



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

APPLICATION FOR AUTHORITY – FOREIGN INSURERS

Date _____

Dear Commissioner:

organized under the laws of _____ hereby submits the following information in support of its application for a Certificate of Authority to transact insurance business in the Commonwealth of Puerto Rico:

1. Date incorporated _____; commenced business on _____
2. In continuous activity since _____
3. (a) Home office address: _____

(b) Mailing address: _____

4. Type _____ (a) Paid in capital _____
(Stock, Mutual, etc.) (b) Surplus _____
5. Kinds of insurance authorized in its state or country of domicile _____

6. Kinds of insurance for which application is made _____

7. Its filling will be: (a) Independent _____ (b) Bureau _____
8. It is a member (M) of, or subscriber (S) of the following rating organizations:

9. Its outstanding capital (is or is not) substantially controlled directly or indirectly by a bank, financing company, savings and loan association, trust company or any other institution engaged in the business of lending money in Puerto Rico _____.
10. It is a wholly owned subsidiary of _____

11. Proposed General Agent or Manager, to be resident and have charge of affairs in Puerto Rico: _____
Address: _____
12. It is at present authorized to transact insurance in: _____

13. (a) Was last examined as of _____

(b) Is being examined as of _____

14. Best's Rating as of December 31, 20____ . _____

15. Number of ratios outside the unusual range according to the NAIC Insurance Regulatory Information System (IRIS), as of December 31, 20____. _____

CORPORATE SEAL

Signature of Authorized Officer

Printed Name

State of _____

County _____

Title

Before me, this day, personally came and appeared _____

know to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he executed the same for the purpose and considerations therein stated. In witness whereof, I have hereunto set my hand and Seal of Office, in the city of _____, this _____ day of _____, _____.

Notary Public