	EUSEBIO A . CORTEZ (PCEO Oct. 1, 2024)	REYNAULD RUIZ VILLAFUERTE (GM Feb. 15, 2024)	CHERRY MAY TRINIDAD FREDERICK (Resigned Sept. 30, 2024)	SHIRLEY A. PALAPAL	MARIO T. CANLAS	MELVIN D. BARNES	JAYLORD P. DELA CRUZ (Resigned Feb. 15, 2024)
Salaries & Wages	541,500.60	1,841,752.00	1,702,791.00	974,956.00	952,188.00	728,484.00	120,004.50
Retroactive pay due to step-increase for January - July 2024				23,872.00			
Per Diem	388,000.00	388,000.00	350,000.00				
RA	33,000.00	108,750.00	87,000.00	72,000.00	66,000.00	66,000.00	7,500.00
TA				72,000.00	66,000.00	66,000.00	7,500.00
Retroactive application for representation for January - June 2024		12,249.00	12,000.00		6,000.00	6,000.00	
Retroactive application for transportation for January - June 2024					6,000.00	6,000.00	
Mid-year Bonus	-	-	189,199.00	80,003.00	79,349.00	60,707.00	
Year-end Bonus	-	150,688.00	170,279.10	82,987.00	79,349.00	60,707.00	
Uniform Allow	-	5,896.50		7,000.00	6,952.00	6,867.01	
Honorarium							
Retroactive application for Reimburseable Expenses of Directors for January - August 2024	24,000.00	24,000.00					
Reimburseable Expenses	274,833.85	276,000.00	274,948.73				
PBB		108,830.80	86,085.55	83,151.85	69,909.58	54,217.33	
PEI	1,500.00	5,000.00		5,000.00	5,000.00	5,000.00	
SRI	4,000.00	20,000.00		20,000.00	20,000.00	20,000.00	
PBI	58,000.00	68,000.00	53,760.00				
Cash Gift	500.00	5,000.00		5,000.00	5,000.00	5,000.00	
EME	49,500.00	150,752.92	148,500.00				
PERA	6,000.00	22,000.00	18,000.00	24,000.00	24,000.00	24,000.00	3,000.00
Monetization of Leave credits			543,675.00	45,209.99	35,373.24	17,246.39	110,294.00
	839,333.85	1,345,167.22	1,933,447.38	520,223.84	468,932.82	397,744.73	128,294.00
Total	1,380,834.45	3,186,919.22	3,636,238.38	1,495,179.84	1,421,120.82	1,126,228.73	248,298.50

Certified Correct:

SHIRLEY A. PALAPAL Accounting Head

LBP INSURANCE BROKERAGE, INC Schedule of Per Diem

For the Period January to December 31, 2024

		Alvin G. Dans	Atty. Reynaud Villafuerte	Tomas De Leon, Jr. (Chairman Nov. 2024)	Atty. Pamela B. Felizarta	Cherry Mae Frederick	Jennifer A. Tantan	Eusebio Ayson Cortez	Fatima Benilda Abuy	Dennis Dinglasan	TOTAL	
	January 17, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0013377
	February 21, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0013994
	March 20, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0014397
EXECOM	April 17, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0014741
ũ	May 22, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0015199
û	June 19, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0015747
	July 17, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0016041
	August 21, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0016467
	September 18, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0016750
	October 28, 2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00	DV-0017201
	November 20, 2024		6,000.00	6,000.00	6,000.00	ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0017519
	December 18, 2024		6,000.00	6,000.00	6,000.00	ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0017847
Total Excom	Per Diem	60,000.00	72,000.00	12,000.00	72,000.00	60,000.00	72,000.00	72,000.00	72,000.00	72,000.00	564,000.00	j

		Jennifer Tantan	Eusebio Ayson Cortez	Cherry May Frederick (Started Oct 2024) (Resigned	Benjamin Salanatin	Alberto R. Morales	Ricky T. Bacolod	Dennis Dinglasan	Fatima Benilda Abuy	TOTAL	
	January 10,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0013251
COM	February 14,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0013868
õ	March 12,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0014293
and RISK	April 12, 2024.	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0014688
and	May 20,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0015159
AUDIT	June 13,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0015649
Ā	July 10,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0015964
	Aug 14,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0016384
	September 10,2024	6,000.00	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0016652
	October 9, 2024	6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	42,000.00	DV-0017003
	November 18, 2024	6,000.00		ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	36,000.00	DV-0017487
	December 16, 2024	6,000.00		ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	36,000.00	DV-0017807
Total Audit c	om Per Diem	72,000.00	54,000.00	6,000.00	72,000.00	72,000.00	72,000.00	72,000.00	72,000.00	492,000.00	l

		Alivn G. Dans	Leon, Jr. (Chairman	Reynauld Villafuerte	Eusebio A. Cortez (Started Oct 2024)	Pamela B. Felizarta	Cherry Mae Frederick	Alberto R. Morales	Benjamin Salanatin	Ricky T. Bacolod	Dennis Dinglasan	TOTAL
	January 04, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
Se Se	February 01, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
N A	March 07, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
GOVERNANCE	April 05, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
	May 13, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
CORPORATE	June 06,2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
ğ	July 3, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
8.	August 8, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
٥	September 23, 2024	6,000.00		6,000.00		6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
	October 17, 2024	6,000.00		6,000.00	6,000.00	6,000.00	ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
	December 4, 2024		6,000.00	6,000.00	6,000.00	6,000.00	ABSENT	6,000.00	6,000.00	6,000.00	6,000.00	48,000.00
Total Corp G	ov. Per Diem	60,000.00	6,000.00	66,000.00	12,000.00	66,000.00	54,000.00	66,000.00	66,000.00	66,000.00	66,000.00	528,000.00

DV-0013206 DV-0013711 DV-0014238 DV-0015062 DV-0015062 DV-0015608 DV-0016330 DV-0016810 DV-0017122 DV-0017626

		Alivn G. Dans	Tomas De Leon, Jr. (Chairman Nov. 2024)	Reynauld R. Villafuerte	Atty. Pamela B. Felizarta	Jennifer A. Tantan	Benjamin Salanatin	Eusebio Ayson Cortez	Alberto R. Morales	Cherry Mae Fredrick	Ricky T. Bacolod	Fatima Benilda Abuy	Dennis Dinglasan	TOTAL	
	January 15, 2024 (Special)	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0013331
	January 23, 2024 (Special)	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0013533
	January 25, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0013565
	February 12, 2024 (Special)	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0013842
	February 29, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0014095
	March 27, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0014549
	April 25, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0014850
	May 30, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0015339
2	June 05,2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0015589
Ħ	June 27, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0015835
BOARD MEETING	July 26, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016161
OAR	Aug 01, 2024 (Special)	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016217
ā	August 28, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016508
	September 02, 2024 (Speci	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016573
	September 17, 2024 (Speci	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016736
	September 24, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016849
	September 30, 2024 (Speci	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0016879
	October 30, 2024	12,000.00		10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0017232
	November 11, 2024 (Special	l)	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0017399
	November 26, 2024 (Special	l)	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0017580
	November 28, 2024		12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	112,000.00	DV-0017616
	December 13, 2024 (Special	l)	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	ABSENT	10,000.00	10,000.00	10,000.00	102,000.00	DV-0017791
	December 20, 2024		12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	ABSENT	10,000.00	10,000.00	10,000.00	102,000.00	DV-0017860
Total Board	Per Diem	216,000.00	60,000.00	230,000.00	230,000.00	230,000.00	230,000.00	230,000.00	230,000.00	210,000.00	230,000.00	230,000.00	230,000.00	2,556,000.00	

