



SECURITIES AND EXCHANGE COMMISSION

Secretariat Building, PICC Complex, Roxas Boulevard, Pasay City, 1307 Metro Manila Philippines

Tel: (632) 818-0921 Fax: (632) 818-5293 Email: mis@sec.gov.ph



The following document has been received:

Receiving: Joseph Evangelio

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Company Information

SEC Registration No.: 0000050553

Company Name: ALSONS INSURANCE BROKERS CORP.

Industry Classification: J67010

Company Type: Stock Corporation

Document Information

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Period Covered: April 21, 2022

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Remarks: None

GENERAL INFORMATION SHEET (GIS)			
FOR THE YEAR 2022			
STOCK CORPORATION			
GENERAL INSTRUCTIONS: 1. FOR USER CORPORATION: THIS GIS SHOULD BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF THE ANNUAL STOCKHOLDERS' MEETING. DO NOT LEAVE ANY ITEM BLANK. WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE TO THE CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXISTENT. IF THE ANNUAL STOCKHOLDERS' MEETING IS HELD ON A DATE OTHER THAN THAT STATED IN THE BY-LAWS, THE GIS SHALL BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS AFTER THE ELECTION OF THE DIRECTORS, TRUSTEES AND OFFICERS OF THE CORPORATION AT THE ANNUAL MEMBERS' MEETING. 2. IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT THE GIS NOT LATER THAN JANUARY 30 OF THE FOLLOWING YEAR. HOWEVER, SHOULD AN ANNUAL STOCKHOLDERS' MEETING BE HELD THEREAFTER, A NEW GIS SHALL BE SUBMITTED/FILED. 3. THIS GIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SWORN TO BY THE CORPORATE SECRETARY OF THE CORPORATION. 4. THE SEC SHOULD BE TIMELY APPRISED OF RELEVANT CHANGES IN THE SUBMITTED INFORMATION AS THEY ARISE. FOR CHANGES RESULTING FROM ACTIONS THAT AROSE BETWEEN THE ANNUAL MEETINGS, THE CORPORATION SHALL SUBMIT AMENDED GIS CONTAINING THE NEW INFORMATION TOGETHER WITH A COVER LETTER SIGNED THE CORPORATE SECRETARY OF THE CORPORATION. THE AMENDED GIS AND COVER LETTER SHALL BE SUBMITTED WITHIN SEVEN (7) DAYS AFTER SUCH CHANGE OCCURED OR BECAME EFFECTIVE. 5. SUBMIT FOUR (4) COPIES OF THE GIS TO THE RECEIVING SECTION AT THE SEC MAIN OFFICE, OR TO SEC SATELLITE OFFICES OR EXTENSION OFFICES. ALL COPIES SHALL UNIFORMLY BE ON A4 OR LETTER-SIZED PAPER. THE PAGES OF ALL COPIES SHALL USE ONLY ONE SIDE 6. ONLY THE GIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS HAVING BEEN FILED. 7. THIS GIS MAY BE USED AS EVIDENCE AGAINST THE CORPORATION AND ITS RESPONSIBLE DIRECTORS/OFFICERS FOR ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS			
===== PLEASE PRINT LEGIBLY =====			
CORPORATE NAME: ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION <div style="text-align: center;">(Formerly: ALSONS INSURANCE BROKER CORPORATION)</div>			DATE REGISTERED: <div style="text-align: center;">MAR. 19, 1973</div>
BUSINESS/TRADE NAME: <div style="text-align: center;">ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION</div>			FISCAL YEAR END: <div style="text-align: center;">December 31</div>
SEC REGISTRATION NUMBER: <div style="text-align: center;">50553</div>			CORPORATE TAX IDENTIFICATION NUMBER (TIN) <div style="text-align: center;">048-000-073-675</div>
DATE OF ANNUAL MEETING PER BY-LAWS: <div style="text-align: center;">ANY DAY OF APRIL</div>			WEBSITE/URL ADDRESS: http://aibc.alcantaragroup.com/page_about.html
ACTUAL DATE OF ANNUAL MEETING: <div style="text-align: center;">APRIL 21, 2022 (by remote communication)</div>			E-MAIL ADDRESS: legal@alcantaragroup.com
COMPLETE PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;">ALSONS BLDG. 2286 CHINO ROCES AVENUE, MAKATI CITY 1231 METRO MANILA, PHILIPPINES</div>			FAX NUMBER: <div style="text-align: center;">N.A.</div>
COMPLETE BUSINESS ADDRESS: <div style="text-align: center;">ALSONS BLDG., 2286 CHINO ROCES AVENUE, MAKATI CITY, 1231 METRO MANILA, PHILIPPINES</div>			TELEPHONE NUMBER(S): <div style="text-align: center;">(02) 8982-3000</div>
NAME OF EXTERNAL AUDITOR & ITS SIGNING PARTNER: <div style="text-align: center;">SGV & CO/ DJOLE S. GARCIA</div>		SEC ACCREDITATION NUMBER (if applicable): <div style="text-align: center;">1768-A</div>	
PRIMARY PURPOSE/ACTIVITY/INDUSTRY PRESENTLY ENGAGED IN: <div style="text-align: center;">INSURANCE / REINSURANCE BROKER</div>		INDUSTRY CLASSIFICATION: 	
GEOGRAPHICAL CODE: 			
===== INTERCOMPANY AFFILIATIONS =====			
PARENT COMPANY		SEC REGISTRATION NO.	
N.A.		N.A.	
SUBSIDIARY/AFFILIATE		SEC REGISTRATION NO.	
ALSONS LAND CORPORATION		AS094-00010767	
ALSONS DEVELOPMENT & INVESTMENT CORP.		22023	
ALSONS AQUACULTURE CORPORATION		151661	
NOTE: USE ADDITIONAL SHEET IF NECESSARY			

