

Governmentof Puerto Rico

## REPORT OF APPOINTMENTS FOR AUTHORIZED REPRESENTATIVES (GENERAL AGENT)

Date

Name of Insurer

Total Official Appointments		
NAME OF AUTHORIZED REPRESENTATIVE	SOCIAL	CONTRACT
(name and both last names)	SECURITY	DATE
	NUMBER	
	XXX-XX-	<u> </u>
	XXX-XX-	
	XXX-XX-	
The General Agent must submit to the OCI e within fifteen (15) days after the date the cont In addition, the Insurer must submit either p information and signature no later than twenty  AND FOR THE RECORD, I consign the p	ract with the Authorized ersonally or by mail the (20) days after said date present Report, under m	d Representative is signed.  is form with the required  b.  y signature and seal in
City State	, on	20
City		F OFFICER
	OFFICER'S	SIGNATURE

The Office of the Commissioner of Insurance (OCI) maintains a confidential policy regarding the use of our producers' social security number for identification purposes. Notwithstanding said policy, the OCI reserves the right to request additional information under the powers of the Insurance Code of Puerto Rico, Law Num. 207 of September 27th, 2006, entitled "Prohibition of Use of Social Security on Public and Private Employee's Identification", and Rule Number 7413 of the Department of Labor and Human Resources.

OCS-SP-NA-AG-EN Rev. 2.01.08