

## Attachment

### Statement on Internal AML/CFT Control

On behalf of ○○○○ (name of insurance enterprise), we hereby undertake that from ○○ (yy) ○○ (mm) ○○ (dd) to ○○ (yy) ○○ (mm) ○○ (dd) our Company has duly complied with the Directions Governing Anti-Money Laundering and Countering Terrorism Financing of Insurance Sector in establishing an internal control system, implementing risk management, designating an independent and objective internal unit to conduct audit, and submitting the audit report periodically to the Company's Board of Directors and Supervisors/Audit Committee/ Board of Supervisors. Following prudent evaluation, it is found that except for items listed in the attached form, each unit of the Company has effectively implemented internal controls for anti-money laundering and countering the financing of terrorism during the year.

TO

Financial Supervisory Commission

Undersigned:

Chairman: (Signature)

President: (Signature)

Chief Auditor: (Signature)

Chief AML/CFT Compliance Officer: (Signature)

Date:

Enhancement Items and Improvement Plan for AML/CFT Internal Control System

(Base date:      (yy)      (mm)      (dd))

Enhancement items	Improvement measures	Planned completion date