



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

December 10, 1985

Circular Letter No. AE-1-1020-85

TO ALL FOREIGN LIFE AND DISABILITY INSURERS AUTHORIZED TO
TRANSACT INSURANCE BUSINESS IN PUERTO RICO

Subject: Semi-annual Premium
Statement for Un-
authorized general
agent or manager

Dear Sirs:

Section 3.320 of the Insurance Code of Puerto Rico, 26 LPRA sec. 332, stipulates the following:

"Each authorized insurer shall, at the request of the Commissioner, furnish or cause to be furnished to the Commissioner data for compilation and study of statistics relative to insurance of such insurer effected or in force in Puerto Rico. Such data may include information as to losses suffered on account of any risk or risks, cause of such losses, and other information deemed necessary by the Commissioner."

Pursuant to the aforesaid section, this Office is hereby requesting that every foreign insurer authorized to transact insurance business in Puerto Rico submit a semi-annual premium statement for the semester ending December 31, 1985, for every general agent or manager who did not renew its license in Puerto Rico, but acted as a premium collecting agent for the insurer during that semester. The required statement shall contain information on collected and/or transacted premiums during the period in which said general agent or manager was not authorized to represent the foreign insurer and which originated during the period for which the general agent or manager had an active licence to represent said insurer. This statement shall not

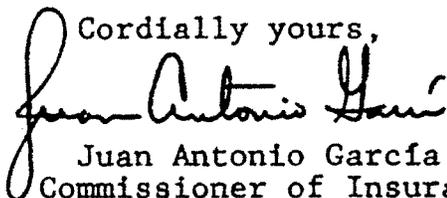
include information on transacted business by general agents or managers with an active licence for the insurer.

If this situation does not apply to the insurer, a statement indicating so must be submitted by the insurer.

We enclose a blank form of the semi-annual premium statement corresponding to unauthorized general agents or managers. This statement must be completed in its entirety and filed in this Office on or before January 31, 1986.

Strict compliance with the aforesaid provisions is hereby required.

Cordially yours,

A handwritten signature in cursive script that reads "Juan Antonio Garcia". The signature is written in dark ink and is positioned above the printed name and title.

Juan Antonio Garcia
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

SEMIANNUAL PREMIUM STATEMENT
OF UNAUTHORIZED GENERAL AGENT OR MANAGER

SEMESTER ENDING _____ 19__

INSURER _____

GENERAL AGENT OR MANAGER _____

Class	Net Premiums Received
Life:	
Ordinary	
Industrial	
Group	
Disability:	
Individual	
Group	
Annuities	
Credit:	
Life	
Disability	
All Other:	

I certify that the above is a true and correct statement for the semester ending _____ 19__ as per our records and books of account.

Authorized Officer

Read instructions at dorsum

I N S T R U C T I O N S

1. Under "Net Premium Received", gross premiums received for the semester less deductions for the same period shall be entered.
2. Insurance transactions made by the insurers in this Commonwealth shall be reported semiannually to the Commissioner of Insurance.

The statement covering the transactions made during the semiannual periods ending June 30 and December 31, shall be rendered within the month following the semiannual period for which the report is rendered. In those cases where there has been no insurance transacted during the preceding semester the report shall so indicate.

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