MINDANAO EDUCATORS MUTUAL BENEFIT ASSOCIATION, INC.

NAME OF ENTITY

1045 JACINTO EXTENSION, DAVAO CITY

ADDRESS

BIOGRAPHICAL DATA

JUAN ANDRE TERENCE R. LACSON

NAME OF DIRECTOR/TRUSTEE/OFFICER

PRESIDENT

POSITION

I hereby certify that the information contained in this document and its supporting

schedules of my own knowledge are	true and correct.	
<u>June 20,2022</u> Date	Signature of Director/Trustee/Officer	
	This Page ZUN 2 7 2022 RE ME this day of 2022 at	LA
SUBSCRIBED AND SWORN TO BEEC	ines, affiant exhibited to me his/her,	
	on,2022.	
Doc. No. Page No. Book No. Series of	NOTARY PUBLIC Until December 31, PTR ATLY. PEDRO D. GENATO Notary Public Until June 30, 2022 Notarial Commission 2(20 - 044 Mla 1150 Gen. Luna St., Ermita, Manila IBP# 165729 Pasig - 10-14-2022 PTR# 0154718 Mla - 1-3-2022 Roll # 12088, TIN# 132-436-687 MCLE Compl. No. VI-0021170 until 4-14-2022	

	I. PERSONAL I	NE	ORMATION		
	Surname		Given		Middle
NAME:	LACSON		JUAN ANDRE TERENCE		RESURRECCION
TIN:	908-047-638				
UPDATED AS OF:			MANAGEMENT LEVEL:		,
OTHER NAMES USED, IF ANY:	JONDI		DATE ELECTED/RE- ELECTED/ APPOINTED/POSITION CHANGED:		May 29, 2021
RESIDENCE ADDRESS:	47 HAYES ST	RE	ET, CAGAYAN DE ORO	CIT	Ā
TELEPHONE:	(02) 8525-2012		E-MAIL ADDRESS:		
BUSINESS ADDRESS:					
TELEPHONE:	(63) 9175282749		E-MAIL ADDRESS:	-	jondilac1@gmail.com
CIVIL STATUS:	MARRIED		SEX:	1	MALE
CITIZENSHIP:	FILIPINO				
DATE OF BIRTH:	22-Jul-68		PLACE OF BIRTH:	The second secon	ANGELES CITY, PAMPANGA

	II. EDUCATIO	ON AND TRAINING	
HIGHEST EDUCAT	TIONAL ATTAINMENT		
	DEGREE/COURSE	SCHOOL LAST ATTENDED	YEARS GRADUATED/ATTENDED
COLLEGE:	B.S.BUSINESS ADMINISTRATION	UNIVERSITY OF SOUTHERN CALIFORNIA- SCHOOL OF BUSINESS	MAY 1991
POST GRADUATE:	MASTER OF BUSINESS ADMINISTRATION	LOYOLA MARYMOUNT UNIVERSITY, COLLEGE OF BUSINESS ADMINISTRATION	MAY 1996
OTHERS:			

TRAINING IN INSURANCE AND OTHER RELATED FIELDS

NATURE/TITLE	CONDUCTED BY:	YEAR TAKEN
	III. WORK EXPERIENCE	
PRESENT POSITION - THIS INSTITUTION		
NAME OF OFFICE	POSITION	DATE ASSUMED
MINDANAO EDUCATORS MUTUAL BENEFIT ASSOCIATION, INC	PRESIDENT	AUGUST 2011- PRESENT
MANILA TEACHERS' MUTUAL AID SYSTEM. INC.	VICE PRESIDENT FOR BUSINESS DEVELOPMENT	JULY 1997 - DEC. 2010
J.T. MEDICAL LABORATORY, INC., LOS ANGELES, CALIFORNIA	ACCOUNTING AND BILLING SPECIALIST	SEPT. 1988- MAR. 1991
HEALTH MANAGEMENT SYSTEMS, INC. LOS ANGELES. CALIFORNIA	ASSOCIATE PROJECT MANAGER	JULY 1994 - MAR. 1997

NAME (OF OFFICE	POSIT	ION	DATE ASSUMED			E IF OWNER/ STOCKHOLDER
PRESENT POS	SITION - GOVERNMENT	(INCLUDING	DIRECTOR	SHIPS IN GOV	'T CORP	ORATE I	INSTITUTIONS)
NAME	OF OFFICE	PO:	SITION	D?	ATE ASSUI	ÆD	INDICATE IF ELECTIVE OR APPOINTIVE AND PART/ FULL-TIME
PAST POSTTI	ION - THIS INSTITUT	TON					
	ME OF OFFICE		E	POSITION			DATE ASSUMED
Approvio	ION - OTHER PRIVATE ME OF OFFICE	INSTITUTIO		OING CORPORATE	E DIREC	FORSHIE	DATE ASSUMED
PAST POSITI	ions - government	(INCLUDING	DIRECTORS	HIPTS TO GOV	מאדים יהי	NCTAT. T	NSTTTTTON\
	E OF OFFICE			OSITION			DURATION (YEA
		ı.	FAMI	LY RELATION	S		
IAME OF SPOUS	Surname E: LACSON		Give:	n Y KATHLEEN			Middle GARCIA
?IN:							
EMPLOYMENT (L	AST 10 YEARS) NAME OF OFFICE		PC	SITION			DURATION (YEAR)
				· · · · · · · · · · · · · · · · · · ·			
	Surname		Giv	en			Middle
NAME OF COMMON	4-						
LAW SPOUSE:	N/A						
	TIVES BY CONSANGUINIT	Y: PARENTS AN	ND CHILDREN	OF LEGAL AGE;	LEGITIM	ATE OR I	ILLEGITIMATE
SURNAME	GIVEN			MIDDLE			RELATIONSHIP
SON	ISABELLE FRANCINE		HONORIO			DAUGH	
SON	JANELLA ANDREA		HONORIO			DAUGH	TER
SON	JUANITO UONO		GARCIA			SON	
SON	JUAN ALFONSO		GARCIA			SON	

SURNAME	GIVEN	D D	IDDLE	RELATIONSHIP
		qe)bvConsanguinity:Grandpa	rents, Grandchildren, Brot	hers and Sisters
SURNAME	GIVEN	D D	IIDDLE	RELATIONSHIP
	elatives (of legal a	age) by Affinity: Grandpare	ents-in-Law, Grandchildr	en-in-Law, Brothers-in-
SURNAME	GIVEN	b	ITDDLE	RELATIONSHIP
	9	IV. FAMILY RELATIO	DNS (CONT.)	
1. ! 1 D	D 1 (C1	1)1 0		
nira Degree	e Relatives (of leg	gal age) by Consanguin	ity: Aunts, Uncles, N	lieces, Nephews
SURN	AME	GIVEN	MIDDLE	RELATIONSHI
or	by the company lationship/affi	rsonally, or by family /association/any ent liation with the insued organization	ity with working	
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