RGANIZATI ONAL IEETINGS	Date of the meeting	Fatima Benilda Abuy	Jennifer A. Tantan	Dennis Dinglasan	Reynauld R. Villafuerte	Alivn G. Dans Chairman)	Atty. Pamela B. Felizarta	Benjamin Salanatin	Eusebio Ayson Cortez	Alberto R. Morales	Ricky T. Bacolod	Cherry Mae Fredrick	TOTAL	
წ ≥	May 15, 2024	10,000.00	10,000.00	6,000.00	10,000.00	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	108,000.00	DV-0015103
Total Board	Per Diem	10,000.00	10,000.00	6,000.00	10,000.00	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	108,000.00	

	OCKHOLD ER'S EETINGS	Date of the meeting	Fatima Benilda Abuy	Jennifer A. Tantan	Dennis Dinglasan	Reynauld R. Villafuerte	Alivn G. Dans Chairman)	Atty. Pamela B. Felizarta	Benjamin Salanatin	Eusebio Ayson Cortez	Alberto R. Morales	Ricky T. Bacolod	Cherry Mae Fredrick	TOTAL	
L	ST M	May 15, 2024	10,000.00	10,000.00	6,000.00	10,000.00	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	108,000.00	DV-0015105
F	Total Board F	Per Diem	10,000.00	10,000.00	6,000.00	10,000.00	12,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	108,000.00	

4,356,000.00

RECAP:	YR. 202
Tomas De Leon Jr.	78,000.00
Alvin G. Dans	360,000.00
Reynauld R. Villafuerte	388,000.00
Pamela Felizarta	388,000.00
Jennifer Tantan	394,000.00
Benjamin Salanatin	388,000.00
Eusebio Ayson Cortez	388,000.00
Alberto R. Morales	388,000.00
Cherry Mae Frederick	350,000.00
Ricky T. Bacolod	388,000.00
Dennis Dinglasan	452,000.00
Fatima Abuy	394,000.00
	4 356 000 0

Certified Correct.

SHIRLEY A. PALAPAL

Accounting Head

LBP INSURANCE BROKERAGE INC. Schedule of Extraordinary & Miscellaneous Expenses of Corporate Officers For the Period January to December 31, 2024

Name: EUSEBIO A. CORTEZ

Month	Date	DV NO.	Amount
January			
February			
March			
April			
May			
June			
July			
August			
September			
October	11/08/2024	0017402	16,500.00
November	12/05/2024	0017709	16,500.00
December	12/19/2024	0017865	16,500.00
TOTAL			49,500.00

Name: REYNAULD RUIZ VILLAFUERTE

Month	Date	DV NO.	Amount
			Alliount
January			
February			
March	4/8/2024	0014658	15,087.55
April	4/30/2024	0014973	15,000.00
May	6/11/2024	0015684	15,000.00
June	07/04/2024	0015928	15,066.39
July	7/30/2024	0016203	15,228.25
August	09/06/2024	0016610	15,190.59
September	10/03/2024	0016956	15,082.25
October	10/31/2024	0017291	15,000.00
November	12/11/2024	0017783	15,097.89
December	12/27/2024	0017982	15,000.00
	TOTAL		150,752.92

Name: CHERRY MAY T. FREDERICK

Month	Date	DV NO.	Amount
January	02/05/24	0013770	37,316.26
February	02/29/24	0014103	33,360.66
March	4/3/2024	0014613	30,652.81
April	4/30/2024	0014918	44,127.17
May	5/28/2024	0015324	16,162.55
June	6/04/2024	0015584	25,094.00
July	7/18/2024	0016080	6,491.86
August	8/30/2024	0016572	4,794.69
September			
October			
November			
December	10/30/2024	0017289	(49,500.00)
TOTAL			148,500.00

Certified Correct:

SHIRLEY A. PALAPAL Accounting Head

LBP INSURANCE BROKERAGE INC. Schedule of RATA

For the Period April 01 to June 30, 2024

Name: CHERRY MAY T. FREDERICK

Month	Date	DV NO.	Amount			
January	1/30/2024	0013699	9,000.00			
February	2/28/2024	0014091	9,000.00			
March	3/27/2024	0014559	9,000.00			
April	4/29/2024	0014875	9,000.00			
May	5/28/2024	0015326	9,000.00			
June	6/28/2024	0015872	9,000.00			
July	7/29/2024	0016186	11,000.00			
August	8/29/2024	0016521	11,000.00			
September	9/27/2024	0016872	11,000.00			
October						
November						
December						
	TOTAL					

Name: MARIO T. CANLAS

Month	Date	DV NO.	Amount
January	1/30/2024	0013698	10,000.00
February	2/28/2024	0014090	10,000.00
March	3/27/2024	0014560	10,000.00
April	4/29/2024	0014876	10,000.00
May	5/28/2024	0015325	10,000.00
June	6/28/2024	0015873	10,000.00
July	7/29/2024	0015874	12,000.00
August	8/29/2024	0015875	12,000.00
September	9/27/2024	0015876	12,000.00
October	10/28/2024	0017225	12,000.00
November	11/28/2024	0017622	12,000.00
December	12/27/2024	0017920	12,000.00
	132,000.00		

Name: MELVIN D. BARNES

Month	Date	DV NO.	Amount
January	1/30/2024	0013698	10,000.00
February	2/28/2024	0014090	10,000.00
March	3/27/2024	0014560	10,000.00
April	4/29/2024	0014876	10,000.00
May	5/28/2024	0015325	10,000.00
June	6/28/2024	0015873	10,000.00
July	7/29/2024	0015874	12,000.00
August	8/29/2024	0015875	12,000.00
September	9/27/2024	0015876	12,000.00
October	10/28/2024	0017225	12,000.00
November	11/28/2024	0017622	12,000.00
December	12/27/2024	0017920	12,000.00
	132,000.00		

Certified Correct:

SHIRLEY A. PALAPAL Accounting Head Name: REYNAULD R. VILLAFUERTE

Month	Date	DV NO.	Amount
January			
February	2/28/2024	0014092	9,000.00
March	3/27/2024	0014558	9,000.00
April	4/29/2024	0014874	9,000.00
May	5/28/2024	0015327	6,750.00
June	6/28/2024	0015871	9,000.00
July	7/29/2024	0016187	11,000.00
August	8/29/2024	0016522	11,000.00
September	9/27/2024	0016874	11,000.00
October	10/28/2024	0017223	11,000.00
November	11/28/2024	0017623	11,000.00
December	12/27/2024	0017922	11,000.00
	108,750.00		

Name: SHIRLEY A. PALAPAL

Month	Date	DV NO.	Amount	
January	1/30/2024	0013698	12,000.00	
February	2/28/2024	0014090	12,000.00	
March	3/27/2024	0014560	12,000.00	
April	4/29/2024	0014876	12,000.00	
May	5/28/2024	0015325	12,000.00	
June	6/28/2024	0015873	12,000.00	
July	7/29/2024	0015874	12,000.00	
August	8/29/2024	0015875	12,000.00	
September	9/27/2024	0015876	12,000.00	
October	10/28/2024	0017225	12,000.00	
November	11/28/2024	0017622	12,000.00	
December	12/27/2024	0017920	12,000.00	
	TOTAL		144,000.00	

Name: JAYLORD P. DELA CRUZ

Month	Date	DV NO.	Amount
January	1/30/2024	0013698	10,000.00
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
	TOTAL		10,000.00

LBP INSURANCE BROKERAGE INC. Schedule of Reimburseable Expenses of Directors For the Period January to December 31, 2024

Name: TOMAS DE LEON JR.

