



COMMONWEALTH OF PUERTO RICO

## OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. AC-IV-1384-95

April 11, 1995

### TO ALL AUTHORIZED INSURERS AND TO ALL AUTHORIZED GENERAL AGENTS AND MANAGERS OF FOREIGN INSURERS DOING BUSINESS IN PUERTO RICO

**Re: Renewal of certificate of authority for 1995-96**

Gentlemen:

Section 3.190 of the Insurance Code of Puerto Rico provides that all certificates of authority issued to insurers shall expire at midnight June 30 each year, and if the insurer qualifies therefor its certificate may be renewed for a period of not more than one year.

The fees for renewal of the certificate of authority amount to \$2,000 and may be paid by either the insurer or by its general agent or manager. In those cases where an insurer is represented by more than one general agent or manager, it shall decide and indicate who will request the renewal.

If any other general agent or manager of said insurer wishes a copy of said certificate of authority he or she must request the same from our Office. A certified check or money order payable to the Secretary of the Treasury in the amount of \$25.00 must be sent to cover the fees for each copy.

To renew your certificate of authority, return the enclosed form duly completed, before April 29, 1995, with a certified check or money order as above indicated, enclosing a pre-stamped and pre-addressed small (12" x 9") manila paper envelope. Be sure to complete each blank of the enclosed form.

The new certificate of authority shall be mailed to you by the end of June 1995.

Cordially yours,

A handwritten signature in cursive script, appearing to read "Juan Antonio García".

Juan Antonio García  
Commissioner of Insurance

**Enclosure**



COMMONWEALTH OF PUERTO RICO

**OFFICE OF THE COMMISSIONER OF INSURANCE**

**APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY AS  
AN INSURER FOR 1995-96**

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

We present the following information in order to obtain the renewal of our certificate of authority for 1995-96:

1. Name of Insurer \_\_\_\_\_

\_\_\_\_\_

2. Current certificate of authority number \_\_\_\_\_

3. Postal Address \_\_\_\_\_

\_\_\_\_\_

4. Home Office Address \_\_\_\_\_

\_\_\_\_\_

5. Phone Number \_\_\_\_\_

6. \_\_\_\_\_

(Signature of President or Vice President)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Title)

**NOTE:** Please send this form in duplicate, including a certified check or money order for the corresponding amount, payable to the Secretary of the Treasury.

***Please do not write below this line***