



## SECURITIES AND EXCHANGE COMMISSION

Secretariat Building, PICC Complex, Roxas Boulevard, Pasay City, 1307 Metro Manila Philippines

Tel: (632) 818-0921 Fax: (632) 818-5293 Email: mis@sec.gov.ph



**The following document has been received:**

**Receiving:** Mark Anthony Oseña

**Receipt Date and Time:** November 12, 2025 02:14:32 PM

### Company Information

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**SEC Registration No.:** CS201200281

**Company Name:** MEDICARE PLUS, INC.

**Industry Classification:** L75120

**Company Type:** Stock Corporation

### Document Information

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**Document ID:** OST1112202583815411

**Document Type:** GENERAL\_INFORMATION\_SHEET

**Document Code:** GIS

**Period Covered:** November 07, 2025

**Submission Type:** Amendment

**Remarks:** None

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Acceptance of this document is subject to review of forms and contents

**GENERAL INFORMATION SHEET (GIS)**

FOR THE YEAR 2025 (AMENDED)  
**STOCK CORPORATION**

**GENERAL INSTRUCTIONS:**

1. FOR USER CORPORATION: THIS GIS SHOULD BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF THE ANNUAL STOCKHOLDERS' MEETING. **DO NOT LEAVE ANY ITEM BLANK.** WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE TO THE CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXISTENT. IF THE ANNUAL STOCKHOLDERS' MEETING IS HELD ON A DATE OTHER THAN THAT STATED IN THE BY-LAWS, THE GIS SHALL BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS AFTER THE ELECTION OF THE DIRECTORS, TRUSTEES AND OFFICERS OF THE CORPORATION AT THE ANNUAL MEMBERS' MEETING.
2. IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT THE GIS NOT LATER THAN JANUARY 30 OF THE FOLLOWING YEAR. HOWEVER, SHOULD AN ANNUAL STOCKHOLDERS' MEETING BE HELD THEREAFTER, A NEW GIS SHALL BE SUBMITTED/FILED.
3. THIS GIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SIGNED TO BY THE **CORPORATE SECRETARY** OF THE CORPORATION.
4. THE SEC SHOULD BE TIMELY APPRISED OF RELEVANT CHANGES IN THE SUBMITTED INFORMATION AS THEY ARISE. FOR CHANGES RESULTING FROM ACTIONS THAT AROSE BETWEEN THE ANNUAL MEETINGS, THE CORPORATION SHALL SUBMIT AMENDED GIS CONTAINING THE NEW INFORMATION TOGETHER WITH A COVER LETTER SIGNED THE CORPORATE SECRETARY OF THE CORPORATION. THE AMENDED GIS AND COVER LETTER SHALL BE SUBMITTED WITHIN SEVEN (7) DAYS AFTER SUCH CHANGE OCCURRED OR BECAME EFFECTIVE.
5. SUBMIT FOUR (4) COPIES OF THE GIS TO THE RECEIVING SECTION AT THE SEC MAIN OFFICE, OR TO SEC SATELLITE OFFICES OR EXTENSION OFFICES. ALL COPIES SHALL UNIFORMLY BE ON A4 OR LETTER-SIZED PAPER. THE PAGES OF ALL COPIES SHALL USE ONLY ONE SIDE
6. **ONLY THE GIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS HAVING BEEN FILED.**
7. THIS GIS MAY BE USED AS EVIDENCE AGAINST THE CORPORATION AND ITS RESPONSIBLE DIRECTORS/OFFICERS FOR ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS

===== PLEASE PRINT LEGIBLY =====

<b>CORPORATE NAME:</b>  MEDICARE PLUS, INC.		<b>DATE REGISTERED:</b>  1/10/2012	
<b>BUSINESS/TRADE NAME:</b>  MEDICARE PLUS, INC.		<b>FISCAL YEAR END:</b>  DECEMBER 31	
<b>SEC REGISTRATION NUMBER:</b>  CS201200281			
<b>DATE OF ANNUAL MEETING PER BY-LAWS:</b>  ANY DAY BEFORE JUNE 30		<b>CORPORATE TAX IDENTIFICATION NUMBER (TIN)</b>  008-192-135-000	
<b>ACTUAL DATE OF ANNUAL MEETING:</b>  November 7, 2025		<b>WEBSITE/URL ADDRESS:</b>  <a href="http://www.medicareplus.com.ph">www.medicareplus.com.ph</a>	
<b>COMPLETE PRINCIPAL OFFICE ADDRESS:</b>  34th Floor., The Orient Square Building, F. Ortigas Jr. Road, Ortigas Center, Pasig City		<b>E-MAIL ADDRESS:</b>  <a href="mailto:customerservice@medicareplus.com.ph">customerservice@medicareplus.com.ph</a>	
<b>COMPLETE BUSINESS ADDRESS:</b>  34th Floor., The Orient Square Building, F. Ortigas Jr. Road, Ortigas Center, Pasig City		<b>FAX NUMBER:</b>  N/A	
<b>OFFICIAL E-MAIL ADDRESS</b>  <a href="mailto:arvinmaceda@medicareplus.com.ph">arvinmaceda@medicareplus.com.ph</a>	<b>ALTERNATE E-MAIL ADDRESS</b>  <a href="mailto:admin@medicareplusinc.com">admin@medicareplusinc.com</a>	<b>OFFICIAL MOBILE NUMBER</b>  09088158780	<b>ALTERNATE MOBILE NUMBER</b>  09985611846
<b>NAME OF EXTERNAL AUDITOR &amp; ITS SIGNING PARTNER:</b>  Roxas Tabamo & Co.		<b>SEC ACCREDITATION NUMBER (if applicable):</b>  119212	<b>TELEPHONE NUMBER(S):</b>  (02) 8658 3079
<b>PRIMARY PURPOSE/ACTIVITY/INDUSTRY PRESENTLY ENGAGED IN:</b>  HEALTH SERVICE PROVIDER/HEALTH MAINTENANCE ORGANIZATION		<b>INDUSTRY CLASSIFICATION:</b>  86129	<b>GEOGRAPHICAL CODE:</b>  1381200019

===== INTERCOMPANY AFFILIATIONS =====

<b>PARENT COMPANY</b>	<b>SEC REGISTRATION NO.</b>	<b>ADDRESS</b>
N/A	N/A	N/A
<b>SUBSIDIARY/AFFILIATE</b>	<b>SEC REGISTRATION NO.</b>	<b>ADDRESS</b>
N/A	N/A	N/A

NOTE: USE ADDITIONAL SHEET IF NECESSARY

## GENERAL INFORMATION SHEET

## STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

Corporate Name: 

MEDICARE PLUS, INC.

**A. Is the Corporation a covered person under the Anti Money Laundering Act (AMLA), as amended? (Rep. Acts. 9160/9164/10167/10365)**  Yes  No

Please check the appropriate box:

<p>1.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. Banks</li> <li><input type="checkbox"/> b. Offshore Banking Units</li> <li><input type="checkbox"/> c. Quasi-Banks</li> <li><input type="checkbox"/> d. Trust Entities</li> <li><input type="checkbox"/> e. Non-Stock Savings and Loan Associations</li> <li><input type="checkbox"/> f. Pawnshops</li> <li><input type="checkbox"/> g. Foreign Exchange Dealers</li> <li><input type="checkbox"/> h. Money Changers</li> <li><input type="checkbox"/> i. Remittance Agents</li> <li><input type="checkbox"/> j. Electronic Money Issuers</li> <li><input type="checkbox"/> k. Financial Institutions which Under Special Laws are subject to Bangko Sentral ng Pilipinas' (BSP) supervision and/or regulation, including their subsidiaries and affiliates.</li> </ul>	<p>4. <input type="checkbox"/> Jewelry dealers in precious metals, who, as a business, trade in precious metals</p> <p>5. <input type="checkbox"/> Jewelry dealers in precious stones, who, as a business, trade in precious stone</p> <p>6. Company service providers which, as a business, provide any of the following services to third parties:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. acting as a formation agent of juridical persons</li> <li><input type="checkbox"/> b. acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons</li> <li><input type="checkbox"/> c. providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement</li> <li><input type="checkbox"/> d. acting as (or arranging for another person to act as) a nominee shareholder for another person</li> </ul> <p>7. Persons who provide any of the following services:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> a. managing of client money, securities or other assets</li> <li><input type="checkbox"/> b. management of bank, savings or securities accounts</li> <li><input type="checkbox"/> c. organization of contributions for the creation, operation or management of companies</li> <li><input type="checkbox"/> d. creation, operation or management of juridical persons or arrangements, and buying and selling business entities</li> </ul> <p>8. <input checked="" type="checkbox"/> None of the above</p> <p>Describe nature of business: <input type="text"/> Health Maintenance Organization</p>
<p><b>B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

