



# Cayman Monetary Regulatory Authority International

At the forefront of financial regulation, the Cayman Monetary Regulatory Authority International (CMRAI) is dedicated to upholding the highest standards of financial oversight and compliance. Our mission is to safeguard the stability and integrity of the global financial system by ensuring that financial services operate within a framework of transparency, accountability, and excellence.

As a trusted partner to financial institutions worldwide, CMRAI provides rigorous supervision, innovative solutions, and strategic guidance to foster a secure and thriving financial environment. With decades of experience and a commitment to global standards, we stand as a pillar of trust and security in an ever-evolving financial landscape.

With a legacy of excellence in financial oversight, the Cayman Monetary Regulatory Authority International (CMRAI) is a beacon of trust in the international financial community. Our role extends beyond regulation; we are innovators, collaborators, and protectors of the global financial ecosystem. By fostering compliance, promoting best practices, and embracing technological advancements, CMRAI ensures that financial services remain resilient and adaptable in a dynamic global market.

Our comprehensive approach to regulation encompasses a deep understanding of financial risks and a proactive stance on emerging challenges. We are committed to empowering financial institutions with the tools and guidance necessary to navigate complex regulatory landscapes, thereby contributing to global economic stability and growth.

FORM 4 CAYMAN ISLANDS THE INSURANCE LAW, 2010 THE INSURANCE (APPLICATION AND FEES) REGULATIONS, 2012 APPLICATION FOR A CLASS C INSURER S LICENCE - SECTION 4 Please complete all sections as fully as possible, giving reasons for any non-completion, and ticking to confirm the inclusion of attachments where required. PART A General A1 Name or proposed name of applicant. A2 Principal Office (in the Islands where full and proper business records of the business will be maintained) A3 Name and address of Registered Office. A4 Business proposed to be transacted. Long-term Composite General A5 Date on which applicant intends to commence carrying on insurance business from within the Islands. A6 List all Cayman Islands issued licenses held by the insurance group, if any, including issued exemptions from licensing.

PART B Ownership B1 Attach evidence of the proper incorporation of the applicant pursuant to the Companies Law, and a copy of the memorandum of association and articles of association, or other instrument of constitution of the applicant, as may be appropriate or in the case of companies not yet incorporated, the proposed documentation. Attach B2 Unless a publicly traded company listed on a stock exchange recognised by the Authority, list all names (including any previous names), addresses, details of percentages of shareholdings and nationalities of all shareholders. The Authority may ask for further information, particularly for shareholders holding above 10%. Attach B3 Save in circumstances where a trust is involved in the ownership structure: 1. attach an organisational structure of the company and include details of any insurance group to which it belongs; and 2. include details on the chain of ownership to the ultimate shareholder. Attach B4 Unless a publicly traded company listed on a stock exchange recognised by the Authority, for each shareholder which is a body corporate holding more than 10% of the applicant s issued share capital or total voting rights, attach the annual accounts, for the two years preceding the year of application, together with similar accounts for the parent body, if any, of each such body corporate. Attach B5 Each shareholder and each beneficial shareholder who is a natural person holding more than 10% of the applicant s issued share capital or total voting rights attach: i. Personal questionnaire. ii. Three references acceptable to the Authority, including two character references and one reference verifying the good financial standing. iii. Police or other certificate satisfactory to the Authority that the shareholder has not been convicted of a serious crime or any offence involving dishonesty. Attach B6 Attach details of the proposed authorised and issued share capital and the method of capitalisation. Provide confirmation and details of the source of funds for the initial statutory capital as required under the Insurance Law, 2010. Attach PART C Key Personnel C1 Name and address of the insurance manager appointed (pursuant to the Insurance Law, 2010 and attach evidence that such insurance manager has agreed to accept appointment. Attach C2 If underwriting long-term business, the name of the money laundering reporting officer. C3 For each and every director, manager and officer attach: i. Personal questionnaire. ii. Three references acceptable to the Authority, including two character references and one reference verifying the good financial standing. iii. Police or other certificate satisfactory to the Authority confirming that the person in question has not been convicted of a serious crime or any offence involving dishonesty. iv. Photo identification (passport or driver s licence) and proof of home address. Attach C4 Name and address of auditors. Attach C5 Attach evidence that the auditor has agreed to accept appointment. Attach PART D Financial Statements and Standards D1 Financial year-end date. D2 Which internationally recognised accounting standards will apply? PART E

Business to be transacted Attach a business plan for the insurance business to be transacted including: Attach E1 Rationale for establishing insurer. E2 Full Details of the structural arrangements identifying all components, legal purpose and transaction flows. E3 Copy of any draft agreements (e.g. offering memorandum) in support of the structure in E2. Declaration PART F Have any of the parties connected with this application ever unsuccessfully applied, either individually or in conjunction with others, for authority to transact insurance business in this or any other jurisdiction? If yes, please give details. Have any of the parties connected with this application ever applied and thereafter withdrawn an application for authority to transact insurance business in this or any other jurisdiction? If yes please explain. I understand the obligation to notify or seek prior approval after submission of this application for material changes to matters referenced herein. Application is accordingly hereby made for the licence specified above and it is certified that all particulars contained in this application and in the documents accompanying it or otherwise furnished in support hereof are true and correct Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_

\_\_\_\_\_ (Name of applicant) by its  
\*Director/ \*Secretary/ \*or other person duly authorised by the directors of the applicant

Signed:\_\_\_\_\_

WITNESS:\_\_\_\_\_ Name: Occupation:

Address: \*Delete words not applicable Please return with non-refundable Application Fee to the Cayman Monetary Regulatory Authority International.