Month	Dete	Date DV NO.	Amount	
WOILI	Date		Rep'n	Transpo
November	12/05/2024	0017717	11,286.11	13,713.89
December	12/27/2024	0017983	15,914.40	9,085.60
TOTAL			27,200.51	22,799.49

Name: ALVIN G. DANS

Month	Date	DV NO.	Amo	ount
	Date	DV NO.	Rep'n	Transpo
January	2/14/2024	0013885	19,337.37	2,662.63
February	3/6/2024	0014234	22,000.00	
March	4/23/2024	0014841	22,000.00	
April	5/24/2024	0015248	22,000.00	-
May	6/24/2024	0015795	22,000.00	-
June	7/31/2024	0016286	22,000.00	
July	09/06/24	0016612	22,000.00	-
August	9/18/2024	0016769	22,000.00	-
September	11/11/2024	0017411	25,000.00	
October	11/11/2024	0017405	25,000.00	
November				
December				
TOTAL			223,337.37	2,662.63

Name: JENNIFER A. TANTAN

Month	Date	DV NO.	Amo	ount
WOITH			Rep'n	Transpo
January	01/31/24	0013715	22,000.00	-
February	03/06/24	0014233	22,000.00	-
March	04/04/24	0014619	22,000.00	-
April	05/08/24	0015021	22,000.00	
May	05/31/24	0015518	22,000.00	
June	07/11/24	0015990	22,000.00	
July	09/10/24	0016655	22,000.00	
August	09/10/24	0016654	22,000.00	
September	10/03/2024	0016954	25,000.00	
October	11/31/2024	0017293	25,000.00	
November	12/04/2024	0017692	25,000.00	
December	12/26/2024	0017900	22,620.58	2,379.42
	TOTAL		273,620.58	2,379.42

Name: REYNAULD RUIZ VILLAFUERTE

Month	Date	DV NO.	Amo	ount
Wonth	Date	DV NO.	Rep'n	Transpo
January	2/5/2024	0013787	22,000.00	-
February	2/29/2024	0014156	22,000.00	-
March	04/04/2024	0014618	22,000.00	-
April	4/30/2024	0014974	22,000.00	-
May	5/31/2024	0015503	20,284.35	1,715.65
June	07/04/24	0015922	22,000.00	
July	07/29/24	0016202	22,000.00	
August	09/06/24	0016611	22,000.00	
September	10/03/24	0016955	21,905.26	3094.74
October	10/31/2024	0017292	25,000.00	
November	11/12/2024	0017781	19,500.00	5,500.00
December	12/27/2024	0017923	25,000.00	
	TOTAL			10,310.39

Name: PAMELA B. FELIZARTA

Month	Date	DV NO.	Amo	ount
	Date	DV NO.	Rep'n	Transpo
January	2/14/2024	0013886	15,049.75	6,950.25
February	2/29/2024	0014157	12,983.15	9,016.85
March	04/04/24	0014657	12,474.89	9,525.11
April	5/10/2024	0015064	12,430.33	9,569.67
May	6/24/2024	0015796	14,999.05	7,000.95
June	7/31/2024	0016287	10,320.00	11,680.00
July	8/21/2024	0016487	13,800.00	8,200.00
August	9/30/2024	0016940	11,531.52	10,468.48
September	10/16/2024	0017118	16,922.83	8,077.17
October	11/21/2024	0017558	13,824.48	11,175.52
November	12/17/2024	0017835	12,950.49	12,049.51
December	12/27/2024	00179887	16,500.00	8,500.00
	TOTAL	•	163,786.49	112,213.51

Name:	CHERRY MAY FREDERICK

Month	Date	DV NO.		Amount	
Month	Date	DV NO.	Rep'n	Transpo	Communication
January	1/31/2024	0013714	22,000.00	-	-
February	2/26/2024	0014025	20,450.00	-	1,550.00
March	3/27/2024	0014561	16,859.00	-	5,089.73
April	4/30/2024	0014905	11,251.48	-	10,748.52
May	5/22/2024	0015216	18,248.81	3,751.19	-
June	6/27/2024	0015854	22,000.00	-	-
July	7/18/2024	0016079	22,000.00		
August	8/14/2024	0016411	22,000.00		
September	9/19/2024	0016806	22,000.00		
October	10/15/2024	0017113	24,500.00	500.00	
November	11/14/2024	0017467	25,000.00		
December					
	TOTAL		226,309.29	4,251.19	17,388.25

Name:	ALBERTO R. MORAL

Month	Date	DV NO.	Amount					
WOITH	Date	DV NO.	Rep'n	Transpo	Communication			
January	1/31/2024	0013716	19,667.01	2,332.99	-			
February	2/29/2024	0014104	14,220.91	7,779.09	-			
March	3/27/2024	0014562	13,073.54	8,426.46	500.00			
April	4/30/2024	0014967	14,676.60	7,323.40	-			
May	5/31/2024	0015510	14,604.14	6,895.86	500.00			
June	06/29/24	0015874	15,934.33	6,065.67	-			
July	7/31/2024	0016220	14,593.69	7,406.31				
August	09/06/24	0016608	15,518.42	6,481.58				
September	10/04/2024	0016969	18,472.17	6,127.83	400.00			
October	11/07/2024	0017387	13,514.18	10,985.82	500.00			
November	12/04/2024	0017691	13,370.26	11,629.74				
December	12/27/2024	0017924	25,000.00					
	TOTAL	192,645.25	81,454.75	1,900.00				

Name: EUSABIO A. CORTEZ

Month	Date	DV NO.	Amount			
Wonth	Date	DV NO.	Rep'n	Transpo		
January	1/31/2024	0013718	22,000.00			
February	2/27/2024	0014047	22,000.00			
March	04/04/24	0014620	22,000.00	-		
April	05/08/24	0015022	18,716.55	2,117.30		
May	05/31/24	0015517	22,000.00			
June	07/09/24	0015968	22,000.00			
July	08/12/24	0016365	22,000.00			
August	09/06/24	0016613	22,000.00			
September	10/08/2024	0016999	25,000.00			
October	11/11/2024	0017412	23,000.00	2,000.00		
November	12/05/2024	0017710	20,034.60	4,965.40		
December	12/19/2024	0017862	16,716.60	8,283.40		
	TOTAL		257,467.75	17,366.10		

Name: SALANATIN, BENJAMIN G.

Month	Date	DV NO.	Amo	ount	
Wonth	Date	DV NO.	Rep'n	Transpo	
January	1/29/2024	0013677	10,000.00	12,000.00	
February	2/27/2024	0014048	10,000.00	12,000.00	
March	3/21/2024	0014482	10,000.00	12,000.00	
April	4/23/2024	0014831	10,000.00	12,000.00	
May	5/29/2024	0015342	10,000.00	12,000.00	
June	6/25/2024	0015833	10,000.00	12,000.00	
July	7/26/2024	0016184	11,000.00	11,000.00	
August	8/22/2024	0016498	10,000.00	12,000.00	
September	9/30/2024	0016950	13,000.00	12,000.00	
October	10/28/2024	0017222	13,000.00	12,000.00	
November	11/20/2024	0017545	13,000.00	12,000.00	
December	12/26/2024	0017898	13,000.00	12,000.00	
TOTAL		•	133,000.00	143,000.00	

Name: RICKY T. BACOLOD

Month	Date	DV NO.	Amount			
	Date	DV NO.	Rep'n	Transpo		
January	1/8/2024	0013297	22,000.00	-		
February	2/14/2024	0013884	22,000.00	-		
March	3/6/2024	0014235	22,000.00	-		
April	04/04/24	0014621	22,000.00	-		
May	05/10/24	0015063	22,000.00	-		
lune	06/13/24	0015726	22 000 00			

Name: BENILDA FATIMA R. ABUY

	D-4-	DV NO.	Amount			
Month	Date	DV NO.	Rep'n	Transpo		
January	2/8/2024	0013822	16,682.52	5,317.48		
February	3/20/2024	0014441	20,500.00	1,500.00		
March	05/13/24	0015072	17,500.00	4,500.00		
April	05/13/24	0015073	14,875.32	7,124.68		
May	7/23/2024	0016158	19,206.36	2,793.64		
June	7/26/2024	0016170	15.252.63	6.747.37		