# **GENERAL INFORMATION SHEET**

## **STOCK CORPORATION**

**PLEASE PRINT LEGIBLY**

NOTE: USE ADDITIONAL SHEET IF NECESSARY

\* Common, Preferred or other classification

\*\* Other than Directors, Officers, Shareholders owning 10% of outstanding shares.

# GENERAL INFORMATION SHEET

STOCK CORPORATION

PLEASE PRINT LEGIBLY

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CORPORATE NAME:		MEDICARE PLUS, INC.						
DIRECTORS / OFFICERS								
NAME/CURRENT RESIDENTIAL ADDRESS	NATIONALITY	INC'R	BOARD	GENDER	STOCK HOLDER	OFFICER	EXEC. COMM.	TAX IDENTIFICATION NUMBER
1. <b>MARIA JESUSA VIRAY</b> P1 RESIDENCIA8888, PEARL DRIVE, SAN ANTONIO, CITY OF PASIG, SECOND DISTRICT, NCR	FILIPINO	N	M	F	Y	PRESIDENT/CEO	A/E/C	112-185-579
2. <b>DR. FRANCIS LUKE PIEDAD</b> 19 ROAD 1 HIGHWAY HILLS SUBD. MANDALUYONG CITY	FILIPINO	N	M	M	Y	INDEPENDENT DIRECTOR		132-018-660
3. <b>JANE CHRISTINE SOCO</b> 2430 MORSE SAN ISIDRO CITY OF MAKATI, FOURTH DISTRICT, NCR	FILIPINO	N	M	F	Y	TREASURER/COO/DIRECTOR	A/E/M	186-612-840
4. <b>MARC JASON JALANDONI</b> 127 4TH ST. NEW MANILA, QUEZON CITY	FILIPINO	N	M	M	Y	VP-BUSINESS DEV'T/DIRECTOR	A/E/M	201-144-444
5. <b>ARVIN A. MACEDA</b> 26F TOWER B THE PEARL PLACE PEARL DRIVE, SAN ANTONIO, PASIG	FILIPINO	N	M	M	Y	CORPORATE SECRETARY/DIRECTOR	A/E/M	474-762-419
6. <b>GERARD SEAN NOEL H. RODRIGUEZ</b> 36 A PACIFIC PLAZA CONDO, APARTMENT RIDGE ROAD, URDANETA, MAKATI CITY	FILIPINO	N	M	M	Y	CPO/DIRECTOR	A/E/M	709-482-920
7. <b>MA. KARLA DENISE M. FRIAS</b> 19 RAFAEL RECTO ST. CHV2 BF HOMES, PARANAQUE CITY	FILIPINO	N	M	F	N	VP-LEGAL/DIRECTOR		234-206-906
8. <b>PAULINE GRACE CERDA</b> 35D THE PEARL PLACE, PEARL DRIVE, BRGY SAN ANTONIO, ORTIGAS CENTER PASIG CITY	FILIPINO	N		F	N	COMPLIANCE OFFICER		324-959-058
9. <b>MICHAEL L. LHUIILLIER</b> 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	FILIPINO	N	C	M	Y	CHAIRMAN		120-163-306
10. <b>MICHAEL JAMES M. LHUIILLIER</b> 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	FILIPINO	N	M	M	Y	DIRECTOR		380-245-668
11. <b>JOANNA M. LHUIILLIER</b> 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	BRITISH	N	M	F	Y	DIRECTOR		996-712-495
12. <b>MANOLETTE FEL E. DIN SAY</b> RAINBOW VILLAGE, KINASANG-AN PARDO, CEBU CITY	FILIPINO	N	I	M	Y	INDEPENDENT DIRECTOR		102-769-371
13.								
14.								
15.								
INSTRUCTION:								
FOR SEX COLUMN, PUT "F" FOR FEMALE, "M" FOR MALE.								
FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR.								
FOR INC'R COLUMN, PUT "Y" IF AN INCORPORATOR, "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, 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 AND ELECTION COMMITTEE. ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER.								

**GENERAL INFORMATION SHEET**  
**STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====

<b>CORPORATE NAME:</b> MEDICARE PLUS, INC.						
TOTAL NUMBER OF STOCKHOLDERS: 14		NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 7				
TOTAL ASSETS BASED ON LATEST AUDITED FINANCIAL STATEMENTS:		246,295,371.00				
<b>STOCKHOLDER'S INFORMATION</b>						
NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	SHARES SUBSCRIBED				AMOUNT PAID (PhP)	TAX IDENTIFICATION NUMBER
	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP		
1. MARIA JESUSA VIRAY  FILIPINO  P1 RESIDENCIA8888, PEARL DRIVE, SAN ANTONIO, CITY OF PASIG, SECOND DISTRICT, NCR	COMMON	59,297,498	59,297,498	49.41%	59,297,498.00	112-185-579
2. ML CAPITAL INC.  FILIPINO  M. LHUILLIER BLDG., BENEDICTO ST., NORTH RECLAMATION AREA, CEBU CITY  BENEFICIAL OWNER: MICHAEL L. LHUILLIER	COMMON	41,999,996	41,999,996.00	34.99%	41,999,996.00	604-689-741
3. JANE CHRISTINE SOCO  FILIPINO  2430 MORSE SAN ISIDRO CITY OF MAKATI, FOURTH DISTRICT, NCR	COMMON	7,002,500	7,002,500	5.84%	7,002,500.00	186-612-840
4. MARC JASON JALANDONI  FILIPINO  127 4TH ST. NEW MANILA, QUEZON CITY	COMMON	5,000,000	5,000,000.00	4.17%	5,000,000.00	201-144-444
5. AKHIRA INC.  FILIPINO  3RD FLOOR, BSC PRIME BUILDING, 2297 CHINO ROCES AVENUE EXTENSION, MAGALLANES, MAKATI CITY  BENEFICIAL OWNER: GERARD SEAN NOEL H. RODRIGUEZ	COMMON	4,999,999	4,999,999.00	4.17%	4,999,999.00	600-407-010
6. DR. FRANCIS LUKE PIEDAD  FILIPINO  19 ROAD 1 HIGHWAY HILLS SUBD. MANDALUYONG CITY	COMMON	1,200,000	1,200,000.00	1.00%	1,200,000.00	132-018-660
7. MARK JARDIEL YAMBOT  FILIPINO  38 D WEST TOWER ONE SERENDRA 11TH AVE., BGC TAGUIG CITY	COMMON	500,000	500,000.00	0.42%	500,000.00	110-126-782
<b>TOTAL AMOUNT OF SUBSCRIBED CAPITAL</b>				<b>100.00%</b>	<b>120,000,000.00</b>	
<b>TOTAL AMOUNT OF PAID-UP CAPITAL</b>						

