



TURKS & CAICOS ISLANDS FINANCIAL SERVICES COMMISSION

**THE INSURANCE ORDINANCE 1989 (CAP. 16.06)
THE INSURANCE REGULATIONS 1990 (CAP. 16.06)**

TCI LICENSED INSURER UPDATING OF PARTICULARS FORM

NB: Information on this form should be reviewed every four (4) years and a new form completed and submitted to the Commission

1	Company Name:					
2	(a)	Registered No:		(c)	Registered Date:	
3	(b)	Licence No:		(d)	Date of Licence:	
4		Type of Licence:	Domestic		Non-Domestic	

5 Scope of Operations. (Please tick all applicable categories)

	Life		Non-Life	
	Direct		Reinsurance	7 (A) Exempt
Other (State)				

6 Beneficial Owners:

	Name, ID# & SSN	Address	Number of Shares
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			



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7	Directors	
	Name, ID# & SSN	Address
(a)		
(b)		
(c)		
(d)		
(e)		

8	Officers	
	Name, ID# & SSN	Address
(a)		
(b)		
(c)		
(d)		
(e)		

9	Accounts	
(a)	Company's Financial Year ends:	
(b)	Date to which Accounts last audited:	
(c)	Date to which last Internal Management Accounts completed:	
(d)	Name and address of Auditors (Where applicable)	
(e)	Name and address of Actuary (Where applicable)	

10	Classes of Insurance currently being written					
	Class	Max Retention AOR		Class	Max Retention AOR	
(a)			(b)			
(c)			(d)			
(e)			(f)			



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11 Reinsurance (Where applicable)			
	Type	Reinsurer(s)	Current Treaties Expenditure
(a)	Quota Share		
(b)	Surplus		
(c)	Working Excess of Loss		
(d)	Aggregate Excess of Loss		
(e)	Other (State)		

12 Direct Writers (Where applicable)			
	Class of Insurance	Direct Writer	Rating
(a)	Credit Life		
(b)	Credit Accident & Health		
(c)	Credit Disability		
(d)	VSC / Warranty		
(e)	Guaranteed Auto Protection (GAP)		
(f)	Insured Finance Reserve		
(g)			
(h)			

13 Representation in TCI	
(a)	Insurance Manager
(b)	Consenting Representative for Accepting Service of Process
(c)	Local Resident Representative



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14 A brief outline of the Company's plans for the next 3 year period

(a)		Year 1	Year 2	Year 3
	API Production Projection			
	Net Premium Projection			
	Net Income Projection			

(b) Details of any significant developments anticipated

_____ Date

_____ President/Chief Executive Officer

State of _____

County of _____

The above named _____ personally appeared before me and is personally known to me, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this ____ day of _____ 20 __.

_____ Notary Public

(Seal)

My Commission Expires _____