



COMMONWEALTH OF PUERTO RICO

**OFFICE OF THE COMMISSIONER OF INSURANCE**

January 17, 1991

Circular Letter E-11-1212-90

TO ALL NON RESIDENT BROKERS AND AGENTS LICENSED BY THIS OFFICE

Re: Annual Statements

Gentlemen:

Section 2 of Rule XV of the Regulations of the Insurance Code of Puerto Rico, as amended, states the following:

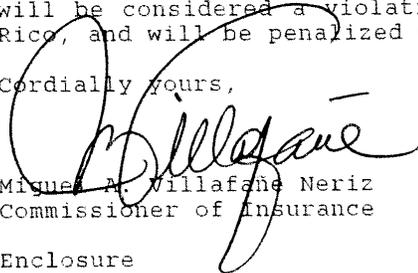
"Every non resident agent and every non resident broker shall file with the Commissioner, in the forms furnished by him, on or before March 31, an annual report of the business transacted during the preceding calendar year ending on December 31. If no business was transacted, it shall be so stated in the form."

Pursuant to the aforesaid section, the annual statement for the calendar year ending December 31, 1990, shall be filed in this Office in the enclosed blank form on or before March 31, 1991.

Said annual statement shall be accompanied by 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.

Strict compliance with the provisions of this letter is hereby required. Non compliance with the above mentioned provisions will be considered a violation to the Insurance Code of Puerto Rico, and will be penalized with the applicable sanctions.

Cordially yours,

  
Miguel A. Villafañe Neriz  
Commissioner of Insurance

Enclosure

P.O. Box 8330 — Fernández Juncos Station — Santurce, Puerto Rico 00910 - 8330



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

ANNUAL REPORT OF BUSINESS TRANSACTED

Name of Licenseholder \_\_\_\_\_ License No. \_\_\_\_\_ Calendar year ended \_\_\_\_\_

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of License Held: / \_\_\_\_\_ / Nonresident Agent / \_\_\_\_\_ / Nonresident Broker

Table with columns: Line of Insurance, Resident Broker or Agent of Puerto Rico through whom business was placed, Insurer with which business was placed, Number of Policies Placed or Renewed, Amount of Premium Charged, Amount of Commissions Received.

TOTAL I hereby certify that this is a complete report of all insurance business placed by the subscriber upon subjects of insurance located or to be performed in Puerto Rico during the aforesaid calendar year. I further declare that all policies placed, except policies of group life or group disability insurance, were countersigned by a resident agent of Puerto Rico so authorized by the corresponding insurer.

(Signature of Licenseholder)

(Name)