

COMMONWEALTH OF PUERTO RICO OFFICE OF THE COMMISSIONER OF INSURANCE

APPOINTMENT OF MANAGER TO COUNTERSIGN POLICIES

| Puerto Rico | (Insurer's Name) | organized t | ınder |
|------------------------------------|-----------------------------------|------------------------------|-----------|
| the laws of | | gnates and appoints | |
| | | , | |
| whose signature appears hereina | (Name of Appointee) fter | | |
| | (Signature of Appointee) | , | |
| Witness the seal of said of | corporation, and the signature of | of this President this | |
| day of | , 20 | | |
| | | | |
| SEAL | | | |
| SEAL | (<u>S</u> | Signature of President) | |
| | | | |
| (G G) | | | |
| (County or State) | | | |
| | | | |
| (City or County) | | | |
| On this da | y of | , | 20 |
| before me personally appeared | | , | whose |
| signature appears to the above for | | | |
| | | | - |
| and says that the signature to the | above instrument is genuine, | that the seal affixed is the | seal of |
| the corporation referred to therei | n and was affixed by order of i | ts board of directors, and t | that this |
| is the genuine act and deed of sa | id corporation. | | |
| In Witness Whereof, I ha | ve hereunto set my hand and o | fficial seal at | |
| | , the day and year above | written. | |
| | | | |
| | | | |
| SEAL | | (OCC - 1 TV4) | |
| | | (Official Title) | |

Important Note

The official character of the officer who took the above acknowledgement must be certified by the Secretary of State or by a county clerk or other officer performing similar duties, or by a U.S. Consul.