

COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

July 3, 1991

Circular Letter E-II-6-1235-91

TO ALL FOREIGN INSURERS DOING BUSINESS IN PUERTO RICO

Re: Premium Tax Return for the
Semester ending June, 30, 1991

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.

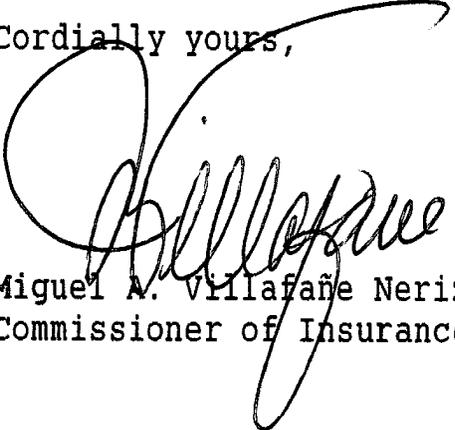
Said tax shall be payable on the basis of calendar semesters. Taxes due for the semester which ends on June 30, shall be paid not later than the following September 30.

The premium tax corresponding to the semester ending June 30, 1991, must be paid on or before September 30, 1991. 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 a check payable to the Secretary of the Treasury of Puerto Rico.

Strict compliance with the above is hereby required.

Cordially yours,


Miguel A. Villafañe Neriz
Commissioner of Insurance



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

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

Insurer: _____

Mailing address: _____

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

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

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

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

- 1. Premiums per line 32, Col. 1, page 14 of
current annual statement \$ _____
2. Deduct:
a. Applicable dividends per line 31, Col. 3,
page 14 of annual statement \$ _____
b. Other (explain below) \$ _____
c. Total deductions \$ _____
3. Net Taxable Premiums for the year
(line 1 less line 2c) \$ _____
4. Total Tax for the year (line 3 x .04) \$ _____
5. Tax paid for first semester (line I.1. of first
semester tax return) \$ _____
6. Tax due for second semester
(line 4 less line 5) \$ _____

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. _____