



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

July 14, 2015

CIRCULAR LETTER NO.: CC-2015-1863-AF

TO ALL DOMESTIC AND FOREIGN INSURERS AUTHORIZED TO TRANSACT
INSURANCE BUSINESS IN PUERTO RICO

NOTICE OF CONTACT PERSON

Dear Sirs and Madams:

As part of the efforts of the Office of the Commissioner of Insurance to optimize communication with our licensees and update our data base, we have adopted a procedure for notifying or updating the information that is required for the contact person (Regulatory Compliance/Government Relations Contact) as well as for the person or entity who will receive service on behalf of the insurer (Agent for Service of Process), among others.

We are enclosing for this purpose Form OCS-AF-2015-004 and Form 12, which should be filed with our Office no later than July 31, 2015 at the following email address: contactnotification@ocs.gobierno.pr. You are advised that Form 12 should only be completed by foreign insurers¹ through the Uniform Certificate of Authority Application (UCAA).

Strict compliance with the provisions of this Circular Letter is hereby required.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Angela Weyne-Roig".

Ángela Weyne-Roig
Commissioner of Insurance

Enclosures

¹ Insurer that is incorporated in another state or country that is not Puerto Rico.



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

CONTACT NOTIFICATION FORM

At least contact 1 and 4 must be completed and notified by the Insurer. Please mark with an "X" the corresponding contact and provide the information requested below:

1	Consumer Complaints Contact	A contact person for the OCI consumer complaint staff to contact for resolution of complaints filed with the state department.
2	Regulatory Compliance/Government Relations Contact	A contact person for the OCI to contact on matters related to regulation but unrelated to public complaints filed with the state department.)
3	Premium Tax Contact	A contact person for the OCI to contact regarding issues of payment of premium tax.
4	Circulation of Risks	A contact person for the OCI to contact in case of reproduction of a policy contract.
5	Other	

Contact Name: _____

Title: _____

Address: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

Previous Contact Name (if changed): _____

Signature of Preparer

Date of Preparation

Typed or Printed Name

Title of Preparer

Phone Number of Preparer

Email Address of Preparer

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation

_____ Amended Designation

(must be submitted directly to states)

Applicant Company Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

The Applicant Company named above, organized under the laws of _____, for purposes of complying with the laws of the State(s) designate hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Company Officers' Certification and Attestation

One of the two Officers (listed below) of the Applicant Company must read the following very carefully and sign:

1. I acknowledge that I am authorized to execute and am executing this document on behalf of the Applicant Company.
2. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at _____.

_____ Date

_____ Signature of President

_____ Full Legal Name of President

_____ Date

_____ Signature of Secretary

_____ Full Legal Name of Secretary

Uniform Consent to Service of Process

Exhibit A

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

<input type="checkbox"/>	AL	Commissioner of Insurance # and Resident Agent*	<input type="checkbox"/>	MO	Director of Insurance #
<input type="checkbox"/>	AK	Director of Insurance #	<input type="checkbox"/>	MT	Commissioner of Securities and Insurance #
<input type="checkbox"/>	AZ	Director of Insurance # ^	<input type="checkbox"/>	NE	Officer of Company* or Resident Agent* (circle one)
<input type="checkbox"/>	AR	Resident Agent *	<input type="checkbox"/>	NH	Commissioner of Insurance #
<input type="checkbox"/>	AS	Commissioner of Insurance #	<input type="checkbox"/>	NV	Commissioner of Insurance Commission # ^
<input type="checkbox"/>	CO	Commissioner of Insurance # or Resident Agent*	<input type="checkbox"/>	NJ	Commissioner of Banking and Insurance #^
<input type="checkbox"/>	CT	Commissioner of Insurance #	<input type="checkbox"/>	NM	Superintendent of Insurance #
<input type="checkbox"/>	DE	Commissioner of Insurance #	<input type="checkbox"/>	NY	Superintendent of Financial Services #
<input type="checkbox"/>	DC	Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one)	<input type="checkbox"/>	NC	Commissioner of Insurance
<input type="checkbox"/>	FL	Chief Financial Officer # ^	<input type="checkbox"/>	ND	Commissioner of Insurance # ^
<input type="checkbox"/>	GA	Commissioner of Insurance and Safety Fire # and Resident Agent*	<input type="checkbox"/>	OH	Resident Agent*
<input type="checkbox"/>	GU	Commissioner of Insurance #	<input type="checkbox"/>	OR	Resident Agent*
<input type="checkbox"/>	HI	Insurance Commissioner # and Resident Agent*	<input type="checkbox"/>	OK	Commissioner of Insurance #
<input type="checkbox"/>	ID	Director of Insurance # ^	<input type="checkbox"/>	PR	Commissioner of Insurance #
<input type="checkbox"/>	IL	Director of Insurance #	<input type="checkbox"/>	RI	Superintendent of Insurance ^
<input type="checkbox"/>	IN	Resident Agent* ^	<input type="checkbox"/>	SC	Director of Insurance #
<input type="checkbox"/>	IA	Commissioner of Insurance #	<input type="checkbox"/>	SD	Director of Insurance # ^
<input type="checkbox"/>	KS	Commissioner of Insurance # ^	<input type="checkbox"/>	TN	Commissioner of Insurance #
<input type="checkbox"/>	KY	Secretary of State #	<input type="checkbox"/>	TX	Resident Agent*
<input type="checkbox"/>	LA	Secretary of State #	<input type="checkbox"/>	UT	Resident Agent* ^
<input type="checkbox"/>	MD	Insurance Commissioner #	<input type="checkbox"/>	VT	Secretary of State # or Resident Agent*
<input type="checkbox"/>	ME	Resident Agent* ^	<input type="checkbox"/>	VI	Lieutenant Governor/Commissioner#
<input type="checkbox"/>	MI	Resident Agent *	<input type="checkbox"/>	WA	Insurance Commissioner #
<input type="checkbox"/>	MN	Commissioner of Commerce #	<input type="checkbox"/>	WV	Secretary of State # @
<input type="checkbox"/>	MS	Commissioner of Insurance and Resident Agent* BOTH are required.	<input type="checkbox"/>	WY	Commissioner of Insurance #

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with **full name and address where service of process is to be forwarded**. Use additional pages as necessary. Colorado will forward Service of Process to the Secretary of the Applicant Company and requires a resident agent for foreign entities. Exhibit not required for New Jersey, and North Carolina. Florida accepts only an individual as the entity and requires an email address. New Jersey allows but does not require a foreign insurer to designate a specific forwarding address on Exhibit B. SC will not forward to an individual by name; however, it will forward to a position, e.g., Attention: President (or Compliance Officer, etc.). Washington requires an email address on Exhibit B.

* Attach a completed Exhibit B listing the Resident Agent for the Applicant Company (one per state). Include state name, Resident Agent's **full name and street address**. Use additional pages as necessary. (DC* requires an agent within a ten mile radius of the District).

^ Initial pleadings only.

@ Form accepted only as part of a Uniform Certificate of Authority application.

MA will send the required form to the Applicant Company when the approval process reaches that point.

Exhibit A

Exhibit B

Complete for each state indicated in Exhibit A:

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

State: _____ Name of Entity: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Mailing Address: _____

Street Address: _____

Exhibit B

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

(Applicant Company Name)

this _____ day of _____, 20____, that the President or Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION:

I, _____, Secretary of

(Applicant Company Name)

state that this is a true and accurate copy of the resolution adopted effective the _____ day of _____, 20____ by the Board of Directors or governing board at a meeting held on the _____ day of _____, 20____ or by written consent dated _____ day of _____, 20____.

Secretary