



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

January 17, 1996

Circular Letter No. E-12-1401-95

TO ALL FOREIGN INSURERS DOING BUSINESS IN PUERTO RICO

**Re: Premium Tax Return for the
Semester ending December 31, 1995**

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 or covering risks resident, located, or to be performed in Puerto Rico.

Said tax shall be payable on the basis of calendar semesters. The premium tax corresponding to the semester ending December 31, 1995, must be paid on or before March 31, 1996. 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 by check payable to the Secretary of the Treasury of Puerto Rico.

Insurers which did not write business for the corresponding reporting period, must indicate so in the Premium Tax Return. Said return must be submitted within the aforesaid deadline.

Strict compliance with the above is hereby required.

Cordially yours,

Juan Antonio García
Commissioner of Insurance

Enclosure

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OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN - SEMESTER ENDED ON DECEMBER 31, 199_____

Insurer's name: _____

Mailing address: _____

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

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

- 1. Premiums per line 32, Col. 2, of page 14 of current annual statement\$ _____
- 2. Deduct returned premiums \$ _____
- 3. Net taxable premiums for the year (line 1 less line 2) \$ _____
- 4. Total tax for the year (line 3 x .04) \$ _____
- 5. Tax paid for first semester (line 1 of first semester tax return) \$ _____
- 6. Tax due for second semester (line 4 less line 5) \$ _____

I hereby certify that the information presented in this return is true, correct and complete to the best of my 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 the 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. _____

Premium tax apportionment:

Second semester:

- A. Line 6 = \$ _____
- B. Special contribution: Line 6 x 1/16 = \$ _____
- C. General fund: Line A - Line B = \$ _____