

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
P. O. Box 3508 - Old San Juan Station
San Juan, Puerto Rico 00904

Circular Letter No. AM-I-3-699-77
March 28 ,1977

TO ALL CASUALTY INSURERS, THE P. R. JOINT UNDERWRITING
ASSOCIATION FOR MEDICAL-HOSPITAL PROFESSIONAL LIABILITY
INSURANCE AND SURPLUS LINE BROKERS AUTHORIZED TO TRANSACT
PHYSICIANS, SURGEONS AND HOSPITAL MALPRACTICE INSURANCE
BUSINESS IN PUERTO RICO

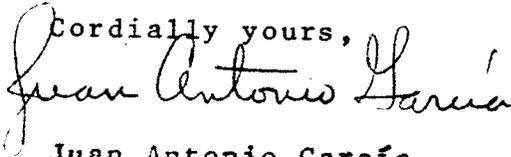
Dear Sirs:

In accordance with the provisions of Article ^{41.150}~~41.140~~ of
the Insurance Code of Puerto Rico, you are hereby requested
to submit a monthly report of all medical, dental and hospital
malpractice claims made against any insurance contract issued
for delivery in Puerto Rico covering subjects of insurance
resident, located or to be performed in Puerto Rico.

The report must be received in the Office of the
Commissioner of Insurance not later than the tenth day after
the close of each month in the form furnished by our Office.
If no claim has been received, then the form must be filed
stating so. Enclosed, please find a copy of said form.

The first report shall cover the months of January and
February, 1977; subsequent reports shall cover the months
thereafter.

Please acknowledge receipt of this Circular Letter by
filling in and signing the enclosed blank form.

Cordially yours,

Juan Antonio García
Chief Deputy Commissioner
of Insurance

Enclosure

(Date)

Office of the Commissioner of Insurance
P. O. Box 3508 - Old San Juan Station
San Juan, Puerto Rico 00904

Dear Sirs:

Receipt of Circular Letter AM- I-3-699-77
of March 28, 1977, is hereby acknowledged.

Name of Company or Broker

By: _____

Title or Position