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

January 28, 1980
Circular Letter AE-1-801-80

TO ALL LIFE INSURANCE COMPANIES
DOING BUSINESS IN PUERTO RICO

Dear Sirs:

Enclosed please find blank forms for the filing of the Life Insurance Miscellaneous Report, corresponding to your 1979 business in the Commonwealth of Puerto Rico. This report must be completed and filed with this Office in addition to the regular annual statement.

The information required in the Life Insurance Miscellaneous Report is for your Puerto Rico business only.

This information must include the following:

1. Number of policies in force
2. Number of group certificates
3. Accumulated dividends
4. Policy loans
5. Reserves

The annual statement must be filed in the official form approved by the National Association of Insurance Commissioners.

It is hereby requested that all insurers authorized to do business in Puerto Rico, must include the information required on page 46, Direct Business in the Commonwealth of Puerto Rico as of December 31, 1979, in the manner prescribed therein. It is of utmost importance that this information be filed with the regular annual statement and within the filing due date.

You are reminded that the filing due date of the regular annual statement and its supporting schedules, as well as the Life Insurance Miscellaneous Report, is March 31, 1980 and that they must be received in this Office before that date.

Also, enclosed is the Statement of Reconciliation of Premiums Written for Puerto Rico Business, to be filed concurrently with the annual statement.

These reports, as well as the regular annual statement, must be submitted in duplicate. Please be advised that no additional time will be granted for the submission of these reports.

Cordially yours,

Rolando Cruz, Esq.
Commissioner of Insurance

Enclosure

COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
P. O. BOX 3508 - OLD SAN JUAN
SAN JUAN, PUERTO RICO 00904

LIFE INSURANCE MISCELLANEOUS REPORT

Name of Insurer _____

Head Office _____

1. Number of Policies in Force _____

   a) Ordinary _____
      Special Contract
   b) Ordinary _____
   c) Group _____

2. Number of Group Certificates _____

3. Accumulated Dividends _____

4. Policy Loans _____

5. Reserves _____

We Hereby Certify that the figures appearing on this statement are true an correct for the calendar year 1979, as per records and books of account of this Company.

_____ 19____

_____ ____

IMPORTANT - LIFE INSURANCE MISCELLANEOUS REPORT

THIS REPORT MUST BE COMPLETED IN ITS ENTIRETY; IT WILL BE CONSIDERED AS FILED IF AND ONLY IF THE SIGNATURE OF AUTHORIZED OFFICER IS AFFIXED HEREIN; THE SAME MUST BE RECEIVED IN THIS OFFICE ON OR BEFORE MARCH 31, 1980.

THE INFORMATION REQUESTED IS FOR PUERTO RICO BUSINESS ONLY AND WILL INCLUDE ALL TRANSACTIONS SINCE COMMENCING BUSINESS UP TO AND INCLUDING THE YEAR ENDING DECEMBER 31, 1979.

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
San Juan, Puerto Rico 00904

PREMIUMS TAX RETURN - SEMESTER ENDED JUNE 30, 19_____
DECEMBER 31, 19_____

COMPANY_____

LIFE, DISABILITY (A & H) PREMIUMS AND ANNUITY CONSIDERATIONS

a. First semester (ended June 30) tax computed as follows:

1. 50% of gross life and disability premiums of previous calendar year at the rate of 4%
Last year premiums $_____ 2x.04= .....$_____

2. Add 50% of gross annuity considerations of previous calendar year at the rate of 1%
Last year considerations $_____ 2x.01=..... _____

3. Total tax due first semester (line 1 plus 2) .$_____

b. Second semester (ended December 31) tax computed as follows:

1. Direct life and disability premiums per schedule T of current annual statement.....$_____

2. Deduct:
2.1 Applicable dividends.....$_____
2.2 Premiums taxed per line a.1 of first semester return..... _____
2.3 Other (explain below) .....$_____
2.4 Total deductions

3. Net taxable life and disability premiums for second semester (line 2 less 2.4).....$_____

4. Tax due on net premiums (line 3x.04).....$