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.*

**GENERAL INFORMATION SHEET**  
**STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====

<b>CORPORATE NAME:</b>		MEDICARE PLUS, INC.				
TOTAL NUMBER OF STOCKHOLDERS: 14			NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH: 7			
TOTAL ASSETS BASED ON LATEST AUDITED FS: 246,295,371.00						
<b>STOCKHOLDER'S INFORMATION</b>						
<b>NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS</b>	<b>SHARES SUBSCRIBED</b>				<b>AMOUNT PAID (PhP)</b>	<b>TAX IDENTIFICATION NUMBER</b>
	<b>TYPE</b>	<b>NUMBER</b>	<b>AMOUNT (PhP)</b>	<b>% OF OWNER- SHIP</b>		
8. GERARD SEAN NOEL H. RODRIGUEZ FILIPINO 36 A PACIFIC PLAZA CONDO APARTMENT RIDGE ROAD, URDANETA, MAKATI CITY	COMMON	1	1.00	0.00%	1.00	709-482-920
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
9. MA. KARLA DENISE M. FRIAS FILIPINO 19 RAFAEL RECTO ST. CHV2 BF HOMES, PARANAQUE CITY	COMMON	1	1.00	0.00%	1.00	234-206-906
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
10. ARVIN A. MACEDA FILIPINO 26F TOWER B THE PEARL PLACE, PEARL DRIVE, SAN ANTONIO, PASIG CITY	COMMON	1	1.00	0.00%	1.00	474-762-419
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
11. MICHAEL L. LHUIILLIER FILIPINO 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	COMMON	1	1.00	0.00%	1.00	120-163-306
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
12. MICHAEL JAMES M. LHUIILLIER FILIPINO 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	COMMON	1	1.00	0.00%	1.00	380-245-668
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
13. JOANNA M. LHUIILLIER BRITISH 8 PASEO, MA. LUISA PARK, BANILAD, CEBU	COMMON	1	1.00	0.00%	1.00	996-712-495
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
14. MANOLETTE FEL E. DIN SAY FILIPINO RAINBOW VILLAGE, KINASANG-AN PARDO, CEBU CITY	COMMON	1	1.00	0.00%	1.00	102-769-371
	<b>TOTAL</b>	<b>1</b>	<b>1.00</b>			
<b>TOTAL AMOUNT OF SUBSCRIBED CAPITAL</b>			<b>100.00%</b>	<b>120,000,000.00</b>		
<b>TOTAL AMOUNT OF PAID-UP CAPITAL</b>						
INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS						
Note: For PDT 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.						

**GENERAL INFORMATION SHEET**  
**STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====

<b>CORPORATE NAME:</b>		MEDICARE PLUS, INC.				
<b>TOTAL NUMBER OF STOCKHOLDERS:</b>		14	<b>NO. OF STOCKHOLDERS WITH 100 OR MORE SHARES EACH:</b>		7	
<b>TOTAL ASSETS BASED ON LATEST AUDITED FS:</b> 246,295,371.00						
<b>STOCKHOLDER'S INFORMATION</b>						
<b>NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS</b>	<b>SHARES SUBSCRIBED</b>				<b>AMOUNT PAID (PhP)</b>	<b>TAX IDENTIFICATION NUMBER</b>
	<b>TYPE</b>	<b>NUMBER</b>	<b>AMOUNT (PhP)</b>	<b>% OF OWNER-SHIP</b>		
15.	*** PAGE INTENTIONALLY LEFT BLANK***					
16.						
	<b>TOTAL</b>					
17.						
	<b>TOTAL</b>					
18.						
	<b>TOTAL</b>					
19.						
	<b>TOTAL</b>					
20.						
	<b>TOTAL</b>					
21. OTHERS (Indicate the number of the remaining stockholders)						
	<b>TOTAL</b>					
<b>TOTAL AMOUNT OF SUBSCRIBED CAPITAL</b>				100.00%	<b>120,000,000.00</b>	
<b>TOTAL AMOUNT OF PAID-UP CAPITAL</b>						
INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS						
<p><b>Note:</b> For PDT 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.</p>						

