued, Previous Year, per item 39, page 7 of Last Year's Exhibit or p 34, col 4			
38. BALANCE			
39. Add: Interest , Dividends, and Rent Due and Accrued, Current Year, p 34, col. 2			
40. Add: Interest and Rent Paid in Advance Previous Year			
41. Less: Interest and Rent Paid in Advance, Current Year			
42. Gross Interests, Dividends, and Rent Earned During the Year, Per item 4, page 2			
D. INVESTMENT EXPENSES			
43. Investment Expenses Paid During the Year			
44. Add: Investment Expenses Unpaid December 31 of Current Year per page 5			
45. TOTAL	-		
46. Less: Investment Expenses Unpaid December 31 of Previous Year per item 44 of Last Year's Exhibit, page 7			
47. Investment Expenses Incurred During the Year, item 4, page 3			
48. Net Investment Income Earned During the Year			
E. GAIN ON INVESTMENTS			
49. Gain from Sale of Investments, per item 14, page 2	-		
50. Gain from Increase in Book Value of Investments, per item 12, page 3			
51. TOTAL Gain on Investments	-		
F. LOSS ON INVESTMENTS			
52. Loss from Sale of Investments, per item 14, page 3			
53. Loss from Decrease in Book Value of Investments, per item 15, page3			
54. TOTAL Loss on Investments	-		
G. GENERAL, ADMINISTRATIVE AN DOTHER OPERATING EXPENSES			
55. General, Administrative and Other Operating Expenses Paid During the Year	-		
56. Add: General, Administrative and Other Operating Expenses Unpaid December 31 of Current Year	-		
57. TOTAL	-		
58. Less: General, Administrative and other Operating Expenses Unpaid December 31, Previous Year as per page 7, item 56 of Last Year's Exhibit	-		
59. General, Administrative and Other Operating Expenses Incurred During the Year	-		
60. Other Income	-		
61. Other Expenses			
62. TOTAL INVESTMENT INCOME AND EXPENSES, GAIN OR LOSS ON INVESTMENTS, GENERAL, ADMINISTRATIVE AND OTHER OPERATING EXPENSES, OTHER INCOME, AND OTHER EXPENSES			
H. MISCELLANEOUS SECTION			
63. Dividends Paid to Stockholders	(Gain in Surplus)	(Loss in Surplus)	
64. Remittances from Home Office		-	
65. Remittances to Home Office			
66. _____crease in Paid-Up Capital			
67. _____crease in Contributed Surplus			
68. Increase in Assets not Admitted		-	
69. Decrease on Special Net Worth Acocunts		-	
70. Income Taxes Incurred Decrease in Retained Earnings due to write off of the UPR/DAC (GAAP vs RAP difference)		-	
71. Net from Item 63 to 70	-	-	
72. TOTAL Gains and Losses in Surplus During the Year	-	-	
73. NET WORTH, December 31 of Previous Year, item 41, page 5 of Last Year's Exhibit	-		
74. NET WORTH, December 31 of Current Year, per item 41,page 5	-		
75. Increase in Net Worth During the Year (enter in column to balance)			
76. TOTALS	-	-	-

EXHIBIT IV: COMPUTATION OF VALUE ADDED TAX

MONTH	Premium Collections	Input VAT	Amount Subject to Tax	VAT Due
1. January			-	-
regular				
micro				
2. February			-	-
regular				
micro				
3. March			-	-
regular				
micro				
4. April			-	-
regular				
micro				
5. May			-	-
regular				
micro				
6. June			-	-
regular				
micro				
7. July			-	-
regular				
micro				
8. August			-	-
regular				
micro				
9. September			-	-
regular				
micro				
10. October			-	-
regular				
micro				
11. November			-	-
regular				
micro				
12. December			-	-
regular				
micro				
Total	-	-	-	-

EXHIBIT V : STATEMENT OF PREMIUMS AND LOSSES (ASEAN UFIS)

Classification	REGULAR INSURANCE				MICROINSURANCE	Total (Pesos)
	Marine, Aviation & Transit (Pesos)	Fire (Pesos)	Motor (Pesos)	Others (Pesos)		
Premiums						
1.Direct Business						
2.Reinsurance accepted						
a. domestically						
b. from ASEAN						
c. from other countries						
3. Total acceptances (1 + 2)						
4. Reinsurance ceded -						
a. domestically						
b. from ASEAN						
c. to other countries						
d. total (a+b+c)						
5. Net Premiums Written (3-4d)						
6. Reserves for unexpired risks						
a. previous year						
b. current year						
7. Premiums earned (5+6a-6b)						
CLAIMS						
1.Direct Business						
2.Reinsurance accepted						
a. domestically						
b. from ASEAN						
c. from other countries						
3. Total (1 + 2)						
4. Recoveries from Reinsurance ceded						
a. domestically						
b. from ASEAN						
c. from other countries						
d. total (a+b+c)						
5. Net Claims Paid (3-4d)						
6. Outstanding claims						
a. previous year						
b. current year						
7. Loss reserves						
a. previous year						
b. current year						
8. Claims incurred (5-6a+6b-7a+7b)						
9. Loss adjustment expenses						

The following lines of business shall be grouped together and presented under the following classifications :

Marine, Aviation & Transit	-	Ocean Marine, Inland Marine, Marine Hull and Aviation
Fire	-	Fire, Earthquake /Fire Shock, Typhoon/Flood/Tidal Wave
Motor	-	CMVL-LTO, CMVL-Non-LTO, Other than CMVL-LTO, Other than CMVL-Non-LTO
Others	-	Health and Accident, Burglary/Larceny/Theft, Miscellaneous, Judicial Criminal Bonds, Customs Bonds, Other Bonds and Life for Professional Reinsurers

(Loss Reserves shall consist of provisions set up by the company for claims reported but not yet settled, claims incurred but not yet reported, and all expenses associated with the settlement of such claims, except loss adjustment expenses)

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

EXHIBIT VI. REINSURANCE: ASSUMED, CEDED AND RETROCEDED

Name of Company	National in Case of Unauthorized Companies	ASSUMED BUSINESS				CEDED BUSINESS				RETROCEDED BUSINESS			
		Treaty		Facultative		Treaty		Facultative		Treaty		Facultative	
		Amount of Premiums	Commissions	Amount of Premiums	Commissions	Amount of Premiums	Commissions	Amount of Premiums	Commissions	Amount of Premiums	Commissions	Amount of Premiums	Commissions
A. Authorized													
1. Domestic													
a.													
b.													
c.													
...													
Sub-total													
x. Microinsurance													
i.													
ii.													
iii													
Sub-total													
2. Foreign													
a.													
b.													
c.													
...													
Sub-total													
x. Microinsurance													
i.													
ii													
iii.													
Sub-Total													
B. Unauthorized													
1. Asean													
2. Others													
Sub-Total													
GRAND TOTAL													

