



**OFFICE OF THE COMMISSIONER OF INSURANCE**

**APPLICATION FOR AUTHORITY – FOREIGN REINSURERS**

Date \_\_\_\_\_

Dear Commissioner:

\_\_\_\_\_  
organized under the laws of \_\_\_\_\_ hereby submits the following information in support of its application for a Certificate of Authority to transact insurance business in the Commonwealth of Puerto Rico:

1. Date incorporated \_\_\_\_\_; commenced business on \_\_\_\_\_
2. In continuous activity since \_\_\_\_\_
3. (a) Home office address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Type \_\_\_\_\_ (a) Paid in capital \_\_\_\_\_  
(Stock, Mutual, etc.) (b) Surplus \_\_\_\_\_
5. Kinds of insurance authorized in its state or country of domicile \_\_\_\_\_  
\_\_\_\_\_
6. Kinds of insurance for which application is made \_\_\_\_\_  
\_\_\_\_\_
7. Its outstanding capital (is or is not) substantially controlled directly or indirectly by a bank, financing company, savings and loan association, trust company or any other institution engaged in the business of lending money in Puerto Rico \_\_\_\_\_.
8. It is a wholly owned subsidiary of \_\_\_\_\_  
\_\_\_\_\_
9. It is at present authorized to transact insurance in: \_\_\_\_\_  
\_\_\_\_\_
10. (a) Was last examined as of \_\_\_\_\_  
(b) Is being examined as of \_\_\_\_\_
11. Best's Rating as of December 31, 20\_\_\_\_. \_\_\_\_\_
12. Number of ratios outside the unusual range according to the NAIC Insurance Regulatory Information System (IRIS), as of December 31, 20\_\_\_\_. \_\_\_\_\_

CORPORATE SEAL

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_

County \_\_\_\_\_

\_\_\_\_\_  
Title

Before me, this day, personally came and appeared \_\_\_\_\_

\_\_\_\_\_  
know to be the person whose name is subscribed to the foregoing instrument, and  
acknowledged that he executed the same for the purpose and considerations therein  
stated. In witness whereof, I have hereunto set my hand and Seal of Office, in the city  
of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public