

ANNEX “A”

CHECKLIST OF DOCUMENTS TO BE SUBMITTED TO FORM PART OF THE ANNUAL STATEMENT OF NON-LIFE INSURANCE COMPANIES For the year ended 31 December _____

NAME OF COMPANY

| Remarks | Documents | Soft copy |
|---------|---|--|
| 1. | Copy of _____ Audited Financial Statements with comparative figures for _____, signed by an external auditor accredited by the Insurance Commission, and duly received by the Bureau of Internal Revenue (BIR). | ✓ <i>(PDF Format not locked against copying text)</i> |
| 2. | Copy of Adjusted Trial Balance as of 31 December signed by the Chief Accountant. | ✓ <i>(Excel format)</i> |
| 3. | Reconciliation Adjusted Trial Balance with Annual Statement and Audited Financial Statement IN ACCORDANCE WITH IC TEMPLATE | ✓ <i>(Excel format)</i> |
| 4. | Reconciliation of figures <u>if the company adopts IFRS 9 – Financial Instrument:</u> | |
| | a. Balance Sheet – Annual Statement VS Balance Sheet- Audited Financial Statements | ✓ <i>(Excel format)</i> |
| | b. Income Statement- Annual Statement VS Income Statement- Audited Financial Statements | ✓ <i>(Excel format)</i> |
| | c. Balance Sheet and Income Statement- Annual Statement VS Adjusted Trial Balance | ✓ <i>(Excel format)</i> |
| 5. | Computation of Risk Based Capital Ratio as prescribed under CL No. 2016-68 IN ACCORDANCE WITH IC TEMPLATE | ✓ <i>(Excel format)</i> |
| 6. | <u>For foreign companies,</u> Annual Statement on Worldwide Business and Statement of Receipts and Disbursements as of year-end. | ✓ |
| 7. | List of current members of board of directors Independent Directors, their respective Addresses, Positions; and list of the Chairman and Members of the Audit, Remuneration and Nomination Committees IN ACCORDANCE WITH IC TEMPLATE | ✓ <i>(Excel format)</i> |
| 8. | Amended Articles of Incorporation <i>relative to the increase in the Authorized Capital Stock</i> | ✓ |
| 9. | General Information Sheet filed with Securities and Exchange Commission (SEC) | ✓ |
| 10. | <u>For on-site examination,</u> Minutes of Meetings of the Board and Executive Committees, including a copy of Board Resolutions made during the year ended 31 December of the current year. | ✓ <i>(PDF Format not locked against copying text)</i> |
| 11. | Related Party Transactions | |

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|---------|--|---------------------|
| | a. Schedule of Related Party Transactions for the whole year IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | b. Conglomerate Map | ✓ |
| | c. <u>For subsidiary insurance companies with a parent which is not a covered institution of Insurance Commission,</u> copy of parent's Audited Financial Statement pursuant to Section 295 and 296 of Amended Insurance Code. | ✓ |
| | 12. CASH IN BANK ACCOUNTS: | |
| | a. Bank Reconciliation Statements (Adjusted Balances Method) as of 31 December and 31 January __, with Bank statements/passbooks of all current, savings and time deposit accounts. | ✓ |
| | b. Schedule of Deposit in Transit accompanied by copies of official receipts and validated deposit slips IN ACCORDANCE WITH IC TEMPLATE | ✓ |
| | c. Summary List of Bank Accounts IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | 13. Sales invoices and official receipts to support purchases of IT Equipment during the year. | ✓ |
| | 14. PREMIUMS RECEIVABLE ACCOUNT | |
| | a. Copy of the Premiums Receivable ledger for the current year. | ✓ (Excel format) |
| | b. Summary of Monthly Production for the year IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | c. Summary of Monthly Collections of Premiums Receivable during the year IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | d. Summary of Monthly Collection of RI Commissions during the year IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | e. <u>After Date Collections of Premiums Receivable:</u> For non-life insurance companies with deficiency in net worth, the 1 st Quarter collections of the over 90- days Premiums Receivable shall be reconsidered as after-date transactions: | |
| | 1) Schedule of over 90-day Premiums Receivable showing separately IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | 2) Copies of official receipts, validated deposit slips, passbooks and/or banks statements evidencing collections. <i>(Said documents shall be required after the examiner has determined if the company has net worth deficiency. The same shall be submitted within 3 days upon examiner's request.)</i> | ✓ |
| | 15. AMORTIZATION SCHEDULE | |