ANNUAL STATEMENT FOR THE YEAR ENDED _____

GENERAL INTERROGATORIES

1. Have all the transactions of the company of which documents were received at the home office on or before the close of business December 31, been truthfully and accurately on its books? Answer:
2. Except as shown in the next succeeding question, does this statement show the condition of the company as shown by the books, records and data at the home office at the close business December 31? Answer:
3. Have there been included in this statement proper reserves to cover liabilities which may have been actually incurred on or before December 31, but of which no notice was received by the company until subsequently? Answer:
4. In all cases where the company has assumed risks from another company, there should be in this statement on account of such reinsurances a reserve equal to that which the original company has been required to set up had it retained the risks. Has this been done? Answer:
5. Largest gross aggregate amount insured in any one hazard, without any deduction whatever for reinsurance, whether the same be in authorized or unauthorized companies. Answer:
6. Largest net aggregate amount insured in any one hazard. Answer:
7. Total amount of the company's stock owned by the directors at par value. Answer: P
8. Total amount loaned during the year to directors or other officers, P _____; to stockholders not officers P _____. Total amount of loans outstanding at end of year to directors or other officers, P _____ to stockholders not officers, P _____
9. Did any person while an officer, director or trustee of the company receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the company. Answer:
10. What interest, direct or indirect, has this company in the capital stock of any other insurance company? Answer:
11. Is the company directly or indirectly owned or controlled by any other company, corporation, group of companies, partnership or individuals? Answer: ____ If so, give full particulars
12. If company has outstanding bonds, debentures, guaranty capital notes, etc., furnish pertinent information concerning redemption price, interest features, etc. Answer:
13. Does the company own any securities of a real estate holding or otherwise hold real estate indirectly? Answer: ____ If so, explain Name of real estate holding company _____ No. of parcels involved _____ Total book value, _____
14. Has this company guaranteed policies issued by any other company and now in force? Answer: ____ If so, give full information _____
15. Has this company guaranteed any financed premium account? Answer: ____ If so, give full information _____
16. Are all the stocks, bonds and other securities owned December 31 of the year of this statement, in the actual possession of the company on said date, except as shown by the schedules of Special and other Deposit? Answer: ____ If not, give full and complete information relating thereto _____
17. Are all of the stocks, bonds or other assets of the company loaned during the year covered by this statement? Answer: ____ If so, give full and complete information relating thereto _____
18. When was the last examination into the company's affairs, financial condition and methods of doing business conducted by the Insurance Commission? Answer: _____
19. Has any change been made during the year of this statement in the charter, articles of incorporation or by-laws of the corporation? Answer: ____ If not previously filed, furnish herewith a certified copy of the instrument as amended.
20. What officials and heads of departments of the company supervised the making of this report? Answer: _____
21. In what states, territories, or foreign countries is the company authorized to transact business? Answer: _____
22. Is the purchase or sale of all investments of the company passed upon either by the Board of Directors or a subordinate committee thereof? Answer: _____
23. Does the company keep a complete permanent record of the proceeding of its Board of Directors and all subordinate committee thereof? Answer: _____
24. Name and location of the company with which reinsurance of risks located in the Philippines are being affected?
25. Have the instructions printed on the inside front cover of the blank furnished by the Insurance Commission been followed in every detail? Answer: _____
(Only Branches of foreign companies need answer interrogatories 27 and 28)
26. What changes have been made during the year in the Manager or Trustees of the company? Answer: _____
27. Does this statement contain all business transacted for the company through its Branch, on risks wherever located? Answer: Yes
28. Is the company issuing microinsurance products? If yes, what insurance products in particular is it selling?
29. What portion (%) of the company's premium income is derived from microinsurance?
30. Has the company assumed business from Mutual Benefit Associations (MBAs)/Microinsurance MBAs (MI-MBAs)? If yes, since when? Under what form of reinsurance agreement?

ANNUAL STATEMENT FOR THE YEAR ENDED _____

(Write or stamp name of company)

NOTES TO FINANCIAL STATEMENTS

1. Have any of the company been pledged as security of loan? If yes, give details:
2. Does the company hold deposits of reinsurers not recorded in the statement of assets and Liabilities?
If yes, amount of cash or securities
3. Were there accounts written off during the period?
If so, attach copy of board resolution authorizing such action, together with the list of accounts written off, indicating the name of borrower, date of loan/account, original amount, balance as written off.
4. Does the company have any contingent assets/liabilities or contractual obligations that are material and that have not otherwise been disclosed?

If so, enumerate.
5. Have there been any events subsequent to the statement date which:
a) will cause significant changes to reported assets and liabilities in the subsequent period?
or
b) will have a significant effect on the operations of the company?
If answers to either (a) or (b) is yes, give details.
6. Itemize below extraordinary items of income/expense included in page 2 and 3 and any notes to the financial statements that management believes are required for a fair presentation but which are not covered by the above questions.

S.S.

S.S.

, President;

, Secretary;

and , Treasurer; of the

being duly sworn, each for himself deposes and says that they are the above-described officers of the said company, and that on the 31st day of December 2005, all the above-described assets were the absolute property of the said company, and that the foregoing statement, with the schedules and explanations therein contained, annexed or referred to are full and correct Exhibit of all the assets, Liabilities, Income and Expenses and of the condition and affairs of the said company of the said thirty-first day of December 2006, and for the year ended on that date, according to the best of their information, knowledge and belief.

, President

, Secretary

, Treasurer

Subscribed and sworn to before me this day of , 20__

Affiant

Issued at

Affiant

Issued at

Affiant

Issued at

Exhibiting his/her Residence Certificate No.

on

Exhibiting his/her Residence Certificate No.

on

Exhibiting his/her Residence Certificate No.

on

, respectively.

**RECAPITULATION | Premiums Written and Premiums Earned
(Less Returns and cancellations)**

* Examples are: Boiler & Machinery Insurance; Electronic Equipment Insurance; Machinery Breakdown Insurance; Tanks; Power Plant Insurance; Plate Glass Insurance; Nuclear Insurance; Standards Platform Insurance; etc

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ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

RECAPITULATION II LOSSES PAID AND INCURRED

[illegible]

* Examples are: Boiler & Machinery Insurance; Electronic Equipment Insurance; Machinery Breakdown insurance; Tanks; Power Plant Insurance; Plate Glass Insurance; Nuclear Insurance; Standards Platform Insurance; etc

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

RECAPITULATION III COMMISSIONS

[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

RECAPITULATION IV - RISKS IN FORCE

[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

RECAPITULATION V LOSSES AND CLAIMS PAYABLE

[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____

Recapitulation VI - Premiums and Claims by Market Segment (Institutional Sector) and Region

Regions	Microinsurance			Non-Financial			Financial			Household			Government			NPISHS			Total		
	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred	# of Policy holders	Direct Gross Premium	Direct Gross Losses Incurred
NCR																				-	-
CAR																				-	-
I																				-	-
II																				-	-
III																				-	-
IV																				-	-
V																				-	-
VI																				-	-
VII																				-	-
VIII																				-	-
IX																				-	-
X																				-	-
XI																				-	-
XII																				-	-
XIII																				-	-
ARMM																				-	-
TOTAL	0			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Legend

Non-Financial - manufacturing, agriculture, mining, marine, government-owned and controlled corporations and other corporations which are not involved in financial intermediation

Financial - banks, investment corporation, insurance corporation, pawnshops and other financial intermediations

Household - individual insureds

Government - National Government, excluding GOCCs

NPISHS - non-profit institutions serving households like Red Cross, Charitable Institutions, NGOs, Cooperatives, etc.

NCR - Manila, Caloocan, Quezon City, Pasay City, Makati, Malabon, Mandaluyong, Las Pinas, San Juan, Taguig, Valenzuela, Markina, Navotas, Paranaque, Pasig, Pateros

CAR - Mt. Province, Benguet, Abra, Ifugao, Baguio City

Region I - Ilocos Norte, Ilocos Sur, La Union, Pangasinan, (Laoag City, Dagupan City)

Region II - Cagayan, Isabela, Quirino, Nueva Vizcaya, Batanes (Tuguegarao, Santiago)

Region III - Bulacan, Nueva Ecija, Tarlac, Bataan, Zambales, Pampanga, (Cabanatuan City, Olongapo City)

Region IV - Rizal, Cavite, Batangas, Mindoro Occidental, Mindoro Oriental, Romblon, Marinduque, Quezon, Aurora, Palawan

Region V - Camarines Norte, Camarines Sur, Catanduanes, Sorsogon, Masbate, Albay, (Naga City)

Region VI - Iloilo, Aklan, Capiz, Antique, Negros Occidental, Guimaras, (Iloilo City, Bacolod City)

Region VII - Negros Oriental, Cebu, Bohol, Siquijor, (Cebu City, Dumaguete City)

Region VIII - Leyte, Southern Leyte, Northern Samar, Western Samar, Eastern Samar, Biliran (Tacloban City)

Region IX - Zamboanga Norte, Zamboanga Sur, Basilan (Zamboanga City)

Region X - Misamis Occidental, Misamis Oriental, Bukidnon, Camiguin

Region XI - Davao Sur, Davao Norte, Davao Oriental, South Cotabato, Sarangani, (Davao City)

Region XII - North Cotabato, Sultan Kudarat, Lanao Norte, (Cotabato City, Marawi City, Iligan City)

Region XIII - CARAGA, Agusan del Sur, Surigao Norte, Surigao Sur, Agusan Norte, (Butuan City, Surigao City)

