

## Attachment 1 Application by Insurance Company for Establishment Permit

To: Financial Supervisory Commission (FSC)

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 of the "Regulations Governing Qualification Requirement and Concurrent Serving Restrictions and Matters for Compliance by the 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>(1) Name of insurance company:</p> <p>(2) Paid-in capital:</p> <p>(3) Issued shares:</p>	<p>(6) Planned branch locations:</p> <p>1.</p> <p>2.</p>

(4) Name of financial institution with which share payments are deposited, and the account number:	3. 4. 5.
(5) Location of new insurance company:	
_____Company, preparatory office (Fill in name of insurance company)	
Contact person: (Signature/Chop)	
Address:	
Telephone:	
Names of all promoters: (Signature/Chop)	