September October	9/17/2024	0016751 0017119	22,000.00 23,360.00	
November	11/11/2024	0017119	25,000.00	
December	12/05/2024	0017708	25,000.00	
	TOTAL		271,360.00	•

TOTAL			216,087.40	25,429.43
December	12/27/2024	0017972	17,500.00	7,500.00
November	12/11/2024	0017782	20,000.00	5,000.00
October	11/13/2024	0017460	15,070.57	9,929.43
September	11/13/2024	0017459	22,500.00	2,500.00
August	11/13/2024	0017458	24,500.00	500.00
July	8/13/2024	0016388	12,500.00	9,500.00

LBP INSURANCE BROKERAGE INC Schedule of Retroactive Reimburseable Expenses of Directors For the year 2024

NAME	Month	DV. NO.	Date		Amount
NAME	Worth	DV. NO.	Date	Rep'n	Transpo
Alvin G. Dans	January-August	0017406	11/11/2024	24,000.00	
Reynauld R. Villafuerte	January-August	0017004	10/08/2024	24,000.00	
Pamela Felizarta	January-August	0017117	10/16/2024	17,307.81	6,692.19
Jennifer Tantan	January-August	0017000	10/08/2024	19,999.99	4,000.01
Benjamin Salanatin	January-August	0017158	10/17/2024	6,000.00	18,000.00
Eusebio Ayson Cortez	January-August	0017111	10/15/2024	18,209.31	5,790.69
Alberto R. Morales	January-August	0017008	10/09/2024	20,096.85	3,903.15
Cherry Mae Frederick	January-September	0017050	10/10/2024	27,000.00	
Ricky T. Bacolod	January-August	0017408	11/11/2024	24,000.00	
Fatima Abuy	January-July	0017985	12/27/2024	16,195.64	4,804.36

RECAP:	4th qtr. 2024
Tomas De Leon Jr.	50,000.00
Alvin G. Dans	250,000.00
Reynauld R. Villafuerte	300,000.00
Pamela Felizarta	300,000.00
Jennifer Tantan	300,000.00
Benjamin Salanatin	300,000.00
Eusebio Ayson Cortez	298,833.85
Alberto R. Morales	300,000.00
Cherry Mae Frederick	274,948.73
Ricky T. Bacolod	295,360.00
Fatima Abuy	262,516.83
	2,931,659.41

Certified Correct:

Jalayal SHIRKEY A. PALAPAL Accounting Head

Annex B

Report on Salaries and Allowances (ROSA) including Extraordinary and Miscellaneous Expenses (EMEs) Received by Principal Officers and Members of Governing Boards of Government and/or Controlled Corporations and their Subsidiaries and Secretaries and and Assistant Secretaries of National Government Agencies, as amended For the year ending December 31, 2024

										1				
Data Source		DIR/Acting GM	OIC Admn. Head	Unit Head	Unit Head									
Name	EUSEBIO A. CORTEZ	REYNAULD RUIZ VILLAFUERTE	MELVIN DANAO BARNES	SHIRLEY ALVERSADO PALAPAL	MARIO TORRES CANLAS	ALVIN GROGORIO DANS	TOMAS TARNATE DE LEON JR.	CHERRY MAY TRINIDAD FREDERICK	PAMELA BALAMBAN FELIZARTA	JENNIFER ALMAZAN TANTAN	BENJAMIN GARILLOS SALANATIN	ALBERTO ROSAL MORALES	RICKY TARUC BACOLOD	BENILDA FATIMA REYES ABUY
TIN No.	713-255-125	120-152-808	246-521-271	104-597-980	107-053-246	180-528-515	100-120-657	199-335-297	231-893-356	301-104-032	176-172-482	133-927-341	191-420-644	202-167-182
Name of Agency LBP INSURANCE BROKERAGE, INC.	Non-LandBanker	LandBank Retiree	LBP Insurance	LBP Insurance	LBP Insurance	Non-Landbanker	Non-Landbanker	Non-Landbanker	Non-Landbanker	LandBank Retiree	Non-LandBanker	Non-LandBanker	Non-LandBanker	Non-LandBanker
(Indicate whether Mother Unit or Ex-Officio Member)														
Position/Designation	Acting PCEO	Acting General Manager	OIC Admin. Head	Accounting Head	Marketing Head	Chairman of the Board	Chairman of the Board	Director	Director	Director	Director	Director	Director	Director
Months Served	3	11	11.5	12	12	12	12	12	12	12	12	12	12	12
Basic Salary	541,501	1,841,752	728,484	974.956	952,188			1,702,791						
Allowances and Other Benefits	011,001	1,011,102	720,101	07-1,000	002,100			1,702,701						
PERA/ADCOM	6,000	22,000	24,000	24,000	24,000			18,000	 				 	\vdash
Per Diem on Board Meetings	388,000	388,000	24,000	24,000	24,000	360,000	78,000	350,000	388,000	394,000	388,000	388,000	388,000	394,000
	300,000	306,000				300,000	70,000	350,000	300,000	394,000	366,000	306,000	306,000	394,000
Honorarium	00.000	100 750	00.000	70.000	00.000			07.000						
Representation Allowance	33,000	108,750	66,000	72,000	66,000			87,000						-
Transportation Allowance			66,000	72,000	66,000									
Gasoline Allowance														
Longevity Pay														
Amelioration Allowance														
Clothing/Uniform		5,897	6,867	7,000	6,952									
Medical Benefits														
Bonus and Incentives														
(1) Mid-year bonus			60,707	80,003	79,349			189,199						
(2) PBI	58.000	68,000				69.120		53,760	68.000	62,000	58.000	50.880	30,476	-
(3) PBB		108.831	54,217	83.152	69.910	86.086		86.086						
(4) Year-end bonus		150,688	60,707	82,987	79,349	,		170,279						
(5) Cash gift	500		5.000	5,000	5.000			,						
(6) SRI	4,000	20,000	20,000	20,000	20,000									
(7) PEI	1,500	5.000		5,000	5,000									
(8) Monetization of leave credits	1,300	3,000	17,246	45,210	35,373			543,675						+
Dependent's Allowance		1	17,240	45,210	35,373			543,075						-
1		 	 	_	 		 	ļ	ļ				ļ	├ ──
Others		ł	ļ		ļ	-	-	-	-	ļ			l	
(1) Retroactive pay due to step-increase for January - July 2024	-			23,872										
(2) Retroactive application for representation for January - June 2024	-	12,249	6,000		6,000			12,000						
(3) Retroactive application for transportation for January - June 2024			6,000		6,000									
(4) Retroactive application for Reimburseable Expenses of Directors for January - August 2024	24,000	24,000				24,000		27,000	24,000	24,000	24,000	24,000	24,000	21,000
(5) Reimbursable expenses	257,468	265,690				223,337	27,201	226,309	163,787	273,621	133,000	192,645	271,360	216,088
(6) Reimbursable Expenses-Gasoline	17,366					2.663	22,799	4,251	112,213	2,379	143,000	81,455	,,,,,,	62.912
(7) Reimbursable Expenses-Communication	,000	.5,010	1		1	_,000	,,,,,	17,388	,,,,,,	,	3,000	1,900	l	32,012
(8) Training		†	 		 			,300	 			.,300	 	\vdash
Indirect Benefits:		†	 		 			 	 				 	\vdash
(1) Quarters		1				-			-	1				
(1) Quarters (2) Provident Fund - Employer share		1	1	-	1		 			1		 		
		 	 	_	 		 	ļ	ļ				ļ	├ ──
(3) Other similar allowances	4 004 :	0.005 :	4 400	4 405	4 404	mag	405	0.407	mec	750	#42	705	746	004
Sub-Total	1,331,334	3,036,167	1,126,229	1,495,180	1,421,121	765,206	128,000	3,487,738	756,000	756,000	746,000	738,880	713,836	694,000
Add: EMEs (previously entitled Discretionary Fund)	49,500		ļ		ļ			148,500						
Total	1,380,834	3,186,920	1,126,229	1,495,180	1,421,121	765,206	128,000	3,636,239	756,000	756,000	746,000	738,880	713,836	694,000