ARMM - Lanao Sur, Sulu, Tawa-Tawi, Maguidanao

ANNUAL STATEMENT FOR THE YEAR ENDED _____
SCHEDULE 1 - BONDS*

Description: Give complete and accurate description of bonds owned. If bonds are registered, coupon, or serial issues, give amount in each group. (1)	DATE			CERTIFICATES Face Value			Unearned (Premium)/ Discount (Pesos)	Acquisition Cost (Pesos)	Book Value (Pesos)	INTEREST							(Premium)/ Discount Amortization (Pesos)	Incumbrances if any (Pesos)	Where (Kept)
	Acquisition	Issue	Maturity	Serial No.	Per Cert (Pesos)	Total (Pesos)				Annual Rate (Coupon rate)	Payment Date**	Collected	Accrued Previous Year (Pesos)	Accrued Current Year (Pesos)	Earned Current Year (Pesos)				
							(2)	(3)	(4)							(5)	(6)	(7)	(8)
Domestic Issues																			
a. Government (Treasury Notes)																			
AFS																			
HTM																			
Disposed																			
Sub-Total																			
b. Private																			
Sub- Total																			
Foreign Issues																			
a. Government																			
AFS																			
HTM																			
Sub-Total																			
b. Private																			
Sub-Total																			
GRAND TOTAL																			

*Includes investments from microinsurance business

Total Earned (Interest +Amortization)

ANNUAL STATEMENT FOR THE YEAR ENDED _____
SCHEDULE 1b - Treasury Bills

Description: Give complete and accurate description of bonds owned. If bonds are registered, coupon, or serial issues, give amount in each group. (1)	DATE			CERTIFICATES Face Value			Unearned (Premium)/ Discount (Pesos)	Acquisition Cost (Pesos)	Book Value (Pesos)	INTEREST							(Premium)/ Discount Amortization (Pesos)	Incumbrance if any (Pesos) (17)	Where (Kept) (18)
	Acquired	Issued	of Maturity	Serial No.	Per Cert (Pesos)	Total (Pesos)				Annual Rate Coupon rate	Payment Date**	Collected	Accrued Previous Year (Pesos)	Accrued Current Year (Pesos)	Earned Current Year (Pesos)				
	(2)	(3)	(4)	(5)	(6)	(7)				(11)	(12)	(13)	(14)	(15)	(16)				
Domestic Issues																			
a. Government (Treasury Bills)																			
Matured																			
AFS																			
Sub-Total																			
GRAND TOTAL																			

*Includes investments from microinsurance business

Total Earned (Interest +Amortization)

- A. Domestic Issues
 - 1. Financial Institutions
 - 2. Non-Financial Institution
 - a. Public Utilities
 - b. Industrial
 - 1. Board of Investments (BOI) Registered

- c. Commercial and Miscellaneous
- B. Foreign Issues*
 - 1. Financial Institutions
 - 2. Non-Financial Institution

(1)

AFS

HTM

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 2 - STOCKS

1. Financial Institutions																			
2. Non-Financial Institution																			
DESCRIPTION: Give complete and accurate description of stock owned, including redeemable options, if any, and dividend rights.	Certificate No.	Date Acquired	How Acquired	Number of Shares		PAR VALUE		Rate Used to Obtain MV	Market Value	ACQUISITION	DIVIDEND				Increase (Decrease) by Adjustment in BV during the year (Pesos) (16)	Incumbrances if any (17)	Where Kept (18)		
				CY	PY	Per Share (Pesos) (7)	Total (Pesos) (8)				Collected During the Year (Pesos) (12)	Accrued Previous Year (Pesos) (13)	Accrued Current Year (Pesos) (14)	Earned During the Year (Pesos) (15)					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
AFS																			
HTM																			
TOTALS				-	-				-	-	-	-	-	-					

*In case of foreign investment, please submit rate of exchange used and computation

Fluctuation Reserve-Stock before deferred income tax	
Add: Deferred Income Tax on Market Value of Stocks	
Fluctuation Reserve-Stock after deferred income tax	

*Includes investments from microinsurance business

ANNUAL STATEMENT FOR THE YEAR ENDED _____
SCHEDULE 3 - REAL ESTATE

Title No.	Lot No., Area and Location of Lands, Size and Description of Buildings	How Acquired	Date		Name of Vendor	Amount of Incumbrances if any	Amount of Insurance on Building	Accumulated Depreciation on Building (if any)	Actual Cost	Book Value Current Year	Book Value Previous Year	Market Value	Collected During the Year	Accrued Previous Year	Accrued Current Year	Earned During the Year	Remarks
			IC Approved	Acquired													
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
	A. Company Premises:					(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	(Pesos)	
	1. Land																
	2. Building																
	Sub-Total																
	B. Foreclosed Real Estate	Account/s Credited at Date of Foreclosure (3)	Date Foreclosed (4)	Name of Mortgagor (5)	Amount of Incumbrances (if any) (6)	Amount of Insurance on Building (7)	Accumulated Depreciation on Building (if any) (8)	Loan Balance at Date of Foreclosure (9)	Book Value Current Year (10)	Book Value Previous Year (11)	Market Value (12)	Rental Income Collected During the Year (13)	Accrued Previous Year (14)	Accrued Current Year (15)	Earned During the Year (16)	Remarks (17)	
	1. Land																
	2. Building																
	Sub-Total																
Totals																	

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 4 - PURCHASE MONEY MORTGAGES

Name and Address of Mortgagor	Title No., Location and Description of Property; state if mortgage is being foreclosed or have prior liens	RECORD OF MORTGAGE				TERMS								PRINCIPAL				INTEREST				
		Entry Date	Registry No.	City Province	Amount of Notation of Encumbrance	Date Granted	Years to Pay	Amount of Principal	Down Payment	Annual Rate of Interest	Mode of Amortization payments M,Q,S, or A	Amount of Amortization Payment	Market Value of Land	Sound Value of Building	Fire Insurance on Building if any	Amount Unpaid December 31 Previous Year	Amount Paid During the Year	Amount Unpaid December 31 Previous Year	Collected During the Year	Accrued Previous Year	Accrued Current Year	Earned During the Year

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 5 - MORTGAGE LOANS[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 6 - COLLATERAL LOANS

[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 7 - GUARANTEED LOANS[illegible]

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 8 - OTHER LOANS[illegible]

SCHEDULE 9 - SHORT-TERM INVESTMENTS

Description: Give complete and accurate description of Securities: Type, name of Service, serial no., etc. (1)	DATE			Purchased Form	Face Value	Acquisition cost (Peso)	Rate	INTEREST				Nature and Amount of Incumbrance (if any)	Where Kept	Remarks
	IC Approval	Acquired	Maturity					Collected During The Year	Accrued Previous Year	Accrued Current Year	Earned During the Year			
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)		
A. Government Securities														
AFS														
HTM														
Sub-Total														
B. Non-Government Securities														
Sub-Total														
TOTALS														

* Disclose the amounts allocated for Microinsurance

SCHEDULE 10 - OTHER INVESTMENTS

Please list down Investments which should be incorporated
in Schedules 1 to 9 giving full details of the accounts.

Description	Amount	Accrued Interest Current	Earned Current	Accrued Interest Previous
AFS				
HTM				

* Disclose the amounts allocated for Microinsurance

SCHEDULE 11 - CASH ON HAND AND IN BANKS

Name and Location Bank or Trust Company Classify: Current, Savings, Time Overdraft, With Lien	January (Pesos)	February (Pesos)	March (Pesos)	April (Pesos)	May (Pesos)	June (Pesos)	July (Pesos)	August (Pesos)	September (Pesos)	October (Pesos)	November (Pesos)	December (Pesos)	INTEREST				Incumbrance (if any)	Remarks
													Collected/ During the /Year	Accrued/ Previous Year	Accrued Current /Year	Earned During the /Year		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
A. Cash in Company's OFFICE:																		
B. Cash in Banks - Domestic																		
1. Current																		
2. Savings																		
3. Time/Fixed Deposit																		
C. Cash in Banks - Foreign*																		
1. Current																		
a.																		
2. Savings																		
a.																		
3. Time/Fixed Deposit																		
a.																		
GRAND TOTALS																		

*In case of deposit in foreign banks, please attach computation showing amount of deposit in foreign currency, conversion rate used, etc.

