| GOVERNMENT CORPORATI | ON INFORMATION SHEET (GCIS) | |
|--|---|---|
| FOR THE YEAR | R2018 | |
| GENERAL INSTRUCTIONS: 1. FOR GOVERNMENT CORPORATION: THIS GCIS SHOULD BE SELEASE OF MEMORANDUM CIRCULAR NO. 3 AND SUBSEQUE MEETING. DO NOT LEAVE ANY ITEM BLANK, WRITE "N.A." IF TO CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXIST 2. IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT TO | ENTLY THEREAFTER, 30 DAYS FROM THE DA HE INFORMATION REQUIRED IS NOT APPLIC ENT. | TE OF THE STOCKHOLDER CABLE TO THE GOVERNMEN |
| WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF HOWEVER, SHOULD AN ANNUAL STOCKHOLDERS' MEETING BE 3. THIS GCIS SHALL BE ACCOMPLISHED IN ENGLISH AND CE GOVERNMENT CORPORATION. 4. THE GCG SHOULD BE TIMELY APPRISED OF RELEVANT CHAN RESULTING FROM ACTIONS THAT AROSE BETWEEN THE ANN THE AFFECTED PAGE OF THE GCIS THAT RELATES TO THE N CORPORATE SECRETARY OF THE GOVERNMENT CORPORATION WITHIN SEVEN (7) DAYS AFTER SUCH CHANGE OCCURRED OR | THE SCHEDULED ANNUAL MEETING (AS PITHELD THEREAFTER, A NEW GCIS SHALL BE RETIFIED AND SWORN TO BY THE CORPORTS IN THE SUBMITTED INFORMATION AS THE MEETINGS, THE GOVERNMENT CORPORTS INFORMATION TOGETHER WITH A COVEN. THE PAGE OF THE GCIS AND COVER LE | ROVIDED IN THE BY-LAWS SUBMITTED/FILED. DRATE SECRETARY OF TH THEY ARISE. FOR CHANGE RATION SHALL SUBMIT ONL FER LETTER SIGNED BY TH |
| 5. SUBMIT A SOFT COPY IN EXCEL FORMAT SAVED IN A NON-RE HALL, MALACANANG COMPOUND. 6. ONLY THE GCIS ACCOMPLISHED IN ACCORDANCE WITH THESE | WRITABLE CD THE GCIS TO THE GCG SECF | |
| 7. THIS GCIS MAY BE USED AS EVIDENCE AGAINST THE GOVERNI ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS | | DIRECTORS/OFFICERS FOR |
| PLEASE PR | RINT LEGIBLY ==================================== | |
| GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH | INSURANCE CORPORATION | DATE CREATED: |
| SECONDARY NAME, IF ANY. | | MARCH 4, 1995 |
| CHARTER, <i>IF ANY.</i> RA NO. 7875, AS AMENDED BY RA NOS 9241 AND | 0 10606 | FISCAL YEAR END: DECEMBER 31 |
| DATE OF ANNUAL MEETING PER BY-LAWS: | | CORPORATE TAX IDENTIFICATION NUMBER (TIN) 003-505-401 |
| ACTUAL DATE OF ANNUAL MEETING: | | URL ADDRESS: www.philhealth.gov.ph |
| COMPLETE PRINCIPAL OFFICE ADDRESS: | | |
| CITYSTATE BLDG, 709 SHAW BLVD, ORA | NBO, PASIG CITY | E-MAIL ADDRESS: actioncenter@ |
| COMPLETE BUSINESS ADDRESS: CITYSTATE BLDG, 709 SHAW BLVD, ORA | NBO, PASIG CITY | philhealth.gov.ph FAX NUMBER: |
| NAME OF EXTERNAL AUDITOR & ITS SIGNING PARTNER: | ATTACHED AGENCY (if applicable): | TELEPHONE NUMBER(S): |
| PRIMARY PURPOSE/ACTIVITY/INDUSTRY PRESENTLY ENGAGED IN: | | GEOGRAPHICAL CODE: |
| Provide all citizens of the Philippines with mechanism to gain financia NHIP to serve as the means to help people pay f | | |
| =========================== INTERCOMPANY | AFFILIATIONS ============== | |
| PARENT COMPANY | ADDRES | SS |
| N.A. | | |
| SUBSIDIARY/AFFILIATE N.A. | ADDRES | SS |
| | | |
| | | |
| | | |
| MOTE LIES ADOLTIONA | SHEET IS NECESSARY | |
| NOTE: USE ADDITIONA | L SHEET IF NECESSARY | |

GOVERNMENT CORPORATION NAME: CAPITAL STRUCTURE AUTHORIZED CAPITAL STOCK, if applicable NUMBER OF AMOUNT (PhP) N.A. TYPE OF SHARES * PAR/STATED VALUE SHARES (No. of shares X Par/Stated Value) TOTAL TOTAL P SUBSCRIBED CAPITAL, if applicable NUMBER OF SHARES IN NO. OF PAR/STATED NUMBER OF % OF TYPE OF SHARES * FILIPINO STOCK-THE HANDS AMOUNT (PhP) SHARES VALUE **OWNERSHIP** HOLDERS OF THE PUBLIC ** N.A. -----------_____ TOTAL TOTAL TOTAL P PAID-UP CAPITAL, if applicable NO. OF NUMBER OF % OF FILIPINO TYPE OF SHARES * PAR/STATED VALUE AMOUNT (PhP) STOCK-SHARES OWNERSHIP N.A. TOTAL TOTAL

| NOTE: USE ADDITIONAL | L SHEET IF NECESSARY |
|----------------------|----------------------|
|----------------------|----------------------|

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| | | | DIF | RECTORS / C | FFICER | S | | |
|--|------------------------|-------|-------|-------------------------------|------------------------------------|------------------------------|--|---|
| NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS | PRESIDENTIAL APPOINTEE | BOARD | STOCK | EX-Officio | EXEC. COMM. | TAX IDENTIFICATION NO. (TIN) | COMPENSATION PACKAGE/YR | DESIGNATION TO OTHER BOARDS OF AFFILIATES/SUBSIDIARIE |
| 1 FRANCISCO T. DUQUE III, M.D. Dagupan City | Y | С | N | YES/DOH Secretary | E/C; G/C; C/C, R/C; A/C; B/C | 131134502 | N/A | N/A |
| 2 ROY B. FERRER, M.D. Davao City | Y | М | N | YES/PHIC President & CEO | | 163344459 | N/A | N/A |
| 3 ALICIA DELA ROSA-BALA San Mateo, Rizal | Y | М | N. | YES/CSC Chairman | G/M | 111107964 | N/A | N/A |
| 4 EDUARDO M, AÑO Taguig City | Y | м | N | YES/DILG Secretary | | | N/A | N/A |
| 5. ROLANDO JOSELITO D. BAUTISTA Taguig City | Y | м | N | YES/ DSWD Secretary | R/M | 133055159 | N/A | N/A |
| 6 ATTY, SILVESTRE H, BELLO III Quezon City | Y | м | N | YES/ DOLE Secretary | E/M; G/M; C/M | 137345093 | N/A | N/A |
| 7 ATTY, EMMANUEL F, DOOC Antipole City | Y | М | N | YES/SSS President | G/M; | 212240450 | N/A | N/A |
| 8 ATTY, JESUS CLINT O. ARANAS Parañaque City | Y | М | N | YES/GSIS President | E/M; | 178984725 | N/A | N/A |
| 9 CARLOS G. DOMINGUEZ III Muntinlupa City | Y | м | N | YES/DOF Secretary | E/M; A/M; R/M | 105272055 | N/A | N/A |
| RUPERTO B. ALEROZA Calatagan, Batangas | Y | М | N | YES/ NAPC-BS Vice- Chair | B/M | 916031053 | N/A | N/A |
| 1 HILDEGARDES C. DINEROS, M.D. Quezon City | Ý | м | N | NO/Informal Economy Sector | E/M; C/M; | 107950983 | P40,000.00/Board Mtg P24,000.00/Committee Mtg | N/A |
| 2. CELESTINA MA, JUDE P. DE LA SERNA, M.D. Bohol City | Y | М | N | NO/OFWs Sector | B/M; C/M, A/M; | 148785597 | P40,000.00/Board Mtg P24,000.00/Committee Mtg | N/A |
| B. EDDIE G. DOROTAN, M.D. Quezon City | Y | М | N | NO/ Elected LCE | G/M; B/M | 113472886 | P40,000.00/Board Mtg P24,000.00/Committee Mtg | N/A |
| ROY B. FERRER, M.D. Davao City | Y | М | N | NO/Employers Sector | B/M; C/M; R/M | 163344459 | P40,000.00/Board Mtg P24,000.00/Committee Mtg | N/A |
| ANTHONY C. LEACHON Quezon City | Y | М | N | NO/Independent Director | C/M; A/M; R/M | 119434729 | P40,000 00/Board Mtg P24,000 00/Committee Mtg | N/A |
| ROBERTO M. SALVADOR, M.D. | Y | М | N | NO/Formal Economy Sector | B/M; C/M: A/M: | 221909957 | P40,000.00/Board Mtg P24,000.00/Committee Mtg | N/A |
| 7 JOAN CRISTINE R. LIBAN-LAREZA | Y | М | N | NO/HCP Sector | B/M; A/M; R/M | 249566359 | P40,000 00/Board Mtg P24,000 00/Committee Mtg | N/A |

FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR
FOR PRESIDENTIAL APPOINTEE COLUMN, PUT "Y" IF A PRESIDENTIAL APPOINTEE "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.

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| | | | DI | RECTORS / | OFFICE | R S (END of | FCY 2018) | | | | |
|---------------------------------------|-----------------------------|------|------------------------|------------------------|--------|-----------------|-----------|------------|-------------|---------------------------------------|--|
| NAME, NATIONALITY | AND CURRENT RESID | ENTI | AL ADDRESS | PRESIDENTIAL APPOINTEE | BOARD | STOCK HOLDER | EXECUTIVE | EX-Officio | TIN NUMBER | COMPENSATION PACKAGE/YR (GROSS) | DESIGNATION TO OTHER BOARDS OF AFFILIATES/SUBSIDIARIES |
| DE LA SERNA, CELESTINA MA. JUDE P. | PRESIDENT & CEO | 30 | Tagbilaran, Bohol | М | Y | N/A | N/A | N/A | 148-785-597 | 2,504,020.48 | N/A |
| BASA, RUBEN JOHN A. | PRESIDENT (COO) | 29 | Taguig City | N/A | N | N/A | N/A | N/A | 142-783-211 | 2,363,992.49 | N/A |
| MAS, DENNIS S. | SENIOR VICE- PRESIDENT | 28 | City of Manila | N/A | N | N/A | N/A | N/A | 199-846084 | 2,125,380.12 | N/A |
| ARAGONA, JOVITA V | SENIOR VICE- PRESIDENT | 28 | City of Manila | N/A | N | N/A | N/A | N/A | 133-042-915 | 2,049,518.04 | N/A |
| VILLEGAS, JAY R. | VICE PRESIDENT | 27 | Morong, Rizal | N/A | N | N/A | N/A | N/A | 109-344-024 | 1,949,109.04 | N/A |
| SANTIAGO, NERISSA R. | VICE PRESIDENT (ACTUARY) | 27 | Valenzuela City | N/A | N | N/A | N/A | N/A | 110-863-020 | 1,941,015.68 | N/A |
| PINEDA, ALFREDO II B. | VICE PRESIDENT | 27 | Quezon City | N/A | N | N/A | N/A | N/A | 156-231-065 | 1,943,828.16 | N/A |
| DOMINGO, SHIRLEY B. | VICE PRESIDENT | 27 | Quezon City | N/A | N | N/A | N/A | N/A | 133-043-096 | 2,098,439.76 | N/A |
| SORIA, FRANCISCO JR. Z. | VICE PRESIDENT | 27 | San Juan, Metro Manila | N/A | N | N/A | N/A | N/A | 186-076-384 | 1,942,661.28 | N/A |
| RULLODA, GREGORIO C. | VICE PRESIDENT | 27 | Antipolo City | N/A | N | N/A | N/A | N/A | 107-662-020 | 2,191,341.36 | N/A |
| BAUTISTA, CLEMENTINE A. | VICE PRESIDENT | 27 | Taguig City | N/A | N | N/A | N/A | N/A | 176-875-950 | 1,955,930.80 | N/A |

N/A

N/A

N/A

186-383-050

1.935.256.08

N/A

INSTRUCTIONS:

BACAREZA, WALTER R.

FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR.

FOR PRESIDENTIAL APPOINTEE COLUMN, PUT "Y" IF A PRESIDENTIAL APPOINTEE "N" IF NOT,

VICE PRESIDENT

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

27 Cagayan De Oro City

AND ELECTION COMMITTEE, ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER

| BOARD COMMITTEES | FUNCTION | COMPOSITION |
|---------------------|--|---|
| AUDIT COMMITTEE (A) | The Committee shall be responsible for the following: a) Oversee, monitor and evaluate the adequacy and effectiveness of PhillHealth's internal and external auditors, and coordinate with the Commission on Audit (COA); b) Review and approve audit scope and frequency, annual internal audit plan, quarterly, semi-annual and annual financial statements before submission to the Board, focusing on changes in accounting policies, major judgmental areas, significant adjustments resulting from audit, going concern assumptions, compliance with tax legal, regulatory and COA requirements; c) Receive and review reports of internal and external auditors and regulatory agencies, and ensuring that Management is taking appropriate corrective actions, in a timely manner in addressing control and compliance functions with regulatory agencies; d) Ensure that internal auditors have free and full access to all PhilHealth's records, properties and personnel relevant to and required by its function and that the internal audit activity shall be from interference in determining its scope, performing its work and communicating its results; and e) Develop a transparent financial management system that will ensure the integrity of internal control activities throughout PhilHealth through a procedures and policies handbook that will be used by the entire organization. | Chairperson: Chairperson of the Board as Ex-officio Chairperson Vice-Chairperson: Members: DOF Secretary Formal Economy Sector Health Care Providers Sector Independent Director, Monetary Board OFWs Sector |

GCIS (v 2012) Page 4

| BOARD COMMITTEES | FUNCTION | COMPOSITION |
|--------------------------|--|---|
| GOVERNANCE COMMITTEE (G) | The Committee shall be responsible for the following: a) Oversee the periodic performance evaluation of the Board and its committees and Management, and also conducting an annual self-evaluation of their performance, b) Decide whether or not a Director is able to and has been adequately carrying out his/her duties as director bearing in mind the director's contribution and performance (e.g. competence, candor, attendance, preparedness and participation). Internal guidelines shall be adopted that address the competing time commitments that are faced when directors serve on multiple boards; c) Recommend to the Board regarding the continuing education of Directors, assignment to Board Committees, succession plan for the Executive Officers, and their remuneration commensurate with corporate and individual performance, and d) Recommend the manner by which the Board's performance may be evaluated and propose an objective performance criteria to be approved by the Board. Such performance indicators shall address how the Board will enhance long-term shareholder value. | Chairperson: Chairperson of the Board, Secretary of Health Vice-Chairperson: Members: SSS President and CEO DOLE Secretary Elected Local Chief Executives Report CSC Chairperson |

GOVERNMENT CORPORATION NAME: Philippine Health Insurance Corporation BOARD COMMITTEES **FUNCTION** COMPOSITION The Executive Committee, in accordance with the authority granted by the Board, or during the absence of the Board, shall act by a Vote of at least two-thirds (2/3) of its members on such specific matters within the competence of the Board as may from time to time delegated to the Committee in accordance with the Charter, except with Chairperson: Chairperson of the Board respect to: as Ex-officio Chairperson Vice-Chairperson: a) Approval of any action for which EXECUTIVE COMMITTEE (E) shareholder's approval is also required; Members: b) Filing of vacancies or repeal of any GSIS President and GM resolution of the Board which by its express DOLE Secretary terms cannot be amended or subject to Informal Economy Sector repeal; DOF Secretary c) Amendment or repeal of any resolution of the Board which by its express terms cannot be amended or subject to repeal; d) Distribution of cash dividends; and e) Exercise of powers delegated by the Board exclusively to other committees Reviews investment that are beyond the authority of the Management under the approved Investment Guidelines such as **INVESTMENT COMMITTEE (Functions** redemption/exchange of investments into transferred to the Risk Management fixed assets, such as land, asset and pool Committee) certificates, for final approval by the Board. The Committee shall consist of at least three (3) members of the Board. NOTE: USE ADDITIONAL SHEET IF NECESSARY

GCIS (v. 2012) Page 4

| BOARD COMMITTEES | FUNCTION | COMPOSITION |
|---|--|-------------|
| NOMINATION / REMUNERATION COMMITTEE (Functions transferred to the Governance Committee) | The Committee shall be responsible for the following: a) Install and maintain a process to ensure that Officers to be nominated or appointed shall have the qualifications and none of the disqualifications mandated under the law, rules and regulations; b) Review and evaluate the qualifications of all persons nominated to positions in the Corporation which require appointment by the Board; c) Recommend to the GCG nominees for the shortlist in line with PhilHealth's Board composition and succession plan; and d) Develop recommendations to the GCG for updating the Compensation and Position Classification System (CPCS) and ensure that the same continues to be consistent with PhilHealth's culture, strategy, control environment, as well as the pertinent laws, rules and regulations. | |

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| BOARD COMMITTEES | FUNCTION | COMPOSITION |
|--|---|---|
| COMMITTEE ON APPEALED ADMINISTRATIVE CASES AGAINST HEALTH CARE PROVIDERS AND MEMBERS (C) | Studies and recommends to the Board appropriate action on appeals from decisions of the Arbitration Department and Accreditation Committee. The Committee shall consist of at least three (3) members of the Board. | Chairperson: Chairperson of the Board as Ex-officio Chairperson Vice- Chairperson: Members: DOLE Secretary OFWs Sector Formal Economy Sector Health Care Providers Sector Independent Director, Monetary Board Informal Economy Sector |
| INFORMATION TECHNOLOGY COMMITTEE (Functions transferred to the Governance Committee) | The IT Committee shall oversee the IT directions, policies, priorities, issues and concerns of the Corporation. The IT Committee shall be composed of at least three (3) Board Members. The Chairperson and the Vice-Chairperson of the Committee shall be designated from among the Committee members. | |

