



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

August 25, 1982
Circular Letter No. AM-I-6-881-82

TO ALL INSURERS AUTHORIZED TO TRANSACT SINGLE
INTEREST AUTOMOBILE PHYSICAL DAMAGE INSURANCE IN
PUERTO RICO

Subject: Report Requested on Statistical
Data Developed by Single Interest
Automobile Physical Damage
Insurance

Dear Sirs:

On February 11, 1980, this Office issued Circular Letter No. AM-I-I-799-80, which among other rulings, required the submission of a semiannual report on Single Interest Automobile Physical Damage Insurance. Said form, bearing number AM-IV-80-1, was subsequently amended by a letter dated May 1, 1980.

We have revised the content of the form to meet current needs of the Single Interest Automobile Physical Damage Insurance business. The revised form bears the number AM-I-82-1, and its content is in accordance with the insurance industry accounting practices which facilitates the completion of the form.

Therefore, beginning with the report for the period ending December 31, 1982, insurers shall use Form AM-I-82-1. Said report shall be received in this Office not later than February 28, 1983. Thereafter, all reports, using this form shall be received in this Office not later than the thirtieth (30) day of the second month following the completion of the six month period.

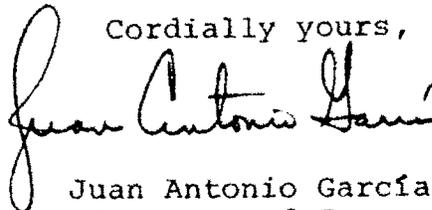
This circular letter supersedes Circular Letter No. AM-I-I-799-80 of February 11, 1980, and its amendment, only in such

ruling related to the requested report on statistical data developed by Single Interest Automobile Physical Damage Insurance business using Form AM-IV-80-1 (Corrected).

In addition, insurer must submit, as part of Form AM-I-82-1, a list of all producers to whom the commission informed in item 1 and 2 of Part VII, was paid by the insurer and the amount paid to each producer.

Strict compliance with the provisions of this circular letter is hereby required.

Cordially yours,

A handwritten signature in cursive script, appearing to read "Juan Antonio García". The signature is written in dark ink and is positioned above the typed name.

Juan Antonio García
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

STATISTICAL REPORT ON SINGLE INTEREST AUTOMOBILE PHYSICAL DAMAGE INSURANCE

Written by: _____

Six months ended, June 30, 19__

Twelve months ended, December 31, 19__

I. Direct Premiums Earned

1. Net Premiums Written \$
2. Unearned Premiums Dec. 31, Last Year
3. Unearned Premiums End of Current Year ...
4. Premiums Earned Current Year (1 + 2 - 3) \$ _____

II. Premiums in Force

1. In Force Dec. 31, Last Year, w/o
Reinsurance \$
2. Premiums Written During Year
3. Expiration & Excess of Original Premiums
Over Return Premiums on Cancellation .. _____
4. Premiums in Force (1 + 2 - 3) \$ _____
5. Reinsurance in Force
6. Net Premiums in Force (5 - 6) \$ _____

III. Net Premiums Written

1. Direct Premiums Written \$
2. Reinsurance Assumed
3. Reinsurance Ceded (Excluding Catastrophe
Reinsurance)
4. Net Premiums Written (1 + 2 - 3) \$ _____

IV. Losses Paid & Incurred

1. Losses Paid, Direct Business \$
2. Reinsurance Assumed
3. Reinsurance Recovered

- 4. Salvage and Subrogation Recovered after Reinsurance
- 5. Net Payments (1 + 2 - 3 - 4)\$ _____
- 6. Net Losses Unpaid Current Year
- 7. Net Losses Unpaid Previous Year
- 8. Losses Incurred Current Year (5 + 6 - 7)\$ _____
- 9. Ratio Losses Incurred to Premiums Earned

V. Unpaid Losses & Loss Adjustment Expenses

- 1. Adjusted or in Process, Direct\$ _____
- 2. Adjusted or in Process, Reinsurance Assumed
- 3. Deduct Reinsurance Recoverable
- 4. Net Losses Excluding IBNR (1 + 2 - 3)\$ _____
- 5. IBNR, Direct
- 6. IBNR, Reinsurance Assumed Less Ceded
- 7. Net Losses Unpaid, Excluding Loss Adjustment Expenses (4 + 5 + 6)\$ _____
- 8. Unpaid Loss Adjustment Expenses\$ _____

VI. Loss Adjustment Expenses

- 1. Total Loss Adjustment Expenses Incurred\$ _____
- 2. Total Loss Adjustment Expenses Paid\$ _____

VII. Other Underwriting Expenses

- 1. Commissions Paid on Direct Business Excluding Contingent\$ _____
- 2. Contingent Commissions Paid on Direct Business
- 3. Commissions Paid on Reinsurance Assumed
- 4. Commissions Received on Reinsurance Ceded ...
- 5. Net Commissions (1 + 2 + 3 - 4)\$ _____
- 6. Cost of Catastrophe Reinsurance
- 7. Other Underwriting Expenses
- 8. Total Underwriting Expenses Paid (5+6+7)\$ _____
- 9. Unpaid Underwriting Expenses, Current Year
- 10. Unpaid Underwriting Expenses, Last Year
- 11. Total Underwriting Expenses Incurred (8+9-10)\$ _____

VIII. Other Information

- 1. Number of Salvage Automobile Sold\$ _____
- 2. Total Income from Salvage Automobiles Sold ..
- 3. Average Income from Salvage Automobiles Sold \$ _____
- 4. Number of Claims Incurred
- 5. List of all producers to whom the commissions informed in section VII were paid.

AFFIDAVIT

_____, President,
and _____ Secretary of the _____
_____, being duly sworn, deposes and
say, and each for himself says, that they are the above described
officers of the said company, that the foregoing information con-
tains a full, true and correct statement of all single interest
automobile physical damage insurance business executed by said
company and its agents, during the months ended _____, 19__;
and further, that the statements and declarations contained herein
are correct and true in every particular, according to the best of
their information, knowledge and belief, respectively.

President or Senior Vice President

Secretary or Treasurer

Suscribed and sworn to before me this ___ day of _____, 19__.

Public Notary