* Disclose the amounts allocated for Microinsurance

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 12.A - PREMIUMS RECEIVABLE (Direct, Brokers, General Agents and Ordinary Agents within 90 days)

NAME OF INTERMEDIARY	NAME OF INSURED	POLICY NO.	INCEPTION DATES	PREMIUMS	DOC STAMPS	F.S.T.	MUNICIPAL TAX	P. TAX/ VAT	TOTAL AMOUNT DUE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. DIRECT									
a.						0	0	0	0
b.									
c.									
x. Microinsurance									
B. BROKERS									
a.									
b.									
c.									
x. Microinsurance									
C. GENERAL AGENTS									
a.									
b.									
c.									
x. Microinsurance									
D. ORDINARY AGENTS									
a.									
b.									
c.									
x. Microinsurance									
TOTAL PREMIUMS RECEIVABLE - WITHIN (90) DAYS (ADMITTED)									
LESS: NET COMMISSION									
TOTAL NET PREMIUMS RECEIVABLE - WITHIN (90) DAYS (ADMITTED)									
TOTAL PREMIUMS RECEIVABLE - GOVERNMENT AGENCIES (See Sch. 12-B, p. 30)									
TOTAL PREMIUMS RECEIVABLE - marine hull (see Sch. 12-C, p. 31)									
TOTAL PREMIUMS RECEIVABLE - BEYOND NINETY (90) DAYS (NON-ADMITTED)									
TOTAL PREMIUMS RECEIVABLE - MICROINSURANCE - W/in 180 DAYS									
- OVER 180 DAYS									

TOTAL PREMIUMS RECEIVABLE - PER ITEM 14, PAGE 4

NOTE:

(1) AS THIS PAGE IS A SUMMARY, IT MUST BE SUPPORTED WITH SCHEDULE SHOWING THE POLICY NUMBER OF EACH POLICY, by line of business-

(2) PREMIUMS RECEIVABLE BEYOND NINETY (90) DAYS NEED NOT BE SUPPORTED BY SCHEDULE SHOWING POLICY DETAILS

Fire and Allied Perils
Marine/Aviation
Suretyship
Motor Car
Health and Accident
Engineering/CAR/EAR/IAR
Others

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 12 - PREMIUMS RECEIVABLE

B. Due From Government Agencies*

Name of Government Agency (1)	Assured (2)	Particulars of Policy/Bond							Non- Admitted (10) (in pesos)	Admitted (11) (in pesos)
		Policy No. (3)	Date Issued (4)	Premiums (5) (in pesos)	Premium Tax (6)	Documentary Stamps (7) (in pesos)	Fire Service Tax (8) (in pesos)	Balance December 31 C.Y. (9) (in pesos)		
1. Fire										
2. Marine Cargo										
3. Marine Hull										
4. Surety and Fidelity										
5. Motor Car										
6. Health and Accident										
7. Others										
TOTALS										

*Group according to government accounts.

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 13 - REINSURANCE ACCOUNTS

Name of Company	ASSETS									LIABILITIES				
	Premium Due From	Premium Reserve Withheld By	Treaty	R / I Recoverable on		Premiums Due From	Facultative		Other R / I Accounts Receivable	Treaty			Facultative	Other R / I Accounts Payable
			Loss Reserve Withheld by	Paid Losses	Unpaid Losses		Paid Losses	Unpaid Losses		Premiums Due To	Premium Reserve Withheld For	Loss Reserve Withheld For	Premiums Due To	
A. Authorized														
1. Domestic														
a														
b														
c														
...														
2. Foreign														
a														
b														
c														
Sub-Total														
B. Unauthorized														
1. Domestic														
a														
b														
c														
2. Foreign														
a. Asean														
b. Others														
Sub-Total														
GRAND TOTALS														

NOTE : Prepare schedule on a per company basis.

Disclose the reinsurance on microinsurance, if any

SCHEDULE 14 - SALVAGE RECOVERABLE

Principal and Address	Kind of Bond	Bond number	Date of Confiscation of Bond	Description of Securities	Asset Value of Securities	Market Value of / Securities	Salvage Recoverable				Non-Admitted Assets	Admitted Assets	Remarks
							Amount of Bond	Covered / by Securities	Not Covered / by Securities	Total Ledger Assets			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
GRAND TOTALS													

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 15 - INVESTMENT INCOME

GROSS						
Kinds of Investment	Accrued 1 Current Year	Collected During the Year (2+5-4)	Accrued Previous Year	Earned During the Year	Final Tax Admitted	Net Earned
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Bonds - per Schedule 1, page 18, column 15 (net of 20% final tax)		-				
2. Stocks - per Schedule 2, page 21, column 14	-	-	-	-	-	-
3. Real Estate - per Schedule 3, page 19, column 16	-	-	-	-	-	-
4. Purchase Money Mortgage - per Schedule 4, page 20 column 22	-	-	-	-	-	-
5. Mortgage Loans - per Schedule 5, page 22, column 13	-	-	-	-	-	-
6. Collateral Loans - per Schedule 6, page 22, column 13	-	-	-	-	-	-
7. Guaranteed Loans - per Schedule 7, page 23, column 13	-	-	-	-	-	-
8. Other Loans - per Schedule 8, page 25, column 13	-	-	-	-	-	-
9. Short-Term Investments - per Schedule 9, page 25 column 10	-	-	-	-	-	-
10. Security Fund - per Schedule 10, page 27	-	-	-	-	-	-
11. Other Investments - per Schedule 10, page 26	-	-	-	-	-	-
12. Cash on Hand and in Banks - per Schedule 11 page 28, column 16 (net of 20% final tax)	-	-	-	-	-	-
13. Other Invested Assets		-				
a.						
b.						
TOTALS						

* Disclose the amounts allocated for Microinsurance, if any

SCHEDULE 16 - Accounts, Notes and Other Receivables
(State if Borrower is a parent, subsidiary,
affiliate, officer, director or stockholder
of the company)

Name and Address of Debtor or Maker of Note	Date Granted/ Issued	PRINCIPAL REPAYMENT			Balance as of 31-Dec-06	Balance as of 31-Dec-05	Remarks
		Original Amount	Date of Last Payment	Amount Paid During the Year			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ACCOUNTS RECEIVABLES							
A. Secured:							
Sub-Total							
B. Not Secured:							
Sub-Total							
TOTAL ACCOUNTS RECEIVABLES							
II. NOTE RECEIVABLE							
A. Secured:							
Sub-Total							
B. Not Secured:							
Sub-Total							
TOTAL NOTES RECEIVABLES							
III. OTHER RECEIVABLES							
Due from Affiliates							
Smart Prepaid Card							
VAT Receivable							
Doc Stamp Receivable							
Local Gov't Tax							
Due from Officers & Employees							
Others							
TOTAL OTHER RECEIVABLES							

* Disclose the amounts allocated for Microinsurance, if any

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

ELECTRONIC DATA PROCESSING MACHINE
SCHEDULE 17 - FURNITURE, FIXTURES and OFFICE EQUIPMENT
TRANSPORTATION EQUIPMENT

PARTICULARS/DESCRIPTION (1)	Date of Approval (2)	Date of Purchase (3)	Acquisition Cost (4)	Estimated Life (5)	Accumulated Depreciation (6)	Net Book Value (7)	Asset Not Admitted (8)	Admitted Asset (9)	Remarks (10)
I ELECTRONIC DATA PROCESSING MACHINE BALANCE FORWARDED, PREVIOUS YEAR ACQUISITIONS/(DISPOSALS) Computer Software & EDP Equipment		(see attached)							
TOTAL - EDP									
II FURNITURE, FIXTURE and OFFICE EQUIPMENT BALANCE FORWARDED, PREVIOUS YEAR ACQUISITION /(DISPOSALS)		(see attached)							
TOTAL - Furniture, Fixture and Office Equipment									
III TRANSPORTATION EQUIPMENT BALANCE FORWARDED, PREVIOUS YEAR ACQUISITION /(DISPOSALS)									
TOTAL - Transportation Equipment									

Deposits
Prepayments
SCHEDULE 18 - Leasing and Leasehold Improvements
Other Assets

Particulars/Payee and Address (1)	Nature (2)	Ledger Assets (3)	Non-Admitted Assets (4)	Admitted Assets (5)	Remarks (6)
I DEPOSITS					
TOTAL - DEPOSITS					
II PREPAYMENTS PREVIOUS YEAR TOTAL CURRENT YEAR (ITEMIZED)					
TOTAL - PREPAYMENT					
III LEASEHOLD and LEASING IMPROVEMENTS PREVIOUS YEAR CURRENT YEAR (ITEMIZED) Disposals					
Additions					
Accumulated Depreciation					
TOTAL - Leasehold and Leasing Improvements					
IV OTHER ASSETS					
TOTAL - OTHER ASSETS					

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____ --

SCHEDULE 19 - LOSSES AND CLAIMS PAYABLE

Group Claims into:
1. Adjusted or in Process of Adjustment
2. Incurred but not Reported
3. Resisted

A. DIRECT BUSINESS

Name of Claimant/Policyholder (1)	Claim No. (2)	Date Filed (3)	Policy Number (4)	Amount of Insurance Coverage (Pesos) (5)	Date of Loss or Damage (6)	Amount of		REINSURANCE				RECOVERABLE		NET CLAIMS PAYABLE	
						Loss (Pesos) (7)	Loss Adjustment Expenses (Pesos) (8)	AUTHORIZED		UNAUTHORIZED		Loss (Pesos) (13)	Loss Adjustment EXPENSE (Pesos) (14)	Loss (Pesos) (15)	Loss Adjustment EXPENSE (Pesos) (16)
								DOMESTIC		FOREIGN					
								Loss (Pesos) (9)	Loss Adjustment EXPENSE (Pesos) (10)	Loss (Pesos) (11)	Loss Adjustment EXPENSE (Pesos) (12)				
a															
b															
c															
...															
x. Microinsurance															
SUB-TOTAL															

NOTE: Group by Line of Business.