Prepared by:

Shirley A Palgaal, Accounting Head

Name and designation

E-mail address: shirley palgaal@ tip-insurance.com
Tel. No. 88171564

For the four (4) quarters of 2024

	1st		2nd		3rd		4th		Ann	ual
	PHP Peso	US Dollar	PHP Peso		PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name REYNAULD RUIZ VILLAFUERTE		US Donai		US DOMAI		33 Donai		C3 Donai		33 Dollar
TIN No. 120-152-808										
Name of Agency LBP										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Acting General Manager										
Months Served 11										
Basic Salary	334,864		502,296		502,296		502,296		1,841,752	
Allowances and Other Benefits	334,004		302,230		302,230		302,230		1,041,732	
PERA/ADCOM	4,000		6,000		6,000		6,000		22,000	
Per Diem on Board Meetings	4,000		0,000		0,000		0,000		22,000	
Honorarium										
Representation Allowance	18,000		24,750		33,000		33,000		108,750	
Transportation Allowance	18,000		24,730		33,000		33,000		100,730	
Gasoline Allowance										
Food Subsidry										
Longevity Pay									_	
Amelioration Allowance									_	
Clothing/Uniform	5,897								5,897	
Bonus and Incentives	3,037								3,037	
(1) Mid-year bonus									_	
(2) PBI									_	
(3) PBB							108,831		108,831	
(4) Year-end bonus							150,688		150,688	
(5) Cash gift							5,000		5,000	
(6) SRI							20,000		20,000	
(7) PEI							5,000		5,000	
Dependent's Allowance							3,000		-	
Others									-	
(1) Retroactive application for representation for January - June 2024					12,249				12,249	
(2) Monetized leave credits									_	
(3) Reimbursable expenses									_	
(4) Reimbursable Expenses -Gasoline									-	
(5) Training									-	
Indirect Benefits:									-	
(1) Subsistence									-	
(2) Laundry									-	
(3) Quarters									-	
(4) Provident Fund - Employer share									-	
(5) Other similar allowances									-	
Sub-Total	362,761		533,046		553,545		830,815		2,280,167	
Add: EMEs (previously entitled Discretionary Fund)	,- 02		45,088		45,485		60,180		150,753	
Total	362,761		578,134		599,030		890,995		2,430,920	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shifiely A, Palapal, Accounting Head	Verified by:	
Name and designation E-mail address: shirley.palapal@lbp-insurance.com Tel. No. 8171564	Name and de E-mail ad Tel. No	dress
Date:	Date:	

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- ${\it 5. \ Breakdown\ each\ type\ of\ Other\ Allowances/Benefits.}$
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	19		(4) quarter: 2r	nd	3	rd	4t	h	Ann	ual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name REYNAULD RUIZ VILLAFUERTE										
TIN No. 120-152-808										
Name of Agency LBP										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			68,000						68,000	
Dependent's Allowance									-	
Others									-	
(1) Retroactive application for Reimburseable Expenses of Directors for January - August 2024							24,000		24,000	
(2) Monetized leave credits										
(3) Reimbursable expenses	44,000		64,284		66,000		91,405		265,689	
(4) Reimbursable Expenses -Gasoline			1,716				8,595		10,311	
(5) Training										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	140,000		210,000		192,000		214,000		756,000	
Add: EMEs (previously entitled Discretionary Fund)					-					
Total	140,000		210,000		192,000		214,000		756,000	

*(a footnote/explanatory note shall be provided for any variances noted between the
previously submitted Quarterly Report and this Annual Report to facilitate review/correction
of encoded data)

Prepared by: Spating at	Verified by:	
Shirley A. Ralapal, Accounting Head		Name and destroyation
Name and designation		Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:	Dat	te:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

		For the fou	ır (4) quarter	s of <u>2024</u>						
	1	1st		nd	3rd		4	th	Anı	nual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name JAYLORD PASTOR DELA CRUZ										
TIN No. 334-934-338										
Name of Agency LBP INSURANCE BROKERAGE, INC.										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation OIC Admin Head										
Months Served 1.5										
Basic Salary	120,005								120,005	
Allowances and Other Benefits										
PERA/ADCOM	3,000								3,000	
Per Diem on Board Meetings										
Honorarium										
Hazard Pay										
Representation Allowance	7,500								7,500	
Transportation Allowance	7,500								7,500	
Gasoline Allowance										
Rice Subsidy										
Meal Allowance										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
Bonus and Incentives										
(1) Mid-year bonus										
(2) PBI										
(3) PBB										
(4) Year-end bonus										
(5) Cash gift										
(6) SRI										
(7) PEI										
(8) Monetized leave credits	110,294								110,294	
Dependent's Allowance										
Others										
(1) PYs Adjustments (retroactive 2021 salaries due to CPC	CS)									
(2) Reimburable expenses										
(etc)										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	248,299								248,299	
Add: EMEs (previously entitled Discretionary Fund)	-									
Total	248,299								248,299	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Fratagal	Verified by:	
Shirley A. Palapal, Accounting Head		
Mame and designation	Name and designation	
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address	
Tel. No. 8171564	Tel. No.	
Date:	Date:	

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received.}$
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1	st	2	nd	3rd		4t	h	Ann	ual
	PHP Peso	US Dollar								
Name EUSEBIO AYSON CORTEZ										
TIN No. 199-335-297										
Name of Agency LBP										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Acting PCEO										
Months Served 3										
Basic Salary							541,501		541,501	
Allowances and Other Benefits							,		-	
PERA/ADCOM							6,000		6,000	
Per Diem on Board Meetings							.,		-	
Honorarium									-	
Representation Allowance							33,000		33,000	
Transportation Allowance							,		-	
Gasoline Allowance									-	
Food Subsidry									-	
Longevity Pay									-	
Amelioration Allowance										
Clothing/Uniform										
Bonus and Incentives										
(1) Mid-year bonus										
(2) PBI									-	
(3) PBB									-	
(4) Year-end bonus									-	
(5) Cash gift							500		500	
(6) SRI							4,000		4,000	
(7) PEI							1,500		1,500	
Dependent's Allowance									-	
Others									-	
(1) Retroactive application for representation for January - June 2024									-	
(2) Monetized leave credits									-	
(3) Reimbursable expenses									-	
(4) Reimbursable Expenses -Gasoline									-	
(5) Training									-	
Indirect Benefits:									-	
(1) Subsistence									-	
(2) Laundry									-	
(3) Quarters									-	
(4) Provident Fund - Employer share									-	
(5) Other similar allowances									-	
Sub-Total							586,501		586,501	
Add: EMEs (previously entitled Discretionary Fund)							49,500		49,500	
Total							636,001		636,001	

 $\ensuremath{^{*}}\xspace(\ensuremath{\text{a}}\xspace$ for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by:	Verified by:
Shirley A Palapal, Accounting Head	
Name and designation	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address
Tel. No. 8171564	Tel. No.
Date:	Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.

