



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

December 29, 1987

Circular Letter E-12-1100-87

TO ALL FOREIGN INSURERS DOING BUSINESS IN PUERTO RICO

Re: Premium Tax Return for
the semester ending
December 31, 1987

Dear Sirs:

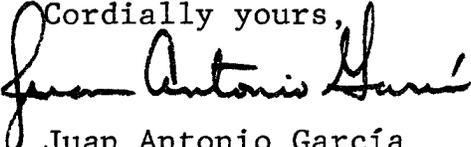
Pursuant to the provisions of Section 7.020(1) of the Insurance Code of Puerto Rico, every insurer shall pay to the Secretary of the Treasury of the Commonwealth of Puerto Rico, through our Office, the premium tax corresponding to the insurance business transacted in Puerto Rico.

Said tax shall be payable on the basis of calendar semesters. Taxes due for the semester which ends on June 30, shall be paid not later than the following September 30, and those due for the semester which ends on December 31, shall be paid not later than March 31, of the following calendar year.

In view of the above, the premium tax corresponding to the semester ending December 31, 1987, must be paid on or before March 31, 1988. For this purpose, we enclose blank forms of the Premium Tax Return which should be completed and returned to us, with the corresponding payment, by said date.

The payment shall be made in check payable to the Secretary of the Treasury of Puerto Rico.

Strict compliance with the above is hereby required.

Cordially yours,

Juan Antonio García
Commissioner of Insurance

Enclosure



OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN - SEMESTER ENDED JUNE 30, 19
DECEMBER 31, 19

Insurer: _____

Mailing address: _____

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 (\$) 2) x .04 = \$ _____
2. Add 50% of gross annuity considerations of previous calendar year at the rate of 1%
Last year considerations (\$) 2) x .01 = \$ _____
3. Total tax due first semester (line 1 plus line 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 1 less line 2.4) \$ _____
4. Tax due on net premiums (line 3 x .04) \$ _____
5. Annuity considerations per Schedule T of annual statement \$ _____
6. Deduct:
6.1 Annuity consideration taxed per line a.2 of first semester return \$ _____
6.2 Other (explain below) \$ _____
6.3 Total deductions \$ _____
7. Net taxable annuity considerations for second semester (line 5 less line 6.3) \$ _____
8. Tax due on net consideration (line 7 x .01) \$ _____
9. Total tax due second semester (line 4 plus line 8) \$ _____

Explanations _____

The undersigned hereby certifies that the statements in this return are true, correct and complete to the best of his knowledge and belief.

Date _____

Signature of Authorized Officer

Printed Name

Title

(over)

NOTE: This form must be filed on or before the end of the third month following each calendar semester. Include check for tax due payable to the Secretary of the Treasury of Puerto Rico.

Do not write below this line

Check No. _____ Official Receipt No. _____

OCS PRT-8-74



OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN - SEMESTER ENDED JUNE 30, 19
DECEMBER 31, 19

Insurer: _____

Mailing address: _____

PROPERTY, CASUALTY, DISABILITY (A & H), SURETY AND TITLE PREMIUMS

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

1. 50% of gross premiums of previous calendar year at the rate of 4%
Last year premiums (\$) 2) x .04 = \$ _____

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

1. Premiums per line 31, Col. 1, page 14 of current annual statement \$ _____

2. Deduct:

2.1 Applicable dividends per line 31, Col. 3, page 14 of annual statement \$ _____

2.2 First semester premiums taxed per line a.1 of first semester tax return _____

2.3 Other (explain below) _____

2.4 Total deductions \$ _____

3. Net Taxable Premiums for second semester (line 1 less line 2.4) \$ _____

4. Tax due second semester (line 3 x .04) \$ _____

Explanations _____

The undersigned hereby certifies that the statements in this return are true, correct and complete to the best of his knowledge and belief.

Date _____

Signature of Authorized Officer _____

Printed Name _____

Title _____

NOTE: This form must be filed on or before the end of the third month following each calendar semester. Include check for tax due payable to the Secretary of the Treasury of Puerto Rico.

Do not write below this line

Check No. _____

Official Receipt No. _____