

## **INTERNATIONAL INSURER / MULTISTATE INTERNATIONAL INSURER APPLICATION FOR RENEWAL OF THE CERTIFICATE OF AUTHORIZATION**

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### **GENERAL INSTRUCTIONS**

In accordance with Article 61.230(2) of the Insurance Code of Puerto Rico and Article 15 of Rule LXXX of the Regulation of the Insurance Code of Puerto Rico, which governs the Operations of International Insurers and Multistate International Insurers, each licensed International Insurer and Multistate International Insurer shall renew its Certificate of Authority annually, on or before **June 30<sup>th</sup>**, immediately following the date of issue or renewal. Payment of corresponding charges must be in the form of money order or a certified check, payable to the Secretary of the Treasury of Puerto Rico. In addition, and pursuant to the governing laws and regulations of the Insurance Code of Puerto Rico, the Commissioner has the discretion and powers to refuse to renew, revoke or suspend the authorization of an International Insurer or Multistate International Insurer. The Commissioner of Insurance may also impose fines and/or penalties, and refuse to further renew, revoke, or suspend the certificate of authority of an International Insurer or Multistate International Insurer, if it is not renewed by June 30<sup>th</sup>.

This form must be filled out in its entirety and, when submitted, it should have attached all material requested together with the corresponding payment. A response to each item(s) is necessary in order for your application to be considered complete. If any question(s) is inapplicable to your particular situation, please clearly indicate so by marking "N/A" in the space provided. **All fields must be filled out (complete).**

Renewal forwarding mailing address for the Puerto Rico Insurance Commissioner's Office:

PO Box 195415,  
San Juan, PR 00919-5415

Renewal physical delivery address:

World Plaza Building  
9th Floor, 268 Muñoz Rivera Ave.  
San Juan, PR 00919

PLEASE TYPE ALL INFORMATION

**SECTION A: GENERAL INFORMATION**

We submit the following information in compliance with the laws and regulations of Chapter 61 of the Insurance Code of Puerto Rico, to obtain the renewal of our certificate of authority to transact insurance business as an International Insurer or Multistate International Insurer for the year \_\_\_\_\_.

1. International Insurer/ Multistate International Insurer Entity Information:

Name: \_\_\_\_\_

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

Headquarters Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

2. Corporate Id Number (FEIN Number): \_\_\_\_\_

3. NAIC Group Number (if applicable): \_\_\_\_\_

4. Authorized Principal Representative Information:

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

5. Contact Person(s) Information Regarding This Application:

Name(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

6. International Insurer/Multistate International Insurer: President's Information

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

7. International Insurer/Multistate International Insurer: Treasurer's Information

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

8. International Insurer/Multistate International Insurer: Secretary's Information

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

9. Indicate type of authorization being renewed (please check):

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Class 1  | <input type="checkbox"/> Class 2  | <input type="checkbox"/> Class 3  |
| <input type="checkbox"/> Class 4  | <input type="checkbox"/> Class 5  | <input type="checkbox"/> Class 6  |
| <input type="checkbox"/> Class 3M | <input type="checkbox"/> Class 4M | <input type="checkbox"/> Class 5M |

10. Please provide any information about any business other than insurance business that the International Insurer/Multistate International Insurer proposes to carry: (Please use a separate sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Include evidence of assets in Puerto Rico in compliance with Article 61.080(6) of the Insurance Code of Puerto Rico.

**SECTION B: FEES**

Pursuant to Article 15 of Rule LXXX of the Regulation and Article 61.050(10) of the Insurance Code of Puerto Rico, the International Insurer/Multistate International Insurer will pay, on the date of each renewal, on or before **June 30<sup>th</sup>**, an annual contribution pursuant to the ranges of written premium and/or assumed premium set forth as follows:

| <u>PREMIUMS WRITTEN/ASSUMED</u>                        | <u>AMOUNT TO BE PAID</u> |
|--|--------------------------|
| 1. No more than \$25,000,000                           | \$5,000.00               |
| 2. More than \$25,000,000 but less than \$50,000,000   | \$10,000.00              |
| 3. More than \$50,000,000 but less than \$75,000,000   | \$20,000.00              |
| 4. More than \$75,000,000 but less than \$100,000,000  | \$35,000.00              |
| 5. More than \$100,000,000 but less than \$150,000,000 | \$50,000.00              |
| 6. More than \$150,000,000 but less than \$250,000,000 | \$65,000.00              |
| 7. More than \$250,000,000                             | \$75,000.00              |

Please indicate check number, amount of annual contribution paid and premium written/assumed:

Check Number: \_\_\_\_\_ Amount of annual contribution: \_\_\_\_\_

Amount of Premium Written/ Assumed: \_\_\_\_\_ Preceding fiscal year: \_\_\_\_\_

**SECTION C: CERTIFICATION**

I certify that the information given in this application is true and correct and that all estimates given are true estimates based upon the facts that have been carefully considered and assessed. Furthermore, I affirm that pursuant to Article 61.050(9), the applicant shall notify the Commissioner of Insurance in an expedited manner and in writing, of any change in the information submitted as part of this application within ten (10) days of said change.

If applicant is a Protected Cell International Insurer, I further acknowledge that all financial records of the Protected Cell Company, including records pertaining to protected cells, shall be available for inspection or examination by the Commissioner or the Commissioner's designee.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(DIRECTOR)

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Affidavit No. \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC