



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

IN REPLY, PLEASE
REFER TO:

March 6, 2003

RULING NO.: N-ES-3-31-2003

**TO ALL DOMESTIC DISABILITY INSURERS AUTHORIZED TO TRANSACT
INSURANCE BUSINESS IN PUERTO RICO**

RE: 2002 ANNUAL STATEMENT AND RELATED ITEMS

Dear Ladies and Gentlemen:

Section 3.310(1) of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec. 331(1), stipulates the following:

"(1) Each authorized insurer shall annually, before the thirty-first day of March, file with the Commissioner a true statement of its financial condition, transactions, and affairs as of the December 31st preceding. The statement shall be on forms as prescribed by the Commissioner, shall contain information as required by this Code and by the Commissioner, and shall be verified by the oath of at least two of the insurer's principal officers." (Emphasis supplied).

Pursuant to the aforesaid section, the annual statement for calendar year ending December 31, 2002, must be filed in this Office on or before March 30, 2003¹. The same must be presented in the official form approved by the National Association of Insurance Commissioners with all the schedules, supplements and reports required, including the Management's Discussion and Analysis.

Domestic insurers are required to submit to this Office and to the NAIC one legal-sized (8 1/2" x 14") hard copy and diskette filing of their annual statement and supplements.

¹ Due date is Sunday, the filing will be accepted on March 31, 2003.

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

The diskette filing must be the electronic format commonly known as the "March.PDF Filing" (in .pdf format).

All domestic insurers must also include with the annual statement the information required on the State Page (page 29), Direct Business in the Commonwealth of Puerto Rico. For this year, domestic insurers are also required to submit a hard copy and diskette filing of the Certification of the Investment in Puerto Rico Securities held as of December 31, 2002, in compliance with Section 3.160 of the Insurance Code of Puerto Rico, which is included in our web site at http://www.ocs.gobierno.pr/downloads/cert_inv.doc (in Ms Word Format). We are including also a hard copy of the Certification form for those insurers, who cannot access it in our web site address. It is required that this information be filed with the regular annual statement and within the filing due date.

In addition, those insurers which write any kind of healthcare plan must complete the enclosed form: "Report of Premiums Written and Claims Paid for All Kinds of Healthcare Plans and Number of Insured's". The information required is as of December 31, 2002, and must be presented on or before the aforesaid due date.

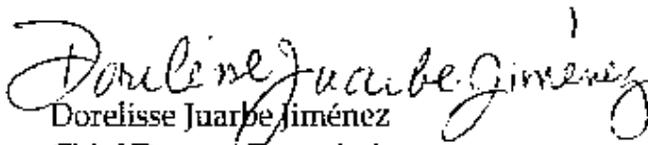
Annual filings must follow all established instructions as specified in the *NAIC Annual Statement Instructions*. For more information regarding Annual filings, please log on to the NAIC web site at www.naic.org and select Filing Instructions.

A copy of the State Page must also be sent by all insurers to the Puerto Rico Guaranty Association for Life, Disability and Health to the following address:

Puerto Rico Guaranty Association for Life,
Disability and Health
PO Box 191489
San Juan, PR 00919-1489

Strict compliance with the aforesaid provisions is hereby required.

Cordially,


Dorelisse Juarbe Jiménez
Chief Deputy Commissioner

Enclosure



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

**REPORT OF PREMIUMS WRITTEN AND CLAIMS PAID FOR ALL KINDS OF
HEALTHCARE PLANS AND NUMBER OF INSURED**

Insurer's Name _____

Calendar Year _____

Premium Written and Claims Paid for All Kinds of Healthcare Plans

	Private Groups and Individuals	Government Employees Groups	Government Health Insurance ¹	Totals
Premiums Written				
Claims and Benefits Paid				

Number of Insureds, Healthcare Plans in Force and Medicare Supplement Policies in Force

	Private Groups and Individuals	Government Employees Groups	Government Health Insurance ¹	Totals
Number of Insureds				
Number of Healthcare Plans ²				
Medicare Supplement Policies				

Number of Insured Children Classified by Ages

Ages	Number
Under one (1) year	
One (1) year but less than three (3) years	
Three (3) years but less than seven (7) years	
Seven (7) years through eighteen (18) years	
Total	

Prepared by: _____

Name Title

Signature Date

¹ This section refers to the Puerto Rico Health Insurance Administration, Act of 1993, which provides insurance to the eligible beneficiaries according to the Act, commonly known as the "Seguros de Reforma de Salud"

² Including Medicare Supplement Policies in Force



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

CERTIFICATE OF INVESTMENT IN
PUERTO RICO SECURITIES

_____ and _____
(President) (Treasurer)
of _____, an insurer organized
(Name of the Insurer)
and existing under and by virtue of the laws of _____, do hereby
(State or Country)
certify that said insurer has and maintains and investment in securities of the class
specified in Section 3.160 of the Insurance Code of Puerto Rico. The aforesaid securities are
described on the reverse side of this certificate and have a total par value of
\$ _____ and, as of the date of this document, have an amortized value
(Book/ Adjusted Carrying Value) of \$ _____.

We further certify that the above mentioned insurer will maintain at all times the
amount required by the above mentioned section to remains authorized in Puerto Rico and
until all of its obligations and liabilities in the Commonwealth of Puerto Rico have been
discharge. The sale or exchange of the described securities will only be authorized upon
substitution thereof, provided that this certificate be up dated whenever a change occurs.

IN WITNESS WHEREOF, we hereunto subscribe our names and cause to be affixed
the Official Seal of _____
(Name of the Insurer)
at the City of _____, this _____ day of
_____, 20____.

ATTESTED:

Secretary

President

Treasurer

(SEAL)

