



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

March 15, 1995

Circular Letter No. E-2-1370-95

**TO ALL REINSURERS AUTHORIZED TO TRANSACT INSURANCE BUSINESS
IN PUERTO RICO**

Subject: 1994 Annual Statement

Dear Sirs:

Sections 1.020 and 1.050(4) of the Insurance Code of Puerto Rico, 26 L.P.R.A. secs. 102 and 105(4), subject reinsurers to the same requirements imposed on insurers by said Code, except as to any section where reinsurers are expressly excluded, or to any section where it is clear that its content is not applicable to reinsurers.

One of those requirements is the one stipulated in section 3.310(1) and (2) of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec. 331(1) and (2), which provides 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 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).

In view of the above, reinsurers shall file in this Office the annual statement for calendar year ending December 31, 1994, on or before March 30, 1995. The same must be filed in the official form approved by the National Association of Insurance Commissioners. Pursuant to Circular Letter No. E-I-10-1242-91 of October 11, 1991, and to the amendments approved by the National Association of Insurance Commissioners, the size of the annual statement to be filed in Puerto Rico will be 9" x 14".

Said annual statement shall be accompanied with the \$100 filing fee prescribed by Section 7.010(20) of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec. 701(20). The \$100 fee must be sent in a check or money order payable to the Secretary of the Treasury of the Commonwealth of Puerto Rico.

In accordance with the provisions of Section 3.310(2), cited above, foreign reinsurers not organized in the United States, which elect to file an annual statement related to their United States business, must include also the information pertaining to their Puerto Rico affairs and transactions.

In addition, this Office is hereby requesting that those foreign reinsurers not organized in the United States, but authorized to transact insurance business in Puerto Rico, which close their books on a date other than December 31 of each year, must submit a transmittal letter with the following information:

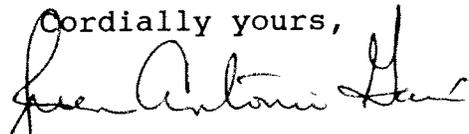
1. Contact person and mailing address.
2. Date on which the reinsurer closes its books of account.
3. Date on which it is estimated the reinsurer can submit the following information corresponding to 1994:
 - a. Summary of insurance business transacted in Puerto Rico.
 - b. Summary of investments in Puerto Rico.
 - c. Balance Sheet for the preceding calendar or fiscal year.

The annual statement or the transmittal letter containing the aforesaid information must be submitted on or before March 30, 1995.

Please be advised that no additional time will be granted for the submission of the annual statement.

Strict compliance with the aforesaid provisions is hereby required.

Cordially yours,



Juan Antonio García
Commissioner of Insurance



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 THE COMMENCEMENT OF BUSINESS IN PUERTO RICO, UP TO AND INCLUDING THE CALENDAR YEAR INDICATED ABOVE.