



**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 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 Territories:			
American Samoa	Guam	Northern Mariana Islands	US Virgin Island

Name of the international country in which the International Insurer, Reinsurer or Surplus Lines Insurer is applying: _____

The applicant company must file an amended business plan before commencing any market expansion, or if new products or services are offered in another State or Territory of United States or International Country.

Signature and certification are 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: _____