



COMMONWEALTH OF PUERTO RICO  
 COMMISSIONER OF INSURANCE

LIFE INSURANCE MISCELLANEOUS REPORT  
 FOR ALL LIFE AND DISABILITY AUTHORIZED INSURERS  
 FOR THE YEAR ENDING DECEMBER 31, \_\_\_\_\_

IMPORTANT NOTE

*The information requested is for Puerto Rico business only.*

*This report must be completed in entirety. It will be considered filed if and only the signature of an authorized officer is affixed herein.*

NAIC COMPANY CODE: \_\_\_\_\_

INSURER'S NAME \_\_\_\_\_

1	Number of Policies of Certificate in Force	0
	a. Ordinary	
	b. Credit life (Group & Individuals)	
	c. Group	
	d. Industrial	
2	Life Insurance In Force	0
	a. Ordinary	
	b. Credit life (Group & Individuals)	
	c. Group	
	d. Industrial	
3	Paid Dividends	
4	Accumulated Dividends	
5	Policy Loans	
6	Aggregate Reserves	\$ -
	a. Life	
	b. Accident	

*\*Lines 1 and 6 have automatic formulas.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Date