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 19 - LOSSES AND CLAIMS PAYABLE

B. ASSUMED BUSINESS - TREATY

Name of Company (1)	Line of Business (2)	Amount of		Reinsurance Recoverable		Net Claims Payable	
		Loss (Pesos) (3)	Loss Adjustment Expense (Pesos) (4)	Loss (Pesos) (5)	Loss Adjustment Expense (Pesos) (6)	Loss (Pesos) (7)	Loss Adjustment Expense (Pesos) (8)
1. Authorized a. Domestic	1						
	2						
	3						
						
b. Foreign	15. Microinsurance						
	1						
	2						
	3						
Sub-Total						
	10. Microinsurance						
2. Unauthorized a. Domestic	1						
	2						
	3						
						
b. Foreign							
	1. Asean						
	1						
	2						
2. Other Than Asean	3						
						
	1						
	2						
SUB-TOTALS	3						
						

NOTE: Prepare schedule on a per company basis.

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 19 - LOSSES AND CLAIMS PAYABLE

C. ASSUMED BUSINESS - FACULTATIVE

Name of Company (1)	Line of Business (2)	Amount of		Reinsurance Recoverable		Net Claims Payable	
		Loss (Pesos) (3)	Loss Adjustment Expense (Pesos) (4)	Loss (Pesos) (5)	Loss Adjustment Expense (Pesos) (6)	Loss (Pesos) (7)	Adjustment Expense (Pesos) (8)
1. Authorized							
a. Domestic	a.1. a.2. a.3. ... ax. microinsurance						
b. Foreign	b.1. b.2. b.3. bx. microinsurance						
Catastrophe							
Sub-Total							
2. Unauthorized							
a. Domestic	a.1. a.2. a.3. ...						
b. Foreign							
1. Asean	a.1. a.2. a.3. ...						
2. Other Than Asean	...						
SUB-TOTALS							

NOTE: Prepare schedule on a per company basis

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 20 - COMMISSIONS PAYABLE

Line of Business	Rate	Amount
(1)	(2)	(3)
1. FIRE		
a. Residential		
b. Warehouse		
c. Industrial		
d. General		
2. EARTHQUAKE/FIRE/SHOCK		
3. TYPHOON		
4. FLOOD		
5. EXTENDED COVERAGE		
6. MARINE CARGO		
7. MARINE HULL		
8. AVIATION		
9. BONDS		
a. Class 1		
b. Class 2		
c. Class 3		
d. Class 4		
e. Class 5		
10. COMPULSORY MOTOR		
VEHICLE LIABILITY (CMVL)		
LAND TRANSPORTATION		
OPERATOR (CMVL-LTO)		
a. AC/PUJ/UV		
b. Buses/Tourist Buses		
c. Taxis/Tourist Cars		
d. Tricycles		
11. CMVL-NON-LTO		
a. Private Cars		
b. Commercial Vehicles		
12. OTHER THAN CMVL-LTO		
13. OTHER THAN CMVL-NON-LTO		
a. Third Party Bodily Injury		
b. Third Party Property Damage		
c. Loss and Damage		
14. HEALTH AND ACCIDENT		
15. ENGINEERING*/CAR/EAR/IAR		
16. MICROINSURANCE		
17. OTHERS		
TOTAL		

NAME AND ADDRESS OF CREDITOR	Nature/description of Account	B A L A N C E Previous Year (Pesos)	Amount Unpaid Current Year (Pesos)
	TOTAL		

* Disclose the amounts allocated for Microinsurance, if any

ANNUAL STATEMENT FOR THE YEAR ENDED _____ OF THE _____

SCHEDULE 23 - RETURN PREMIUMS PAYABLE

Name of Assured (1)	Line of Business (2)	Policy No. (3)	Inception Date (4)	Total Premiums (5) (Pesos)	Return Premiums (6) (Pesos)	Remarks (7)
TOTALS						

NOTE: Group by Line of Business

* Disclose the amounts allocated for Microinsurance, if any

ANNUAL STATEMENT FOR THE YEAR ENDED _____ - OF THE _____

SCHEDULE 24 - NET WORTH ACCOUNTS

Authorized Capital Stock : Number of Shares 30,000,000 , Amount P 300,000,000.00

Group according to Nationality

Name of Stockholders (1)	Citizenship (2)	Number of Shares (3)	Par Value Per Share (4)	Subscribed Capital (5)	Subscription Receivable (6)	Capital Stock Paid-Up (7)	Percentage of Ownership (8)	Capital Paid In Excess of Par (9)	Contributed Surplus (10)	Contingency Surplus (11)	Dividends Paid During The Year (12)	Dividends Payable Current Year (13)
A. Common Stock												
Sub-Total												
B. Preferred Stock												
Sub-Total												
GRAND TOTAL												

ANNUAL STATEMENT FOR THE YEAR ENDED _____

SCHEDULE 26 - COMMISSIONS PAID (DIRECT BUSINESS)

NAME OF AGENT	C. A. No.	DATE ISSUED	DATE EXPIRED	PREMIUMS	AMOUNT PAID
Antique					
Batangas					
Baguio					
Caloocan					
Cagayan de Oro					
Dumaguete					
Head Office					
General Santos					
Ilo-ilo					
Kalibo					
Laoag					
Legaspi					
Lucena					
Malolos					
Makati					
Naga					
Ormoc					
Santiago					
Security Bank					
San Fernando La Union					
San Fernando Pampanga					
Surigao					
Tuguegarao					
Tarlac					
West					
Zamboanga					
Total					

Disclose information for micro, if any

Summary of Premium Receivable Ledger

Type of Plan	Assured	No. of Units	Premium	Prem. Tax	Doc. Stamp	LGT	Total
Microinsurance							
TOTAL							

Schedule of Production

A R E A	P R E M I U M												TOTAL PREMIUM	Returns & Cancellation	NET PREMIUM	CHARGES	TOTAL
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
													-				-
													-				-
													-				-
													-				-
													-				-
													-				-
													-				-
													-				-
													-				-
Microinsurance													-				-
TOTAL												-	-	-	-	-	-

Schedule of Collection

[illegible]

Exchange Rate _____

ANNUAL STATEMENT
For the year ended December 31, ____

(Name of the Association)

License No.	_____	Date of Issue	_____
S.E.C. Registration No.	_____	Date of issue	_____
Tax Identification No.	_____		
Incorporated on	_____	Commenced Business on	_____
Home Office	_____	Mail Address	_____
Telephone No.	_____	Fax No.	_____
Email Address	_____		

**MEMBERS OF THE BOARD,
OFFICERS AND EMPLOYEES**

Members of the Board and Officers
were elected on _____
Term of office to expire on _____

<u>Position</u>	<u>Name</u>	<u>Nationality</u>
Chairman	_____	_____
Vice-Chairman	_____	_____
Members	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Independent Directors	_____	_____
	_____	_____
	_____	_____
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
General Manager	_____	_____
Actuary	_____	_____
Department Heads	_____	_____
Underwriting	_____	_____
Sales	_____	_____
Investment	_____	_____
Administration	_____	_____
Claims	_____	_____
	_____	_____
Chief Accountant	_____	_____
Internal Auditor	_____	_____
External Auditor	_____	_____
Compliance Officers	_____	_____
	_____	_____
No. of salaried Officers	_____	Number of employees _____
Number of members	_____	Number of agents/solicitors _____

ASSETS	GENERAL FUND P	BASIC BENEFIT FUND P	OPTIONAL BENEFIT FUND P	TOTAL FUND CURRENT YEAR P	TOTAL FUND PREVIOUS YEAR P
1. Bonds (Schedule A)					
1.b - Financial Assets at Fair Value through Profit & Loss					
1.c - Available for Sale (AFS)					
1.d - Held to Maturity (HTM) Investments					
2. Investment in Treasury Bills (Schedule B)					
3. Stocks (Schedule C)					
3.b - Financial Assets at Fair Value through Profit & Loss					
3.c - Available for Sale (AFS)					
3.d - Held to Maturity (HTM) Investments					
4. Real Estate (Schedule D)					
4.1 Properties occupied by the Association (less P_____ encumbrances)					
4.2 Properties acquired in satisfaction of debt (less P_____ encumbrances)					
4.3 Investment in real estate (less P_____ encumbrances)					
5. Purchase Money Mortgages (Schedule E)					
6. Loans					
6.1 Mortgage Loans (Schedule F)					
6.2 Membership Certificate Loans/Policy Loans (Schedule G)					
6.3 Collateral Loans (Schedule H)					
6.4 Other Loans (Schedule I)					
6.5 _____					
7. Short Term Investment (Schedule J)					
3.b - Financial Assets at Fair Value through Profit & Loss					
3.c - Available for Sale (AFS)					
3.d - Held to Maturity (HTM) Investments					
8. Other Investment (Schedule K)					
9. Cash on Hand and in Banks (Schedule L)					
9.1 Cash and Invested Assets					
10. Electronic Data Processing Systems (Schedule M)					
11. Amount Receivable from Reinsurers (Schedule N)					
12. Fees/Dues/Contributions Receivables (Schedule O)					
13. Net Life Premiums Due and Uncollected (Schedule P)					
14. Accounts/Notes Receivable (Schedule Q)					
15. Investment Income Due and Accrued (Exhibit 5)					
16. Other Assets					
16.1 Members' Assessment Receivable					
16.2 Proeprty & Equipment					
16.3 Supplies					
17. Total Assets					

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20__ OF THE _____
(Write or stamp name of association)

Liabilities	GENERAL FUND	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL FUND CURRENT YEAR	TOTAL FUND PREVIOUS YEAR
1. Aggregate Reserves for Membership Certificates and Contracts (Exhibit 6)					
2. Aggregate Reserves for Policy and Contracts (Exhibit 6)					
3. Membership Certificate Benefits Payable (Schedule R)					
4. Policy and Contract Claims Payable (Schedule R)					
5. Accounts/ Notes Payable					
6. Dividends Payable					
7. Amount Due to Reinsurers (Schedule N)					
8. Accrued Expenses (Exhibit 3)					
9. Taxes Payable					
10. Unearned Investment Income (Exhibit 5)					
14. Other Liabilities					
14.1 _____					
14.2 _____					
14.3 _____					
14.4 _____					
14.5 _____					
15. TOTAL LIABILITIES					
MEMBERS' EQUITY					
16. Restricted Members' Contributions - Guaranty Fund					
17. Members' Contributions (net of Guaranty Fund)					
18. Unassigned Members' Retained Earnings, beginning					
Add: Net Income current year/(Net Loss)					
Less: Terminal Benefits *					
19. Unassigned Members' Retained Earnings, ending					
20. Special Surplus Funds:					
20.1. Fluctuation Reserve - Stocks					
20.2. Revaluation Reserve- Real Estate					
20.3. Fluctuation Reserve- Foreign Exchange					
21. TOTAL MEMBERS' EQUITY					
22. TOTAL LIABILITIES AND MEMBERS' EQUITY					

* Terminal Benefit refers to the share of the members/policyholders, who terminated his membership (death, surrender, withdrawal), to the undistributed unassigned members' retained earnings at the time of termination of his membership

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
For the year ending December 31, ____

RECEIPTS	Microinsurance					Regular insurance				
	GENERAL FUND	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL FUND CURRENT YEAR	TOTAL FUND PREVIOUS YEAR	GENERAL FUND	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL FUND CURRENT YEAR	TOTAL FUND PREVIOUS YEAR
1. Members' Fees/Dues/Contributions										
2. Premiums for Optional Benefits										
3. Investment and other Income										
3.1 Interest on Deposits										
3.2 Interest on Mortgage Loans										
3.3 Interest on Collateral Loans										
3.4 Interest on Certificate/Policy Loans										
3.5 Interest on Short-Term Investments										
3.6 Dividend Income										
3.7 Other Income										
4. Collection of Receivables										
4.1 Certificate/Policy Loans										
4.2 Mortgage Loans										
4.3 Collateral Loans										
4.4 Notes Receivable										
4.5 Other Receivables										
4.6 Miscellaneous										
5. Maturity Placements										
5.1 Deposits										
5.2 Short-Term Investments										
5.3 _____										
5.4 _____										
5.5 _____										
5.6 _____										
5.7 _____										
6. Sale of Assets										
6.1 Fixed Assets										
6.2 Real Estate										
6.3 Securities										
6.4 _____										
6.5 _____										
7. Donations										
8. Reinsurance Recoveries										
9. Other Receipts										
9.1 Experience Refunds										
9.2 Real Estate										
9.3 Securities										
10.TOTAL RECEIPTS										

(Write or stamp name of association)

Exhibit 1

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
For the year ending December 31, ____

DISBURSEMENTS	Microinsurance					Regular Insurance				
	GENERAL FUND P	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL FUND CURRENT YEAR	TOTAL FUND PREV YEAR	GENERAL FUND P	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL FUND CURRENT YEAR YEAR	TOTAL FUND PREVIOUS YEAR YEAR
11. Benefits Paid										
11.1 Death Benefits										
11.2 Maturities										
11.3 Surrenders										
11.4 Others										
12. Direct Expenses										
12.1 Reinsurance Premiums										
12.2 Underwriting Expenses										
13. Operating Expense (Exhibit 3)										
14. Loan Releases										
14.1 Certificate/Policy Loans										
14.2 Mortgage Loans										
14.3 Collateral Loans										
14.4 Notes Receivable										
14.5										
15. Placements										
15.1 Bonds										
15.2 Treasury Bills										
15.3 Time/Fixed Deposits										
15.4 Short-Term Investments										
15.5										
16. Purchase of:										
16.1 Fixed Assets										
16.2 Real Estate Properties										
16.3 Securities										
16.4										
16.5										
17. Other Disbursements (attach Schedule)										
17.1 Terminal Benefits										
17.2										
17.3										
17.4										
18. TOTAL DISBURSEMENTS										
19. Net Receipts/(Disbursements) (Line 10-Line 18)										
20. Add: Cash Balance Previous Year										
21. TOTAL CASH FUND CURRENT YEAR (Line 19+Line 20) (Schedule L)										

STATEMENT OF MEMBERS' SURPLUS
FOR THE YEAR ENDED DECEMBER 31, ____

	MICROINSURANCE				REGULAR INSURANCE				TOTAL FUND
	GENERAL FUND	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL MI FUND	GENERAL FUND	MUTUAL BENEFIT FUND	OPTIONAL BENEFIT FUND	TOTAL NON-MI FUND	
INCOME									
1. Members' Fees/Dues			na				na	-	-
2. Members' Contributions									
3. Premiums									
4. Reinsurance Commissions									
5. Others:									
5.1 Experience Refund									
5.2 Donations									
6. Add/(Less):									
6.1 Inc/(Dec) in Fees/Dues/Contributions Receivables									
6.2 Inc/(Dec) in Net Premiums Due & Uncollected									
Gross Income									
7. Less: Direct Expenses									
7.1 Benefit Claims									
7.2 Reinsurance Premiums Ceded									
7.3 Inc(Dec) in Aggregate Reserves for Membership Contribution and									
7.4 Inc(Dec) in Aggregate Reserves for Policy and Contracts									
7.5 Other Direct Expenses (attach schedules)									
7.5.a Service Fees									
7.5.b Commissions									
7.5.c Others (specify)									
Total Expenses									
Less : Policy dividends									
Net Income Before Investment Income									

**STATEMENT OF MEMBERS' SURPLUS
FOR THE YEAR ENDED DECEMBER 31, _____**

[illegible]

OPERATING EXPENSES
FOR THE YEAR ENDED DECEMBER 31, ____

		Cash Basis		Accrual Basis		Total
Salaries & Wages	P		P		P	
Employees & Staff Benefits						
Professional & Other Service Fees						
Board Allowance & Renumérations						
Representation & Entertainment						
Transportation & Travel						
Advertising & Promotions						
Meetings & Conferences						
Stationeries & Supplies						
Books & Periodicals						
Gas & Oil						
Postage & Documentary Stamps Tax						
Telephone/communication						
Light & Water						
Rent						
Repairs & Maintenance						
Depreciation						
Security, Janitorial & Messengerial Services						
Taxes & Licenses						
SSS, MEDICARE, ECC						
Miscellaneous (Itemized)						
Less: Allocation for Microinsurance						
Total Operating Expenses			P		P	

enjoy

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20__ OF THE _____

(Write or stamp name of association)

Exhibit 4

NET INVESTMENT INCOME
ACCRUAL BASIS
For the year ended December 31, ____

1. NET INVESTMENT INCOME (Exhibit 5).	P
2. Net Invested Assets previous year	
3. Net Invested Assets current year	
4. Net Investment Yield = $(2 \times \text{Item 1}) / ((\text{Item 2} + \text{Item 3}) - \text{Item 1})$	%

INTEREST, DIVIDENDS, AND REAL ESTATE INCOME
For the year ended December 31, ____

	Collected During the Year	Current year				Previous Year (3+4-2-5) (6)	Earned During Year (1-2+3+4-5-6) (7)
		Unearned	Due	Accrued	Non-Admitted		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Interest on Bonds							
2. Dividends on Stocks							
3. Income on Real Estate							
4. Interest on Purchase Money Mortgage							
5. Interest on Mortgage Loan							
6. Interest on Certificate Loans							
7. Interest on Policy Loans							
8. Interest on Collateral Loans							
9. Interest on Other Loans							
10. Interest on Short-Term Investment							
Microinsurance							
Regular							
12. Interest on Other investments							
13. Interest on Bank Deposits							
14.							
15.							
Totals							

*disclose amount for MI, if any

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR
(GAIN AND LOSS EXHIBIT)

	GRAND TOTAL	BASIC BENEFITS			OPTIONAL BENEFITS		
		INDIVIDUAL	GROUP	TOTAL	INDIVIDUAL	GROUP	TOTAL
1. Reserves Dec. 31 of previous year							
2. Tabular net premiums or considerations							
3. Present value of disability claims incurred							
4. Tabular interest							
5. Tabular less actual reserve released							
6. Increase in reserve on account of change in valuation basis							
7. Other increases (net)							
8. TOTALS (items 1 to 7)							
9. Tabular cost							
10. Reserves released by death							
11. Reserves released by other terminations (net)							
12. Annuity, supplementary contract, disability and accumulated dividends payments							
13. TOTAL DEDUCTIONS (Items 9 to 12)							
14. Reserve Dec. 31 of current year, Exhibit 5							

AGGREGATE RESERVES FOR CERTIFICATES AND POLICY CONTRACTS
AS OF DECEMBER 31, ____

VALUATION STANDARD (Indicate mortality and interest bases and valuation method by years of issue and in the case of annuities indicate whether immediate, deferred or both)	TOTAL			BASIC BENEFITS						OPTIONAL BENEFITS					
				INDIVIDUAL			GROUP			INDIVIDUAL			GROUP		
	Number	Amount	Reserves	Number	Amount	Reserves	Number	Amount	Reserves	Number	Amount	Reserves	Number	Amount	Reserves
MICROINSURANCE															
A. BASIC INSURANCE															
2.															
3.															
4.															
5.															
Total (Gross)															
Reinsurance Ceded															
total (Net)															
REGULAR															
A. BASIC INSURANCE															
1.															
2.															
3.															
4.															
5.															
Total (Gross)															
Reinsurance Ceded															
total (Net)															
C. ANNUITIES (Excluding supplementary contracts with life contingencies)															
1.															
2.															
3.															
4.															
Total (Gross)															
Reinsurance Ceded															
total (Net)															
D. DISABILITY - ACTIVE LIVES															
1.															
2.															
3.															
4.															
5.															
Total (Gross)															
Reinsurance Ceded															
total (Net)															

[illegible]

ASSETS

ASSETS	Ledger Assets (1)	Non-Ledger Assets (2)	Assets Not Admitted (3)	Net Admitted Assets (4)
1. Bonds (Schedule A)				
1.a - Securities held for Trading				
1.b - Financial Assets Designated at Fair Value through Profit & Loss				
1.c - Available for Sale (AFS)				
1.d - Held to Maturity (HTM) Investments				
2. Investment in Treasury Bills (Schedule B)				
3. Stocks (Schedule C)				
4. Real Estate (Schedule D)				
4.1 Properties occupied by the Association (less P_____ encumbrances)				
4.2 Properties acquired in satisfaction of debt (less P_____ encumbrances)				
4.3 Investment in real estate (less P_____ encumbrances)				
5. Purchase Money Mortgages (Schedule E)				
6. Loans				
6.1 Mortgage Loans (Schedule F)				
6.2 Membership Certificate Loans/Policy Loans (Schedule G)				
6.3 Collateral Loans (Schedule H)				
6.4 Other Loans (Schedule I)				
6.5 _____				
7. Short Term Investment (Schedule J)				
8. Other Investment (Schedule K)				
9. Cash on Hand and in Banks (Schedule L)				
9.1 Cash and Invested Assets				
10. Electronic Data Processing Systems (Schedule M)				
11. Amount Receivable from Reinsurers (Schedule N)				
12. Fees/Dues/Contributions Receivables (Schedule O)				
13. Net Life Premiums Due and Uncollected (Schedule P)				
14. Accounts/Notes Receivable (Schedule Q)				
15. Investment Income Due and Accrued (Exhibit 5)				
16. Other Assets				
16.1 Bills receivable				
16.2 Furnitures & equipment				
16.3 Supplies				
16.4 Cash advanced to or in hands of officers				
16.5 Loans on personal security, endorsed or not				
17. Total Assets				

LIABILITIES

Exhibit 6

LIABILITIES	Ledger Liabilities (1)	Non-Ledger Liabilities (2)	Total Liabilities (4)
1. Aggregate Reserves for Membership Certificates and Contracts (Exhibit 6)			
2. Aggregate Reserves for Policy and Contracts (Exhibit 6)			
3. Membership Certificate Benefits Payable (Schedule R)			
4. Policy and Contract Claims Payable (Schedule R)			
5. Accounts/ Notes Payable			
6. Dividends Payable			
7. Amount Due to Reinsurers (Schedule N)			
8. Accrued Expenses (Exhibit 3)			
9. Taxes Payable			
10. Unearned Investment Income (Exhibit 5)			
14. Other Liabilities			
14.1 _____			
14.2 _____			
14.3 _____			
14.4 _____			
14.5 _____			
15. TOTAL LIABILITIES			

_____)
 _____)
 _____)

S.S.

_____, _____ President, _____ Secretary,
_____, _____ Treasurer, _____ Actuary, and _____
Accountant of the _____ (NAME OF THE ASSOCIATION)

_____ President
_____ Secretary
_____ Treasurer
_____ Chief Operating Officer
_____ Actuary
_____ General Manager
_____ Accountant

Corporate Resident Certificate
No. _____ issued at _____,
on _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public
My commission expires on Dec, 31, 20____
PTR No. _____
Date _____
TIN _____

Doc No. _____
Page No. _____
Book No. _____
Series of _____

Documentary
Stamp
P5.00 worth

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20__ OF THE _____
(Write or stamp name of association)

Schedule A - BONDS

Description	DATE			CERTIFICATES			Incumbrances (if any)	Underwriting Discounts/ Premiums	Acquisition Cost	INTEREST					
	Acquired	Issued	of Maturity	Serial No.	Face Value					Annual Rate	How Paid	Collected During the Year	Accrued Previous Year	Accrued Current Year	Earned Current Year
					Per Cert. (Pesos)	Total (Pesos)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
1 - Financial Assets at Fair Value through Profit & Loss															
1.A - Securities held for Trading															
1.A.1. Government															
1.A.2. Private															
Sub Total															
1.B - Financial Assets Designated at Fair Value through Profit & Loss															
1.B.1. Government															
1.B.2. Private															
Sub Total															
2 - Available for Sale (AFS)															
2.A. Government															
2.B. Private															
Sub Total															
3 - Held to Maturity (HTM) Investments															
3.A. Government															
3.B. Private															
Sub Total															
Grand Total															

