



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

IN REPLY, PLEASE  
REFER TO:

July 12, 2002

**RULING LETTER NO: N-AE-07-12-2002**

**TO ALL INSURERS AUTHORIZED TO TRANSACT PROPERTY AND CASUALTY  
INSURANCE BUSINESS IN PUERTO RICO**

**Subject: Reports of Amounts Recovered on Assessments Paid to the Puerto Rico  
Property and Casualty Insurance Guaranty Association**

We enclose a revised blank form for the report required by Circular Letter No. E-05-1651-2002, dated May 3, 2002, regarding the recoupment of assessments paid to the Puerto Rico Property and Casualty Guaranty Association, which shall be used to report the amounts recovered on assessments paid until June 30, 2002. This report must be filed on or before August 14, 2002.

Enclosed is also a revised blank form, identified as "Report of Amounts Recovered on Assessments Paid until December 31, 2001 to the Puerto Rico and Casualty Insurance Guaranty Association", which has the purpose of determining if the insurer has recovered any amount in excess of the assessments paid. In the event that line 34, column 10, of this report is negative, said amount must be remitted by check payable to the Puerto Rico Property and Casualty Insurance Guaranty Association. In that case the report required in the first paragraph of this ruling letter must not include any information regarding the assessments paid until December 31, 2001 or any related recoupment. On the other hand, if line 34, Column 10, is positive, the insurer should include such amount in the report required in the first paragraph of this ruling letter.

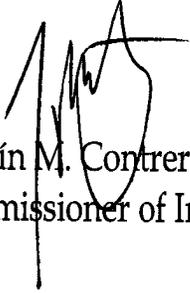
In order to determine whether there has been an excess or a deficiency in the amount recovered, any assessments related to the deferred premium for automobile insurance policies must be included in the report covering amounts recovered on assessments paid until December 31, 2001.

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All those reports of amounts recovered on assessments paid to the Puerto Rico Property and Casualty Insurance Guaranty Association until December 31, 2002 and on subsequent semesters shall be filed in the form of the report mentioned on the first paragraph of this ruling letter. These reports must be filed within a period of 45 days after the end of each semester.

Strict compliance with the order given in this ruling letter is required. Those persons mentioned above who do not comply with the obligations imposed in this ruling letter, will be subject to sanctions as provided by the law.

Cordially,



Fermín M. Contreras Gómez  
Commissioner of Insurance



Commonwealth of Puerto Rico  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

Insurer's Name \_\_\_\_\_

Reports of Amounts Recovered on Assessments Paid until December 31, 2001 to the Puerto Rico and Casualty Insurance Guaranty Association for the Semester Ending on \_\_\_\_\_

	RECOVERIES											
	CURRENT SEMESTER					Cumulative to Date					ASSESSMENTS	
	(1) Direct Written Premiums (Statutory Page 14 Annual Statement)	(2) Returned Premiums Due to Cancellation or Endorsement	(3) Premiums not Subject to Surcharge *	(4) Premiums Subject to Surcharge (Col. 1 - Col. 3)	(5) Percentage (%) of Recovery	(6) Amount of Recoveries (Col. 4 x Col. 5)	(7) Cumulative Amount of Previous Recoveries (Col. 7 of Previous Semester Report **)	(8) Total Recoveries to Date (Col. 6 + Col. 7)	(9) Total Assessments Paid to Date	(10) Assessments Not Recovered (Recovered in Excess) (Col. 9 - Col. 8)		
	<b>ACCOUNT No. 1 - Vehicle Insurance</b>											
192	Other Private Passenger Auto Liability											
194	Other Commercial Auto Liability											
21.1	Private Passenger Auto Physical Damage											
21.2	Commercial Auto Physical Damage											
	<b>Subtotal Account No. 1</b>											
	<b>ACCOUNT No. 2 - All Other lines of Insurance</b>											
1	Fire											
2.1	Allied Lines											
2.2	Multiple Peril Crop											
3	Farmowners multiple peril											
4	Homeowners multiple peril											
5.1	Commercial Multiple Peril (Non Liability portion)											
5.2	Commercial Multiple Peril (Liability portion)											
9	Inland Marine											
11	Medical Malpractice											
12	Earthquake											
16	Workers' Compensation											
17	Other Liability											
18	Products Liability											
22	Aircraft (All Perils)											
23	Fidelity											
26	Burglary and Theft											
27	Boiler and Machinery											
33	Aggregate Write-ins for other lines of business											
	<b>Subtotal Account No. 2</b>											
34	<b>GRAND TOTAL</b>											

\* Includes in this column the amounts resulting from rounding and direct written premiums which are not subject to the surcharge, as provided in Circular Letter E-2-1375-95, E-4-1389-95 and E-6-1393-95  
 \*\* For the subsequent semester the amount indicated in this Column will be the Column 8 of Previous Semester Report.

Commonwealth 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 until December 31, 2001 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary



Commonwealth of Puerto Rico  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

Insurer's Name \_\_\_\_\_

**Reports of Amounts Recovered on Assessments Paid to the Puerto Rico and Casualty Insurance Guaranty Association for the Semester Ending on \_\_\_\_\_**

Lines of Business	CURRENT SEMESTER RECOVERIES							ASSESSMENTS		
	(1) Direct Written Premiums (Statutory Page 14 Annual Statement)	(2) Returned Premiums Due to Cancellation or Endorsement	(3) Premiums not Subject to Surcharge *	(4) Premiums Subject to Surcharge (Col. 1 - Col. 3)	(5) Percentage (%) of Recovery	(6) Amount of Recoveries (Col. 4 x Col. 5)	(7) Cumulative Amount of Previous Recoveries (Col. 7 of Previous Semester Report **)	(8) Total Recoveries to Date (Col. 6 + Col. 7)	(9) Total Assessments Paid to Date	(10) Assessments Not Recovered (Recovered in Excess) (Col. 9 - Col. 8)
	RECOVERIES							Cumulative to Date		ASSESSMENTS
19.2	ACCOUNT No. 1 - Vehicle Insurance									
	Other Private Passenger Auto Liability									
19.4	Other Commercial Auto Liability									
21.1	Private Passenger Auto Physical Damage									
21.2	Commercial Auto Physical Damage									
	Subtotal Account No. 1									
	ACCOUNT No. 2 - All Other Lines of Insurance									
1	Fire									
2.1	Allied Lines									
2.2	Multiple Peril Crop									
3	Farmowners multiple peril									
4	Homeowners multiple peril									
5.1	Commercial Multiple Peril (Non Liability portion)									
5.2	Commercial Multiple Peril (Liability portion)									
9	Inland Marine									
11	Medical Malpractice									
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23	Fidelity									
26	Burglary and Theft									
27	Boiler and Machinery									
33	Aggregate Write-Ins for other lines of business									
	Subtotal Account No. 2									
34	<b>GRAND TOTAL</b>									

\* Includes in this column the amounts resulting from rounding and direct written premiums which are not subject to the surcharge, as provided in Circular Letter E-2-1375-95, E-4-1389-95 and E-6-1393-95  
 \*\* For the subsequent semester the amount indicated in this Column will be the Column 8 of Previous Semester Report.

Commonwealth 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary