

Attachment 5B-2 Register of Insurance Company Supervisors: Juristic Persons (Company name:)

Supervisor	Company uniform invoice number	Date of establishment	Company location	Phone	Company representative	No. of subscribed shares	Subscribed shares (%)

Note:

1. This form is for supervisors who are juristic persons, and for their representatives.
2. Please furnish a photocopy of the person's national identification card, passport, or another identification document and synopses of the person's educational qualifications and employment history.