 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1:	st	ur (4) quarte 2	nd	3	rd	4	th	Ann	ual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name EUSEBIO AYSON CORTEZ										
TIN No. 199-335-297										
Name of Agency										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			58,000						58,000	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses	of Directors for	January - Au	gust 2024				24,000		24,000	
(2) Reimbursable expenses	44,000		62,717		66,000		84,751		257,468	
(3) Reimbursable Expenses -Gasoline			2,117				15,249		17,366	
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	140,000		198,834		192,000		214,000		744,834	
Add: EMEs (previously entitled Discretionary Fund)										
Total	140,000		198,834		192,000		214,000		744,834	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A. Polapal, Accounting Head	Verified by:	
Atame and designation E-mail address: shirley.palapal@lbp-insurance.com	-	Name and designation E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received}.$
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1	st	four (4) quarte		3	rd	4	th	Annu	al
			US Dollar		US Dollar					
Name CHERRY MAY TRINIDAD FREDERICK	PHP Peso	OS DOllar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
TIN No. 713-255-125										
Name of Agency NonLandBanker										
(Indicate whether Mother Unit or Ex-Officio Member)										
,										
Position/Designation Acting PCEO										
Months Served 9										
Basic Salary	567,597		567,597		567,597				1,702,791	
Allowances and Other Benefits									-	
PERA/ADCOM	6,000		6,000		6,000				18,000	
Per Diem on Board Meetings									-	
Honorarium									-	
Representation Allowance	27,000		27,000		33,000				87,000	
Transportation Allowance									-	
Gasoline Allowance									-	
Food Subsidry									-	
Longevity Pay									-	
Amelioration Allowance									-	
Clothing/Uniform									-	
Medical Benefits									-	
Bonus and Incentives									-	
(1) Mid-year bonus			189,199						189,199	
(2) PBI			-						-	
(3) PBB							86,086		86,086	
(4) Year-end bonus							170,279		170,279	
(5) Cash gift							,		-	
(6) SRI									-	
(7) PEI									_	
Dependent's Allowance									_	
Others									_	
(1) Retroactive application for representation for January -										
June 2024					12,000				12,000	
(2) Monetized leave credits							543,675		543,675	
(3) Reimbursable Expenses							0.0,0.0		-	
(4) Reimbursable Expenses -Gasoline									_	
(5) Reimbursable Expenses -Communication									_	
(6) Hotel Accomodation									_	
Indirect Benefits:									_	
(1) Subsistence										
(2) Laundry									_	
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances						-			-	
(5) Other similar allowances Sub-Total	600,597		789,796		618,597	-	800,040		2,809,030	
	-		-		-		-			
Add: EMEs (previously entitled Discretionary Fund)	70,677		116,037		11,287		(49,500)		148,500	
Total	671,274	l	905,833	l	629,884	ı	750,540		2,957,530	I

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by:	Verified by:
Shirley A. Palapal, Accounting Head	
Name and designation	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address
Tel. No. 8171564	Tel. No.
Date:	Date:

- ${\bf 1.} \ \ {\bf All\ names\ of\ the\ recipients\ should\ be\ complete.\ (given\ name,\ middle\ name\ and\ surname)}.$
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1	st	ur (4) quarte 2	nd	3	rd	4	th	Ann	ual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name CHERRY MAY TRINIDAD FREDERICK										
TIN No. 713-255-125										
Name of Agency NonLandBanker										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 11.5										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		52,000		350,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			53,760						53,760	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses of	Directors for	January - A	ugust 2024				27,000		27,000	
(2) Reimbursable Expenses	59,309		51,500		66,000		49,500		226,309	
(3) Reimbursable Expenses -Gasoline	5,090		3,751				500		9,341	
(3) Reimbursable Expenses -Communication	1,550		10,749						12,299	
(5) Hotel Accomodation										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total Sub-Total	161,949		195,760		192,000		129,000		678,709	
Add: EMEs (previously entitled Discretionary Fund)									-	
Total	161,949		195,760		192,000		129,000		678,709	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by:	Verified by:	
Shirley A Polapal, Accounting Head		
Name and designation	Name and designation	
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address	
Tel. No. 8171564	Tel. No.	
Date:	Date:	

- ${\bf 1.} \ \ {\bf All \ names \ of \ the \ recipients \ should \ be \ complete. \ (given \ name, \ middle \ name \ and \ surname)}.$
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1	st	21	nd	3rd		3rd 4th		Annual	
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name MELVIN BARNES										
TIN No. 246-521-271										
Name of Agency LBP INSURANCE BROKERAGE, INC.										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation OIC Admin Head										
Months Served 11.5										
Basic Salary	182,121		182,121		182,121		182,121		728,484	
Allowances and Other Benefits									-	
PERA/ADCOM	6,000		6,000		6,000		6,000		24,000	
Per Diem on Board Meetings			,,,,,,		,,,,,,		,,,,,,		-	
Honorarium									-	
Hazard Pay									-	
Representation Allowance	15,000		15,000		18,000		18,000		66,000	
Transportation Allowance	15,000		15,000		18,000		18,000		66,000	
Gasoline Allowance									-	
Rice Subsidy									-	
Meal Allowance									-	
Longevity Pay									-	
Amelioration Allowance									-	
Clothing/Uniform	6,867								6,867	
Medical Benefits	, , , , , ,								-	
Bonus and Incentives									-	
(1) Mid-year bonus			60,707						60,707	
(2) PBI			,						-	
(3) PBB	19,311						34,907		54,217	
(4) Year-end bonus							60,707		60,707	
(5) Cash gift							5,000		5,000	
(6) SRI							20,000		20,000	
(7) PEI							5,000		5,000	
(8) Monetized leave credits	17,246						.,		17,246	
Dependent's Allowance	,								-	
Others									-	
(1) Retroactive application for representation for January - June 2024					6,000				6,000	
(2) Retroactive application for transportation for January - June 2024					6,000				6,000	
(3) Reimburable expenses									-	
(etc)									-	
Indirect Benefits:									-	
(1) Subsistence									-	
(2) Laundry									-	
(3) Quarters									-	
(4) Provident Fund - Employer share									-	
(5) Other similar allowances									-	
Sub-Total Sub-Total	261,545		278,828		236,121		349,735		1,126,229	
Add: EMEs (previously entitled Discretionary Fund)	-									
Total	261,545		278,828		236,121		349,735		1,126,229	

*(a footnote/explanatory note shall be provided for any variances noted between the
previously submitted Quarterly Report and this Annual Report to facilitate review/correction
of ancoded data)

Prepared by: Shirley A! Polapal, Accounting Head	Verified by:	
Name and designation		Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1st 2nd		3rd		4th		Ann	ual		
	PHP Peso	US Dollar	PHP Peso	US Dollar						
Name SHIRLEY ALVERSADO PALAPAL										
TIN No. 104-597-980										
Name of Agency LBP INSURANCE BROKERAGE, INC.										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Accounting Head										
Months Served 12										
Basic Salary	240,009		240,009		245,977		248,961		974,956	
Allowances and Other Benefits										
PERA/ADCOM	6,000		6,000		6,000		6,000		24,000	
Per Diem on Board Meetings										
Honorarium										
Representation Allowance	18,000		18,000		18,000		18,000		72,000	
Transportation Allowance	18,000		18,000		18,000		18,000		72,000	
Gasoline Allowance					,		,		-	
Rice Subsidy									-	
Longevity Pay									-	
Amelioration Allowance									-	
Clothing/Uniform					6,199		801		7,000	
Medical Benefits									-	
Bonus and Incentives									-	
(1) Mid-year bonus			80,003						80,003	
(2) PBI									-	
(3) PBB	43,150						40,002		83,152	
(4) Year-end bonus							82,987		82,987	
(5) Cash gift							5,000		5,000	
(6) SRI							20,000		20,000	
(7) PEI							5,000		5,000	
(8) Monetized leave credits	45,210								45,210	
Dependent's Allowance										
Others										
(1) Retroactive pay due to step-increase for January - Ju	ıly 2024				23,872				23,872	
(2) Reimburable expenses										
(etc)										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	370,369		362,012		318,048		444,751		1,495,179	
Add: EMEs (previously entitled Discretionary Fund)										
Total	370,369		362,012		318,048		444,751		1,495,179	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shifley Al Palapal, Accounting Head	Verified by:
Name and designation	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address
Tel. No. 8171564	Tel. No.
Date:	Date:

