



Office of the Commissioner of Insurance

INSURER'S DESIGNATION

In accordance with Article 9.210 of the Insurance Code of Puerto Rico, we hereby appoint _____, with social security number _____, as an Authorized Representative of the Insurer(s) mentioned in Table A, subject to the Office of the Commissioner of Insurance bestowing the corresponding license.

We attest that we have carried out a thorough investigation of the qualifications, identity and integrity of the applicant and that the results of said investigation are satisfactory.

We attest in addition, that the applicant has been residing in Puerto Rico for a period of _____ year(s) and immediately previous to the date of this application. Dated on _____.

Complete all the pertinent spaces of Table A

| TABLE A | TYPES OF INSURANCE TO SOLICIT (Mark with an X) | | | | | | | |
|---------|--|------|------------|----------|-------|--------|---------------|--------------------|
| | Name of Insurer Represented | Life | Disability | Property | Title | Health | Variable Life | Variable Annuities |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |

Name of Institution which offers Designation

Name of Officer (Please Print)

Officer's Signature

Position or Title of Officer

Corporate Seal

Institution expediting Designation () General Agent, () Insurer, () Manager

NOTE: THIS FORM CAN BE USED IN ADDITION TO EXTEND DESIGNATIONS TO OTHER PERSON(S) WITH A PRODUCER LICENSE CURRENTLY IN EFFECT.