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20__ OF THE _____
(Write or stamp name of association)

Schedule B - TREASURY BILLS

Description	DATE			CERTIFICATES			Incumbrances (if any)	Underwriting Discounts/ Premiums	Acquisition Cost	INTEREST					
	Acquired	Issued	of Maturity	Serial No.	Face Value					Annual Rate	How Paid	Collected During the Year	Accrued Previous Year	Accrued Current Year	Earned Current Year
					Per Cert. (Pesos)	Total (Pesos)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Grand Total															

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20__ OF THE _____
(write or stamp name of association)

Schedule C - Stocks

Description (1)	Date Acquired (2)	No. of Shares (3)	Par Value/ Share (4)	Rates per share (5)	Lower of BV or MV (6)	Acquisition Cost (7)	DIVIDENDS			
							Collected During the Year (8)	Accrued Previous Year (9)	Accrued Current Year (10)	Earned Current Year (11)
1 - Financial Assets at Fair Value through Profit & Loss										
1.A - Securities held for Trading										
Sub Total										
1.B - Financial Assets Designated at Fair Value through Profit & Loss										
Sub Total										
2 - Available for Sale (AFS)										
Sub Total										
3 - Held to Maturity (HTM) Investments										
Sub Total										
Grand Total										

Schedule D - REAL ESTATE OWNED

Page 20

Schedule E - PURCHASE MONEY MORTGAGE

Name & Address of Mortgagor (1)	Description: Title Number Lot no, area, Location (2)	RECORD OF REGISTRY			Amount of Notation (6)	T E R M S					Market Value of Land (12)	Sound Value of Building (13)	Fire Insurance Building (14)	PRINCIPAL			I N T E R E S T			
		Entry Date (3)	Registry No. (4)	City/ Province (5)		Date Granted (7)	Year to Pay (8)	Principal Amount (9)	Annual Rate of Interest (10)	Amount of Amortization (11)				Amount Unpaid (PY) (15)	Amount Paid during the Year (16)	Amount Unpaid (CY) (17)	Collected During the Year (18)	Accrued Previous Year (19)	Accrued Current Year (20)	Earned Current Year (21)
	Grand Total																			

Schedule F - MORTGAGE LOANS

Name & Address of Mortgagor (1)	Description: Title Number Lot no, area, Location (2)	RECORD OF REGISTRY			Amount of Notation (6)	T E R M S				Market Value of Land (11)	Sound Value of Building (12)	Fire Insurance Building (13)	PRINCIPAL				I N T E R E S T			
		Entry Date (3)	Registry No. (4)	City/ Province (5)		Date Granted (7)	Date Due (8)	Principal Amount (9)	Annual Rate of Interest (10)				Amount Unpaid (PY) (14)	Loaned During the Year (15)	Amount Paid during the Year (16)	Amount Unpaid (CY) (17)	Collected During the Year (18)	Accrued Previous Year (19)	Accrued Current Year (20)	Earned Current Year (21)
	Grand Total																			

ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 20____ OF THE _____
(Write or stamp name of association)

Schedule G - POLICY/CERTIFICATE LOANS

[illegible]

(Write or stamp name of association)

Schedule H- COLLATERAL LOANS

Grand Total

Schedule I - OTHER LOANS

Name & Address of Member (1)	Description of securities held (2)	P R I N C I P A L				Market Value of (7)	P R I N C I P A L				I N T E R E S T			
		Date Granted (3)	Date Due (4)	Principal Amount (5)	Annual Rate of interest (6)		Amount Unpaid (8)	Loaned During (9)	Amount Paid during (10)	Amount Unpaid (11)	Collected During the (PY) (12)	Accrued Previous the Year (13)	Accrued Current the Year (14)	Earned Current (CY) (15)
	Grand Total													

Schedule J - SHORT TERM INVESTMENTS

Description of securities held (2)	DATE		Purchased from (7)	Acquisition cost (8)	INTEREST				
	Acquired (3)	Maturity (4)			Annual Rate of interest (6)	Collected During the (PY) (12)	Accrued Previous the Year (13)	Accrued Current the Year (14)	Earned Current (CY) (15)
1 - Financial Assets at Fair Value through Profit & Loss									
1.A - Securities held for Trading									
1.A.1. Government									
1.A.2. Private									
Sub Total									
1.B - Financial Assets Designated at Fair Value through Profit & Loss									
1.B.1. Government									
1.B.2. Private									
Sub Total									
2 - Available for Sale (AFS)									
2.A. Government									
2.B. Private									
Sub Total									
3 - Held to Maturity (HTM) Investments									
3.A. Government									
3.B. Private									
Sub Total									
Grand Total									

Schedule K - OTHER INVESTMENTS

Please list down investments which could not
be incorporated in Schedules A to K giving
full details of the accounts

Schedule L - CASH ON HAND & IN BANKS/TRUST COMPANIES

Name & Location of Bank & Trust Company (1)	January (2)	February (3)	March (4)	April (5)	May (6)	June (7)	July (8)	August (9)	September (10)	October (11)	November (12)	December (13)	INTEREST			
													Collected During the year (15)	Accrued Previous Year (16)	Accrued Current Year (17)	Earned Current year (18)
<u>A. Cash on hand and in the Office</u>																
1. Petty Cash																
2. Commission Fund																
3																
<u>B. Cash in Banks</u>																
<u>Commercial Banks</u>																
1. Current																
a.																
b.																
2. Savings																
a.																
b.																
3. Time/Fixed Deposits																
a.																
b.																
<u>C. Cash in Banks - Trust Banks</u>																
1. Current																
a.																
b.																
2. Savings																
a.																
b.																
3. Time/Fixed Deposits																
a.																
b.																
<u>D. Cash in Banks - Thrift/ Rural Banks without Trust license</u>																
1. Current																
a.																
D. Cash in Banks -Thrift/ Rural Banks without Trust license																
2. Savings																
a.																
c.																
3. Time/Fixed Deposits																
a.																
b.																
Grand Total																

Schedule M - ELECTRONIC DATA PROCESSING MACHINES

PARTICULARS/ DESCRIPTION	Date of Approval	Date of Purchase	Acquisition Cost	Amortization Cost	Accumulated Depreciatin	Net Book Value
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Grand Total						

Schedule N - DATA ON REINSURANCE CEDED

Name of Company (1)	Amount in force at end of year (2)	Claims Recovered on			Amount due to Reinsurer/s (6)	Transactions during the year			
		Reserve credits (3)	Paid Loses (4)	Unpaid Loses (5)		Rinsurance Premims on ceded business (7)	Commissions on ceded business (8)	Recoveries on claims reinsured (9)	Remittances made during the year (10)
Grand Total									

Schedule O - DUES/FEES/CONTRIBUTIONS RECEIVABLE

Name of Member	Certificate No.	Issue Date	Total Unpaid Fees/Dues/Contributions	Months Due & Unpaid
(1)	(2)	(3)	(4)	(5)
Total				

Schedule P - NET PREMIUMS DUE & UNCOLLECTED

Name of Member	Policy No.	Issue Date	Total Gross Outstanding Premiums	Total Net Outstanding Premiums	Months Due & Unpaid
(1)	(2)	(3)	(4)	(5)	(6)
Total					

Schedule Q - ACCOUNTS RECEIVABLE

Name (1)	Outstanding Amount Dec. 31 (PY) (2)	Amount Granted (3)	Date Granted (4)	Amount Paid During the Year (5)	Amount Past Due (6)	Outstanding Balance, Dec 31 (CY) (7)
A - MEMBERS						
Sub- Total						
B - MEMBERS						
Sub-Total						
Grand Total						

Schedule R - POLICY & CONTRACT CLAIMS/BENEFITS PAYABLE

Policy/ Certificate No. (1)	Name of Member (2)	Date			Amount				Reinsurance			Date Paid (13)
		Issue (3)	Death (4)	Reported (5)	Face Amount (6)	(Debits)/Cre dits (7)	Partial Payments (8)	Net Unpaid (9)	Company (10)	Amount Claimed (11)	Amount Paid (12)	
<u>Policy & Contract Claims</u>												
Total												
<u>Benefits Payables</u>												
Total												
Grand Total												