



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

ASSIGNMENT

_____, hereinafter called the Insurer, is an insurer
(Name of the Insurer)
organized and existing under the law of _____ and in this act
(Commonwealth, State or Country)
represented by its president and its treasurer, who are duly authorized to execute this document and to carry on its purpose, by these presents ASSIGNS AND TRANSFERS, irrevocably, the Secretary of the Treasury of the Commonwealth of Puerto Rico, the securities described on the reverse side of this document. Said securities, which have a par value of _____ and, as of the date of this document, have an amortized value of _____ are hereby delivered to the Commissioner of Insurance of Puerto Rico for and to constitute the deposit of assets required to be made with the Secretary of the Treasury of the Commonwealth of Puerto Rico pursuant to the provisions of Chapter 3 of the Insurance Code of Puerto Rico.

The securities herein mentioned, transferred and assigned, shall be for the purposes prescribed by the Insurance Code of Puerto Rico. Provided that, so long as the Insurer remains solvent and complies with the provisions of the Insurance Code of Puerto Rico, it shall be entitled to demand, receive, sue for, and recover the income from the securities herein described, held and maintained on deposit.

The Secretary of the Treasury is hereby empowered to deliver to the Commissioner of Insurance of Puerto Rico all or any part of the securities herein mentioned, and/or the income, and/or the proceeds received or obtained therefrom, for its execution as the latter may deem necessary, pursuant to the provision of the Insurance Code of Puerto Rico.

IN WITNESS WHEREOF, we hereunto subscribe our names and cause to be affixed the official seal of _____ at the city of _____,
(Name of the Insurer)
_____ this _____ day of _____, 20_____.

ATTESTED:

Secretary

President

(CORPORATE SEAL)

Treasurer

Affidavit No. _____

Acknowledged and subscribed before me by _____,
of legal age, _____, _____,
(civil status) (occupation)
and resident of _____, whom I personally know in _____,
Puerto Rico, this _____ day of _____, 20_____.

Notary Public

Description	Cusip Number	Interest	Serie	Due Date	Par Value	Amortized Value