

COMMONWEALTH OF PUERTO RICO

## OFFICE OF THE COMMISSIONER OF INSURANCE

February 11, 1991  
Circular Letter No. AE-I-1230-91

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

Subject: 1990 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, 1990 shall be filed in this Office on or before March 30, 1991, 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, corresponding to your 1990 business in the Commonwealth of Puerto Rico. This report 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, 1990, 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.

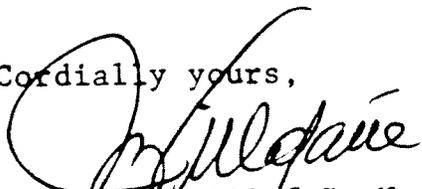
You are reminded that the annual statement, its supporting schedules, as well as the Life Insurance Miscellaneous Report must be filed in duplicate in this Office on or before March 30, 1991.

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

Domestic insurers shall also file, before March 30, 1991, 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,

  
Miguel A. Villafañe Neriz  
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.