GENERAL INFORMATION SHEET STOCK CORPORATION ===== PLEASE PRINT LEGIBLY =====	
Corporate Name: ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION	
A. Is the Corporation a covered person under the Anti Money Laundering Act (AMLA), as amended? (Rep. Acts. 9160/9164/10167/10365) <input checked="" type="radio"/> Yes <input type="radio"/> No 	
Please check the appropriate box:	
1. <input type="checkbox"/> a. Banks <input type="checkbox"/> b. Offshore Banking Units <input type="checkbox"/> c. Quasi-Banks <input type="checkbox"/> d. Trust Entities <input type="checkbox"/> e. Non-Stock Savings and Loan Associations <input type="checkbox"/> f. Pawnshops <input type="checkbox"/> g. Foreign Exchange Dealers <input type="checkbox"/> h. Money Changers <input type="checkbox"/> i. Remittance Agents <input type="checkbox"/> j. Electronic Money Issuers <input type="checkbox"/> k. Financial Institutions which Under Special Laws are subject to Bangko Sentral ng Pilipinas' (BSP) supervision and/or regulation, including their subsidiaries and affiliates.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4. <input type="checkbox"/> Jewelry dealers in precious metals, who, as a business, trade in precious metals </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 5. <input type="checkbox"/> Jewelry dealers in precious stones, who, as a business, trade in precious stone </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 6. Company service providers which, as a business, provide any of the following services to third parties: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> a. acting as a formation agent of juridical persons <input type="checkbox"/> b. acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons <input type="checkbox"/> c. providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement <input type="checkbox"/> d. acting as (or arranging for another person to act as) a nominee shareholder for another person </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 7. Persons who provide any of the following services: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> a. managing of client money, securities or other assets <input type="checkbox"/> b. management of bank, savings or securities accounts <input type="checkbox"/> c. organization of contributions for the creation, operation or management of companies <input type="checkbox"/> d. creation, operation or management of juridical persons or arrangements, and buying and selling business entities </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 8. <input type="checkbox"/> None of the above </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Describe nature of business:</div> <div>INSURANCE / REINSURANCE BROKER</div> </div> </div>
2. <input type="checkbox"/> a. Insurance Companies <input type="checkbox"/> b. Insurance Agents <input type="checkbox"/> c. Insurance Brokers <input type="checkbox"/> d. Professional Reinsurers <input type="checkbox"/> e. Reinsurance Brokers <input type="checkbox"/> f. Holding Companies <input type="checkbox"/> g. Holding Company Systems <input type="checkbox"/> h. Pre-need Companies <input type="checkbox"/> i. Mutual Benefit Association <input type="checkbox"/> j. All Other Persons and entities supervised and/or regulated by the Insurance Commission (IC)	
3. <input type="checkbox"/> a. Securities Dealers <input type="checkbox"/> b. Securities Brokers <input type="checkbox"/> c. Securities Salesman <input type="checkbox"/> d. Investment Houses <input type="checkbox"/> e. Investment Agents and Consultants <input type="checkbox"/> f. Trading Advisors <input type="checkbox"/> g. Other entities managing Securities or rendering similar services <input type="checkbox"/> h. Mutual Funds or Open-end Investment Companies <input type="checkbox"/> i. Close-end Investment Companies <input type="checkbox"/> j. Common Trust Funds or Issuers and other similar entities <input type="checkbox"/> k. Transfer Companies and other similar entities <input type="checkbox"/> l. Other entities administering or otherwise dealing in currency, commodities or financial derivatives based there on <input type="checkbox"/> m. Entities administering or otherwise dealing in valuable objects <input type="checkbox"/> n. Entities administering or otherwise dealing in cash Substitutes and other similar monetary instruments or property supervised and/or regulated by the Securities and Exchange Commission (SEC)	
B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS? <input type="radio"/> Yes <input checked="" type="radio"/> No 	

