



APPLICATION FOR RENEWAL
YEAR 20__ - 20__

Date _____

We present the following information to obtain the aforesaid renewal of our certificate of authority:

- _____ Domestic Insurer or Health Maintenance Organization
- _____ Foreign Insurer
- _____ Reinsurer - (exclusively)
- _____ Rating Organization
- _____ Fraternal Benefit Society
- _____ Surplus Lines
- _____ Contract Service Provider
- _____ Automotive Club
- _____ Advisory Organization
- _____ Viatical Settlement Provider

Name of applicant		
Corporate Social Security No or FEIN		Check "✓" if different from the one on file.
Postal address		
Home office address		
Domicile State		
Phone number		
Agent for Service of Process - (only for foreign and alien insurers)	Name:	
	Phone:	
	Email:	
_____ <i>(Signature of President or Vice President)</i>		
_____ <i>(Name)</i>		
_____ <i>(Title)</i>		

**GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE**

TO ALL DOMESTIC INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, FOREIGN INSURERS, FRATERNAL BENEFITS SOCIETIES, RATING ORGANIZATIONS, ADVISORY ORGANIZATIONS, FOREIGN INSURERS ACTING EXCLUSIVELY AS REINSURERS, AUTOMOBILE CLUBS, AND CONTRACT SERVICES PROVIDERS.

General Instructions for the Renewal of the Certificate of Authority

Section 7.010(1) of the Insurance Code of Puerto Rico establishes, as a condition to continue to be authorized to solicit or transact any kind of insurance in Puerto Rico, that the persons or entities so authorized shall pay, **not later than June 30th of each year**, a single annual contribution.

Considering the above, and in accordance with Sections 7.010 (1)(i), (k), (l), (m), (n), (p) and 21.260 of the Insurance Code of Puerto Rico, the annual contribution to be paid is the following:

- | | |
|--|------------|
| 1. Foreign Insurer | \$6,309.00 |
| 2. Fraternal Benefit Society | \$2,103.00 |
| 3. Rating Organization (per each line of authority) | \$2,103.00 |
| 4. Foreign Insurer acting exclusively as Reinsurers | \$2,103.00 |
| 5. Viatical Settlement Provider | \$2,103.00 |
| 6. Surplus Lines | \$1,051.00 |
| 7. Advisory Organization | \$525.00 |
| 8. Automotive Club | \$525.00 |
| 9. Contract Service Provider | \$500.00 |
| 10. Domestic Insurer and Health Maintenance Organization - the renewal fee shall be as described in Table A , according with the subscribe premium as reported on annual Report. | |

Table A

Subscribe Premium	Renewal Fee
>5,000,000	\$ 5,000.00
5,000,000 a 20,000,000	\$ 27,000.00
20,000,000 a 55,000,000	\$ 43,500.00
55,000,000 a 85,000,000	\$ 92,000.00
85,000,000 a 150,000,000	\$ 130,000.00
150,000,000 a 230,000,000	\$ 149,500.00
230,000,000 a 600,000,000	\$ 172,000.00
600,000,000 <	\$ 200,000.00

To that effect, and in order to renew the certificate of authority, the entity must complete and submit the enclosed form in **duplicate**, to this Office, together with a check or money order for said amount, payable to the Secretary of Treasury, and a **pre-addressed letter-size manila envelope**. The application shall be mailed on or before June 30th to the following address:

**Office of the Commissioner of Insurance of Puerto Rico
P.O. Box 195415
San Juan, PR 00919**

Applications received not later than **May 21st** will be guaranteed processing and issuance of certificate before the deadline. Applications received after May 21st will be processed in the order, they are received but OCI staff cannot warrant the issuance of their certificate by June 30th.

Strict compliance with the above is required.