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The following document has been received:

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Company Information

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Company Name: Insurance Company of North America

Industry Classification:

Company Type:

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**SYDNEY
NEW SOUTH WALES
AUSTRALIA**

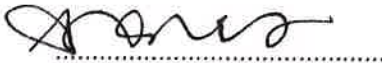
TO ALL TO WHOM THESE PRESENTS SHALL COME

I, **ALISON MARGARET JONES**, Level 17, 8 Chifley Square, Sydney, in the State of New South Wales, **PUBLIC NOTARY**, duly authorised, admitted and sworn, and practising in the City of Sydney in the State of New South Wales in the Commonwealth of Australia,

DO HEREBY CERTIFY that:

1. I was present on 30 June 2021 and did see **PETER VAN RATINGEN**, Country President/Resident Agent of Insurance Company of North America, personally appear before me and duly execute the document ("General Information Sheet") annexed hereto and marked "A" on behalf of Insurance Company of North America (effective as of 15 June 2021), **AND THAT** by declaration before me the said **PETER VAN RATINGEN** did solemnly and sincerely declare to be true the matters and things mentioned and contained in the said declaration set out in the attached General Information Sheet **AND THAT** the name or signature **PETER VAN RATINGEN** thereto subscribed at the foot of the said document is in the proper handwriting of the said **PETER VAN RATINGEN**, whose identity I have verified through exhibition of his identification document (Australian Passport Number E4034440 issued in Australia on 12 November 2014 and expiry 12 November 2024).
2. I make no statement as to the accuracy, truth, legality or otherwise of the contents of the said document or the purposes for which the document may be used.
3. Full faith and credit should be given to the document both in Court and elsewhere.

IN FAITH AND TESTIMONY WHEREOF I have hereunto subscribed my name and affixed by Seal of Office **AT** Sydney in the State of New South Wales on 30 June 2021.



**Alison Margaret Jones
Public Notary**

ALISON MARGARET JONES
Corns Chambers Westgarth
8 Chifley, 8-12 Chifley Square
Sydney NSW 2000
An Australian Legal Practitioner within the
meaning of the Legal Profession Act 2004
and Notary Public





APOSTILLE

(Convention de La Haye du 5 octobre 1961)

- | | |
|--|---|
| 1. Country | Australia |
| 2. This public document has been signed by | Alison Margaret Jones |
| 3. acting in the capacity of | Notary Public |
| 4. bears the seal/stamp of | Alison Margaret Jones Notary Public
Sydney Australia |
| 5. at Sydney Passport Office | Certified |
| 6. by Milan Stekovic | the 2nd day of July, 2021 |
| 7. No. UPPT-G2-134296 | Department of Foreign Affairs and Trade
Sydney Passport Office
Australia |
| 8. Seal/Stamp | |
| 9. Signature | |



This Apostille only certifies the authenticity of the signature (where applicable) and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears. This Apostille does not certify the content of the document for which it was issued. This Apostille can be verified at <https://orao.dfat.gov.au/pages/verifyapostille.aspx>



Annexure A – General Information Sheet (GIS) 2021

This and the following five (5) pages is Annexure A to the notary certificate of Alison Margaret Jones dated 30 June 2021.


Alison Margaret Jones
Public Notary

GENERAL INFORMATION SHEET (GIS)

**FOREIGN CORPORATION
FOR THE YEAR 2021**

GENERAL INSTRUCTIONS:

1. FOR USER CORPORATION: THIS GIS SHOULD BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE ANNIVERSARY DATE OF THE ISSUANCE OF THE SEC LICENSE. **DO NOT LEAVE ANY ITEM BLANK. WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE OR "NONE" IF THE INFORMATION IS NON-EXISTENT.**
2. THIS GIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SWORN TO BY THE RESIDENT AGENT OF THE CORPORATION.
3. SUBMIT FOUR (4) COPIES OF THE GIS TO THE CENTRAL RECEIVING SECTION, GROUND FLOOR, SECRETARIAT BUILDING, PICC, PASAY CITY. ALL COPIES SHALL UNIFORMLY BE ON A4 OR LETTER-SIZED PAPER WITH A STANDARD COVER PAGE. THE PAGES OF ALL COPIES SHALL USE ONLY ONE SIDE. CORPORATIONS SUBMITTING A SOFT COPY OF THEIR GIS SHALL SUBMIT FOUR (4) HARD COPIES OF THE GIS, TOGETHER WITH A CERTIFICATION UNDER OATH BY ITS RESIDENT AGENT THAT THE COPY CONTAINS EXACT DATA IN THE HARD COPIES.
4. **ONLY THE GIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS HAVING BEEN FILED.**
5. THIS GIS MAY BE USED AS EVIDENCE AGAINST THE MULTINATIONAL COMPANY AND ITS RESPONSIBLE OFFICERS FOR ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS

<input checked="" type="checkbox"/> Branch Office	<input type="checkbox"/> Representative Office
<input type="checkbox"/> STOCK <input type="checkbox"/> DOMESTIC MARKET ENTERPRISE <input type="checkbox"/> EXPORT MARKET ENTERPRISE <input checked="" type="checkbox"/> NON-STOCK	<input type="checkbox"/> STOCK <input type="checkbox"/> NON-STOCK

===== PLEASE PRINT LEGIBLY =====

		DATE OF ISSUANCE OF SEC LICENSE:	
NAME OF FOREIGN CORPORATION:	INSURANCE COMPANY OF NORTH AMERICA	20-May-1947	
BUSINESS/TRADE NAME:	INSURANCE COMPANY OF NORTH AMERICA	FISCAL YEAR END: 31-Dec-2020	
SEC LICENSE NUMBER:	F-000000063	CORPORATE TAX IDENTIFICATION NUMBER (TIN): 000-589-211-000	
COUNTRY WHERE ORGANIZED:	Pennsylvania, USA	WEBSITE/URL ADDRESS: www.chubb.com/ph	
ASSIGNED CAPITAL:	PHP 509,241,378	EMAIL ADDRESS: chubb.philippines@chubb.com	
OFFICIAL E-MAIL ADDRESS	ALTERNATE E-MAIL ADDRESS	OFFICIAL MOBILE NUMBER	ALTERNATE MOBILE NUMBER
chubb.philippines@chubb.com	chubb.philippines2@chubb.com	0918-9047214	0920-9456396
COMPLETE OFFICE ADDRESS IN THE PHILIPPINES:	24th Floor Zuellig Building Makati Avenue corner Pasco de Roxas Makati City 1226	TELEPHONE/FAX NUMBER(S): 8849-6080	
COMPLETE NAME OF THE RESIDENT AGENT:	Peter van Ratingen	TELEPHONE/FAX NUMBER(S): 8849-6010	
BUSINESS AS STATED IN THE SEC LICENSE:	Insurance (Non-Life)		
TOTAL SECURITIES DEPOSITED:		NET PROFIT (LOSES) BEFORE TAX DURING THE PRECEDING TAXABLE YEAR	PHP 41,301,117
KIND OF SECURITIES	AMOUNT		
MUTUAL FUND			
STOCKS	PHP 472,752		
BONDS	PHP 1,900,659,562		
ACCUMULATED INCOME/FUND BALANCE BASED ON THE FINANCIAL STATEMENT OF THE PRECEDING FISCAL YEAR	PHP 1,520,415,019	TO BE FILLED UP BY SEC PERSONNEL	
		INDUSTRY CLASSIFICATION CODE	NATIONAL GEOGRAPHICAL CODE (NGC)

GENERAL INFORMATION SHEET

FOREIGN CORPORATION

===== PLEASE PRINT LEGIBLY =====

Corporate Name: **INSURANCE COMPANY OF NORTH AMERICA**

A. Is the Corporation a covered person under the Anti Money Laundering Act (AMLA), as amended? (Rep. Acts. 9160/9164/10167/10365) Yes No

Please check the appropriate box:

<p>1.</p> <p><input type="checkbox"/> a. Banks</p> <p><input type="checkbox"/> b. Offshore Banking Units</p> <p><input type="checkbox"/> c. Quasi-Banks</p> <p><input type="checkbox"/> d. Trust Entities</p> <p><input type="checkbox"/> e. Non-Stock Savings and Loan Associations</p> <p><input type="checkbox"/> f. Pawnshops</p> <p><input type="checkbox"/> g. Foreign Exchange Dealers</p> <p><input type="checkbox"/> h. Money Changers</p> <p><input type="checkbox"/> i. Remittance Agents</p> <p><input type="checkbox"/> j. Electronic Money Issuers</p> <p><input type="checkbox"/> k. Financial Institutions which Under Special Laws are subject to Bangko Sentral ng Pilipinas' (BSP) supervision and/or regulation, including their subsidiaries and affiliates.</p>	<p>4. <input type="checkbox"/> Jewelry dealers in precious metals, who, as a business, trade in precious metals</p>
<p>2.</p> <p><input checked="" type="checkbox"/> a. Insurance Companies</p> <p><input type="checkbox"/> b. Insurance Agents</p> <p><input type="checkbox"/> c. Insurance Brokers</p> <p><input type="checkbox"/> d. Professional Reinsurers</p> <p><input type="checkbox"/> e. Reinsurance Brokers</p> <p><input type="checkbox"/> f. Holding Companies</p> <p><input type="checkbox"/> g. Holding Company Systems</p> <p><input type="checkbox"/> h. Pre-need Companies</p> <p><input type="checkbox"/> i. Mutual Benefit Association</p> <p><input type="checkbox"/> j. All Other Persons and entities supervised and/or regulated by the Insurance Commission (IC)</p>	<p>5. <input type="checkbox"/> Jewelry dealers in precious stones, who, as a business, trade in precious stone</p>
<p>3.</p> <p><input type="checkbox"/> a. Securities Dealers</p> <p><input type="checkbox"/> b. Securities Brokers</p> <p><input type="checkbox"/> c. Securities Salesman</p> <p><input type="checkbox"/> d. Investment Houses</p> <p><input type="checkbox"/> e. Investment Agents and Consultants</p> <p><input type="checkbox"/> f. Trading Advisors</p> <p><input type="checkbox"/> g. Other entities managing Securities or rendering similar services</p> <p><input type="checkbox"/> h. Mutual Funds or Open-end Investment Companies</p> <p><input type="checkbox"/> i. Close-end Investment Companies</p> <p><input type="checkbox"/> j. Common Trust Funds or Issuers and other similar entities</p> <p><input type="checkbox"/> k. Transfer Companies and other similar entities</p> <p><input type="checkbox"/> l. Other entities administering or otherwise dealing in currency, commodities or financial derivatives based there on</p> <p><input type="checkbox"/> m. Entities administering of otherwise dealing in valuable objects</p> <p><input type="checkbox"/> n. Entities administering or otherwise dealing in cash Substitutes and other similar monetary instruments or property supervised and/or regulated by the Securities and Exchange Commission (SEC)</p>	<p>6. Company service providers which, as a business, provide any of the following services to third parties:</p> <p><input type="checkbox"/> a. acting as a formation agent of juridical persons</p> <p><input type="checkbox"/> b. acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons</p> <p><input type="checkbox"/> c. providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement</p> <p><input type="checkbox"/> d. acting as (or arranging for another person to act as) a nominee shareholder for another person</p>
<p>7. Persons who provide any of the following services:</p> <p><input type="checkbox"/> a. managing of client money, securities or other assets</p> <p><input type="checkbox"/> b. management of bank, savings or securities accounts</p> <p><input type="checkbox"/> c. organization of contributions for the creation, operation or management of companies</p> <p><input type="checkbox"/> d. creation, operation or management of juridical persons or arrangements, and buying and selling business entities</p>	<p>8. <input type="checkbox"/> None of the above</p>
<p>Describe nature of business:</p>	

B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS? Yes No

GENERAL INFORMATION SHEET			
FOREIGN CORPORATION			
===== PLEASE PRINT LEGIBLY =====			
NAME OF FOREIGN CORPORATION:		INSURANCE COMPANY OF NORTH AMERICA	
OFFICERS IN THE PHILIPPINES:			
NAME	POSITION/TITLE	SEX	NATIONALITY
1. Peter van Ratingen	Country President	M	Australian
2. Maurice V. Hilario	VP and Head of Consumer Lines	M	Filipino
3. Mari Rachele L. Canta	VP and Chief Financial Officer	F	Filipino
4. Viviene L. Villena	VP and Head of Broking	F	Filipino
5. Atty. Ma. Patricia E. Foria	VP and Head of Legal and Compliance/DPO	F	Filipino

I, Peter van Ratingen, Country President/Resident Agent of Insurance Company of North America,

DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL MATTERS SET FORTH IN THIS GENERAL INFORMATION SHEET WHICH CONSISTS OF TWO (2) PAGES HAVE BEEN MADE IN GOOD FAITH, DULY VERIFIED BY ME AND , ARE TRUE AND CORRECT BASED ON MY PERSONAL KNOWLEDGE AND ON AUTHENTIC RECORDS AT HAND.

I UNDERSTAND THAT THE FAILURE OF THE CORPORATION TO FILE THIS GIS FOR FIVE (5) CONSECUTIVE YEARS SHALL BE CONSTRUED AS NON-OPERATION OF THE CORPORATION AND A GROUND FOR THE REVOCATION OF THE CORPORATIONS' SEC LICENSE TO DO BUSINESS IN THE PHILIPPINES. IN THIS EVENTUALITY, THE CORPORATION HEREBY WAIVES ITS RIGHT TO A HEARING FOR THE SAID REVOCATION.

DONE THIS 15th DAY OF JUNE, 2021 IN _____.

SIGNATURE OF
PETER VAN
RATINGEN

SIGNATURE

SUBSCRIBE AND SWORN TO BEFORE ME IN SYDNEY, AUSTRALIA, PHILIPPINES ON 30 JUNE 2021 (EFFECTIVE FROM 15 JUNE 2021).

