



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. AC-I-7-1199-90

TO ALL INSURERS AUTHORIZED TO TRANSACT
PROPERTY AND CASUALTY INSURANCE
IN PUERTO RICO

Re: Statistical data regarding
Hurricane Hugo in Puerto Rico

Dear Sirs:

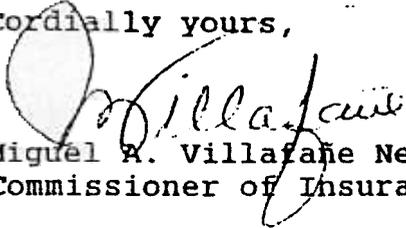
Section 3.320 of the Insurance Code of Puerto Rico, 26 LPRC sec. 332, stipulates the following:

"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 property and casualty insurer authorized to transact insurance business in Puerto Rico submit a complete updated report of the claims paid in relation to Hurricane Hugo. This information must be submitted to this Office on or before September 10, 1990. Be advised that the report requested shall be filed even if no claims were received or paid.

Strict compliance with the aforesaid provisions is hereby required. Remember, failure to submit said information on time is sufficient cause to impose penalties.

Cordially yours,


Miguel R. Villafañe Neriz
Commissioner of Insurance

Enclosure



OFFICE OF THE COMMISSIONER OF INSURANCE

STATISTICAL REPORT OF THE CLAIMS RESULTED BY HURRICANE HUGO ON SEPTEMBER 18, 1989

Name of Insurer

1. Updated number of
claims paid

- a) Commercial Properties
- b) Residential Properties

- 1. Apartments
- 2. Dwellings

- c) Watercraft
- d) Automobiles
- e) Other Losses

- 1.
- 2.
- 3.

TOTAL

2. Amount of claims paid

- a) Commercial Properties
- b) Residential Properties

- 1. Apartments
- 2. Dwellings

- c) Watercraft
- d) Automobiles
- e) Other Losses

- 1.
- 2.
- 3.

TOTAL

3. Estimated number of unpaid
claims if any

4. Estimated amount of unpaid
claims if any

Date of Report

Authorized Signature