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

CORPORATE NAME: ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION							
CAPITAL STRUCTURE							
AUTHORIZED CAPITAL STOCK							
		TYPE OF SHARES *	NUMBER OF SHARES	PAR/STATED VALUE	AMOUNT (PhP) (No. of shares X Par/Stated Value)		
		COMMON	500,000	100.00	50,000,000.00		
TOTAL			500,000	TOTAL P	50,000,000.00		
SUBSCRIBED CAPITAL							
FILIPINO	NO. OF STOCK-HOLDERS	TYPE OF SHARES *	NUMBER OF SHARES	NUMBER OF SHARES IN THE HANDS OF THE PUBLIC **	PAR/STATED VALUE	AMOUNT (PhP)	% OF OWNERSHIP
	15	COMMON	478,261		100.00	47,826,100.00	100.00
		TREASURY	12		100.00	1,200.00	
TOTAL			478,273	TOTAL	TOTAL P	47,827,300.00	100.00
FOREIGN (INDICATE BY NATIONALITY)	NO. OF STOCK-HOLDERS	TYPE OF SHARES *	NUMBER OF SHARES	NUMBER OF SHARES IN THE HANDS OF THE PUBLIC **	PAR/STATED VALUE	AMOUNT (PhP)	% OF OWNERSHIP
N/A							
Percentage of Foreign Equity :			TOTAL	TOTAL	TOTAL P		
					TOTAL SUBSCRIBED P	47,827,300.00	100.00
PAID-UP CAPITAL							
FILIPINO	NO. OF STOCK-HOLDERS	TYPE OF SHARES *	NUMBER OF SHARES	PAR/STATED VALUE	AMOUNT (PhP)	% OF OWNERSHIP	
	15	COMMON	478,261	100.00	47,826,100.00	100.00	
		TREASURY	12	100.00	1,200.00		
TOTAL			478,273	TOTAL P	47,827,300.00	100.00	
FOREIGN (INDICATE BY NATIONALITY)	NO. OF STOCK-HOLDERS	TYPE OF SHARES *	NUMBER OF SHARES	PAR/STATED VALUE	AMOUNT (PhP)	% OF OWNERSHIP	
N/A							
0.00 %			TOTAL	TOTAL P			
					TOTAL PAID-UP P	47,827,300.00	100.00
NOTE: USE ADDITIONAL SHEET IF NECESSARY							
* Common, Preferred or other classification							
** Other than Directors, Officers, Shareholders owning 10% of outstanding shares.							