| BOARD COMMITTEES | FUNCTION | COMPOSITION |
|-------------------------------|--|--|
| RISK MANAGEMENT COMMITTEE (R) | The Risk Management shall be responsible for the following: a) Perform oversight risk management functions specifically in the areas of managing credit, market, liquidity, operational, legal, reputational and other risks of the Corporation, and crisis management, which shall include receiving from Senior Management periodic information on risk exposures and risk management activities; b) Develop the Risk Management Policy of the Corporation, ensuring compliance with the same and ensure that the risk management process and compliance are embedded throughout the operations of PhilHealth, especially at the Board and Management level; and c) Provide quarterly reporting and update to the Board on key risk management issues as well as ad hoc reporting and evaluation on investment proposals. | Chairperson: Independent Director, Monetary Board Vice- Chairperson: DOF Secretary Members: PHIC President & CEO DILG Secretary Informal Economy Sector Employers Sector |
| BENEFITS COMMITTEE (B) | directions with regards to policy formulation for disease coverage. | Chairperson: Employers Sector Vice- Chairperson: Informal Econom Sector Members: Independent Director, Monetary Board Elected Local Chief Executives Health Care Providers Sector DOF Secretary Formal Economy Sector |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| PHILHEALTH REGIONAL OFFICE I PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE IVA PHILHEALTH REGIONAL OFFICE III PH | LIST OF AFFILIATES/SUBSIDIARIES | DESCRIPTION | NATURE/ EXTENT OF INVESTMENT |
|--|--------------------------------------|-------------------|------------------------------|
| PHILHEALTH REGIONAL OFFICE II PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE IV-A PHILHEALTH REGIONAL OFFICE IV-B PHILHEALTH REGIONAL OFFICE IV-B PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE VI PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE | PHILHEALTH REGIONAL OFFICE -NCR | REGIONAL OFFICE | "NA" |
| PHILHEALTH REGIONAL OFFICE III PHILHEALTH REGIONAL OFFICE IV-A PHILHEALTH REGIONAL OFFICE IV-B PHILHEALTH REGIONAL OFFICE IV-B PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE VI PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE X PHILHEALTH REGIONAL OFF | PHILHEALTH REGIONAL OFFICE I | REGIONAL OFFICE | "NA" |
| PHILHEALTH REGIONAL OFFICE IV-A PHILHEALTH REGIONAL OFFICE IV-B PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE V PHILHEALTH REGIONAL OFFICE VI PHILHEALTH REGIONAL OFFICE VII PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE VIII PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE IX PHILHEALTH REGIONAL OFFICE X PHILHEALTH REGIONAL OFFICE CAR PHILHEALTH REGIONAL OFFICE PHAN' PHILHEALTH REGIONAL OFFIC | PHILHEALTH REGIONAL OFFICE II | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE IV-B HILHEALTH REGIONAL OFFICE V HILHEALTH REGIONAL OFFICE VI HILHEALTH REGIONAL OFFICE VII HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE WA" OFFICE OF AREA VP HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS HILHEALTH AREA VP OFFICE OF AREA VP TNA" "NA" | PHILHEALTH REGIONAL OFFICE III | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE V HILHEALTH REGIONAL OFFICE VI HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE WA" OFFICE OF AREA VP HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS OFFICE OF AREA VP TNA" TNA" "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA" "OFFICE OF AREA VP "NA" "NA" | PHILHEALTH REGIONAL OFFICE IV-A | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE VI HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE IV-B | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE V | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE VIII HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE VI | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE IX HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE VII | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE X HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE VIII | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE XI HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE IX | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE XII HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE X | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE CAR HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE REGIONAL OFFICE "NA" "NA" "NA" "NA" "NA" "NA" "NA" "NA | PHILHEALTH REGIONAL OFFICE XI | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE CARAGA HILHEALTH REGIONAL OFFICE BARMM HILHEALTH AREA I NORTH LUZON HILHEALTH AREA II SOUTH LUZON & NCR HILHEALTH AREA III VISAYAS REGIONAL OFFICE "NA" "NA" OFFICE OF AREA VP "NA" OFFICE OF AREA VP "NA" | PHILHEALTH REGIONAL OFFICE XII | REGIONAL OFFICE | "NA" |
| HILHEALTH REGIONAL OFFICE BARMM REGIONAL OFFICE "NA" HILHEALTH AREA I NORTH LUZON & NCR OFFICE OF AREA VP HILHEALTH AREA II SOUTH LUZON & NCR OFFICE OF AREA VP HILHEALTH AREA III VISAYAS OFFICE OF AREA VP "NA" | PHILHEALTH REGIONAL OFFICE CAR | REGIONAL OFFICE | "NA" |
| HILHEALTH AREA I NORTH LUZON OFFICE OF AREA VP "NA" HILHEALTH AREA II SOUTH LUZON & NCR OFFICE OF AREA VP "NA" HILHEALTH AREA III VISAYAS OFFICE OF AREA VP "NA" | PHILHEALTH REGIONAL OFFICE CARAGA | REGIONAL OFFICE | "NA" |
| HILHEALTH AREA II SOUTH LUZON & NCR OFFICE OF AREA VP "NA" OFFICE OF AREA VP "NA" | PHILHEALTH REGIONAL OFFICE BARMM | REGIONAL OFFICE | "NA" |
| HILHEALTH AREA III VISAYAS OFFICE OF AREA VP "NA" | PHILHEALTH AREA I NORTH LUZON | OFFICE OF AREA VP | "NA" |
| | PHILHEALTH AREA II SOUTH LUZON & NCR | OFFICE OF AREA VP | "NA" |
| | PHILHEALTH AREA III VISAYAS | OFFICE OF AREA VP | "NA" |
| HILHEALTH AREA IV MINDANAO OFFICE OF AREA VP "NA" | PHILHEALTH AREA IV MINDANAO | OFFICE OF AREA VP | "NA" |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Page 1 |

NOTE: USE ADDITIONAL SHEET IF NECESSARY

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| GOVERNMENT CORPORATION NAME: PHILIP | IIIE HEA | LITT INSURAIN | SE CORPORATION | | | |
|--|------------|---------------|-----------------|------------------------|-------------------------|--|
| TOTAL NUMBER OF STOCKHOLDERS: NOT APPLICA | 1 | | NOT APPLICABLE | | | |
| TOTAL ASSETS BASED ON LATEST AUDITED FINANC | CIAL STATE | MENTS: | | | | |
| | | STOCKHOLDE | R'S INFORMATION | | | |
| NAME NATIONALITY IF ARRUSABLE AND | | SHARE | S SUBSCRIBED | | AMOUNT PAID | And the second second second second |
| NAME, NATIONALITY, IF APPLICABLE AND CURRENT ADDRESS | TYPE | NUMBER | AMOUNT (PhP) | % OF OWNER- SHIP | (PhP), IF APPLICABLE | TAX IDENTIFICATION NO (TIN) FOR FILIPINOS |
| 1. NOT APPLICABLE | | | | | | |
| 2 | | | | | | |
| NOT APPLICABLE | | | | | | |
| 3. | | | | | | <u> </u> |
| NOT APPLICABLE | | | | | | |
| 4. NOT APPLICABLE | | | | | | |
| i, | | | | | | |
| NOT APPLICABLE | | | | | | |
| NOT APPLICABLE | | | | | | |
| | | | | | | |
| NOT APPLICABLE | TOTAL | | | | | |
| TOTAL AMOUNT OF SUB | | | | | | |

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.

