



GOVERNMENT OF PUERTO RICO

**OFFICE OF THE COMMISSIONER OF INSURANCE**

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May 16, 2011

Ruling Letter No.: 2011-125-CIS

**TO ALL INTERNATIONAL INSURERS AUTHORIZED UNDER CHAPTER 61 OF  
THE INSURANCE CODE OF PUERTO RICO AND TO THEIR PRINCIPAL  
REPRESENTATIVES**

**CERTIFICATE OF AUTHORITY RENEWAL**

Dear Sirs and Madams:

Sections 61.050 (10) and 61.230 (2) of the Insurance Code of Puerto Rico, as well as Section 13 of Rule LXXX of the Regulations of said Code, require all licensed international insurers and reinsurers to renew their certificates of authority annually, on or before **June 30<sup>th</sup>**, immediately following the date of issue or renewal.

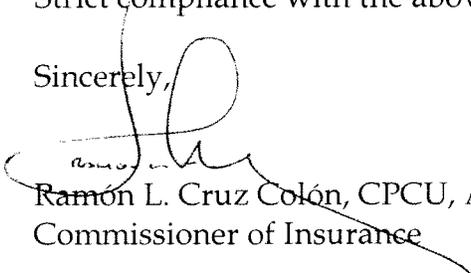
Accordingly, the renewal application for fiscal year 2011-2012 shall be submitted, on or before May 31, 2011 using Form CIS-RNW, herewith attached. Said form must be filled out in its entirety, and sent to the Office of the Commissioner of Insurance of Puerto Rico, B5 Tabonuco Street, Suite 216, PMB 256, Guaynabo, Puerto Rico 00968-3029, with the corresponding fees.

Fees must be paid by money order or a manager's check, payable to the Secretary of the Treasury of Puerto Rico.

Please be advised that according to the applicable law, fines or penalties may be imposed for noncompliance with the foregoing provisions. The Commissioner of Insurance may also refuse to renew, revoke or suspend the certificate of authority of an international insurer or reinsurer, that is not renewed by June 30<sup>th</sup>.

Strict compliance with the above requirements is hereby required.

Sincerely,

  
Ramón L. Cruz Colón, CPCU, ARe, AU  
Commissioner of Insurance

GOVERNMENT OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

INTERNATIONAL INSURER/REINSURER APPLICATION FOR  
RENEWAL OF THE CERTIFICATE OF AUTHORIZATION

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**GENERAL INSTRUCTIONS**

In accordance with Section 61.050 (10) and 61.230 (2) of the Insurance Code of Puerto Rico and Section 13 of Rule LXXX of the Regulation of said Code, which governs the operations of international insurers and reinsurers, all authorized international insurers and reinsurers shall renew their Certificates 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 manager's 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 reinsurer for incompliance with the foregoing provisions. The Commissioner of Insurance may also impose fines and penalties, and also refuse to further renew, revoke or suspend the certificate of authorization of an international insurer or reinsurer, 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. Fields marked with an (\*) are required fields.

Renewal Forwarding Postal Address for the Office of the Commissioner of Insurance of Puerto Rico: B5 Tabonuco Street, Suite 216, PMB 256, Guaynabo, Puerto Rico 00968-3029.

**PLEASE TYPE ALL INFORMATION**

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**SECTION A: GENERAL INFORMATION**

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We submit the following information in compliance with the laws and regulations of Chapter 61 of the Insurance Code of Puerto Rico, in order to obtain the renewal of our certificate of authority to transact insurance business as an international insurer/reinsurer for the year \_\_\_\_\_.

1. Name, address and additional contact information for of the International Insurer/Reinsurer entity: \*

Name: \_\_\_\_\_ Class \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Headquarters Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

4. Name, address and additional contact information for the authorized Principal Representative:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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**SECTION B: FEES**

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Pursuant to Section 61.230 (2) of the Insurance Code and Section 13 of Rule LXXX of the Regulations of said Code of Puerto Rico, the International Insurer/Reinsurer 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 and amount of annual contribution paid: \*

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_