- ${\bf 1.} \ \ {\bf All\ names\ of\ the\ recipients\ should\ be\ complete}.\ ({\bf given\ name,\ middle\ name\ and\ surname}).$
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	For the four (4) quarters of <u>2024</u> 1st 2nd 3rd 4th							Annual		
-	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name MARIO TORRES CANLAS										
TIN No. 107-053-246										
Name of Agency LBP INSURANCE BROKERAGE, INC.										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Marketing Head										
Months Served 12										
Basic Salary	238,047		238,047		238,047		238,047		952,188	
Allowances and Other Benefits										
PERA/ADCOM	6,000		6,000		6,000		6,000		24,000	
Per Diem on Board Meetings										
Honorarium										
Representation Allowance	15,000		15,000		18,000		18,000		66,000	
Transportation Allowance	15,000		15,000		18,000		18,000		66,000	
Gasoline Allowance										
Rice Subsidy									-	
Meal Allowance			İ						-	
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform			2,982				3,970		6,952	
Medical Benefits			,						-	
Bonus and Incentives										
(1) Mid-year bonus			79,349						79,349	
(2) PBI			75,515						75,515	
(3) PBB	37,226						32,684		69,910	
(4) Year-end bonus	37,220						79,349		79,349	
(5) Cash gift							5,000		5,000	
(6) SRI							20,000		20,000	
(7) PEI							5,000		5,000	
(8) Monetized leave credits	35,373						3,000		35,373	
Dependent's Allowance	33,573								55,575	
Others										
(1) Retroactive application for representation for January - June 2024					6,000				6,000	
(2) Retroactive application for transportation for January - June 2024					6,000				6,000	
(etc)										
Indirect Benefits:			1							
(1) Subsistence			1							
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
(5) Other similar allowances Sub-Total	346,646		256 270		202.047		426,050		1,421,121	
	340,046		356,378		292,047		420,050		1,421,121	
Add: EMEs (previously entitled Discretionary Fund)	246.611		256 255		202.05		400 0		4 404 451	
Total	346,646		356,378		292,047	1	426,050	1	1,421,121	1

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A. Palapal, Accounting Head	Verified by:	
Name and designation		Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- ${\bf 1.} \ \ {\bf All\ names\ of\ the\ recipients\ should\ be\ complete}.\ ({\bf given\ name,\ middle\ name\ and\ surname}).$
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

		For the four (4) quarters of 2024 1st 2nd			3	rd	4th		Δnr	nual
	PHP Peso	US Dollar		US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name ALVIN GREGORIO DANS	FIIF FESO	O3 Dollar	FIIF FESU	O3 Dollar	FIIF FESU	O3 Dollar	FIIF FESU	O3 Dollar	FIIF FE30	O3 Dollar
TIN No. 180-528-515										
Name of Agency (Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Chairman										
Months Served 11										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	108,000		84,000		144,000		24,000		360,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			69,120						69,120	
PBB							86,086		86,086	
Dependent's Allowance									-	
Others									-	
(1) Retroactive application for Reimburseable Expenses of	Directors for Ja	anuary - Aug	ust 2024				24,000		24,000	
(2) Reimbursable expenses	41,337		66,000		66,000		50,000		223,337	
(3) Reimbursable Expenses -Gasoline	2,663								2,663	
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	152,000		219,120		210,000		184,086		765,206	
Add: EMEs (previously entitled Discretionary Fund)										
Total	152,000		219,120		210,000		184,086		765,206	

*(a footnote/explanatory note shall be provided for any variances noted between the
previously submitted Quarterly Report and this Annual Report to facilitate review/correction
of encoded data)

Prepared by:	Verified by:	
Shirley & Ralapal, Accounting Head	_	
Name and designation	_	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received.}$
- $5. \ \, {\it Breakdown each type of Other Allowances/Benefits}.$
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	For the four (4) quarters of <u>2024</u> 1st 2nd			3	rd	4	th	Anr	nual	
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name DENNIS PEREZ DINGLASAN										
TIN No. 182-059-104										
Name of Agency LBP										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Corporate Secretary										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	114,000		94,000		136,000		108,000		452,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
Bonus and Incentives										
Dependent's Allowance										
Others										
(1) PYs Adjustments (state whether salaries, or allowances	s/incentives (ii	ndicate kind)	, others)							
(2) Reimburable expenses	8,000		12,000		12,000		16,000		48,000	
(etc)										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	122,000		106,000		148,000		124,000		500,000	
Add: EMEs (previously entitled Discretionary Fund)										
Total	122,000		106,000		148,000		124,000		500,000	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A Palapal, Accounting Head	Verified by:	
Name and designation	_	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received}.$
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2021

		For the fou	r (4) quarter:	of <u>2021</u>						
	1	st	2nd		3	rd	4	th	Anr	nual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name TOMAS TARNATE DE LEON										
TIN No. 100-120-657										
Name of Agency										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Chairman										
Months Served 1										
Basic Salary									-	
Allowances and Other Benefits										
PERA/ADCOM									-	
Per Diem on Board Meetings							78,000		78,000	
Honorarium										
Representation Allowance									-	
Transportation Allowance										
Gasoline Allowance										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
Bonus and Incentives										
(1) Mid-year bonus									-	
(2) PBI									-	
(3) PBB										
(4) Year-end bonus									-	
(5) Cash gift									-	
(6) SRI									-	1
(7) PEI									-	1
Dependent's Allowance										1
Others										
(1) PYs Adjustments (state whether salaries, or allowance	s/incentives (in	ndicate kind),	others)							
(2) Reimbursable expenses							27,201		27,201	
(3) Reimbursable Expenses-Gasoline							22,799		22,799	
(4) Reimbursable Expenses-Communication									-	
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total					-		128,000		128,000	
Add: EMEs (previously entitled Discretionary Fund)									-	
Total	-		-		-		128,000		128,000	

*(a footnote/explanatory note shall be provided for any variances noted between the
previously submitted Quarterly Report and this Annual Report to facilitate review/correction
of encoded data)

Prepared by:	Verified by:	
Shirley A. Ralapal, Accounting Head		
Name and designation		Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1st 2nd			3	rd	4th		Annual		
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name PAMELA BALAMBAN FELIZARTA										
TIN No. 231-893-356										
Name of Agency										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director /OIC President and CEO										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			68,000						68,000	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses of	Directors for	January - Au	ıgust 2024				24,000		24,000	
(2) Reimbursable expenses	28,033		39,904		35,652		60,198		163,787	
(3) Reimbursable Expenses -Gasoline	15,967		26,096		30,348		39,802		112,213	
(4) Training										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	140,000		210,000		192,000		214,000		756,000	
Add: EMEs (previously entitled Discretionary Fund)										
Total	140,000		210,000		192,000		214,000		756,000	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by:	Verified by:
Shirley A. Palapal, Accounting Head	
Name and designation	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address
Tel. No. 8171564	Tel. No.
Date:	Date:

- ${\bf 1.} \ \ {\bf All \ names \ of \ the \ recipients \ should \ be \ complete. \ (given \ name, \ middle \ name \ and \ surname)}.$
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	For the four (4) quarters of <u>2024</u> 1st 2nd			3	rd	4	th	Anı	nual	
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name JENNIFER ALMAZAN TANTAN										
TIN No. 301-104-032										
Name of Agency LBP										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		96,000		394,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			62,000						62,000	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses of	Directors for	January - Au	gust 2024				24,000		24,000	
(2) Reimbursable expenses	44,000		66,000		66,000		97,621		273,621	
(3) Reimbursable Expenses -Gasoline							2,379		2,379	
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	140,000		204,000		192,000		220,000		756,000	
Add: EMEs (previously entitled Discretionary Fund)										
Total	140,000		204,000		192,000		220,000		756,000	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A. Ralapal, Accounting Head	Verified by:	
Adme and designation E-mail address: shirley.palapal@lbp-insurance.com Tel. No. 8171564	Name and designation E-mail address Tel. No.	
Date:	Date:	

