



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

**WRITTEN CONSENT OF GENERAL AGENT OR REINSURANCE
MANAGER**

This writing witnesses that _____,
(I) (We) (Name of General Agent or Reinsurance Manager)

of _____, Commonwealth of Puerto Rico, having been designated by _____,
(City) (Insurer's Name)

_____ as its General Agent or Reinsurance Manager, do hereby consent to act as such General Agent
(Home State) or Reinsurance Manager in

charge of the insurer's in Puerto Rico, in accordance with the provisions of the Puerto Rico Insurance Code, Act. No.
77, approved on June 19, 1957.

In witness, whereof, _____, have hereunto set _____ signature(s) this _____
(I) (We) (My) (Our)

day of _____ 20____ .

(When a partnership is appointed, this form shall be subscribed by all the partners. If a corporation is appointed, the form shall be subscribed by its President and accompanied by a certified copy of the resolution of its board of directors authorizing acceptance of the general agency).

COMMONWEALTH OF PUERTO RICO

City of _____

Affidavit No. _____

Before me, this day personally came and appeared _____,

_____, _____, _____

known to me be the person(s) whose names subscribed to the forgoing instrument, and acknowledge

_____ had executed the same for the purpose and consideration therein stated.

(He)(She)

In witness whereof I have hereunto set my hand and seal of office in the city of _____,

Commonwealth of Puerto Rico, this _____ day of _____ 20____.

SEAL

NOTARY PUBLIC