CORPORATE NAME: PHILIPPINE HEALTH INSURANCE CORPORATION TOTAL NUMBER OF STOCKHOLDERS: NOT APPLICABLE TOTAL ASSETS BASED ON LATEST AUDITED FS: STOCKHOLDER'S INFORMATION SHARES SUBSCRIBED NAME, NATIONALITY, IF APPLICABLE AMOUNT PAID TAX IDENTIFICATION NO. % OF AND **AMOUNT** (PhP) (TIN) TYPE CURRENT ADDRESS NUMBER OWNER-(PhP) SHIP NOT APPLICABLE TOTAL NOT APPLICABLE TOTAL 10. NOT APPLICABLE TOTAL NOT APPLICABLE TOTAL NOT APPLICABLE TOTAL 13. NOT APPLICABLE TOTAL 14. NOT APPLICABLE TOTAL TOTAL AMOUNT OF SUBSCRIBED CAPITAL TOTAL AMOUNT OF PAID-UP CAPITAL INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

| NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS 15. | | | R'S INFORMATIO | 74G | | |
|--|--------|---------|-----------------|------------------------|----------------------|-----------------------|
| CURRENT RESIDENTIAL ADDRESS | | | |) N | | |
| CURRENT RESIDENTIAL ADDRESS | | SHARES | SUBSCRIBED | | | |
| 15. | TYPE | NUMBER | AMOUNT (PhP) | % OF OWNER- SHIP | AMOUNT PAID (PhP) | TAX IDENTIFICATION NO |
| | | | | | | |
| Т | OTAL | | | | | |
| 16. | | | | | | |
| Tı | OTAL | | | | | |
| 17. | | | | | | |
| Т | OTAL | | | | | |
| 8. | | | | | | |
| TO | OTAL | | | | | |
| 9. | | | | | | |
| то | OTAL | | | | | |
| 0. | | | | | | |
| TC | DTAL | | | | | |
| OTHERS (Indicate the number of the remaining stockholders) | | | | | | |
| тс | DTAL | | | | | |
| TOTAL AMOUNT OF SUBSC | CRIBED | CAPITAL | | | | |

| 000 | 14772502125045404 | | PLE. | ASE PRINT LEGIBL | γ ::::::::: | | 400000000000000000000000000000000000000 | |
|-------------------------|--|--------------------------|-----------|------------------|-------------------------|----------------------|--|--|
| GOVE | RNMENT CORPORAT | ION NAME: PHILI | IPPINE HE | EALTH INSURANC | E CORPORAT | ION | | |
| 1. INV | ESTMENT OF CORPO | RATE | T | AMOUNT (P | hP) | DATE O | F BOARD RESOLUTION | |
| FUI | NDS IN ANOTHER CO | RPORATION | | | | | | |
| 1.1 | STOCKS | | 101 | | | N | OT APPLICABLE | |
| 1.2 | BONDS/COMMERCI by Private Corporati APPLICABLE) | | d | 14,345,000,0 | 00.00 | | | |
| 1.3 | LOANS/ CREDITS/ A | DVANCES | | | | 1 | | |
| 1.4 | GOVERNMENT TRE | ASURY BONDS | | 110,531,190,2 | 287.00 | | | |
| 1.5 | OTHERS | | | | | | | |
| | ESTMENT OF CORPO | | | S UNDER ITS | DATE OF I | | DATE OF STOCKHOLDERS RATIFICATION | |
| 3. TRE | ASURY SHARES | | | | NO. OF SI | HARES | % AS TO THE TOTAL NO. OF SHARES ISSUED | |
| | ESTRICTED/UNAPPR DENDS DECLARED D TYPE OF D | URING THE IMME | | PRECEDING YEA | | SCAL YEAR | DATE DECLARED | |
| 5.1 | CASH | | | | | | NA | |
| 5.1 | STOCK | | | | | | NA NA | |
| 5.3 | PROPERTY | | | | | | NA | |
| 5.3 | I KOI EKIT | | TOTAL | P | | | 107 | |
| . ADD | ITIONAL SHARES ISS | UED DURING TH | E PERIOD |); | | | | |
| | DATE | NO. OF | SHARES | | | AMOU | NT | |
| | | | | | | NA | | |
| | | | | | | NA | | |
| | | | | | 4 | NA NA | | |
| FCON | DARY LICENSE/REGI | STRATION WITH | SEC AND | VOR OTHER GOV | T AGENCY: | INA | | |
| | F AGENCY: | SEC | 02071112 | BS | | | 10 | |
| YPE O | | NA | | N. | A | N | OT APPLICABLE | |
| | SUED: | NA | | N/ | 4 | NO | OT APPLICABLE | |
| | TARTED TIONS: | NA | | NA | | NO | NOT APPLICABLE | |
| OTAL DIRECT ISCAL | ANNUAL COMPENSA ORS DURING THE P YEAR (in PhP) (includes, President and Senior | RECEDING des Board of | TOTAL I | NO. OF OFFICER | S TOTAL NO. FILE EMF | OF RANK & PLOYEES | TOTAL MANPOWER COMPLEMENT | |
| | | 29,148,910.00 | | 14 | 6.2 | 16 | 6,231 | |

