

COVER SHEET

for
AUDITED FINANCIAL STATEMENTS

SEC Registration Number

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COMPANY NAME

C	O	R	P	O	R	A	T	E		G	U	A	R	A	N	T	E	E		A	N	D		I	N	S	U	R	A
N	C	E		C	O	M	P	A	N	Y	,		I	N	C	.													

PRINCIPAL OFFICE (No. / Street / Barangay / City / Town / Province)

2	n	d		F	l	o	o	r		C	G	I	C		B	u	i	l	d	i	n	g	,		J	o	s	e	
A	b	a	d		S	a	n	t	o	s		A	v	e	n	u	e	,		C	i	t	y		o	f		S	a
n		F	e	r	n	a	n	d	o	,		P	a	m	p	a	n	g	a										

Form Type
A A F S

Department requiring the report
S E C

Secondary License Type, If Applicable
N / A

COMPANY INFORMATION

Company's Email Address amadriano@lausgroup.com.ph	Company's Telephone Number (045) 961-8257	Mobile Number N/A
No. of Stockholders 11	Annual Meeting (Month / Day) April 30	Fiscal Year (Month / Day) December 31

CONTACT PERSON INFORMATION

The designated contact person **MUST** be an Officer of the Corporation

Name of Contact Person Alfie M. Adriano	Email Address amadriano@lausgroup.com.ph	Telephone Number/s (045) 961-8257	Mobile Number N/A
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CONTACT PERSON'S ADDRESS

2nd Floor CGIC Building, Jose Abad Santos Avenue, City of San Fernando, Pampanga

NOTE 1: In case of death, resignation or cessation of office of the officer designated as contact person, such incident shall be reported to the Commission within thirty (30) calendar days from the occurrence thereof with information and complete details of the new contact person designated.
2: All Boxes must be properly and completely filled-up. Failure to do so shall constitute a violation of the corporation's records with the Commission and/or non-receipt of Notice of Deficiencies. Further, non-receipt of Notice of Deficiencies shall not excuse the corporation from liability for its deficiencies.

RECEIVED
INSURANCE DIVISION
MAY 15 2018
BY: _____

