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Republic of the Philippines
 Department of Finance
 Bureau of Internal Revenue

For BIR Use Only: BCS/Item:

BIR Form No. 1702-RT January 2018(ENCS) Page 1	Annual Income Tax Return For Corporation, Partnership and Other Non-Individual Taxpayer Subject Only to REGULAR Income Tax Rate Enter all required information in CAPITAL LETTERS. Mark applicable boxes with an "X". Two Copies MUST be filed with the BIR and one held by the taxpayer.	 1702-RT 01/18ENCS P1
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1 For <input checked="" type="radio"/> Calendar <input type="radio"/> Fiscal 2 Year Ended (MM/20YY) 12/2021	3 Amended Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	4 Short Period Return? <input type="radio"/> Yes <input checked="" type="radio"/> No	5 Alphanumeric Tax Code (ATC) IC055 Minimum Corporate Income Tax (MCIT) <input checked="" type="checkbox"/> <input type="checkbox"/>
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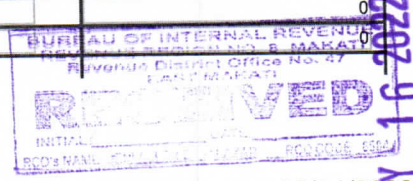
Part I - Background Information			
6 Taxpayer Identification Number (TIN)	000 - 664 - 102 - 000	7 RDO Code	047
8 Registered Name (Enter only 1 letter per box using CAPITAL LETTERS) INSULAR HEALTH CARE INC FR:INS LIFE HEALTH CARE			
9A Registered Address (Indicate complete registered address) INSULAR HEALTH CARE BLDG 167 DELA ROSA COR. LEGAZPI STS LEGAZPI VILLAGE MAKATI CITY CITY OF MAKATI			
9B Zipcode 1229			
10 Date of Incorporation/Organization (MM/DD/YYYY)			10/14/1991
11 Contact Number		12 Email Address	
8130131		mpagunday@insularhealthcare.com.ph	
13 Method of Deductions <input checked="" type="radio"/> Itemized Deductions [Section 34 (A-J), NIRC] <input type="radio"/> Optional Standard Deduction (OSD) - 40% of Gross Income [Section 34(L), NIRC as amended by RA No. 9504]			

Part II - Total Tax Payable		(Do NOT enter Centavos)
14 Total Income Tax Due (Overpayment) (From Part IV Item 43)		28,301,994
15 Less: Total Tax Credits/Payments (From Part IV Item 55)		37,474,641
16 Net Tax Payable (Overpayment) (Item 14 Less Item 15) (From Part IV Item 56)		(9,172,647)
Add Penalties		
17 Surcharge	0	
18 Interest	0	
19 Compromise		
20 Total Penalties (Sum of Items 17 to 19)		0
21 TOTAL AMOUNT PAYABLE (Overpayment) (Sum of Item 16 and 20)		(9,172,647)
If Overpayment, mark "X" one box only (Once the choice is made, the same is irrevocable)		
<input type="radio"/> To be refunded <input checked="" type="radio"/> To be issued a Tax Credit Certificate (TCC) <input type="radio"/> To be carried over as tax credit next year/quarter		


We declare under the penalties of perjury, that this annual return has been made in good faith, verified by us, and to the best of our knowledge and belief is true and correct pursuant to the provisions of the National Internal Revenue Code as amended, and the regulations thereunder, and under authority thereof. (If Authorized Representative, attach authorization letter and indicate TIN)


Signature over printed name of President/Principal Officer/Authorized Representative MARIA NOEMI G. AZURA	Signature over printed name of Treasurer/Assistant Treasurer MYRA T. SANTOS	22 Number of Attachments 4
Title of Signatory PRESIDENT AND CEO	TIN 198167495	Title of Signatory TREASURER
	TIN 198167495	

Part III - Details of Payment				
Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
23 Cash/Bank Debit Memo				0
24 Check				0
25 Tax Debit Memo				0



