



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

November 1, 2016

CIRCULAR LETTER NO.: CC-2016-1894-ARI

TO ALL INTERNATIONAL INSURERS AND REINSURERS

NOTICE OF CHANGE CONTACT INFORMATION

Dear Sirs and Madams:

As part of the efforts of the Office of the Commissioner of Insurance to optimize communication with our Companies and to keep our data base updated, we have adopted a procedure for changes in the contact information required for the Principal Representative and International Insurers and Reinsurers.

We are enclosing for this purpose FORM ARI-010, which should be filed with our Office in case of change in contact information at the International Insurer and Reinsurer Division.

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

Very truly yours,

A handwritten signature in blue ink, appearing to read "Angela Weyne-Roig".

Ángela Weyne-Roig
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Company Name: _____ FEIN. _____

CHANGE CONTACT INFORMATION FORM

Contact Name: _____

Title: _____

Address: _____

Phone No.: _____ Fax No. : _____ E-Mail Address: _____

Previous Contact Name (if changed): _____

Previous Contact Address (if changed): _____

Previous Contact Phone No. (if changed) _____ Fax No. (if changed) _____

Previous E-Mail Address (if changed) _____

Signature of President or Principal Representative

Date of Preparation

Typed or Printed Name

Title

Phone Number of Preparer

Email Address of Preparer