GENERAL INFORMATION SHEET

STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

CORPORATE NAME: ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION								
DIRECTORS / OFFICERS								
NAME/CURRENT RESIDENTIAL ADDRESS	NATIONALITY	INC'R	BOARD	GENDER	STOCK HOLDER	OFFICER	EXEC. COMM.	TAX IDENTIFICATION NUMBER
1. NICASIO I. ALCANTARA 1 TAMARIND ROAD, FORBES PARK, MAKATI CITY	FILIPINO	Y	C	M	Y	PRES.	A/C	105-252-527
2. TOMAS I. ALCANTARA 24B TWIN TOWER AYALA AVE., MAKATI CITY	FILIPINO	N	M	M	Y	N/A		105-252-550
3. EDITHA I. ALCANTARA 3 TAMARIND ROAD, FORBES PARK, MAKATI CITY	FILIPINO	Y	M	F	Y	EVP-TREAS,	A/M	101-533-701
4. ROSVIDA A. DOMINGUEZ 820 ATIS ST., MATINA, DAVAO CITY	FILIPINO	Y	M	F	Y	N/A	C/C	131-352-458
5. ALEJANDRO I. ALCANTARA BUKIDNON ST., INSULAR VILLAGE, LANANG, DAVAO CITY	FILIPINO	N	M	M	Y	N/A	N/C C/M	105-252-501
6. RAMON T. DIOKNO 113 AMAPOLO BEL-AIR, FORBES PARK, MAKATI CITY	FILIPINO	N	I	M	Y	N/A	N/M A/M C/M	117-434-705
7. ANTONIO MIGUEL B. ALCANTARA 3 TAMARIND ROAD, FORBES PARK, MAKATI CITY	FILIPINO	N	M	M	Y	N/A		266-976-498
8. GABRIEL H. ALCANTARA 1 TAMARIND ROAD, FORBES PARK, MAKATI CITY	FILIPINO	N	M	M	Y	N/A		197-612-799
9. -VACANT- (DIRECTOR YET TO BE ELECTED)								
10. MARCO ANGELO C. ALCANTARA 1170 DASMARINAS ROAD, DASMARINAS VILL., MAKATI CITY	FILIPINO	N		M	N	GM		233-319-037
11. IAN LEMUEL P. OSI 263 DANCEL ST., PASAY CITY	FILIPINO	N		M	N	AGM		160-751-471
12. CORNELIA P. SALDIVAR 13 ENCINO ST., MAHOGANY PLACE 1, BRGY. BAMBANG, TAGUIG CITY	FILIPINO	N		F	N	FINANCE & ADMIN MGR./DPO		134-492-966
13. ALEXANDER BENHUR M. SIMON 24A EXCHANGE REGENCY MERALCO AVE COR EXCHANGE ROAD ORTIGAS COMPLEX PASIG CITY	FILIPINO	N		M	N	GROUP CFO		151-370-287
14. PHILIP EDWARD B. SAGUN T2-11A GOVERNORS PLACE 562 SHAW BLVD., MANDALUYONG CITY	FILIPINO	N		M	N	DEPUTY CFO		121-413-569
15. JONATHAN F. JIMENEZ B59 L6 CONSTANTINE ST., BF RESORT VILLAGE, TALON 2 LAS PINAS CITY	FILIPINO	N		M	N	CORSEC.		154-892-623
16. VILMA HILDA D. VILLANUEVA-FABELLA 55 MOLAVE AVENUE MERVILLE, PARANAQUE CITY	FILIPINO	N		F	N	ASST. COR,SEC,		189-743-450
INSTRUCTION: FOR SEX COLUMN, PUT "F" FOR FEMALE, "M" FOR MALE. FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR. FOR INC'R COLUMN, PUT "Y" IF AN INCORPORATOR, "N" IF NOT. FOR STOCKHOLDER COLUMN, PUT "Y" IF A STOCKHOLDER, "N" IF NOT. FOR OFFICER COLUMN, INDICATE PARTICULAR POSITION IF AN OFFICER, FROM VP UP INCLUDING THE POSITION OF THE TREASURER, SECRETARY, COMPLIANCE OFFICER AND/OR ASSOCIATED PERSON. FOR EXECUTIVE COMMITTEE, INDICATE "C" IF MEMBER OF THE COMPENSATION COMMITTEE; "A" FOR AUDIT COMMITTEE; "N" FOR NOMINATION AND ELECTION COMMITTEE. ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER.								

