

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
P.O. Box 11217- Fernández Juncos Sta.
Santurce, Puerto Rico

CIRCULAR LETTER NO. C 1-216-59.
January 13, 1959.

TO ALL INSURERS AUTHORIZED TO DO BUSINESS IN PUERTO RICO

Sirs:

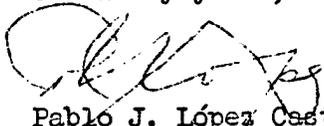
We are enclosing three forms of the Premium Tax Statement required by Section 7.030 of the Puerto Rico Insurance Code, in which you must report to this Office all the premiums for insurance and considerations for annuities received during calendar year 1958, on which tax is payable pursuant to Section 7.020 of said Code.

In accordance with this last section, each insurer shall, on or before the 31st. day of March of each year, pay to the Secretary of the Treasury of the Commonwealth of Puerto Rico, through the office of the Commissioner, a tax on premiums and annuity considerations received by the insurer during the preceding calendar year on insurance transacted in Puerto Rico or covering risks resident, located, or to be performed in Puerto Rico, wherever transacted.

In order to comply with the Code requirements mentioned above, kindly have this matter taken care of on or before March 31, 1959.

Your remittance should be accompanied by the original of the tax report. Two additional copies of the form have been furnished so that you may keep a copy and your general agent may be furnished a copy.

Cordially yours,


Pablo J. López Castro
Commissioner

Enclosure

cc: General Agents and Managers

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
SAN JUAN, PUERTO RICO

PREMIUM TAX STATEMENT-TITLE COMPANIES

Calendar Year Ended December 31, 19.....

Company.....

Address.....

1. Net direct premiums written during calendar year 19..... \$.....
2. Tax due at 3%.....
3. Prior years' adjustments—Furnish detail on reverse side.
4. Tax payable—Make check payable to the Secretary of the Treasury \$.....

I, the undersigned,.....of the Company for which this return is made, hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date.....19.....

Signature of authorized officer

Title

IMPORTANT

The original of this statement must be filed with the Commissioner of Insurance, San Juan, Puerto Rico, together with the amount of the tax, not later than March 31 of each year.

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
SAN JUAN, PUERTO RICO

PREMIUM TAX STATEMENT-FACTORY MUTUAL COMPANIES

Calendar Year Ended December 31, 19.....

Company.....

Address.....

1. Premium deposits on policies in force on December 31, 19..... \$.....
2. Returned to policyholders computed on the basis of average reimbursement paid and/or credited on annual policies expiring during year 19..... (See computation below) \$.....
3. Balance subject to tax (deduct line 2 from line 1) \$.....
4. Tax due at 3% \$.....
5. Prior years' adjustments—Furnish detail on reverse side
6. Tax Payable—Make check payable to the Secretary of the Treasury \$.....

Computation of the Unused or Unabsorbed Portion of Premium Computed at Average Reimbursement Paid and/or Credited to the Insureds during Calendar Year 19.....

1. Total reimbursements actually paid or credited to the insureds on annual policies expiring during the year \$.....
2. Number of insureds which received premium reimbursements
3. Average reimbursement (Line 1 divided by 2) \$.....
4. Number of policies written during the year
5. Unused or unabsorbed portion of premium computed on the basis of average reimbursement (Line 3 multiplied by Line 4) \$.....

I, the undersigned,.....of the Company for which this return is made, hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date.....19.....

.....
Signature of authorized officer

.....
Title

IMPORTANT

The original of this statement must be filed with the Commissioner of Insurance, San Juan, Puerto Rico, together with the amount of the tax, not later than March 31 of each year.

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
SAN JUAN, PUERTO RICO

PREMIUM TAX STATEMENT—LIFE INSURANCE COMPANIES

Calendar Year Ended December 31, 19.....

COMPANY.....

ADDRESS.....

C L A S S	Gross direct premiums received during calendar year ended Dec. 31, 19.....	Less cancelled or returned premiums.	Less dividends paid or credited to policyholders.	Net premiums on which the tax is based.
1. Ordinary Life Insurance.....				
2. Industrial Life Insurance.....				
3. Group Life Insurance.....				
4. Accident.....				
5. Health.....				
6. Group Accident and Health.....				
7. Non-cancellable Accident and Health.....				
8. Credit Life:				
a) Individual.....				
b) Group.....				
9. Credit Accident and Health:				
a) Individual.....				
b) Group.....				
10. Annuities* *.....				
11.				
12.				
TOTALS.....				

* * Tax due at 1%

1. Tax due at 2% as provided for in Section 7.020(1) (a) \$.....
2. Tax due at 1% as provided for in Section 7.020(1) (b) \$.....
3. Total..... \$.....
4. Prior years' adjustments—Furnish detail on reverse side... ..
5. Tax payable—make check payable to the Secretary of the Treasury..... \$.....

I, the undersigned, _____ of the Company for which this return is made, hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date..... 19.....

Signature of authorized officer

Title

IMPORTANT

The original of this statement must be filed with the Commissioner of Insurance, San Juan, Puerto Rico, together with the amount of the tax, not later than March 31, of each year.

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
SAN JUAN, PUERTO RICO

PREMIUM TAX STATEMENT — FIRE AND CASUALTY COMPANIES

CALENDAR YEAR ENDED DECEMBER 31, 19.....

Company

Address

- | | | |
|--|----------------|---------|
| 1. Net Direct Premiums—Lines 1 through 10, and 16 through 29, per Annual Statement page 14, column 1 | \$..... | |
| 2. Less Dividends applicable to premiums on line 1 above | | |
| | Amount Taxable | \$..... |
| | Tax due at 3% | \$..... |
| 3. Net Direct Premiums—Lines 11 through 15 | \$..... | |
| 4. Less Dividends applicable to premiums on Line 3 above | | |
| | Amount Taxable | \$..... |
| | Tax due at 2% | \$..... |
| 5. Prior years' adjustments—Furnish detail on reverse side | | |
| 6. Tax payable—Make check payable to the Secretary of the Treasury | | \$..... |

RECONCILIATION TO PAGE 14 OF ANNUAL STATEMENT

	<u>Premiums</u>	<u>Dividends</u>
Lines 1 and 2 above	\$.....	\$.....
Lines 3 and 4 above
Totals **	\$.....	\$.....

**Must agree with line 30, columns 1 and 3 of page 14 of Current Annual Statement.

I, the undersigned,.....of the Company for which this return is made, hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date.....19.....

.....
Signature of authorized officer

.....
Title

IMPORTANT

The original of this statement must be filed with the Commissioner of Insurance, San Juan, Puerto Rico, together with the amount of the tax, not later than March 31 of each year.