

**SCHEDULE 2A**

(Section 2)

Anguilla

INSURANCE ACT

(Section 5(1))

**APPLICATION FOR A PRODUCER AFFILIATED RE- INSURANCE COMPANY LICENCE IN ANGUILLA**

*Notes*

Complete all sections giving reasons for non-compliance, if any, and attaching supplementary sheets where appropriate.

Completed forms should be submitted to:—

FINANCIAL SERVICES COMMISSION  
P.O.BOX 1575  
THE VALLEY  
ANGUILLA  
Tel: 1 264 497 5881  
Fax: 1 264 497 5872

And be accompanied by a non-refundable Application Fee of US\$750

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1. Name or proposed name of applicant.
  
2. Address of:
  - (a) Registered Office.....
  - (b) Principal Office.....
  
3. Address where full business records will be kept.
  
4. Financial year end of applicant.
  
5. List all names (including any previous names) addresses and nationalities of all beneficial shareholders and ultimate beneficial shareholders, together with the number and class of shares (to be) held directly or on their behalf (largely publicly held corporations need only list those beneficial shareholders owning over 25% of their shares). Please state clearly how each ultimate beneficial owner is affiliated with the producer.

In those cases where shares are beneficially owned by a corporate body or bodies or the company or the company is part of a group, the chain of connection (group organization chart

showing all associated and affiliated companies) to the ultimate beneficial owners must be shown.

6. Provide a list of all directors, managers and officers together with each person's curriculum vitae.
7. If the applicant is to depend upon agent or service companies for the provision of underwriting, management of financial accounting services, please provide details of such companies including evidence of their agreement to provide such services.
8. If applicable, provide the latest audited financial statements of the applicant and, those of the immediate parent, and the consolidated accounts of the group.
9. Attach a written undertaking stating the issued capital of the applicant.
10. Attach evidence of the insurance manager's acceptance of their appointment or their willingness to act.
11. Name and address of one person resident in Anguilla who is authorised to accept service of process in legal proceedings and notices on behalf of the applicant and who is proposed for approval under section 8(3) of the Act.
12. Have any of the parties connected with this application ever applied, either individually or in conjunction with others, for authority to transact insurance business in any jurisdiction? If so please give details.
13. If applicable, please provide a copy of the licence or registration from the home supervisory authority.
14. Attach a detailed business plan on the form attached at Appendix 1 to the Schedule detailing how the applicant will conduct and administer its insurance business in Anguilla and the levels and types of business it intends to undertake.
15. All beneficial owners, directors, and controllers of the applicant should complete and submit with this application Schedule 5 (Information in support of an application).

The applicant is applying for the licence specified above and certifies that all the particulars contained in the Application and in the documents accompanying it or otherwise furnished in the support hereof are true and correct and that any change to the information submitted will be communicated immediately to the Financial Services Commission.

Dated this ..... day of ....., 20.....

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Name of Applicant

By its Director/Secretary or other duly authorized person

Signed .....