AFFIANT PERSONALLY APPEARED BEFORE ME AND EXHIBIT TO ME HIS/HER COMPETENT EVIDENCE OF IDENTITY

ISSUED AT AUSTRALIA ON 12 NOVEMBER 2011

AUSTRALIAN PASSPORT

ALISON MARGARET JONES
Corre Chambers Westgarth
Chifley, 8-12 Chifley Square
Sydney NSW 2000

An Australian Legal Practitioner within the
meaning of the Legal Profession Act 2004
and Notary Public

DOC NO.: _____
PAGE NO.: _____
BOOK NO.: _____
SERIES OF: _____

NOTARY PUBLIC FOR
Notarial Commission AUSTRALIA
Commission Expires on December 31, _____
Roll of Attorney Number _____
PTR No. _____
IBP No. _____
Office Address _____

(my
commission
does
not
expire)

(please see
notary certificate)
attached.

NOTE: We declare the authenticity of the attached document and commit to submit a copy of the duly notarized submitted document to the SEC upon the return of the Company's Company President/Authorized Representative who is out of the country and has been caught up by the travel ban and restrictions due to COVID-19 pandemic situation.



**BENEFICIAL OWNERSHIP DECLARATION
FOR THE YEAR: 2021**

SEC REGISTRATION NUMBER: F-000000063

CORPORATE NAME: INSURANCE COMPANY OF NORTH AMERICA

Instructions:

1. Identify the Beneficial Owner/s of the corporation as described in the Categories of Beneficial Ownership in Items "A" to "I" below. List down as many as you can identify. You may use an additional sheet if necessary. In exceptional cases where no natural person is identifiable who ultimately owns or controls or exercises ultimate effective control over the corporation through controlling ownership interest or through other means, all reasonable means of identification having been exhausted and there is no ground for suspicion, the natural person(s) falling under Category "I" must be disclosed.
2. Fill in the required information on the beneficial owner in the fields provided for.
3. In the "Category of Beneficial Ownership" column, indicate the letter(s) corresponding thereto. In the event that the person identified as beneficial owner falls under several categories, indicate all the letters corresponding to such categories.
4. If the category is under letter "I", indicate the position held (i.e., Director/Trustee, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.).
5. Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

"Beneficial Owner" refers to any natural person(s) who ultimately own(s) or control(s) or exercise(s) ultimate effective control over the corporation. This definition covers the natural person(s) who actually own or control the corporation as distinguished from the legal owners. Such beneficial ownership may be determined on the basis of the following:

Category	Description
A	Natural person(s) owning, directly or indirectly or through a chain of ownership, at least twenty-five percent (25%) of the voting rights, voting shares or capital of the reporting corporation.
B	Natural person(s) who exercise control over the reporting corporation, alone or together with others, through any contract, understanding, relationship, intermediary or tiered entity.
C	Natural person(s) having the ability to elect a majority of the board of directors/trustees, or any similar body, of the corporation.
D	Natural person(s) having the ability to exert a dominant influence over the management or policies of the corporation.
E	Natural person(s) whose directions, instructions, or wishes in conducting the affairs of the corporation are carried out by majority of the members of the board of directors of such corporation who are accustomed or under an obligation to act in accordance with such person's directions, instructions or wishes.
F	Natural person(s) acting as stewards of the properties of corporations, where such properties are under the care or administration of said natural person(s).
G	Natural person(s) who actually own or control the reporting corporation through nominee shareholders or nominee directors acting for or on behalf of such natural persons.
H	Natural person(s) ultimately owning or controlling or exercising ultimate effective control over the corporation through other means not falling under any of the foregoing categories.
I	Natural person(s) exercising control through positions held within a corporation (i.e., responsible for strategic decisions that fundamentally affect the business practices or general direction of the corporation such as the members of the board of directors or trustees or similar body within the corporation; or exercising executive control over the daily or regular affairs of the corporation through a senior management position). This category is only applicable in exceptional cases where no natural person is identifiable who ultimately owns or exerts control over the corporation, the reporting corporation having exhausted all reasonable means of identification and provided there are no grounds for suspicion.

COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III)	SPECIFIC RESIDENTIAL ADDRESS	NATIONALITY	DATE OF BIRTH	TAX IDENTIFICATION NO./PASSPORT NO.	% OF OWNERSHIP ¹ / % OF VOTING RIGHTS ²	TYPE OF BENEFICIAL OWNER ³ Direct (D) or Indirect (I)	CATEGORY OF BENEFICIAL OWNERSHIP
Peter van Ratingen	Raffles Residences Makati, 1 Raffles Drive, Makati Ave. Makati City	Australian	██████	██████	None	I	I - Country President

Note: This page is not for uploading on the SBC IVIEW.

¹ For Stock Corporations.
² For Non-Stock Corporations.
³ For Stock Corporations.

