



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

February 2, 1987

Circular Letter No. AE-1-1-1074-87

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

Subject: Annual Statement and
Related Items

Dear Sirs:

Section 3.310(1) and (2) of the Insurance Code of Puerto Rico, 26 LPRA sec. 331(1) and (2), stipulates the following:

"(1) Each authorized insurer shall annually, before the thirty-first day of March, file with the Commissioner a true statement of its financial condition, transactions, and affairs as of the December 31st preceding. The statement shall be on forms as prescribed by the Commissioner, shall contain information as required by this code and by the Commissioner, and shall be verified by the oath of at least two of the insurer's principal officers. The annual statement of a reciprocal or Lloyd's insurer shall be verified by his attorney-in-fact.

(2) The annual statement of a foreign insurer not formed in the United States but authorized to transact insurance in a state of the United States, may relate only to its assets, transactions, and affairs in the United States and Puerto Rico (and including, at the insurer's option, the Virgin Islands and the Canal Zone) unless the Commissioner requires otherwise. The statement may be verified by the insurer's United States manager or by its officers duly authorized."
(emphasis supplied)

Pursuant to the aforesaid section, the annual statement for calendar year ending December 31, 1986 shall be filed in this Office before March 31, 1987, along with the \$50 filing fee prescribed by Section 7.010(18) of the Insurance Code of Puerto Rico, 26 LPRA sec. 701(18). The \$50 fee must be sent in check or money order payable to the Secretary of the Treasury and the annual statement shall be filed in duplicate in the official form approved by the National Association of Insurance Commissioners.

In addition, enclosed please find blank forms for the filing of the Life Insurance Miscellaneous Report, and the Statement of Reconciliation of Premiums Written, corresponding to your 1986 business in the Commonwealth of Puerto Rico. These reports must be completed and filed in this Office along with 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

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, 1986, 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.

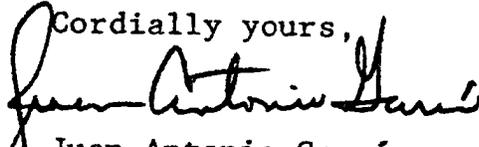
You are reminded that the annual statement, its supporting schedules, as well as the Life Insurance Miscellaneous Report and the Statement of Reconciliation of Premiums Written, must be filed in duplicate in this Office before March 31, 1987.

Please be advised that no additional time will be granted for the submission of these reports.

Domestic insurers shall also file, before March 31, 1987, along with the regular annual statement, a list, duly sworn, showing the name of each and every stockholder, the number of shares each one holds and the percentage such number represents from the total number of shares, pursuant to circular letter No. E-9-783-79 of September 19, 1979.

Strict compliance with the aforesaid provisions is hereby required.

Cordially yours,



Juan Antonio García
Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

LIFE INSURANCE MISCELLANEOUS REPORT

Name of Insurer _____

Calendar year _____

- 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 and correct for the calendar year _____, as per records and books of account of this Company.

_____ 19____

Name _____

Signature _____

Title _____

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 AN AUTHORIZED OFFICER IS AFFIXED HEREIN.

THE INFORMATION REQUESTED IS FOR PUERTO RICO BUSINESS ONLY AND WILL INCLUDE ALL TRANSACTIONS SINCE COMMENCING BUSINESS, UP TO AND INCLUDING THE CALENDAR YEAR INDICATED ABOVE.



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

STATEMENT OF RECONCILIATION OF PREMIUMS WRITTEN
CALENDAR YEAR _____

Name of Insurer: _____

1. Direct writings - Schedule T - Column 1 \$ _____

2. Deduct:

2.1 Business transacted by agents in previous year but accounted for by company in current year \$ _____

2.2 Other deductions (explain below) _____

2.3 Total deductions (line 2.1 plus 2.2) \$ _____

3. Sub-total \$ _____

4. Add:

4.1 Business transacted by agents in current year but accounted for by company in following year \$ _____

4.2 Other additions (explain below) _____

4.3 Total additions (line 4.1 plus 4.2) \$ _____

5. Total \$ _____

6. Business transacted by agent as reported by them in semiannual statement filed. \$ _____

Explanations _____

I hereby certify that the information indicated in this statement is true and accurate to the best of my knowledge.

_____ Date

_____ Signature

_____ Name of Authorized Officer

_____ Title

Note: This form must be filed together with the Annual Statement for the same calendar year.