

**GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

**CERTIFICATE OF CONSENT TO NOT REQUEST RECIPROCAL TREATMENT IN
NAIC ACCREDITED STATES OR TERRITORIES**

The proposed international insurer understand that it will be regulated by Chapter 61 of the Puerto Rico Insurance Code. The international insurer operates, with limited exceptions, regardless of the general provisions of the Puerto Rico Insurance Code to which the domestic insurers organized by Chapter 3 of the Puerto Rico Insurance Code are subject. Consequently, the regulations applicable to the international insurer are incompatible with the regulations applicable to multistate insurers.

Therefore, the proposed international insurer, _____, commits to not request reciprocal treatment in any NAIC Accredited State or Territory.

Witness the seal of said corporation, and the signature of its President, this ____ day of _____ of _____.

SEAL

PRESIDENT

(Country or State)

SS.

(City or Country)

On this ____ day of _____ of _____, before me personally appeared _____ whose signature appears to the above and foregoing instrument and who, being duly sworn, deposes and says that the signature to the above instrument is genuine, that the seal of the corporation referred to therein and was affixed by order of its board of directors, and that this is the genuine act and deed of said corporation.

In Witness whereof, I have hereunto set my hand and official seal at _____ the day and year above written.

SEAL

(NOTARY PUBLIC)

IMPORTANT: The official character of the officer who took the acknowledgment above must be certified by the Secretary or by a County Clerk or other officer performing similar duties, or by a U.S. Consul.