



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

April 26, 1996

Circular Letter No. E-4-1411-96

TO ALL THE INSURERS SUBJECT TO CIRCULAR LETTER NO. E-2-1375-95 OF APRIL 15, 1995

Report of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association

Sirs:

We enclose the blank form for the report required by Circular Letter No. E-2-1375-95 of April 15, 1995, regarding the recoupment of assessments paid to the Puerto Rico Property and Casualty Guaranty Association.

The due date, established by said circular letter for the filing of the referred report, is hereby extended until May 31, 1996.

Therefore, all insurers subject to the above circular letter must file, in the Office of the Commissioner of Insurance, copy of this report on or before May 31, 1996. Noncompliance with this filing requirement will be considered as noncompliance with an order issued by the Commissioner of Insurance and therefore will be subject to the applicable sanctions.

Cordially yours,

Juan Antonio García
Commissioner of Insurance

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Enclosure

Government of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
San Juan, Puerto Rico

SWORN STATEMENT

I, _____, President of _____, depose and declare that the information supplied in the form denominated "Report of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association" is correct and faithfully presents the information related to the assessments paid and recovered by this insurer as of the date indicated in the above mentioned form.

I understand that in the event the information supplied is found to be false, in addition to the penalties for perjury that may be applicable, the Commissioner of Insurance of Puerto Rico may determine that the undersigned has incurred in an illegal, unjust and dubious practice, thus subjecting the aforesaid insurer to, among others, the sanctions stipulated in Section 3.260 of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec. 326.

At _____, Puerto Rico, on this _____ day of _____, 199____.

President

AFFIDAVIT NO. _____

Sworn to and subscribed before me by _____,
of legal age, President of _____,
and resident at _____ Puerto Rico, whom I give faith to know personally at
_____ Puerto Rico, on this _____ day of _____, 199____,

Notary



OFFICE OF THE COMMISSIONER OF INSURANCE

Insurer's Name _____

Report of Amounts Recovered on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty Association for the Semester Ending on _____

LINE OF BUSINESS	Recoveries					Assessments		
	Current Semester		(3) Premiums Subject to Surcharge (Col. 3 - Col. 2)	(4) Percent (%) of Recovery	Amount of Recoveries (Col. 3 x Col. 4)	Cumulative to Date		(8) Total Assessments Paid to Date
(1) Direct Written Premiums (Page 14 of the Annual Statement)	(2) Less Premiums not Subject to Surcharge*	(6) Cumulative Amount of Previous Recoveries (Col. 7 of Previous Semester Report)				(7) Total Recoveries to Date (Col. 5 + Col. 6)		
1. Fire								
2.1. Allied lines								
2.2. Multiple peril crop								
3. Farmowners multiple peril								
4. Homeowners multiple peril								
5.1. CMP (Non-Liability)								
5.2. CMP (Liability Portion)								
9. Inland marine								
11. Medical malpractice								
12. Earthquake								
16. Workers' compensation								
17. Other liability								
18. Products liability								
9.2. Other PP auto liability								
9.4. Other commercial auto liability								
1.1. PP auto physical damage								
2.1.2. Comm auto physical damage								
2.2. Aircraft (all perils)								
2.3. Fidelity								
2.5. Glass								
2.6. Burglary and theft								
2.7. Boiler and machinery								
3. TOTALS								

* Include in this column the amounts resulting from roundings and direct written premiums which are not subject to the surcharge, as provided in Circular Letters E-2-1375-95, E-4-1389-95 and E-6-1393-95.