



**FORM 10**  
**MATERIAL CHANGE REPORT**

**Pursuant to section 64 of the Securities Act, 2012**

**1. NAME OF REPORTING ISSUER**

<b>Name of Reporting Issuer</b>
SAGICOR FINANCIAL CORPORATION LIMITED

**2. DATE OF MATERIAL CHANGE**

<b>Date of material change</b>
16-Dec-2019

**3. DESCRIPTION OF MATERIAL CHANGE**

<b>Provide a description of the material change</b>
<p>Sagicor Life Inc, a wholly owned subsidiary of Sagicor Financial Corporation Limited, wishes to announce the retirement of its President and Chief Executive Officer, Dr Marjorie Patricia Downes-Grant.</p> <p>Mr Ravi Rambarran, Group Chief Operating Officer, having been granted the necessary regulatory approvals, has been appointed by the Board of Directors of Sagicor Life Inc as the new President and Chief Executive Officer effective December 16, 2019.</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="checkbox"/>	<input checked="" type="checkbox"/>

If "No"

Date of Publication of Notice (dd/mmm/yyyy)	23-Dec-2019
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If "Yes"

State the reasons for applying for the exemption

#### 5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Althea Hazzard
Position in Organization	EVP, General Counsel Corporate Secretary
Business Address	Cecil F de Caires Building, Wildey, St. Michael BB 15096, Barbados
Work Phone (1-xxx-xxx-xxxx)	1-246-467-5255
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 Hazzard



Corporate Secretary

19-Dec-2019

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) \_\_\_\_\_