



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

March 1, 2004

RULING NO: N-ES-2-46-2004

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

Re: 2003 ANNUAL STATEMENT AND RELATED ITEMS

Dear Ladies and Gentlemen:

Section 3.310(1) and (2) of the Insurance Code of Puerto Rico, 26 LPR sections 331(1) and (2), 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. The annual statement of a reciprocal or Lloyd's insurer shall be verified by his attorney-in-fact. (Emphasis supplied).

(2) The annual statement of a foreign insurer not formed in the United States but authorized to transact insurance in a state of the United States, may relate only to its assets, transactions, and affairs in the United States and Puerto Rico (and including, at the insurer's option, the Virgin Islands and the Canal Zone) unless the Commissioner requires otherwise. The statement

may be verified by the insurer's United States manager or by its officers duly authorized."

Pursuant to the aforesaid section, the annual statement for calendar year ending December 31, 2003, must be filed in this Office **on or before March 30, 2004**.

Foreign insurers organized in the United States, or with port of entry in one of a state of the United States, do not have to submit to this Office the hard copy and electronic filing of the annual statement. Instead of said filing, to comply with the aforementioned provisions, the foreign insurer shall submit to this Office an Affidavit of Filing and Financial Statement Attestation in the form enclosed, evidencing the filing with the NAIC.

Foreign insurers not organized in the United States that do not file electronically in the NAIC, must submit a hardcopy of their annual statements. In accordance with the provisions of Section 3.310(2), cited above, such foreign insurers, which elect to file an annual statement pertaining only to their United States business, must include also the information regarding their Puerto Rico affairs and transactions. Foreign insurers are also required to submit State Page, Direct Business in the Commonwealth of Puerto Rico.

Foreign insurers are also required to submit a hard copy and diskette filing of the **Certification of the Investments in Puerto Rico Securities**, held as of December 31, 2003, in compliance with the Section 3.160 of the Insurance Code of Puerto Rico, which is available in our web site at http://www.ocs.gobierno.pr/downloads/cert_inv.doc (in MS Word format). We are also enclosing a hardcopy of the Certification form for the convenience of those insurers who cannot access it in our web site address.

Every insurer that does not maintain with the Secretary of the Treasury of Puerto Rico through this Office, the deposit requested in Section 3.130 of the Insurance Code of Puerto Rico, for the protection of all its policyholders and creditors in Puerto Rico, and whose state of domicile is a reciprocal state concerning such deposit, shall submit the certificate from the public official invested with the authority to supervise the business of insurance in the state, showing that a deposit by such insurer is being held in trust in such state and maintained for said purposes.

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 Kind of Healthcare Plans and Number of Insured's**. The information required is as of December 31, 2003, and must be also presented within the filing due date.

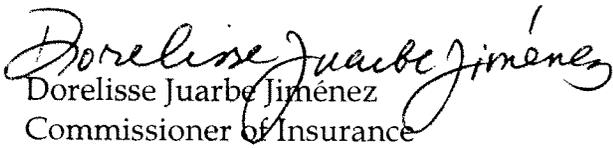
Annual filings must follow all established instructions as specified in the *NAIC Annual Statement Instructions*. For more information regarding Annual filings, please log on to the NAIC web site at www.naic.org and select Filing Instructions.

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
P. O. Box 191489
San Juan, Puerto Rico 00919-1489

Strict compliance with the aforesaid provisions is hereby required.

Cordially,


Dorelisse Juarbe Jiménez
Commissioner of Insurance

Enclosure

NAIC Company Code _____
NAIC Group Code _____

Reporting Entity Name _____
Domiciled in _____ (State)

Mailing Address: _____

Annual Statement Contact: _____
(Name) Telephone No. E-mail Address

In the Matter of the _____ Statement)
(Annual/Quarterly)

Filing Required for the Period Ending on the
_____ day of _____, 2_____

) **AFFIDAVIT OF FILING**
) **AND FINANCIAL**
) **STATEMENT ATTESTATION**

Mailing Date: _____

The officers of the above identified reporting entity, being duly sworn, each depose and say that on the mailing date above, a true and correct statement for the reporting period stated above and that the corresponding true and correct electronic file reflecting the statement for the above named reporting entity, has been sent to the National Association of Insurance Commissioners, according to their instructions. The statement and the corresponding electronic file are an exact and complete duplicate of the statement filed with the reporting entity's domestic state, except as to schedules, exhibits and information required to be submitted only to the reporting entity's domestic state.

Additionally, the officers of the above identified reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that for the reporting period stated above, all of the described assets in the above referenced statement were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as therein stated, and that the statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended on that date, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual, except to the extent that (1) state law may differ; or (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

----- Signature	<input type="checkbox"/>	----- Signature	<input type="checkbox"/>	----- Signature	<input type="checkbox"/>
----- (Print Name) President		----- (Print Name) Secretary		----- (Print Name) Treasurer	

Subscribed and sworn to before me this
_____ day of _____, 2_____

Signature

(Print Name)
Witness

Notary Public
My Commission Expires:



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 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)

