



Government of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. AC-II-5-1509-98  
May 18, 1998

**TO ALL NON-RESIDENT AGENTS**

Subject: Renewal of licenses for fiscal year 1998-99

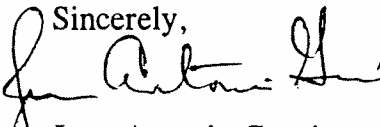
Sirs:

Section 7.010 of the Insurance Code of Puerto Rico establishes, as a condition to continue to be authorized to solicit or transact any kind of insurance in Puerto Rico, that the persons or entities so authorized shall pay, not later than June 30th of each year, a single annual contribution.

Considering the above, and in accordance with Section 7.010(1)(q) of the aforesaid Code, the annual contribution to be paid by each non-resident agent shall be \$800.00. To this effect, and in order that said license be renewed as of July 1, 1998, it is necessary that the enclosed form be completed and sent to our Office **before June 6, 1998**, together with a certified check or money order for the aforementioned amount, payable to the Secretary of Treasury, and a pre-addressed small (12" x 9") manila paper envelope.

Please be advised that all requests received after June 30, 1998, will not be considered for renewal by this Office. In said case, the applicant will be subject to all the formalities of the application process for a new license pursuant to the Insurance Code of Puerto Rico.

Strict compliance with the provisions of this circular letter is hereby required.

Sincerely,  
  
Juan Antonio García  
Commissioner of Insurance

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Enclosure

P.O. Box 8330, Santurce, Puerto Rico 00910-8330  
Tel. (787) 722-8686, Fax (787) 722-4400

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Government of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

APPLICATION FOR RENEWAL OF NONRESIDENT AGENT'S OR  
BROKER'S LICENSE FOR 1998-99

Date \_\_\_\_\_

We present the following information in order to obtain the renewal of our nonresident agent's or broker's license for 1998-99:

Name of corporation  
or partnership \_\_\_\_\_

Agent( )      Broker( )      Current License No. \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Corporate social security no. \_\_\_\_\_

Name and social security number of the persons acting on behalf of the corporation or partnership:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For nonresident brokers only:**

(a) Premium volume transacted during 1997 \_\_\_\_\_

(b) Amount of guarantee bond included \_\_\_\_\_

\_\_\_\_\_  
(Signature of President or Vice President)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

NOTE: Please send this form in duplicate, including a certified check or money order for the corresponding amount, payable to the Secretary of the Treasury.