				0
26 Others (Specify Below)				
				0
Machine Validation/Revenue Official Receipts Details (if not filed with an Authorized Agent Bank)				Stamp of receiving Office/AAB and Date of Receipt (RO's Signature/Bank Teller's Initial)

BIR Form No. 1702-RT January 2018(ENC5) Page 2	Annual Income Tax Return Corporation, Partnership and Other Non-Individual Taxpayer Subject Only to REGULAR Income Tax Rate	 1702-RT 01/18ENC5 P2
Taxpayer Identification Number (TIN) 000 -664 -102 -000		Registered Name INSULAR HEALTH CARE INC FR:INS LIFE HEALTH CARE
Part IV - Computation of Tax (Do NOT enter Centavos)		
27 Sales/Receipts/Revenues/Fees		1,033,587,434
28 Less: Sales Returns, Allowances and Discounts		
29 Net Sales/Receipts/Revenues/Fees (Item 27 Less Item 28)		1,033,587,434
30 Less: Cost of Sales/Services		756,795,758
31 Gross Income from Operation (Item 29 Less Item 30)		276,791,676
32 Add: Other Taxable Income Not Subjected to Final Tax		2,716,700
33 Total Taxable Income (Sum of Items 31 and 32)		279,508,376
Less: Deductions Allowable under Existing Law		
34 Ordinary Allowable Itemized Deductions (From Part VI Schedule I Item 18)	166,300,400	
35 Special Allowable Itemized Deductions (From Part VI Schedule II Item 5)	0	
36 NOLCO (only for those taxable under Sec. 27(A to C); Sec. 28(A)(1) & (A)(6)(b) of the tax Code) (From Part VI Schedule III Item 8)	0	
37 Total Deductions (Sum of Items 34 to 36)	166,300,400	
OR [in case taxable under Sec 27(A) & 28(A)(1)]		
38 Optional Standard Deduction (40% of Item 33)	0	
39 Net Taxable Income/(Loss) (If Itemized: Item 33 Less Item 37; If OSD: Item 33 Less Item 38)		113,207,976
40 Applicable Income Tax Rate		25%
41 Income Tax Due other than Minimum Corporate Income Tax (MCIT) (Item 39 x Item 40)		28,301,994
42 MCIT Due (2% of Item 33)		
43 Tax Due (Normal Income Tax Due in Item 41 OR the MCIT Due in Item 42, whichever is higher) (To Part II Item 14)		28,301,994
Less: Tax Credits/Payments (attach proof)		
44 Prior Year's Excess Credits Other Than MCIT		719,265
45 Income Tax Payment under MCIT from Previous Quarter/s		
46 Income Tax Payment under Regular/Normal Rate from Previous Quarter/s		23,009,322
47 Excess MCIT Applied this Current Taxable Year (From Part VI Schedule IV Item 4)		0
48 Creditable Tax Withheld from Previous Quarter/s per BIR Form No. 2307		8,401,131
49 Creditable Tax Withheld per BIR Form No. 2307 for the 4th Quarter		5,344,923
50 Foreign Tax Credits, if applicable		0
51 Tax Paid in Return Previously Filed, if this is an Amended Return		0
52 Special Tax Credits (To Part V Item 58)		0
Other Credits/Payments (Specify)		
53		0
54		0
55 Total Tax Credits/Payments (Sum of Items 44 to 54) (To Part II Item 15)		37,474,641
56 Net Tax Payable / (Overpayment) (Item 43 Less Item 55) (To Part II Item 16)		(9,172,647)
Part V - Tax Relief Availment		
57 Special Allowable Itemized Deductions (Item 35 of Part IV x Applicable Income Tax Rate)		0
58 Add: Special Tax Credits (From Part IV Item 52)		0
59 Total Tax Relief Availment (Sum of Items 57 and 58)		0

