





Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer

| | SAGICOR FINANCIAL CORPORATION LIMITED | |
|----------------------------|--|--|
| 2. DATE OF MATERIAL CHANGE | | |
| | Date of material change | |
| | 30-Sep-2019 | |
| 3. | DESCRIPTION OF MATERIAL CHANGE | |
| | Provide a description of the material change | |
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| | | |
| | Our subsidiary, Sagicor Life Inc has announced the acquisition of traditional portfolios of both Colonial Life Insurance Company (Trinidad) Limited and British American Insurance Trinidad Limited. | |
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4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

| Will you be seeking an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012? | NO ⊠ |
|--|------|
| If "No" | |
| Date of Publication of Notice (dd/mmm/yyyy) 07-Oct-2019 | |

If "Yes"

| State the reasons | s for applying for the exemption | 8 (13) 18 (13) |
|-------------------|----------------------------------|--|
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5. DETAILS OF SENIOR OFFICER

| Name (Salutation, First name, Last name) | Althea C Hazzard |
|--|--|
| Position in Organization | General Counsel and Corporate Secretary |
| Business Address | Cecil F. de Caires Building Wildey, St. Michael BB15096 |
| Work Phone (1-xxx-xxx-xxxx) | 1-246-467-5255 |
| Fax Phone(1-xxx-xxx-xxxx) | 1-246-426-7907 |
| Email Address | althea_hazzard@sagicor.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.

| Print Name | Signature | Position | Date | |
|------------------|-----------|---------------------|----------------|--|
| Althea C Hazzard | M | Corporate Secretary | October 2,2019 | |

FOR OFFICIAL USE ONLY

| Tool Registrant's Number Director's Number Document / Record Number | ID Information |
|---|-------------------|
| Record's Management Date Received (dd/mm/yyyy). Approved By: | Date (DD/MM/YYYY) |
| | |