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====						
CORPORATE NAME:		ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION				
TOTAL NUMBER OF STOCKHOLDERS:		15		NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 9		
TOTAL ASSETS BASED ON LATEST AUDITED FINANCIAL STATEMENTS:				P115,901,058.00 (as of 2021 AFS)		
STOCKHOLDER'S INFORMATION						
NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	SHARES SUBSCRIBED				AMOUNT PAID (PhP)	TAX IDENTIFICATION NUMBER
	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER-SHIP		
1. NICASIO I. ALCANTARA FILIPINO 1 TAMARIND ROAD, FORBES PARK, MAKATI CITY	COM.	96,994	9,699,400.00	20.28	9,699,400.00	105-252-527
	TOTAL	96,994	9,699,400.00			
2. TOMAS I. ALCANTARA FILIPINO 24B TWIN TOWER, AYALA AVENUE, MAKATI CITY	COM.	29	2,900.00	0.01	2,900.00	105-252-550
	TOTAL	29	2,900.00			
3. EDITHA I. ALCANTARA FILIPINO 3 TAMARIND ROAD, FORBES PARK, MAKATI CITY	COM.	45,722	4,572,200.00	9.56	4,572,200.00	101-533-701
	TOTAL	45,722	4,572,200.00			
4. ROSVIDA A. DOMINGUEZ FILIPINO 820 ATIS ST., MATINA DAVAO CITY	COM.	45,724	4,572,400.00	9.56	4,572,400.00	131-352-458
	TOTAL	45,724	4,572,400.00			
5. ALEJANDRO I. ALCANTARA FILIPINO BUKIDNON ST., INSULAR VILLAGE, LANANG, DAVAO CITY	COM.	28	2,800.00	0.01	2,800.00	105-252-501
	TOTAL	28	2,800.00			
6. NIACOR CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	COM.	48,341	4,834,100.00	10.11	4,834,100.00	000-481-844
	TOTAL	48,341	4,834,100.00			
7. FIAL CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	COM.	48,305	4,830,500.00	10.10	4,830,500.00	000-455-472
	TOTAL	48,305	4,830,500.00			
TOTAL AMOUNT OF SUBSCRIBED CAPITAL			28,514,300.00	59.62	28,514,300.00	
TOTAL AMOUNT OF PAID-UP CAPITAL						

INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

Note: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities. Attach separate sheet, if necessary.

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

CORPORATE NAME:		ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION				
TOTAL NUMBER OF STOCKHOLDERS:		15		NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 9		
TOTAL ASSETS BASED ON LATEST AUDITED FS:		P115,901,058.00 (as of 2021 AFS)				
STOCKHOLDER'S INFORMATION						
NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	SHARES SUBSCRIBED				AMOUNT PAID (PhP)	TAX IDENTIFICATION NUMBER
	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER-SHIP		
8. TRUSTO CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	COM.	48,278	4,827,800.00	10.09	4,827,800.00	000-531-214
	TOTAL	48,278	4,827,800.00			
9. EDICON CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	COM.	48,278	4,827,800.00	10.09	4,827,800.00	000-451-767
	TOTAL	48,278	4,827,800.00			
10. ROSCAL CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	COM.	48,278	4,827,800.00	10.09	4,827,800.00	000-495-804
	TOTAL	48,278	4,827,800.00			
11. ALECAL CORPORATION FILIPINO 2286 CHINO ROCES AVENUE, MAKATI CITY	CON	48,278	4,827,800.00	10.09	4,827,800.00	000-432-425
	TOTAL	48,278	4,827,800.00			
12. RAMON T. DIOKNO FILIPINO 113 AMAPOLA BEL-AIR, FORBES PARK, MAKATI CITY	COM.	2	200.00	0.00	200.00	117-434-705
	TOTAL	2	200.00			
13. ANTONIO MIGUEL B. ALCANTARA FILIPINO 3 TAMARIND ROAD, FORBESF PARK, MAKATI CITY	COM.	2	200.00	0.00	200.00	266-976-498
	TOTAL	2	200.00			
14. TREASURY SHARES FILIPINO	COM.	12	1,200.00	0.00	1,200.00	000-000-000
	TOTAL	12	1,200.00			
TOTAL AMOUNT OF SUBSCRIBED CAPITAL			19,312,800.00	40.38	19,312,800.00	
TOTAL AMOUNT OF PAID-UP CAPITAL					47,827,100.00	
INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS						
Note: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities. Attach separate sheet, if necessary.						