BIR Form No. 1702-RT January 2018(ENCS) Page 3	Annual Income Tax Return Corporation, Partnership and Other Non-Individual Taxpayer Subject Only to REGULAR Income Tax Rate	 1702-RT 01/18ENCS P3
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Taxpayer Identification Number (TIN) 000 - 664 - 102 - 000	Registered Name INSULAR HEALTH CARE INC FR:INS LIFE HEALTH CARE
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Schedule I - Ordinary Allowable Itemized Deductions *(Attach additional sheet/s, if necessary)*

1 Amortizations	0
2 Bad Debts	0
3 Charitable Contributions	0
4 Depletion	0
5 Depreciation	2,813,166
6 Entertainment, Amusement and Recreation	1,207,278
7 Fringe Benefits	0
8 Interest	0
9 Losses	0
10 Pension Trust	0
11 Rental	7,762,230
12 Research and Development	
13 Salaries, Wages and Allowances	81,651,224
14 SSS, GSIS, Philhealth, HDMF and Other Contributions	2,827,621
15 Taxes and Licenses	5,493,644
16 Transportation and Travel	361,259
17 Others (Deductions Subject to Withholding Tax and Other Expenses) <i>[Specify below; Add additional sheet(s), if necessary]</i>	
a Janitorial and Messengerial Services	
b Professional Fees	5,160,904
c Security Services	
d UTILITIES	1,222,882
e REPAIRS AND MAINTENANCE	905,813
f SUPPLIES, SERVICES AND COMMUNICATION	7,807,627
g DIRECTOR'S FEES	1,428,571
h MISCELLANEOUS	47,658,181
i	0
▼	
18 Total Ordinary Allowable Itemized Deductions <i>(Sum of Items 1 to 17) (To Part IV Item 34)</i>	166,300,400

Schedule II - Special Allowable Itemized Deductions *(Attach additional sheet/s, if necessary)*

Description	Legal Basis	Amount
1		0
2		0
3		0
4		0
▼		
5 Total Special Allowable Itemized Deductions <i>(Sum of Items 1 to 4) (To Part IV Item 35)</i>		0

BIR Form No. 1702-RT January 2018(ENCS) Page 4	Annual Income Tax Return Corporation, Partnership and Other Non-Individual Taxpayer Subject Only to REGULAR Income Tax Rate	 1702-RT 01/18ENCS P4
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Taxpayer Identification Number (TIN)	Registered Name
000 -664 -102 -000	INSULAR HEALTH CARE INC FR:INS LIFE HEALTH CARE

Schedule III - Computation of Net Operating Loss Carry Over (NOLCO)	
1 Gross Income (From Part IV Item 33)	0
2 Less: Ordinary Allowable Itemized Deductions (From Part VI Schedule I Item 18)	0
3 Net Operating Loss (Item 1 Less Item 2) (To Schedule IIIA, Item 7A)	0

Schedule IIIA - Computation of Available Net Operating Loss Carry Over (NOLCO) (DO NOT enter Centavos; 49 Centavos or Less drop down; 50 or more round up)

Net Operating Loss		B) NOLCO Applied Previous Year
Year Incurred	A) Amount	
4	0	0
5	0	0
6	0	0
7	0	0

Continuation of Schedule IIIA (Item numbers continue from table above)

C) NOLCO Expired	D) NOLCO Applied Current Year	E) Net Operating Loss (Unapplied) [E = A Less (B + C + D)]
4	0	0
5	0	0
6	0	0
7	0	0
8 Total NOLCO (Sum of Items 4D to 7D) (To Part IV, Item 36)	0	

Schedule IV - Computation of Minimum Corporate Income Tax (MCIT)

Year	A) Normal Income Tax as adjusted	B) MCIT	C) Excess MCIT over Normal Income Tax
1	0	0	0
2	0	0	0
3	0	0	0

Continuation of Schedule IV (Item numbers continue from table above)

D) Excess MCIT Applied/Used in Previous Years	E) Expired Portion of Excess MCIT	F) Excess MCIT Applied this Current Taxable Year	G) Balance of Excess MCIT Allowable as Tax Credit for Succeeding Year/s [G = C Less (D + E + F)]
1	0	0	0
2	0	0	0
3	0	0	0
Total Excess MCIT Applied (Sum of Items 1F to 3F) (To Part IV Item 47)		0	

Schedule V - Reconciliation of Net Income per Books Against Taxable Income (attach additional sheet/s, if necessary)

1 Net Income/(Loss) per books	136,632,689
Add: Non-deductible Expenses/Taxable Other Income	
2 NON-DEDUCTIBLE EXPENSES	3,841,924
3	
4 Total (Sum of Items 1 to 3)	140,474,613
Less: A) Non-Taxable Income and Income Subjected to Final Tax	
5 INTEREST INCOME AND DIVIDEND INCOME	8,424,446
6 OTHERS	18,842,191

B) Special Deductions	
7	0
8	0
9 Total (Sum of Items 5 to 8) 27,266,637	
10 Net Taxable Income/(Loss) (Item 4 Less Item 9) 113,207,976	

Taxpayer Identification Number (TIN)	Taxpayer's Name

G. Summary of Transactions with Other Related Parties					
Name of Company	Address / Place of Residence			Nature of Transaction	
	see attached ANNEX "D"				
	see attached ANNEX "D"				
	see attached ANNEX "D"				
	see attached ANNEX "D"				
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**

Additional Disclosures for Outstanding Balances:
 *Provisions for doubtful debts related to the amount of outstanding balances
 **The expense recognized during the period in respect of bad or doubtful debts due from related parties

Part IV – Other Information

A. Brief business overview of the ultimate parent company
 The Insular Life Assurance Company Ltd. is a non-stock mutual life insurance company registered with the Philippine Securities and Exchange Commission (SEC) and primarily engaged in the life insurance business.

B. Brief business overview/functional profile of the taxpayer
 Insular Health Care, Inc is a company registered with Philippine Securities and Exchange Commission (SEC) and primarily engaged in business as a health maintenance organization (HMO), providing, offering and/ or arranging for coverage of medical services.

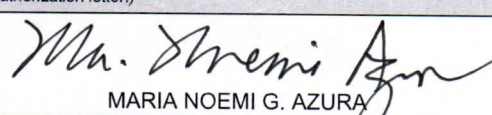
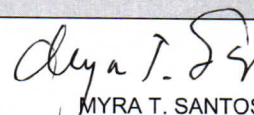
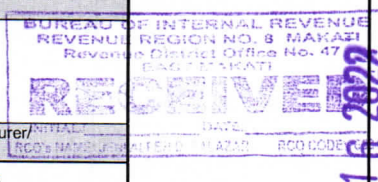
C. Has there been any change in the functional profile of the taxpayer? If yes, please provide details. Yes No

D. Has there been any change in the ownership structure of the taxpayer? If yes, please provide details. Yes No

E. Did the taxpayer undergo business restructuring during the year or the last five (5) years? If yes, please provide details. Yes No

F. Do you have pending Tax Treaty Relief Application with the BIR or with the tax authority of other country/ies? If yes, please provide details. Yes No

G. Do you have an Advance Pricing Agreement (APA) with your related parties? If yes, please attach copy of the APA. Yes No

I/We declare under the penalties of perjury that this return has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Revenue Code, as amended, and the regulations issued under the authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under Republic Act No. 10173, otherwise known as the Data Privacy Act of 2012, for legitimate and lawful purposes. (If authorized representative, please attach an authorization letter.)		Stamp of receiving Office Date of Receipt RO's Signature
 MARIA NOEMI G. AZURA	 MYRA T. SANTOS	
Signature over printed name of Taxpayer/President/Principal Officer/Authorized Representative	Signature over printed name of Treasurer/Assistant Treasurer	
Title of Signatory/TIN	Title of Signatory/TIN	
PRESIDENT & CEO - TIN: 107-170-976	CFO - TIN: 198 -167-495	DATE: MAY 16 2022

MAY 16 2022

BIR Form No.
1709
February 2020
Page 1

**INFORMATION RETURN
ON TRANSACTIONS WITH RELATED PARTY**
(INTERNATIONAL AND/OR DOMESTIC)

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark applicable boxes with an "X".
Two copies must be filed with the BIR and one held by the Tax Filer.



