



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

THE INSURANCE ORDINANCE 1989 (CAP. 16.06)

THE INSURANCE REGULATIONS 1990

THE FINANCIAL SERVICES COMMISSION ORDINANCE (CAP. 16.01)

THE ANTI-MONEY LAUNDERING AND PREVENTION OF TERRORIST FINANCING CODE 2011

THE ANTI-MONEY LAUNDERING AND PREVENTION OF TERRORIST FINANCING REGULATIONS 2010

DOMESTIC INSURANCE

ANNUAL COMPLIANCE REPORT FOR ALL LICENSEES

This form should be completed on an annual basis (for TCI business only) and should be submitted to the Commission with the licensee's Audited Financial Statements

NAME OF INSURANCE COMPANY	
PRINCIPAL BUSINESS ADDRESS	
PRINCIPAL AGENT	
ADDRESS OF PRINCIPAL AGENT	
TELEPHONE & FAX NUMBERS	
WEBSITE ADDRESS	
REPORTING PERIOD	
TOTAL NUMBER OF STAFF DIRECTLY EMPLOYED BY THE LICENSEE	

ANTI-MONEY LAUNDERING/COUNTER-FINANCING OF TERRORISM APPOINTMENTS AND TRAINING

A.	PROVIDE THE FOLLOWING INFORMATION FOR MLRO/MLCO AND/OR CO: 1. NAME 2. RESIDENTIAL ADDRESS 3. DATE OF APPOINTMENT
B.	KINDLY PROVIDE THE NAMES OF PERSONS AND DETAILS OF TRAINING RECEIVED IN ANTI-MONEY LAUNDERING AS REQUIRED BY THE THE ANTI -MONEY LAUNDERING PREVENTION OF TERRORIST FINANCING REGULATIONS & CODE.
C.	HAS THE LICENSEE CARRIED OUT RELEVANT TRAINING? IF YES, PLEASE PROVIDE DETAILS. YES <input type="checkbox"/> NO <input type="checkbox"/>
D.	IF THE RELEVANT STAFF HAS NOT BEEN TRAINED, WHAT ARE THE PLANS TO PROVIDE TRAINING?

A SUPPLEMENTAL SHEET CAN BE ADDED TO PROVIDE DETAILS



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COMPLAINTS

A.	HAS A COMPLAINTS REGISTER BEEN IMPLEMENTED AND MONITORED? YES <input type="checkbox"/> NO <input type="checkbox"/>
B.	IS THE LICENSEE SATISFIED THAT THE COMPLAINTS REGISTER IS COMPLETE AND ACCURATE? IF YES, PLEASE PROVIDE DETAILS. YES <input type="checkbox"/> NO <input type="checkbox"/>
C.	HAVE ANY MATERIAL CHANGES TO PROCEDURES, SYSTEMS OR STAFF TRAINING BEEN IDENTIFIED AS A CONSEQUENCE OF ANY COMPLAINTS AND IF SO, HAVE THEY BEEN IMPLEMENTED? IF YES, PLEASE PROVIDE DETAILS. YES <input type="checkbox"/> NO <input type="checkbox"/>
D.	NUMBER OF COMPLAINTS RECEIVED <input type="text"/> NUMBER OF COMPLAINTS SETTLED <input type="text"/>
E.	HAVE ANY COMPLAINTS RESULTED IN SIGNIFICANT FINANCIAL RESTITUTION OR EX GRATIA PAYMENTS BEING MADE? YES <input type="checkbox"/> NO <input type="checkbox"/>
F.	HAS THERE BEEN ANY LEGAL ACTION TAKEN AGAINST THE LICENSEE DURING THE YEAR? IF YES, PROVIDE BRIEF DETAILS (INCLUSIVE OF ACTUAL OR ESTIMATE FOR FINANCIAL LOSS (IF ANY)), LEGAL FEES AND STATUS OF ACTION (SETTLED/PENDING)

A SUPPLEMENTAL SHEET CAN BE ADDED TO PROVIDE DETAILS

OUTSOURCING

A.	KINDLY ADVISE IF ANY FUNCTIONS ARE CARRIED OUT BY A THIRD PARTY UNDER AGREEMENT. ALL THIRD PARTY SERVICE AGREEMENTS ARE MONITORED FOR BREACHES ON A REGULAR BASIS. YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGULATION & COMPLIANCE

THIS SERVES TO CONFIRM THAT:

A.	COMPLIANCE REPORTS WERE PREPARED AND SUBMITTED TO THE BOARD OF DIRECTORS. EVIDENCE OF REPORTS SUBMITTED TO THE BOARD IS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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B.	<p>FREQUENCY OF COMPLIANCE REPORTING TO THE BOARD OF DIRECTORS:</p> <p> <input type="checkbox"/> ANNUALLY <input type="checkbox"/> BI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY </p>
C.	<p>THE COMPANY IS FULLY COMPLIANT WITH THE REQUIREMENTS OF THE HOME REGULATOR IN THE JURISDICTION IN WHICH IT IS LICENSED.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
D.	<p>THE LICENSE HOLDER, OR ITS IMMEDIATE OR ULTIMATE PARENT COMPANY (IF ANY), HAS BEEN THE SUBJECT OF DISCIPLINARY ACTION OR HAS ITS AFFAIRS INVESTIGATED BY A REGULATORY BODY.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF YES, PLEASE PROVIDE BRIEF DETAILS.</p>
E.	<p>THE COMPANY IS FULLY COMPLIANT WITH THE REQUIREMENTS OF THE INSURANCE ORDINANCE, GUIDELINES AND CIRCULARS ISSUED BY THE TURKS AND CAICOS ISLANDS FINANCIAL SERVICES COMMISSION.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
F.	<p>DURING THE YEAR THE COMPANY HAS NOTIFIED THE COMMISSION OF ALL CHANGES, IN THE INFORMATION (INCLUDING THOSE IN ITS BUSINESS PLAN) SUPPLIED AT THE TIME OF APPLICATION FOR A DOMESTIC INSURANCE LICENSE.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
G.	<p>DURING THE YEAR THE COMPANY HAS SUBMITTED THE INSURANCE SUPERVISORY RETURNS AND ANNUAL RETURNS ON OR BEFORE THE STIPULATED DEADLINE DATE.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
H.	<p>DURING THE YEAR, THE COMPANY WAS IN COMPLIANCE WITH THE PROCEEDS OF CRIME ORDINANCE, ANTI-MONEY LAUNDERING AND PREVENTION OF TERRORIST FINANCING CODE AND ANTI-MONEY LAUNDERING AND PREVENTION OF TERRORIST FINANCING REGULATIONS, WHERE APPLICABLE.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
I.	<p>DURING THE YEAR, ALL NEW OR AMENDMENTS TO EXISTING POLICIES RELATING TO MANAGEMENT SYSTEMS AND CONTROLS INCLUDING RISK MANAGEMENT, INTERNAL CONTROL, INVESTMENT, AND CORPORATE GOVERNANCE WERE RATIFIED BY THE BOARD OF DIRECTORS.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
J.	<p>ALL CONFLICTS OF INTEREST HAVE BEEN DISCLOSED DURING THE YEAR.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>HOW ARE THEY "APPROVED AND ACTIONED", AT WHAT LEVEL (SENIOR MANAGEMENT OR THE BOARD) AND HOW EVIDENCED.</p>
K.	<p>A COMPLIANCE REVIEW WAS CARRIED OUT AND THE RESULTS OF THE REVIEW INCLUDING ALL DEFICIENCIES WERE COMMUNICATED TO THE COMPANY'S BOARD OF DIRECTORS.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
L.	<p>THE PERSONS IN CHARGE OF THE RELEVANT SECTION/DEPARTMENTS HAVE BEEN MADE AWARE OF THE FINDINGS OF THE COMPLIANCE REVIEW AND/OR OF ANY ISSUES OF A COMPLIANCE NATURE ON A REGULAR BASIS.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IN SERIOUS CASES OF BREACH, DISCIPLINARY ACTION HAS BEEN CONSIDERED/TAKEN</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

IF THE RESPONSE GIVEN TO ANY ITEMS ABOVE IS **NO**, KINDLY PROVIDE DETAILS INCLUDING THE CAUSE, DURATION AND STEPS TAKEN BY THE COMPANY TO REMEDY THE POSITION.



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A SUPPLEMENTAL SHEET CAN BE ADDED IF MORE SPACE IS NEEDED

I CONFIRM THAT THE INFORMATION PROVIDED IN THIS REPORT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



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SIGNATURE:	
NAME OF OFFICER:	
EMAIL:	
COMPLIANCE OFFICER	<input type="checkbox"/>
COMPLIANCE OFFICER/MLRO	<input type="checkbox"/>
SIGNATURE:	
NAME OF OFFICER:	
EMAIL:	
COMPANY SECRETARY	<input type="checkbox"/>
DATE:	

OFFICIAL SEAL

[THIS FORM MUST BE EXECUTED UNDER THE COMPANY'S OFFICIAL SEAL ON COMPLETION]