NOTE: USE ADDITIONAL SHEET IF NECESSARY

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| PARTICULARS | SECTOR | FOREIGN COMPON | NENT | NO SUPPO | ORT SUBSIDY | |
|----------------|----------------|------------------------|------------|----------|-------------|------------|
| | | Loan | Grant | Project | Tax | Bank loans |
| Not applicable | Not applicable | Not applicable | NA | NA | NA | NA |
| | Other Source | Total Local Compoonent | Total Cost | Status | | |
| Not applicable | Not applicable | Not applicable | NA | NA | NA | NA |
| | | | | | | |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

INCOME STATEMENT For the year : 2018

| | Amount |
|--|--------------------|
| INCOME | |
| Business and Service Income | 132,463,006,004.00 |
| Gains and Premiums | |
| Interest and Other income | 6,794,777,427.00 |
| Total Income | 139,257,783,431.00 |
| Less: Share of National Government | |
| Income After Share of National Government | |
| EXPENSES | |
| Business Expenses (Benefit Claim Expenses) | 121,040,718,669.00 |
| Personal Services | 4,117,906,210.00 |
| Maintenance and Other Operating Expenses | 2,483,233,307.00 |
| Financial Expenses | |
| Others | |
| Total Expenses | 127,641,858,186.00 |
| Net Income (Loss) Before Subsidy | |
| Subsidy Income | |
| Net Income (Loss) Before Tax | 11,615,925,245.00 |
| Income Tax Expense (tax exempt) | - |
| Net Income (Loss) After Tax | 11,615,925,245.00 |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

CASH FLOW STATEMENT

For the year: 2018

| CASH FLOW FROM OPERATING ACTIVITIES | Amount |
|---|---------------------|
| Cash Inflows | 135,514,646,009.00 |
| Cash Outflows | (118,327,454,903.00 |
| Net Cash Provided By (Used in) Operating Actitives | 17,187,191,106.00 |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| Cash Inflows | 9,276,567,872.00 |
| Cash Outflows | (34,323,903,594.00) |
| Net Cash Provided By (Used In) Investing Activities | (25,047,335,722.00) |
| CASH FLOWS FROM FINANCING ACTIVITIES | |
| Cash Inflows | • |
| Cash Outflows | (101,676,572.00) |
| Net Cash Provided By (Used In) Financing Activities | (101,676,572.00) |
| Net Increase (Decrease) in Cash and Cash Equivalents | (7,961,821,188.00) |
| Effects of Exchange Rate Changes on Cash and Cash Equivalents | 46,930.00 |
| Cash and Cash Equivalents, January 1 | 33,600,305,994.00 |
| Cash and Cash Equivalents, December 31 | 25,638,531,736.00 |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

For the year: 2018

CASH AND INVESTMENT BALANCE REPORT

| | AMOUNT | TERM (No. of Days) | RATE (Per Annum) | 1 | DATE |
|--|--------------------|---------------------|--|-------|----------|
| I. Cash on Hand (Collecting Officers & Petty cash Funds) | 77,059,054.00 | NA | NA | Issue | Maturity |
| II. Cash in Banks | 2,392,543,598.00 | NA | NA | | |
| III. Net Depositswith BTr | 4 | L. | | | |
| IV. Special Series (Treasury Bills) with Bangko Sentral (Identify those under trust agreements) | 110,531,190,287.00 | more than I year | average 5.7784% | | |
| V. Special Series Placements with BTr (Identify those under trust agreements | | | | | |
| VI. Investments in Other Securities | 14,345,000,000.00 | more than I year | interest range from 4.3750% to5.5796% | | |
| VII. Others (Special Savings Deposits) | 23,168,929,084.00 | up to 90 Day | interest range from .0375% to 3.1250% | | |
| VIII. Investment in Time Deposits (local) | 1,000,000,000.00 | 181 days | | | |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| RAL | ANCE | SHEET | (For the | vear. | 2018 | ١ |
|-----|------|--------|------------|-------|------|---|
| DAL | ANGL | SILLLI | II OI LIIC | veal. | 2010 | |