1 For the Calendar Fiscal 2 Year Ended (MM/YYYY) 1 2 2 0 2 1 3 Number of Sheet/s Attached

Part I – Background Information

4 Taxpayer Identification Number (TIN) 0 0 0 / 6 6 4 / 1 0 2 / 0 0 0 5 RDO Code 0 4 7

6 Taxpayer's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
I N S U L A R | H E A L T H | C A R E | I N C

7 Registered Address (Indicate complete address. If branch, indicate the branch address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1905)

2 F | I N S U L A R | H E A L T H | C A R E | B L D G | 1 6 7 | L E G A Z P I |
S T | L E G A Z P I | V I L L A G E | M A K A T I | C I T Y | 7A ZIP Code 1 2 2 9

8 Contact Number (Landline/Cellphone No.) 0 2 8 8 1 3 0 1 3 1 | 9 Email Address m t s a p t o s @ i n s u l a r h e a l t h c a r e . c o m . p h

Part II – Summary of Related Party Transactions

(Fill out the table properly. Write N/A if not applicable and use additional sheet/s, if necessary)

A. Foreign Related Party Transactions

Nature of Transaction / Related Account Name	Foreign Related Party	Address
N/A	N/A	N/A

Taxpayer Identification Number	Availed of Treaty Benefits? Yes / No	Applicable Treaty Rate	Amount of Income/Expense	Tax Withheld on Income Payments to Related Party (For Expenses)	Tax Withheld by the Related Party (For Receipts)
N/A	<input type="checkbox"/> / <input type="checkbox"/>	N/A	N/A	N/A	N/A
	<input type="checkbox"/> / <input type="checkbox"/>				
	<input type="checkbox"/> / <input type="checkbox"/>				
	<input type="checkbox"/> / <input type="checkbox"/>				

B. Domestic Related Party Transactions

Nature of Transaction / Related Account Name	Domestic Related Party	Address
		see attached ANNEX "A"

Taxpayer Identification Number	Amount of Income / Expense	Tax Withheld on Income Payments to Related Party (For Expenses)	Tax Withheld by the Related Party (For Receipts)
			see attached ANNEX "A"

Part III – Details of Related Party Transactions per Category

(Fill out the table properly. Write N/A if not applicable and use additional sheet/s, if necessary)

A. Details of Transactions with the Parent

Name of Company	Address	Nature of Transaction
		see attached ANNEX "B"

Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**
					see attached ANNEX "B"

**INFORMATION RETURN
ON TRANSACTIONS WITH RELATED PARTY**
(INTERNATIONAL AND/OR DOMESTIC)



Taxpayer Identification Number (TIN)	Taxpayer's Name

B. Summary of Transactions with Entities with Joint Control or Significant Influence over the Entity					
Name of Company		Address		Nature of Transaction	
N/A		N/A		N/A	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**
N/A	N/A	N/A	N/A	N/A	N/A

C. Summary of Transactions with Subsidiary/ies					
Name of Company		Address		Nature of Transaction	
N/A		N/A		N/A	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**
N/A	N/A	N/A	N/A	N/A	N/A

D. Summary of Transactions with Associates					
Name of Company		Address		Nature of Transaction	
N/A		N/A		N/A	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**
N/A	N/A	N/A	N/A	N/A	N/A

E. Summary of Transactions with Joint Ventures in which the Entity is a Joint Venturer					
Name of Company		Address		Nature of Transaction	
N/A		N/A		N/A	
Amount / Volume	Outstanding Balance	Terms	Conditions	Provisions for Doubtful Debts*	Expense Recognized**
N/A	N/A	N/A	N/A	N/A	N/A

