



Legal Entity Fact Sheet – Gallagher Re Labuan Limited

Company Information

Legal entity	Gallagher Re Labuan Limited
Registered Address	16-2, Level 16, Equatorial Plaza, Jalan Sultan Ismail, 50250, Kuala Lumpur
Website	https://www.ajg.com/gallagherre/
Telephone	+60 3-6416 9431
Company Type	Private Company Limited by Shares (LTD)
Company No.	LL05552
Incorporation Date	12/10/2006
Core Business (registered with regulator)	Life and General Insurance and Reinsurance Broker
Number of employees	34

Regulator References

Regulator Reference	Labuan Financial Services Authority
Regulator's website	https://www.labuanfsa.gov.my/default.aspx
Company Type	Life and General Insurance and Reinsurance Broker
Registration Number	BS200755
Regulator Address	Level 17, Main Office Tower, Financial Park Complex Jalan Merdeka, 87000 Labuan, Malaysia.
Registration Link	Details - List of Labuan Insurance & Insurance-Related Entities Labuan FSA

Board Membership

Name	Role	Country of Residence
Rita Mohd Sharif	Secretary	Malaysia
Teh Chin Fong	Director	Malaysia
Faris Salim Davidson	Director	Malaysia
Jason Anthony Morais	Director	Malaysia

Ultimate Parent Company

Name	Shares	Country
Arthur J. Gallagher & Co.	100%	U.S.A.

Direct Shareholder

Name	Shares	Country
Gallagher International Holdings (US) Inc	100%	U.S.A

Attachments

Also attached to this document are details of our:

- **Head Office Registration Certificate**
- **Insurance Brokers Permission Certificate**
- **Professional Liability Certificate**
- **Registration with the Regulator**

LOFSA

LABUAN OFFSHORE FINANCIAL
SERVICES AUTHORITY, MALAYSIA

LABUAN OFFSHORE FINANCIAL SERVICES AUTHORITY

Form 7

Offshore Companies Act 1990 (Section 15(5))

Company No : **LL05552**

CERTIFICATE OF INCORPORATION OF OFFSHORE COMPANY

This is to certify that **Willis Re Labuan Limited** is incorporated under the Offshore Companies Act 1990 on and from the **12 October 2006** and that the company is a company limited by shares.

Given under my hand and seal this **12 October 2006**.



(MD. YUNUS BIN ATIP)

for Labuan Offshore Financial Services Authority
Federal Territory of Labuan
Malaysia

LABUAN FINANCIAL SERVICES AUTHORITY

FORM 11

Labuan Companies Act 1990
(Subsection 22(2)/section 130R)

Company No.:

LL05552

CERTIFICATE OF INCORPORATION ON CHANGE OF NAME OF A LABUAN COMPANY

This is to certify that Willis Re Labuan Limited which was incorporated on the 12th day of October in the year of 2006 as a Labuan Company under the Labuan Companies Act 1990, did by special resolution resolve to change its name to Gallagher Re Labuan Limited and that the company is now known by its new name with effect from the 26th day of January in the year of 2022.

Given under my hand and seal this 26th day of January in the year of 2022.



(MOHAMAD IBRAHIM ABDUL HAMID)
For the Labuan Financial Services Authority
Federal Territory of Labuan
Malaysia

LOFSA

LABUAN OFFSHORE FINANCIAL
SERVICES AUTHORITY, MALAYSIA

LABUAN OFFSHORE FINANCIAL SERVICES AUTHORITY

LICENCE TO CARRY ON BUSINESS AS AN OFFSHORE INSURANCE BROKER

LICENCE NO. : **BS200755**


As approved by the Minister of Finance pursuant to section 9(1) of the Offshore Insurance Act 1990, the Labuan Offshore Financial Services Authority, Labuan, Malaysia, hereby grants a licence to

WILLIS RE LABUAN LIMITED

to carry on business as an offshore insurance broker in or from the Federal Territory of Labuan, Malaysia subject to the conditions specified overleaf.

Dated the 6th day of **March 2007**




DATO' AZIZAN ABDUL RAHMAN
Director-General
Labuan Offshore Financial Services Authority
Federal Territory of Labuan
Malaysia

CONDITIONS

This licence is NOT TRANSFERABLE and any change in ownership of the licensee shall be submitted to Labuan Offshore Financial Services Authority (LOFSA) for its approval.

Gallagher Re Labuan Limited (formerly known as Willis Re Labuan Limited)

Name :

Gallagher Re Labuan Limited (formerly known as Willis Re Labuan Limited)
(*Life and General Insurance and Reinsurance Broker*)

Address :

C/O ETIQA OFFSHORE INSURANCE (L) LTD

Tel No :

087-417 672/ 417 673/ 417 677

E-mail :

ChinFong_Teh@GallagherRe.com

Marketing Office Address :

N/A

Co-Located Office Address :

16-2, Level 16, Equatorial Plaza, Jalan Sultan Ismail, 50250 Kuala Lumpur.

Tel No :

03-6416 9456

Contact Person :

Mr. Teh Chin Fong
- Principal Officer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 300 S Riverside Plaza Ste 1500 Chicago IL 60606		CONTACT NAME: PHONE (A/C No. Ext): 312-704-0100 FAX (A/C No): 312-803-7443 E-MAIL ADDRESS: certrequests@ajg.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Lexington Insurance Company	19437
		INSURER B: XL Specialty Insurance Company	37885
		INSURER C: Underwriters at Lloyd's London	15792
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1329191407** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Errors & Omissions Excess Errors & Omissions Excess Errors & Omissions			018415132 ELU20648725 FID121925	10/1/2025 10/1/2025 10/1/2025	10/1/2026 10/1/2026 10/1/2026	Per Claim/Aggregate \$12,000,000 Per Claim/Aggregate \$10,000,000 Per Claim/Aggregate \$13,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Coverage extends to: Gallagher Re Labuan Limited, 16-2, Level 16, Equatorial Plaza, Jalan Sultan Ismail, 50250, Kuala Lumpur.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE