



**Notification from an International Insurer, Reinsurer or Surplus Lines Insurer under Chapter 61 of the Insurance Code of its intention to expand business in other State or Territory of the United States or International Country**

Applicant Company Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ Class of Authority: \_\_\_\_\_

**Check with (x) the appropriate states or territory in which the International Insurer, Reinsurer or Surplus Lines Insurer is applying:**

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
District of Columbia	Maine	New York	Vermont
Connecticut	Maryland	North Carolina	Virginia
Delaware	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	US Virgin Island

**Name of the international country in which the International Insurer, Reinsurer or Surplus Lines insurer is applying:** \_\_\_\_\_

**Detail the nature of the business that will be entering in each states including an outline about the business plan as well as details of transactions with other parties<sup>1</sup>:**

**Name State:** \_\_\_\_\_


**Name State:** \_\_\_\_\_


<sup>1</sup> Athach a separate sheet as necessary.

**Contact information of the person authorized to act on behalf of the International Insurer, Reinsurer or Surplus Lines Insurer in the state, territory, or international country in which the proposed expansion of business is applied.**

Contact Name	
Email Address	
Phone Number	

**State the name and the address of the entities that are affiliated and/or would become affiliated with the International Insurer, Reinsurer or Surplus Lines Insurer.**

Company Name	
Principal Office Postal Address	
Principal Office Physical Address	
Contact Name	
Phone Number	
Email Address	

**Signature is required as set forth below continuation:**

This notice is executed in the city of \_\_\_\_\_, in Puerto Rico on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_  
(Name) (Title)

Postal Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_