

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. S-10-710-77  
November 25, 1977

TO ALL INSURERS AUTHORIZED TO TRANSACT LIABILITY  
INSURANCE AND MALPRACTICE INSURANCE IN PUERTO RICO

Gentlemen:

Act No. 74, approved May 3, 1976, among other things, amended the Insurance Code of Puerto Rico to create a Joint Underwriting Association for Physicians, Surgeons and Hospital Professional Liability Insurance. Said Association is composed of all insurers authorized to transact in Puerto Rico liability insurance and malpractice insurance, as defined respectively in Sections 4.080(1) and (10) of the Insurance Code of Puerto Rico.

Section 41.040(4) of our Insurance Code stipulates that the Joint Underwriting Association shall be governed by a Board of nine directors elected annually by the members of the Association. For such election each member insurer is entitled to a vote which shall have weight in accordance with the direct net premiums written by each member during the preceding year for the aforementioned classes of insurance. The Board shall be elected annually in a meeting of the member insurers, or their authorized representatives, on the date and place designated by the Commissioner of Insurance.

Pursuant to said provision, a meeting is hereby called to take place on Tuesday, December 27, 1977, at 9:30 A. M. at the Office of the Commissioner of Insurance, Intendente Alejandro Ramírez Building, Second Floor, Paseo Covadonga, Stop 1, San Juan, Puerto Rico.

A designation of Authorized Representative form is enclosed to be completed by your President and Secretary, or any other authorized representative, and returned to us in time for the meeting. It may be handed personally by the designated representative at the place and time of the meeting.

If you do not wish to designate a representative of your own, the selection of a representative may be made from one of the following persons, in which case the designation form must be executed and returned to us before the meeting:

Mr. Jorge H. Ondina  
Mr. Víctor Salgado

We are also enclosing a form in which you must inform the liability and malpractice insurance net premiums written in Puerto Rico during calendar year 1976. Said form must be returned to us before the meeting.

Thank you for your cooperation.

Cordially yours,

A handwritten signature in black ink, appearing to read "Rolando Cruz", is written over the typed name.

Rolando Cruz  
Commissioner of Insurance

Enclosure

COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE  
P. O. BOX 3508 - Old San Juan Station  
San Juan, Puerto Rico 00904

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DESIGNATION OF AUTHORIZED REPRESENTATIVE

WHEREAS, \_\_\_\_\_ is an  
(Insurer's Name)  
insurer duly authorized to write liability and malpractice insur-  
ance in the Commonwealth of Puerto Rico and thus is a member of  
the Joint Underwriting Association for Physicians, Surgeons and  
Hospital Professional Liability Insurance.

WHEREAS, a meeting shall be held on December 27, 1977, to  
elect the second Board of Directors of said Association pursuant  
to Section 41.040(4) of the Insurance Code of Puerto Rico.

THEREFORE, \_\_\_\_\_ hereby  
(Insurer's Name)  
appoints and names Mr. \_\_\_\_\_ to be its  
representative and to vote on its behalf at said meeting and upon  
any question or questions which may come before such meeting.

This \_\_\_\_\_ day of \_\_\_\_\_ 1977.

\_\_\_\_\_  
President or Vice President

\_\_\_\_\_  
Secretary or Subsecretary

Corporate Seal

COMMONWEALTH OF PUERTO RICO  
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SWORN STATEMENT

According to our best information, knowledge and belief we the undersigned do declare that the liability and malpractice net premiums written in Puerto Rico during calendar year 1976 by \_\_\_\_\_ were as follows:

(insurer's name)

Liability Insurance \_\_\_\_\_  
(as defined in Section 4.080(1)  
of the Insurance Code of P.R.)

Malpractice Insurance \_\_\_\_\_  
(as defined in Section 4.080(10)  
of the Insurance Code of P.R.)

\_\_\_\_\_  
President or Vice President

\_\_\_\_\_  
Secretary or Subsecretary

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 1977. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public