



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

IN REPLY, PLEASE
REFER TO:

April 4, 2002

CIRCULAR LETTER NO.: LE-04-1644-2002

TO ALL ADVISORY ORGANIZATIONS

SUBJECT: RENEWAL OF LICENSE FOR FISCAL YEAR 2002-2003

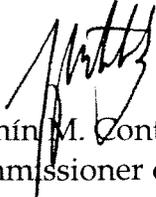
Dear ladies and gentlemen:

Section 7.010 of the Insurance Code of Puerto Rico establishes, as a condition to continue to be authorized to solicit or transact any kind of insurance in Puerto Rico, that the persons or entities so authorized shall pay, not later than June 30th of each year, a single annual contribution.

Considering the above, and in accordance with Section 7.010(1)(i) of the aforesaid Code, the annual contribution to be paid by each advisory organization shall be \$500.00. To this effect, and in order that said license be renewed as of July 1, 2002, it is necessary that the enclosed form be completed and sent to the Office of the Commissioner of Insurance, on or before May 10, 2002, together with a check or money order for the aforementioned amount, payable to the Secretary of Treasury, and a pre-addressed small (12" x 9") manila paper envelope.

Strict compliance with the provisions of this Circular Letter is hereby required.

Sincerely,


Fermín M. Contreras Gómez
Commissioner of Insurance

Enclosure

**APPLICATION FOR RENEWAL OF LICENSE AS A
RATING OR ADVISORY ORGANIZATION
FOR FISCAL YEAR 2002-2003**

Date _____

We present the following information in order to obtain the aforesaid renewal of our license:

1. Name of the organization _____

2. Rating Advisory

3. Current license number _____

4. Corporate Social Security No. _____

5. Postal address _____

6. Home office address _____

7. Phone number _____

8. _____

(Signature of President or Vice President)

(Name)

(Title)

NOTE: Please send this form in duplicate, including a check or money order for the corresponding amount, payable to the Secretary of the Treasury.



ESTADO LIBRE ASOCIADO DE PUERTO RICO
OFICINA DEL COMISIONADO DE SEGUROS
APPLICATION FOR RENEWAL OF LICENSE AS A
RATING OR ADVISORY ORGANIZATION
FOR FISCAL YEAR 2002-2003

Date _____

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2. () Rating () Advisory

3. Current license number _____

4. Corporate Social Security No. _____

5. Postal address _____

6. Home office address _____

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