**GENERAL INFORMATION SHEET**  
**STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====				
<b>CORPORATE NAME:</b> MEDICARE PLUS, INC.				
<b>1. INVESTMENT OF CORPORATE FUNDS IN ANOTHER CORPORATION</b>		<b>AMOUNT (PhP)</b>	<b>DATE OF BOARD RESOLUTION</b>	
1.1 STOCKS		N/A	N/A	
1.2 BONDS/COMMERCIAL PAPER (Issued by Private Corporations)		N/A	N/A	
1.3 LOANS/ CREDITS/ ADVANCES		N/A	N/A	
1.4 GOVERNMENT TREASURY BILLS		13,048,000.00	July 08, 2025	
1.5 OTHERS		N/A	N/A	
<b>2. INVESTMENT OF CORPORATE FUNDS IN ACTIVITIES UNDER ITS SECONDARY PURPOSES (PLEASE SPECIFY:)</b>		<b>DATE OF BOARD RESOLUTION</b>	<b>DATE OF STOCKHOLDERS RATIFICATION</b>	
N/A		N/A	N/A	
<b>3. TREASURY SHARES</b>		<b>NO. OF SHARES</b>	<b>% AS TO THE TOTAL NO. OF SHARES ISSUED</b>	
N/A		N/A	N/A	
<b>4. UNRESTRICTED/UNAPPROPRIATED RETAINED EARNINGS AS OF END OF LAST FISCAL YEAR:</b>				
<b>5. DIVIDENDS DECLARED DURING THE IMMEDIATELY PRECEDING YEAR:</b> <span style="float: right;">0</span>				
<b>TYPE OF DIVIDEND</b>		<b>AMOUNT (PhP)</b>	<b>DATE DECLARED</b>	
5.1 CASH		0.00	N/A	
5.2 STOCK		0.00	N/A	
5.3 PROPERTY		0.00	N/A	
<b>TOTAL</b>		<b>0.00</b>		
<b>6. ADDITIONAL SHARES ISSUED DURING THE PERIOD:</b> <span style="float: right;">70,000,000</span>				
<b>DATE</b>	<b>NO. OF SHARES</b>	<b>AMOUNT</b>		
Oct-29	70,000,000	COMMON PHP 70,000,000.00		
<b>SECONDARY LICENSE/REGISTRATION WITH SEC AND OTHER GOV'T AGENCY:</b>				
<b>NAME OF AGENCY:</b>	SEC	B S P	I C	
<b>TYPE OF LICENSE/REGN.</b>	N/A	N/A	HMO-2023-21-R	
<b>DATE ISSUED:</b>	N/A	N/A	**renewal of original issued secondary license with the IC**	
<b>DATE STARTED OPERATIONS:</b>	N/A	N/A	**renewal of original issued secondary license with the IC**	
<b>TOTAL ANNUAL COMPENSATION OF DIRECTORS DURING THE PRECEDING FISCAL YEAR (in PhP)</b>		<b>TOTAL NO. OF OFFICERS</b>	<b>TOTAL NO. OF RANK &amp; FILE EMPLOYEES</b>	<b>TOTAL MANPOWER COMPLEMENT</b>
5,398,500.00		11	151	162

NOTE: USE ADDITIONAL SHEET IF NECESSARY

I, **ATTY. ARVIN MACEDA**, Corporate Secretary of **MEDICARE PLUS, INC.** declare under penalty of perjury that all matters set forth in this GIS have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

I hereby attest that all the information in this GIS are being submitted in compliance with the rules and regulations of the Securities and Exchange Commission (SEC) the collection, processing, storage and sharing of said information being necessary to carry out the functions of public authority for the performance of the constitutionally and statutorily mandated functions of the SEC as a regulatory agency.

I further attest that I have been authorized by the Board of Directors/Trustees to file this GIS with the SEC.

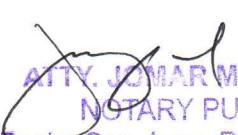
I understand that the Commission may place the corporation under delinquent status for failure to submit the reportorial requirements three (3) times, consecutively or intermittently, within a period of five (5) years (*Section 177, RA No. 11232*).

Done this \_\_\_\_\_ day of **NOV 12 2025**, 20 \_\_\_\_ in **Pasig City**.

  
**ATTY. ARVIN A MACEDA**  
(Signature over printed name)

**SUBSCRIBED AND SWORN TO** before me in **Pasig City** on **NOV 12 2025** by affiant who personally appeared before me and exhibited to me his/her competent evidence of identity consisting of \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

NOTARY PUBLIC

  
**ATTY. JOMAR M. HIZOLA**  
NOTARY PUBLIC  
Cities of Pasig, San Juan, Pateros, Metro Manila  
3803 38th Flr., Corporate Finance Plaza Bldg.  
Ruby Rd. cor. Topaz Rd. Ortigas Center, Pasig City  
Appointment No. 207; Until Dec. 31, 2026  
SC Roll No. 81022; May 21, 2022  
PTR No. 3042390; 01/14/2025 Pasig City  
IBP No. 507325; 01/14/2025 IBP Manila I  
MCLE No. VIII-0006903, Feb 20, 2024 - April 14, 2028