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

CORPORATE NAME:		ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION				
TOTAL NUMBER OF STOCKHOLDERS:		15		NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 9		
TOTAL ASSETS BASED ON LATEST AUDITED FS:		P115,901,058.00 (as of 2021 AFS)				
STOCKHOLDER'S INFORMATION						
NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	SHARES SUBSCRIBED				AMOUNT PAID (PhP)	TAX IDENTIFICATION NUMBER
	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP		
15. GABRIEL H. ALCANTARA FILIPINO 1 TAMARIND ROAD, FORBES PARK, MAKATI CITY	COM.	2	200.00		200.00	197-612-799
	TOTAL	2	200.00			
16. -NF-						
	TOTAL					
17.						
	TOTAL					
18.						
	TOTAL					
19.						
	TOTAL					
20.						
	TOTAL					
21. OTHERS (Indicate the number of the remaining stockholders)						
	TOTAL					
TOTAL AMOUNT OF SUBSCRIBED CAPITAL			47,827,300	100.00%	47,827,300.00	
TOTAL AMOUNT OF PAID-UP CAPITAL						
INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS						
Note: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities. Attach separate sheet, if necessary.						

GENERAL INFORMATION SHEET
STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====			
CORPORATE NAME: ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION			
1. INVESTMENT OF CORPORATE FUNDS IN ANOTHER CORPORATION	AMOUNT (PhP)	DATE OF BOARD RESOLUTION	
1.1 STOCKS	N.A.		
1.2 BONDS/COMMERCIAL PAPER (Issued by Private Corporations)	N.A.		
1.3 LOANS/ CREDITS/ ADVANCES	N.A.		
1.4 GOVERNMENT TREASURY BILLS	N.A.		
1.5 OTHERS	N.A.		
2. INVESTMENT OF CORPORATE FUNDS IN ACTIVITIES UNDER ITS SECONDARY PURPOSES (PLEASE SPECIFY:)	DATE OF BOARD RESOLUTION	DATE OF STOCKHOLDERS RATIFICATION	
N.A.			
3. TREASURY SHARES	NO. OF SHARES	% AS TO THE TOTAL NO. OF SHARES ISSUED	
	12		
4. UNRESTRICTED/UNAPPROPRIATED RETAINED EARNINGS AS OF END OF LAST FISCAL YEAR: P11,849,359.00			
5. DIVIDENDS DECLARED DURING THE IMMEDIATELY PRECEDING YEAR:			
TYPE OF DIVIDEND	AMOUNT (PhP)	DATE DECLARED	
5.1 CASH	N.A.		
5.2 STOCK	N.A.		
5.3 PROPERTY	N.A.		
TOTAL	P		
6. ADDITIONAL SHARES ISSUED DURING THE PERIOD:			
DATE	NO. OF SHARES	AMOUNT	
N.A.	N.A.	N/A,	
SECONDARY LICENSE/REGISTRATION WITH SEC AND OTHER GOV'T AGENCY:			
NAME OF AGENCY:	SEC	B S P	I C
TYPE OF LICENSE/REGN.	N.A.	N.A.	IB-25-2019-R; RB-08-2019-R
DATE ISSUED:	N.A.	N.A.	01/01/2019
DATE STARTED OPERATIONS:	N.A.	N.A.	
TOTAL ANNUAL COMPENSATION OF DIRECTORS DURING THE PRECEDING FISCAL YEAR (in PhP)	TOTAL NO. OF OFFICERS	TOTAL NO. OF RANK & FILE EMPLOYEES	TOTAL MANPOWER COMPLEMENT
N.A.	3	13	16

NOTE: USE ADDITIONAL SHEET IF NECESSARY


I, **JONATHAN F. JIMENEZ**, Corporate Secretary of **ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION** declare under penalty of perjury that all matters set forth in this GIS have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

I hereby attest that all the information in this GIS are being submitted in compliance with the rules and regulations of the Securities and Exchange Commission (SEC) the collection, processing, storage and sharing of said information being necessary to carry out the functions of public authority for the performance of the constitutionally and statutorily mandated functions of the SEC as a regulatory agency.


I further attest that I have been authorized by the Board of Directors/Trustees to file this GIS with the SEC.

I understand that the Commission may place the corporation under delinquent status for failure to submit the reportorial requirements three (3) times, consecutively or intermittently, within a period of five (5) years (*Section 177, RA No. 11232*).

Done this 29 APR 2022 day of _____, 20 ____ in **PARAÑAQUE CITY**.


JONATHAN F. JIMENEZ
(Signature over printed name)

SUBSCRIBED AND SWORN TO before me in Parañaque City on 29 APR 2022 by affiant who personally appeared before me and exhibited to me his Driver's License No. D06-86-017937 valid until 2023/10/25.


ATTY. VILMA HILDA VILLANUEVA-FABELLA
Notary Public
Until Dece
IBP NO. 196528/1-05-2022/PPLM
PTR No. 2910162/1-07-2022/Parañaque
Roll No. 41901
Not. Com. No. 119-2021/1-04-2021

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Book No. 11 ;
Series of 2022.
/LDT_AIRBC GIS-2022



BENEFICIAL OWNERSHIP DECLARATION

FOR THE YEAR: 2022

SEC REGISTRATION NUMBER: **50553**

CORPORATE NAME: **ALSONS INSURANCE AND REINSURANCE BROKERS CORPORATION**

Instructions:

1. Identify the Beneficial Owner/s of the corporation as described in the Categories of Beneficial Ownership in items A to I below. List down as many as you can identify. You may use an additional sheet if necessary.
2. Fill in the required information on the beneficial owner in the fields provided for.
3. In the "Category of Beneficial Ownership" column, indicate the letter(s) corresponding thereto. In the event that the person identified as beneficial owner falls under several categories, indicate all the letters corresponding to such categories.
4. If the category is under letter "I", indicate the position held (i.e., Director/Trustee, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.).
5. Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

"Beneficial Owner" refers to any natural person(s) who ultimately own(s) or control(s) or exercise(s) ultimate effective control over the corporation. This definition covers the natural person(s) who actually own or control the corporation as distinguished from the legal owners. Such beneficial ownership may be determined on the basis of the following:

Category

Description

- A** Natural person(s) owning, directly or indirectly or through a chain of ownership, at least twenty-five percent (25%) of the voting rights, voting shares or capital of the reporting corporation.
- B** Natural person(s) who exercise control over the reporting corporation, alone or together with others, through any contract, understanding, relationship, intermediary or tiered entity.
- C** Natural person(s) having the ability to elect a majority of the board of directors/trustees, or any similar body, of the corporation.
- D** Natural person(s) having the ability to exert a dominant influence over the management or policies of the corporation.
- E** Natural person(s) whose directions, instructions, or wishes in conducting the affairs of the corporation are carried out by majority of the members of the board of directors of such corporation who are accustomed or under an obligation to act in accordance with such person's directions, instructions or wishes.
- F** Natural person(s) acting as stewards of the properties of corporations, where such properties are under the care or administration of said natural person(s).
- G** Natural person(s) who actually own or control the reporting corporation through nominee shareholders or nominee directors acting for or on behalf of such natural persons.
- H** Natural person(s) ultimately owning or controlling or exercising ultimate effective control over the corporation through other means not falling under any of the foregoing categories.
- I** Natural person(s) exercising control through positions held within a corporation (i.e., responsible for strategic decisions that fundamentally affect the business practices or general direction of the corporation such as the members of the board of directors or trustees or similar body within the corporation; or exercising executive control over the daily or regular affairs of the corporation through a senior management position). This category is only applicable in exceptional cases where no natural person is identifiable who ultimately owns or exerts control over the corporation, the reporting corporation having exhausted all reasonable means of identification and provided there are no grounds for suspicion.

COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III))	SPECIFIC RESIDENTIAL ADDRESS	NATIONALITY	DATE OF BIRTH	TAX IDENTIFICATIO N NO.	% OF OWNERSHIP ¹ / % OF VOTING RIGHTS ²	TYPE OF BENEFICIAL OWNER ³ Direct (D) or Indirect (I)	CATEGORY OF BENEFICIAL OWNERSHIP**
ALCANTARA, NICASIO INQUIMBOY, the Chairman of the Board, who exerts dominant influence over the management or policies of the corporation	1 TAMARIND ROAD, FORBES PARK, MAKATI CITY	FILIPINO	10/11/1942	105-252-527	N/A	N.A	D

Note: This page is not for uploading on the SEC iView.

¹ For Stock Corporations.

² For Non-Stock Corporations.

³ For Stock Corporations.

** solely for the purpose of complying with SEC Memorandum Circular 15, Series of 2019*

*** we have assumed that this field will only apply for Category A*