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received}.$
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1st 2		21	nd 3rd		rd	4th		Ann	ual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name BENJAMIN GARILLOS SALANATIN										
TIN No. 176-172-482										
Name of Agency NonLandBanker										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			58,000						58,000	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses of	Directors for	January - Au	gust 2024				24,000		24,000	
(2) Reimbursable Expenses	30,000		30,000		34,000		39,000		133,000	
(3) Reimbursable Expenses -Gasoline	36,000		36,000		35,000		36,000		143,000	
(4) Training										
(4) Travel Airfare										
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	162,000		200,000		195,000		189,000		746,000	
Add: EMEs (previously entitled Discretionary Fund)										
Total	162,000		200,000		195,000	·	189,000		746,000	

*(a footnote/explanatory note shall be provided for any variances noted between the
previously submitted Quarterly Report and this Annual Report to facilitate review/correction
of encoded data)

Prepared by:	Verified by:	
Shirley Al Palapal, Accounting Head		
Name and designation	Name and designation	
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address	
Tel. No. 8171564	Tel. No.	
Date:	Date:	

- ${\bf 1.} \ \ {\bf All\ names\ of\ the\ recipients\ should\ be\ complete.\ (given\ name,\ middle\ name\ and\ surname)}.$
- 2. Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.

 4. All figures should be rounded off to the nearest centavo of the total amount received.
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1st		21	2nd		3rd		4th		ual
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar
Name ALBERTO ROSAL MORALES										
TIN No. 133-927-341										
Name of Agency NonLandBanker										
(Indicate whether Mother Unit or Ex-Officio Member)										
Position/Designation Director										
Months Served 12										
Basic Salary										
Allowances and Other Benefits										
PERA/ADCOM										
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000	
Honorarium										
Representation Allowance										
Transportation Allowance										
Gasoline Allowance										
Food Subsidry										
Longevity Pay										
Amelioration Allowance										
Clothing/Uniform										
Medical Benefits										
PBI			50,880						50,880	
Dependent's Allowance										
Others										
(1) Retroactive application for Reimburseable Expenses of	Directors for	January - Au	gust 2024				24,000		24,000	
(2) Reimbursable expenses	46,961		45,215		30,112		70,357		192,645	
(3) Reimbursable Expenses -Gasoline	18,539		20,285		13,888		28,743		81,455	
(3) Reimbursable Expenses -Communication	500		500				900		1,900	
Indirect Benefits:										
(1) Subsistence										
(2) Laundry										
(3) Quarters										
(4) Provident Fund - Employer share										
(5) Other similar allowances										
Sub-Total	162,000		192,880		170,000		214,000		738,880	
Add: EMEs (previously entitled Discretionary Fund)										
Total	162,000		192,880		170,000		214,000		738,880	

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A Palapal, Accounting Head	Verified by:	
Name and designation	-	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com		E-mail address
Tel. No. 8171564		Tel. No.
Date:		Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- Taxpayer's identification No. (TIN) of recipients should be properly disclosed.
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- All figures should be rounded off to the nearest centavo of the total amount received.
- ${\it 5. \ Breakdown\ each\ type\ of\ Other\ Allowances/Benefits.}$
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1	1st		2nd		3rd		4th		Annual	
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	
Name RICKY TARUC BACOLOD											
TIN No. 191-420-644											
Name of Agency NonLandBanker											
(Indicate whether Mother Unit or Ex-Officio Member)											
Position/Designation Director											
Months Served 12											
Basic Salary											
Allowances and Other Benefits											
PERA/ADCOM											
Per Diem on Board Meetings	96,000		76,000		126,000		90,000		388,000		
Honorarium											
Representation Allowance											
Transportation Allowance											
Gasoline Allowance											
Food Subsidry											
Longevity Pay											
Amelioration Allowance											
Clothing/Uniform											
Medical Benefits											
PBI			30,476						30,476		
Dependent's Allowance											
Others											
(1) Retroactive application for Reimburseable Expenses	of Directors for	January - Au	gust 2024				24,000		24,000		
(2) Reimbursable Expenses	66,000		66,000		66,000		73,360		271,360		
(3) Reimbursable Expenses -Gasoline											
Indirect Benefits:											
(1) Subsistence											
(2) Laundry											
(3) Quarters											
(4) Provident Fund - Employer share											
(5) Other similar allowances											
Sub-Total	162,000		172,476		192,000		187,360		713,836		
Add: EMEs (previously entitled Discretionary Fund)											
Total	162,000		172,476		192,000		187,360		713,836		

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Shirley A, Palapal, Accounting Head	Verified by:	
Name and designation	Name and designation	
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address	
Tel. No. 8171564	Tel. No.	
Date:	Date:	

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received.}$
- Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.

For the four (4) quarters of 2024

	1st		2nd		3rd		4th		Anr	nual	
	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	PHP Peso	US Dollar	
Name BENILDA FATIMA REYES ABUY											
TIN No. 202-167-182											
Name of Agency											
(Indicate whether Mother Unit or Ex-Officio Member)											
Position/Designation Director											
Months Served 12											
Basic Salary											
Allowances and Other Benefits											
PERA/ADCOM											
Per Diem on Board Meetings	96,000.00		76,000		126,000		96,000		394,000		
Honorarium											
Representation Allowance											
Transportation Allowance											
Gasoline Allowance											
Longevity Pay											
Amelioration Allowance											
Clothing/Uniform											
Medical Benefits											
PBI											
Dependent's Allowance											
Others											
(1) Retroactive application for Reimburseable Expenses o	f Directors for .	lanuary - Au	gust 2024				21,000		21,000		
(2) Reimbursable expenses	37,183		32,375		46,959		99,571		216,088		
(3) Reimbursable Expenses-Gasoline	6,817		11,625		19,041		25,429		62,912		
(4) Reimbursable Expenses-Communication											
Indirect Benefits:											
(1) Subsistence											
(2) Laundry											
(3) Quarters											
(4) Provident Fund - Employer share											
(5) Other similar allowances											
Sub-Total	140,000		120,000		192,000		242,000		694,000		
Add: EMEs (previously entitled Discretionary Fund)											
Total	140,000		120,000		192,000		242,000		694,000		

*(a footnote/explanatory note shall be provided for any variances noted between the previously submitted Quarterly Report and this Annual Report to facilitate review/correction of encoded data)

Prepared by: Fratagal	Verified by:
Shirley/A. Palapal, Accounting Head	
Name and designation	Name and designation
E-mail address: shirley.palapal@lbp-insurance.com	E-mail address
Tel. No. 8171564	Tel. No.
Date:	Date:

- 1. All names of the recipients should be complete. (given name, middle name and surname).
- $2. \ \, {\sf Taxpayer's identification \, No. \, (TIN) \, of \, recipients \, should \, be \, properly \, disclosed.}$
- 3. For officials who are ex-officio members of the reporting agency, please indicate the mother unit of said ex-officio official.
- ${\bf 4. \ All \ figures \ should \ be \ rounded \ off \ to \ the \ nearest \ centavo \ of \ the \ total \ amount \ received}.$
- 5. Breakdown each type of Other Allowances/Benefits.
- 6. If the principal officers, members of the governing board, Secretary, Undersecretary or Assistant Secretary did not receive any salary and/or allowance/s during the year, the name should be included in the list but with the information as not having received such salary and/or allowance for that year.
- 7. Disclose the exact number of months (numerical total) served by each officer/s and members of the governing board in his mother unit and from those served as ex-officio member of other agencies.