

Application by Insurance Company for Establishment Permit

To: Financial Supervisory Commission (FSC), Executive Yuan

Subject: In accordance with Article 6 of the Regulations Governing the Establishment and Administration of Insurance Enterprises, the required documents are submitted in triplicate to apply for an establishment permit.

<p>1. The following documents are submitted in support of this application:</p> <p>(1) Business plan.</p> <p>(2) A register of promoters and relevant evidentiary documentation.</p> <p>(3) Promoters meeting minutes.</p> <p>(4) A statement affirming that none of the disqualifying conditions listed under Article 3, paragraph 1 of the "Regulations Governing Required Qualifications for Responsible Persons of Insurance Enterprises" applies to any of the applicant's promoters or other responsible persons.</p> <p>(5) Documentary proof that the promoters have already deposited payment for shares as required in Article 3 of the "Regulations Governing the Establishment and Administration of Insurance Enterprises."</p> <p>(6) An explanation of the sources of the promoters' funds.</p> <p>(7) The offering circular.</p>	<p>(8) Documents evidencing the qualifications of the persons expected to be appointed as general manager, assistant general managers, and deputy assistant general managers.</p> <p>(9) Articles of incorporation.</p> <p>(10) Review opinions by a certified public account, a lawyer, and an actuary.</p> <p>(11) The responsibilities of the board of directors, and segregation of duties between the board of directors and the management.</p> <p>(12) Other documents as required by the competent authority.</p>
<p>2. Significant application particulars:</p>	<p>(6) Planned branch locations:</p>
<p>(1) Name of insurance company:</p>	<p>1.</p>
<p>(2) Paid-in capital:</p>	<p>2.</p>
<p>(3) Issued shares:</p>	<p>3.</p>
<p>(4) Name of financial institution with which share payments are deposited, and the account number:</p>	<p>4.</p>
<p>(5) Location of new insurance company:</p>	<p>5.</p>
<p>_____ Company, preparatory office (Fill in name of insurance company)</p>	
<p>Contact person:</p>	<p>(Signature/Chop)</p>
<p>Address:</p>	
<p>Telephone:</p>	
<p>Names of all promoters:</p>	<p>(Signature/Chop)</p>