Government of Puerto Rico

OFFICE OF THE COMMISSIONER OF INSURANCE

January 19, 2000

Circular Letter Number E-12-1557-99

TO ALL NON RESIDENT BROKERS AND AGENTS LICENSED BY THIS OFFICE

Annual Statements

Gentlemen:

Section 2 of Rule XV of the Regulations of the Insurance Code of Puerto Rico, as amended, states the following:

> "Every non resident agent and every non resident broker shall file with the Commissioner, in the forms furnished by him, on or before March 31, an annual report of the business transacted during the preceding calendar year ending on December 31. <u>If no business was transacted, it shall be so stated in the form</u>." (Emphasis supplied).

Pursuant to the aforesaid section, the annual statement for the calendar year ending December 31, 1999 shall be filed in this Office in the enclosed blank form number XV-NR-99-1 on or before **March 31, 2000.**

Non compliance with the above mentioned provisions will be considered a violation to the Insurance Code of Puerto Rico, and will be penalized with the applicable sanctions.

Strict compliance with the provisions of this letter is hereby required.

Sincerely,

Juan Antonio García
Commissioner of Insurance

Enclosure

P.O. Box 8330, Santurce, Puerto Rico 00910-8330
Tel. (787) 722-8686, Fax (787) 722-4400

OFFICE OF THE COMMISSIONER OF INSURANCE

ANNUAL REPORT OF BUSINESS TRANSACTED

Name of Licenseholder _____ License No. _____ Calendar Year Ended _____

Business Address _____ Type of License Held: /____/ Nonresident Agent

_____ Zip Code _____ /____/ Nonresident Broker

Policy No.	Insured	Effective and Maturity Date	Premium Charged	Commissions Received	Insurer with which business was placed	Resident broker or agent of Puerto Rico through whom business was placed

I hereby certify that this is a complete report of all insurance business placed by the subscriber upon subjects of insurance located or to be performed in Puerto Rico during the aforesaid calendar year. I further declare that all policies placed, except policies of group life or group disability insurance, were countersigned by a resident agent of Puerto Rico so authorized by the corresponding insurer.

_____ Signature of President or Vice President

_____ Printed Name of the person signing this form

XV-NR-99-1