

English Translation

Office of the Commissioner of Insurance
Government of Puerto Rico

April 14, 2026

CIRCULAR LETTER NO.: CC-2026-2063-CIS

TO ALL INTERNATIONAL INSURERS AND MULTISTATE INTERNATIONAL INSURERS UNDER
CHAPTER 61 OF THE PUERTO RICO INSURANCE CODE

AMENDMENT TO THE APPLICATION FOR RENEWAL OF THE CERTIFICATE OF AUTHORITY

The Office of the Commissioner of Insurance of Puerto Rico, in the exercise of its regulatory powers and for the purpose of keeping the forms and requirements under Chapter 61 of the Puerto Rico Insurance Code up to date, has revised and amended the Application for Renewal of the Certificate of Authority (Form CIS RNW), applicable to International Insurers and Multistate International Insurers.

As part of this amendment, every entity must include evidence of the assets maintained in Puerto Rico, pursuant to the provisions of Article 61.080(6) of the Puerto Rico Insurance Code, as well as the amount of premium written and/or assumed corresponding to the preceding year, as required in the amended form.

In the case of Multistate International Insurers, the Office of the Commissioner of Insurance may require, as part of the evaluation process, evidence of coordination and communication with the regulators of the jurisdictions in which the entity proposes to write or assume risks, including, when applicable, information related to eligibility or participation in applicable guaranty associations.

Nothing in this Circular Letter shall be interpreted as an automatic recognition of eligibility or reciprocity in other jurisdictions of the United States. The classification and regulatory treatment of International Insurers and Multistate International Insurers will depend on compliance with the laws and applicable requirements in each jurisdiction.

This Circular Letter shall take effect immediately upon its issuance and shall apply to all applications for renewal of Certificates of Authority submitted for fiscal year 2026–2027 and subsequent years. All documentation submitted must strictly comply with the requirements and amendments set forth herein.

Strict compliance with the provisions of this Circular Letter is required, and noncompliance may result in the imposition of sanctions in accordance with the Puerto Rico Insurance Code.

Sincerely,

Att. Suzette M. Del Valle Lecároz
Commissioner of Insurance

**INTERNATIONAL INSURER / MULTISTATE INTERNATIONAL INSURER
APPLICATION FOR RENEWAL OF THE CERTIFICATE OF AUTHORIZATION**

GENERAL INSTRUCTIONS

In accordance with Article 61.230(2) of the Insurance Code of Puerto Rico and Article 15 of Rule LXXX of the Regulation of the Insurance Code of Puerto Rico, which governs the Operations of International Insurers and Multistate International Insurers, each licensed International Insurer and Multistate International Insurer shall renew its Certificate of Authority annually, on or before **June 30th**, immediately following the date of issue or renewal. Payment of corresponding charges must be in the form of money order or a certified check, payable to the Secretary of the Treasury of Puerto Rico. In addition, and pursuant to the governing laws and regulations of the Insurance Code of Puerto Rico, the Commissioner has the discretion and powers to refuse to renew, revoke or suspend the authorization of an International Insurer or Multistate International Insurer. The Commissioner of Insurance may also impose fines and/or penalties, and refuse to further renew, revoke, or suspend the certificate of authority of an International Insurer or Multistate International Insurer, if it is not renewed by June 30th.

This form must be filled out in its entirety and, when submitted, it should have attached all material requested together with the corresponding payment. A response to each item(s) is necessary in order for your application to be considered complete. If any question(s) is inapplicable to your particular situation, please clearly indicate so by marking "N/A" in the space provided. **All fields must be filled out (complete).**

Renewal forwarding mailing address for the Puerto Rico Insurance Commissioner's Office:

PO Box 195415, San Juan, PR 00919-5415

Renewal physical delivery address:

World Plaza Building - 9th Floor, 268 Muñoz Rivera Ave., San Juan, PR 00919

PLEASE TYPE ALL INFORMATION

SECTION A: GENERAL INFORMATION

We submit the following information in compliance with the laws and regulations of Chapter 61 of the Insurance Code of Puerto Rico, to obtain the renewal of our certificate of authority to transact insurance business as an International Insurer or Multistate International Insurer for the year _____.

1. International Insurer/ Multistate International Insurer Entity Information:

Name: _____

Postal Address: _____

Headquarters Address: _____

Telephone: _____ Fax: _____

Email: _____

2. Corporate Id Number (FEIN Number): _____

3. NAIC Group Number (if applicable): _____

4. Authorized Principal Representative Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

5. Contact Person(s) Information Regarding This Application:

Name(s): _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

6. International Insurer/Multistate International Insurer: President's Information

Name: _____

Telephone: _____ Email: _____

7. International Insurer/Multistate International Insurer: Treasurer's Information

Name: _____

Telephone: _____ Email: _____

8. International Insurer/Multistate International Insurer: Secretary's Information

Name: _____

Telephone: _____ Email: _____

9. Indicate type of authorization being renewed (please check):

<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3
<input type="checkbox"/> Class 4	<input type="checkbox"/> Class 5	<input type="checkbox"/> Class 6
<input type="checkbox"/> Class 3M	<input type="checkbox"/> Class 4M	<input type="checkbox"/> Class 5M

10. Please provide any information about any business other than insurance business that the International Insurer/Multistate International Insurer proposes to carry: (Please use a separate sheet, if necessary)

11. Include evidence of assets in Puerto Rico in compliance with Article 61.080(6) of the Insurance Code of Puerto Rico.

SECTION B: FEES

Pursuant to Article 15 of Rule LXXX of the Regulation and Article 61.050(10) of the Insurance Code of Puerto Rico, the International Insurer/Multistate International Insurer will pay, on the date of each renewal, on or before **June 30th**, an annual contribution pursuant to the ranges of written premium and/or assumed premium set forth as follows:

<u>PREMIUMS WRITTEN/ASSUMED</u>	<u>AMOUNT TO BE PAID</u>
1. No more than \$25,000,000	\$5,000.00
2. More than \$25,000,000 but less than \$50,000,000	\$10,000.00
3. More than \$50,000,000 but less than \$75,000,000	\$20,000.00
4. More than \$75,000,000 but less than \$100,000,000	\$35,000.00
5. More than \$100,000,000 but less than \$150,000,000	\$50,000.00
6. More than \$150,000,000 but less than \$250,000,000	\$65,000.00
7. More than \$250,000,000	\$75,000.00

Please indicate check number, amount of annual contribution paid and premium written/assumed:

Check Number: _____ Amount of annual contribution: _____

Amount of Premium Written/ Assumed: _____ Preceding fiscal year: _____

SECTION C: CERTIFICATION

I certify that the information given in this application is true and correct and that all estimates given are true estimates based upon the facts that have been carefully considered and assessed. Furthermore, I affirm that pursuant to Article 61.050(9), the applicant shall notify the Commissioner of Insurance in an expedited manner and in writing, of any change in the information submitted as part of this application within ten (10) days of said change.

If applicant is a Protected Cell International Insurer, I further acknowledge that all financial records of the Protected Cell Company, including records pertaining to protected cells, shall be available for inspection or examination by the Commissioner or the Commissioner's designee.

Name: _____ Date: _____

Signature: _____
(DIRECTOR)

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Affidavit No. _____

Personally appeared before me the above named _____
personally known to me, who, being duly sworn, deposes and says that he/she
executed the above instrument and that the statements and answers contained therein
are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC