



By awilliams at 2:11:45 PM, 15-Apr-26

## FORM 10A

### MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
SAGICOR FINANCIAL COMPANY LTD.

2. DATE OF MATERIAL CHANGE

Date of material change
13/Apr/2026

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Sagicor Financial Company Ltd. (the "Company"), today announced that DBRS Limited ("DBRS" or "Morningstar DBRS") recently upgraded its Issuer Rating on the Company and the rating on the Company's senior debt to 'BBB' from 'BBB (low).' Morningstar DBRS also confirmed Sagicor Life Insurance Company's and ivari's Financial Strength Ratings at 'A (low).' The trends on all the credit ratings are stable.</p>




4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with Section 64(2) of the Securities Act 2012?	<input type="radio"/>	<input checked="" type="radio"/>

If “No”

Date of Publication of Notice (dd/mmm/yyyy)	14/Apr/2026
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If “Yes”

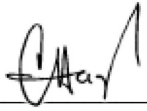
State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Althea C. Hazzard
Position in Organization	Corporate Secretary
Business Address	Cecil F. de Caries Building Wildey, St. Michael, Barbados
Work Phone (1-xxx-xxx-xxxx)	246-467-5255
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	althea_hazzard@sagikor.com

6. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

Althea C. Hazzard                                            Corporate Secretary    13-Apr-2026

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**Print Name**                                      **Signature**                                      **Position**                                      **Date**

**FOR OFFICIAL USE ONLY**

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_