



COMMONWEALTH OF PUERTO RICO

**OFFICE OF THE COMMISSIONER OF INSURANCE**

January 20, 1999

**Circular Letter No. E-1-1525-99**

**TO ALL FOREIGN INSURERS DOING BUSINESS IN PUERTO RICO**

**Premium Tax Return for the Calendar Year Ending December 31, 1998**

Sirs:

Pursuant to the provisions of Section 7.021 of the Insurance Code of Puerto Rico, as amended on June 29, 1996, 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, wherever transacted.

According to the referred section of law, insurers shall pay the corresponding premium tax on an annual basis. Said tax shall be paid on or before March 31, 1999. For this purpose, we enclose a blank form 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.

In addition, please be advised that according to the provisions of Section 2.071(3) of the Insurance Code of Puerto Rico, as amended, foreign insurers may credit to the premium tax payable, the amount of the single annual contribution paid for the renewal of their certificate of authority.

Insurers which did not write business for the corresponding report 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.

Sincerely,

Juan Antonio García  
Commissioner of Insurance

Enclosure

P.O. Box 8330 — Fernández Juncos Station — Santurce, Puerto Rico 00910 - 8330

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Commonwealth of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN - CALENDAR YEAR ENDED ON  
DECEMBER 31, 199\_\_

Insurer's name : \_\_\_\_\_

Mailing address: \_\_\_\_\_

**LIFE, DISABILITY (A & H) PREMIUMS AND ANNUITY CONSIDERATIONS**

- |     |  |          |                    |
|-----|--|----------|--------------------|
| 1.  | Direct life and disability premiums per Schedule T of current annual statement .....             |          | \$ _____           |
| 2.  | Deduct:  |          |                    |
|     | a) Applicable dividends (Page 21)  |          |                    |
|     | Line 5.1 plus line 5.2, Col. 6 .....   | \$ _____ |                    |
|     | Line 25, Col. 4 .....  | \$ _____ |                    |
|     | b) Other (explain below).....  | \$ _____ |                    |
|     | c) Total deductions .....  |          | \$ _____           |
| 3.  | Net taxable life and disability premiums for the year (line 1 less line 2c) .....                |          | \$ _____           |
| 4.  | Tax due on net premiums (line 3 x .04) .....   |          | \$ _____           |
| 5.  | Annuity considerations per Schedule T of current annual statement .....                          |          | \$ _____           |
| 6.  | Deposit - Type Funds per Schedule T of current annual statement .....                            |          | \$ _____           |
| 7.  | Deductions (explain below) .....   |          | \$ _____           |
| 8.  | Net taxable annuity considerations for the year (line 5 plus line 6 , less line 7) .....         |          | \$ _____           |
| 9.  | Tax due on net considerations (line 8 x .01).....  |          | \$ _____           |
| 10. | Total tax due for the year (line 4 plus line 9) .....  |          | \$ _____           |
| 11. | Deduct the single annual contribution paid for the renewal of the certificate of authority ..... |          | \$ <u>6,000.00</u> |
| 12. | Tax due for the year (line 10 less line 11) (If negative, include "0") .....                     |          | \$ _____           |

**Explanations**

\_\_\_\_\_

\_\_\_\_\_

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 aforesaid calendar year. Include check for tax due payable to the Secretary of the Treasury of Puerto Rico.

**DO NOT WRITE BELOW THIS LINE**

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Check No. \_\_\_\_\_ Official Receipt No. and date \_\_\_\_\_



Commonwealth of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN - CALENDAR YEAR ENDED ON  
DECEMBER 31, 199\_\_

Insurer's name : \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

- 1. Premiums per line 32, Col. 2, of page 15 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. Deduct the single annual contribution paid for the renewal of the certificate of authority ..... \$ 6,000.00
- 6. Tax due for the year (line 4 less line 5) (If negative, include "0")..... \$ \_\_\_\_\_

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 aforesaid calendar year. 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. and date \_\_\_\_\_