Doc. No.: **505**  
Page No.: **102**  
Book No.: **9**  
Series of 20: **20**

**BENEFICIAL OWNERSHIP DECLARATION  
FOR THE YEAR: 2025**

**SEC REGISTRATION NUMBER:**  
**CORPORATE NAME:**

**CS201200281**  
**MEDICARE PLUS, INC.**

**Instructions:**

1. Identify the Beneficial Owner/s of the corporation as described in the Categories of Beneficial Ownership in items A to I below. List down as many as you can identify. You may use an additional sheet if necessary.
2. Fill in the required information on the beneficial owner in the fields provided for.
3. In the "Category of Beneficial Ownership" column, indicate the letter(s) corresponding thereto. In the event that the person identified as beneficial owner falls under several categories, indicate all the letters corresponding to such categories. ja
4. If the category is under letter "I", indicate the position held (i.e., Director/Trustee, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.).
5. Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

**"Beneficial Owner"** refers to any natural person(s) who ultimately own(s) or control(s) or exercise(s) ultimate effective control over the corporation. This definition covers the natural person(s) who actually own or control the corporation as distinguished from the legal owners. Such beneficial ownership may be determined on the basis of the following:

<b>Category</b>	<b>Description</b>
<b>A</b>	Natural person(s) owning, directly or indirectly or through a chain of ownership, at least twenty-five percent (25%) of the voting rights, voting shares or capital of the reporting corporation.
<b>B</b>	Natural person(s) who exercise control over the reporting corporation, alone or together with others, through any contract, understanding, relationship, intermediary or tiered entity.
<b>C</b>	Natural person(s) having the ability to elect a majority of the board of directors/trustees, or any similar body, of the corporation.
<b>D</b>	Natural person(s) having the ability to exert a dominant influence over the management or policies of the corporation.
<b>E</b>	Natural person(s) whose directions, instructions, or wishes in conducting the affairs of the corporation are carried out by majority of the members of the board of directors of such corporation who are accustomed or under an obligation to act in accordance with such person's directions, instructions or wishes.
<b>F</b>	Natural person(s) acting as stewards of the properties of corporations, where such properties are under the care or administration of said natural person(s).
<b>G</b>	Natural person(s) who actually own or control the reporting corporation through nominee shareholders or nominee directors acting for or on behalf of such natural persons.
<b>H</b>	Natural person(s) ultimately owning or controlling or exercising ultimate effective control over the corporation through other means not falling under any of the foregoing categories.
<b>I</b>	Natural person(s) exercising control through positions held within a corporation (i.e., responsible for strategic decisions that fundamentally affect the business practices or general direction of the corporation such as the members of the board of directors or trustees or similar body within the corporation; or exercising executive control over the daily or regular affairs of the corporation through a senior management position). This category is only applicable in exceptional cases where no natural person is identifiable who ultimately owns or exerts control over the corporation, the reporting corporation having exhausted all reasonable means of identification and provided there are no grounds for suspicion.

COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III)	SPECIFIC RESIDENTIAL ADDRESS	NATIONALITY	DATE OF BIRTH	TAX IDENTIFICATION NO.	% OF OWNERSHIP/ % OF VOTING RIGHTS	TYPE OF BENEFICIAL OWNER <sup>3</sup>	CATEGORY OF BENEFICIAL OWNERSHIP
VIRAY, MARIA JESUSA BALUYUT	RESIDENCIA8888, P1 PEARL DRIVE, SAN ANTONIO, PASIG CITY	FILIPINO	12/17/1969	112-185-579	49.41%	D	A,C,D,E
LHUILLIER, MICHAEL LLAMAS	8 PASEO, MA. LUISA PARK, BANILAD, CEBU	FILIPINO	03/08/1966	120-163-306	34.99%	I	A,C,D,E
SOCO, JANE CHRISTINE	2430 MORSE, SAN ISIDRO, CITY OF MAKATI, FOURTH DISTRICT	FILIPINO	07/25/1973	186-612-840	5.84%	D	C,D,E
JALANDONI, MARC JASON MONTINOLA	127 4TH ST. NEW MANILA, QUEZON CITY	FILIPINO	02/18/1979	201-144-444	4.17%	D	C,D,E

*Note: This page is not for uploading on the SEC iView.*

<sup>1</sup> For Stock Corporations.

<sup>2</sup> For Non-Stock Corporations.

<sup>3</sup> For Stock Corporations.