



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

**CERTIFICATE OF CONSENT TO BE SUED AND APPOINTMENT OF AGENT
ON WHOM LEGAL PROCESS MAY BE SERVED, APPOINTMENT OF
GENERAL AGENT OR REINSURANCE MANAGER**

In accordance with the provisions of Section 3.170 and 3.270 of the Insurance Code of Puerto Rico, _____
_____ organized under the laws of _____, consents to be sued

(Insurer's Name) (Name State)

in the courts of Puerto Rico for any cause of action arising against it in Puerto Rico. Legal process in any action
may be served on the Commissioner of Insurance of Puerto Rico or on _____

(Agent for Service of Process)

of _____, Puerto Rico. These appointments shall bind any successor in interest or successor to the

(City)

assets of liabilities of the insurer, and shall remain in effect as long as there is in force in Puerto Rico any
contract made by the insurer, or obligations arising therefrom. As to the Commissioner, the appointment shall
be irrevocable. Any process so served shall be deemed served on the above mentioned insurer.

_____ Further designates and appoints _____

(Insurer's Name) (Name of Appointee)

a resident of Puerto Rico, as its ()GENERAL AGENT ()REINSURANCE MANAGER to have charge of its affairs
in Puerto Rico.

Witness the seal of said corporation, and the signature of its President, this ____ day of ____ of ____.

SEAL

President

(Country or State)

SS.

(City or Country)

On this ____ day of ____ of _____, before me personally appeared _____
_____ whose signature appears to the above and foregoing instrument and who, being by me duly
sworn, deposes and says that the signature to the above instrument is genuine, that the seal of the corporation
referred to therein and was affixed by order of its board of directors, and that this is the genuine act and deed of
said corporation.

In Witness whereof, I have hereunto set my hand and official seal at _____ the day
and year above written.

SEAL

(Notary Public)

IMPORTANT NOTE:

The official character of the officer who took that above acknowledgement must be certified by the Secretary or
by a county clerk or other officer performing similar duties, or by U.S. Consul.

OCS-FORM A