| BALANCE ON | ASSETS | Amount |
|--|---|-----------------------|
| | Current Assets | |
| Cash & Cash E | quivalents | 25,638,531,736.00 |
| Short-Term Inv | restments (Time Deposits) | 1,000,000,000.00 |
| Receivables (n | et) | 18,907,167,909.00 |
| Inventories | | |
| Prepayments a | ind Deferred Charges | |
| Gross Internati | | |
| Others | | 1,397,186,255.00 |
| Total Curren | t Assets | 46,942,885,900.00 |
| | Non-Current Assets | |
| Long -term Red | ceivables (net) | ă. |
| Long-term Inve | | 124,876,190,287.00 |
| | & Equipment (net) | 2,326,803,553.00 |
| Investment Pro | | - |
| Intangible Asse | | 299,411,849.00 |
| Others | | 415,816,979.00 |
| | urrent Assets | 127,918,222,668.00 |
| | TOTAL ASSETS | 174,861,108,568.00 |
| | LIABILITIES AND EQUITY | |
| LIABILITIES | Current Liabilities | |
| | -Trade Payables (Benefit Claims Payables) | 47,773,468,834.00 |
| | of Long-term Debt | 4376 44504-24506 4-53 |
| Deposit Liabiliti | | |
| Currency in Cir | | |
| | under agreements to repurchase | 1 |
| | es of Water Districts | |
| Other Payables | | 2,813,171,169.00 |
| Total Curren | | 50,586,640,003.00 |
| Total Curren | Non-Current Liabilities | 50,500,040,000.00 |
| Danasit Dayahl | | |
| Deposit Payable | 25 | |
| Bills Payable | | |
| Bonds Payable | | |
| Notes Payable | 615 | |
| Mortgage Paya | | |
| Loans and Adv | | |
| Accrued Retirer | | 1 005 546 901 00 |
| Deferred Credit | | 1,095,546,801.00 |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | abilities of Water Districts | 00 004 000 000 00 |
| | ce Liabilities for Lifetime Members) | 26,034,923,966.00 |
| Non-Current Li | | 27,130,470,767.00 |
| | TOTAL LIABILITIES | 77,717,110,770.00 |
| | EQUITY | |
| Government Ed | uity | |
| Capital Stock | | |
| Restricted Capi | | |
| Retained Earnir | | |
| Others (Membe | rs Equity) | 97,143,997,798.00 |
| TOTAL EQUIT | (| 97,143,997,798.00 |
| TOTAL LIABIL | ITIES AND EQUITY | 174,861,108,568.00 |

GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

| NET OPERATING INCOME | Amount |
|--|------------------|
| Schedule 1A | |
| Accounts receivable - national government | |
| Clients deposit | |
| Collection from advances on insured receivables | |
| Collection of loans receivables | |
| Collection of pari-passu payables | |
| Collection of receivables clients | |
| Collection of receivables employees/others | |
| Collection of receivables clients, employees, others | |
| Collection of Sales Contract Receivable | |
| Dividend Income | |
| Foreign Exchange gains | |
| Gain on sale of Investment | |
| Interest and penalties | |
| interest on investments and deposits | 6,699,258,299.00 |
| Lease income (office space) | |
| Lease income from acquired assets | |
| Lease payment receivable car plan | |
| Miscellaneous deposit | |
| Misc inc service charge | |
| Payable to clients/employees/govet agencies | |
| Payable to clients/employees/ others | |
| Redemption of agrarian reform bonds | |
| Reinsurance claims ECI | |
| Reinsurance premium Trust liabilities | |
| Sale of transportation of equipment | |
| Sale of unserviceable equipment | |
| Premium Contributions | |
| Add: (other Income/Receipts) | 95,519,128.00 |
| | |
| TOTAL: | 6,794,777,427.00 |

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GOVERNMENT CORPORATION NAME: PHILIPPINE HEALTH INSURANCE CORPORATION

CHART OF ACCOUNTS

For the year: 2018

| Net Operating Income | 4,821,147,818.00 |
|--|---|
| Sale of Acquired Assets | |
| Collection of Advances on Guaranteed Loans | |
| Advances on Guaranteed Loans | () () () () () () () () () () |
| Capital Expenditures | • |
| Dividend Payments | • |
| CASH SURPLUS/DEFICIT | |
| Operating Receipts | - |
| Sale of goods/services | - |
| Income from commitment and gtee fee | 1-1 |
| Filing, processing & amendment fees | |
| Interest Income Direct lending | |
| Insurance Premium | \$ 1 |
| Fund Arrangement Fees | |
| Add: (Other receipts) | - |
| TOTAL: | 4,821,147,818.00 |
| Current Subsidies: | |
| Other receipts: (Schedule 1A) | 6,794,777,427.00 |
| Total Receipts: | 11,615,925,245.00 |
| Less: | |
| Interest and Financial Charges | |
| Final Withholding Tax | 9 |
| Prior period expenses | - |
| Other current expenditures | - 4 |
| Total: | 11,615,925,245.00 |
| iotal; | 11,010,920,245.00 |

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| 1, | ATTY. JONATHAN P. MANGAOANG (NAME) | , Corporate Secretary OF THE ABOVE-MENTIONE (POSITION) | D |
|------------------------------|------------------------------------|---|--------|
| THIS GOVERNMEN | NT CORPORATION INFORMATION SHEET | NALTY OF PERJURY, THAT ALL MATTERS SET FOI T WHICH CONSISTS OF () PAGES HAVE HE BEST OF MY KNOWLEDGE AND BELIEF, ARE TRU | E BEEN |
| YEARS SHALL BE REVOCATION OF | CONSTRUED AS NON-OPERATION | PORATION TO FILE THIS GIS FOR FIVE (5) CONSE OF THE CORPORATION AND A GROUND FO OF INCORPORATION. IN THIS EVENTUALITY FOR THE SAID REVOCATION. | R THE |
| DONE THIS _ | DAY OFFEB 0 3 2020, 2 | PASIG CITY | |
| and an | | (SIGNATURE) & ASIG CITY CITY/PROVINCE, PHILIPPIN | |
| | | BEFORE ME AND EXHIBITED TO ME HIS/HER COMP | |
| TAX CERTIFICATE I | NOTARY PUBLIC A ORY . ER | ON, 20 | |