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|---------|---|--|
| | a. For each investment in debt securities. | ✓ (Excel format) |
| | b. For each lease liability. | ✓ (Excel format) |
| 16. | REPORT ON ACTUARIAL VALUATION | |
| | a. Non-Life Insurance Policy Reserves as prescribed under CL Nos. 2018-18 & 2018-19. | ✓ (PDF Format not locked against copying text) |
| | b. Pension Plan. | ✓ (PDF Format not locked against copying text) |
| 17. | TAXES PAYABLE ACCOUNT | |
| | a. BIR tax returns, validated deposit slip and/or EFPS Payment confirmation for Premium Tax, Documentary Stamp Tax and VAT with schedule indicating the amount, date paid and reference number for each kind of tax | ✓ |
| | b. Official Receipts and quarterly statement for Fire Service Tax and Real Estate Tax with schedule | ✓ |
| | c. CTPL Business - Summary of Taxes Paid together with the validated deposit slips/EFPS Payment Confirmation. | ✓ |
| | d. Schedule of Production of the following: | |
| | 1) Personal Accident - per policy indicating the amount of insurance for the year | ✓ (Excel format) |
| | 2) Indemnity Bond – per policy indicating the amount of premium for the year | ✓ (Excel format) |
| | 3) Zero-rated and Tax-exempt policies (collected and uncollected premium) | ✓ (Excel format) |
| | e. BIR Return Form No. 1604E | ✓ |
| 18. | <u>For companies writing Micro-insurance business:</u> | |
| | a. Performance Standard (SEGURO) (per IC CL No. 2016-63) including breakdown or composition of the accounts (i.e. Total Available Assets, Total Liabilities, Current Assets, Current Liabilities, Operating Expenses, etc.) in determining the ratio for SEGURO. | ✓ (Excel format) |
| | b. Schedule of Production per product/line IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | c. Schedule of Collection per product/line IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | d. Schedule of Losses Paid IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | <i>Note: Hard copy to be signed by the Claims Manager.</i> | |
| 19. | For companies writing OFW business: | |
| | a. Schedule of Production FST IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |

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|---------|--|---------------------|
| | b. Schedule of Collection VAT IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | c. Schedule of Losses Paid IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| 20. | Contact Details of the Company Representative for/from: IN ACCORDANCE WITH IC TEMPLATE | ✓ (Excel format) |
| | a. Submission of Annual Statement | |
| | b. Submission of Quarterly Reportorial Requirements (FRF, Valuation Report and RBC2 Reports) | |
| | c. Accounting Unit/Division/Department | |
| | d. Actuarial Unit/Division/Department | |
| | e. Anti-money Laundering Unit/ Division/ Department | |
| 21. | Supporting documents of all investments not presented during the inventory | ✓ |
| 22. | Certification from the President/CEO/CFO stating that all documents and schedules submitted as required in this Checklist have been reviewed. (Refer to Annex B) | ✓ |

Remarks:

Submitted by:

Signature over Printed Name

Designation

Note:

- Order of payment should be in duplicate
- Filing Fee – P40,000.00 + 400 Legal Research Fee (1% x P40,000) + P5,000.00/day of delay including Saturday, Sunday and Holidays
- **This checklist of required documents is subject to change**

(Company’s Letterhead)

CERTIFICATION

To whom it may concern:

I hereby attest that I have reviewed all the documents and schedules as of 31 December 20__, submitted to the Insurance Commission per IC Circular Letter No. _____. I declare that all the documents and schedules are true and accurate to the best of my knowledge.

Sincerely,

Signature over printed name

President/Chief Executive/Chief Financial Officer