F. Summary of Transactions with the Key Management Personnel of the Entity or its Parent				
Name of Personnel		Address		Short-term Employee Benefits
Post-employment Benefits	Other Long-term Benefits	Termination Benefits	Share-based Payments	Others

see attached ANNEX "C"

see attached ANNEX "C"

PART II - Details of Related Parties

B. Domestic Related Parties

Name	Nature of Relationship	TIN	Registered Address
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	PARENT COMPANY	000-464-124-000	INSULAR LIFE CORPORATE CENTRE, INSULAR LIFE DRIVE, FILINVEST CORPORATE CITY, ALABANG, MUNTINLUPA CITY 1781
UNIONBANK OF THE PHILIPPINES	AFFILIATE	000-508-271-000	UNIONBANK PALZA MERALCO AVENUE COR ONYX ST. ORTIGAS CENTER PASIG CITY
CITY SAVINGS BANK	AFFILIATE	000-552-486-000	CITY SAVINGS FINANCIAL PLAZA COR. OSMIÑA BLVD., P. BURGOS STREET, CEBU CITY
MAPFRE INSULAR INSURANCE CORPORATION	AFFILIATE	000-491-771-000	MAPFRE INSULAR CORPORATE CENTER, ACACIA AVE MADRIGAL BUSINESS PARK, MUNTINLUPA CITY

PART III - Related Party Transactions
A. Sale of Goods and Provisions of Services

ANNEX "B"

Name of Related Party	Description and Type of Transactions	Amount in Foreign Currency (if applicable)	Amount (in Php)	Were you granted treaty benefit in the source country? (Yes/No)	Income Tax Withheld by the Income Payor
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	NETWORK ACCESS FEE	N/A		No	
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	PREPAID CARD - TOTAL ER PROTECT	N/A	293,650.00	No	
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	CLINIC SERVICES	N/A		No	
UNIONBANK OF THE PHILIPPINES	HEALTH CARE COVERAGE	N/A	146,923,594.00	No	
CITY SAVINGS BANK	HEALTH CARE COVERAGE	N/A	49,949,855.76	No	

PART III - Related Party Transactions

B. Purchase of Goods and Services Except Those Provided by Key Management Personnel (KMP)

ANNEX "C"

Name of Related Party	Description and Type of Transactions	Amount in Foreign Currency (if applicable)	Amount (in Php)	Did the income recipient claim treaty benefit? (Yes/No)	Was a TTRA filed therefor? (Yes/No)	Income Tax Withheld by the Income Payor (if any)	Is the income payment attributable to PE? (Yes/No)
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	RENTAL EXPENSE	N/A	10,932,801.08	No	No	488,071.48	No
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	COMMON OVERHEAD	N/A	27,757,319.23	No	No	555,146.38	No
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	GROUP TERM INSURANCE EXPENSE	N/A	9,244,468.15	No	No	182,402.72	No
THE INSULAR LIFE ASSURANCE COMPANY LTD., INC.	ASSOCIATION DUES, UTILITIES AND OTHERS	N/A	1,666,669.21	No	No	33,333.38	No
MAPFRE INSULAR INSURANCE CORPORATION	INSURANCE SERVICES	N/A	107,407.22	No	No	1,904.74	No

PART III - Related Party Transactions

ANNEX "D"

E. Other Related Party Transactions Excluding Compensation Paid to KMP, Dividends and Branch Profit Remittances

Name of Related Party	Description and Type of Transactions	Amount in Foreign Currency (if applicable)	Amount (in Php)
UNIONBANK OF THE PHILIPPINES	TRUST ACCOUNTS	N/A	10,083,984.49
UNIONBANK OF THE PHILIPPINES	SAVINGS AND CURRENT ACCOUNT WITHDRAWALS AND DEPOSITS	N/A	161,529,290.45

