COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISIONER 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,

Ángela Weyne-Roig
Commissioner of Insurance

Enclosure

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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