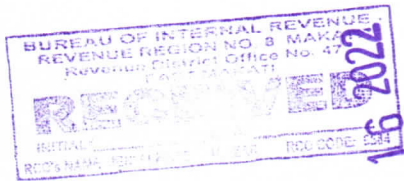
SWORN DECLARATION

REPUBLIC OF THE PHILIPPINES
MAKATI CITY, METRO MANILA

I, **MYRA T. SANTOS**, Filipino, of legal age, designated as **Chief Financial Officer-Head Finance Operations** of **Insular Health Care, Inc.** with business address located at 2nd Floor Insular Health Care Building, 167 Dela Rosa corner Legazpi Streets, Legazpi Village, Makati City, Metro Manila, Philippines do hereby certify the following:

- That in compliance with the requirements of Revenue Regulations No. 2-2015, submitted herewith is **one (1) DVD** containing **seven hundred eighty-one (781) scanned copies of BIR Form 2307** covering the taxable period ending **12/31/2021**.
- That the contents of the DVD-R being submitted herewith conform to the conditions/requirements set by the Bureau of Internal Revenue.
- That the soft copies of BIR Form 2307 contained in the DVD being submitted herewith are the complete and exact copies of the original thereof.

I hereby declare under the penalties of perjury that the foregoing attestations are true and correct.



Myra T. Santos
MYRA T. SANTOS
Name and Signature of
Authorized Representative
TIN: **198-167-495**

SUBSCRIBED and sworn to before me in the **City of Makati**, this **28th day of** **MAY 10 2022**
April 2022 by **MYRA T. SANTOS** with **Philippine Passport Number P8606238A**
issued at **DFA Angeles** on **September 04, 2018**.

Notary Public
Doc. No. 772
Page No. 76
Book No. 70
Series of DOWN

Gervacio B. Ortiz Jr.
ATTY. GERVACIO B. ORTIZ JR.
Notary Public City of Makati
Until December 31, 2022
IBP No. 05729-Lifetime Member
MCLE Compliance No. VI-0024312
Appointment No. M-82-(2021-2022)
PTR No. 8852511 Jan. 3, 2022
Makati City Roll No. 40091
101 Urban Ave. Campos Rueda Bldg.
Brgy. Pio Dal Pilar, Makati City

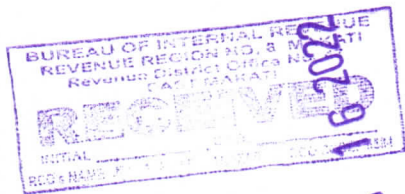
SWORN DECLARATION

REPUBLIC OF THE PHILIPPINES
MAKATI CITY, METRO MANILA

I, **MYRA T. SANTOS**, Filipino, of legal age, designated as **Chief Financial Officer-Head Finance Operations** of **Insular Health Care, Inc.** with business address located at 2nd Floor Insular Health Care Building, 167 Dela Rosa corner Legazpi Streets, Legazpi Village, Makati City, Metro Manila, Philippines do hereby certify the following:

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- That the contents of the DVD-R being submitted herewith conform to the conditions/requirements set by the Bureau of Internal Revenue.
- That the soft copies of BIR Form 2307 contained in the DVD being submitted herewith are the complete and exact copies of the original thereof.

I hereby declare under the penalties of perjury that the foregoing attestations are true and correct.



MYRA T. SANTOS
Name and Signature of
Authorized Representative
TIN: **198-167-495**

SUBSCRIBED and sworn to before me in the **City of Makati**, this **18th** day of **MAY 10 2022** April 2022 by **MYRA T. SANTOS** with **Philippine Passport Number P8606238A** issued at **DFA Angeles** on **September 04, 2018**.

Notary Public
Doc. No. 272
Page No. 2
Book No. 272
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ATTY. GERVACIO B. ORTIZ JR.
Notary Public City of Makati
Until December 31, 2022
IBP No. 05729-Lifetime Member
MCLE Compliance No. VI-0024312
Appointment No. M-82-(2021-2022)
PTR No. 8857511 Jan. 3, 2022
Makati City Roll No. 30091
101 Urban Ave. Campos Rueda Bldg.
Brgy. Pio Del Pilar, Makati City