



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

IN ANSWERING
PLEASE REFER TO:

March 6, 2003

RULING LETTER NO.: N-ES-3-34-2003

TO ALL GENERAL AGENTS AND MANAGERS

RE: REPORT BY GENERAL AGENTS AND MANAGERS

Dear Sirs and Madams:

Section 1 of Rule XV of the Regulations of the Puerto Rico Insurance Code, as amended, provides as follows:

“All general agents and managers will file an annual report with the Commissioner using forms provided by the Commissioner and covering business transacted during the preceding calendar year ending on December 31. The report will be filed on or before March 31 of each year. If no business was transacted, it will be so indicated on the form.” (Our emphasis).

Under the provisions of this Section, the annual report including information pertaining to the calendar year ending on December 31, 2002 shall be filed with this Office no later than **March 31, 2003**, by all general agents or managers who held appointments as such during any period of time during that calendar year.

Form **XV-2003-1** must be used for the filing and is included herewith. Any filing that does not use this form will be considered by this Office as not having been filed.

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

Very truly yours,

SIGNED

Dorelisse Juarbe-Jiménez
Deputy Commissioner of Insurance

Enclosure



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

ANNUAL REPORT ON BUSINESS TRANSACTED BY GENERAL AGENTS AND MANAGERS
FOR THE CALENDAR YEAR ENDING
DECEMBER 31, _____

1. Name of the General Agent () _____

Manager () _____

2. Social Security Number _____

3. License Number _____

4. Mailing Address _____

Street Address: _____

Telephone Number: _____

5. If a corporation, indicate the name of the shareholders and the percentage of the shares owned by each shareholder on the date of this report: ¹

<u>Name of Shareholder</u>	<u>% Shares</u>

If the corporation in turn has corporate shareholders, enclose an organizational chart showing the ultimate holding company, subsidiaries, and affiliates.

6. If a corporation, indicate the names of the directors:

7. Number of agents and brokers that placed insurance through you during the period of this report _____

8. Volume of premiums written for the period covered by this report _____

9. For the period of this report indicate on the following table the premium written and commissions earned for each insurer you represent, as well as the commissions paid to agents and brokers that placed business through you:

(1) If you need any additional space, include the information on the back of this sheet

Name of Insurer	Premium Written	Commissions Earned ²	Commissions Paid
Total			

7. Indicate the names of other agents or brokers who were paid commissions in excess of \$25,000 during the period of this report: ⁽¹⁾

- _____
- _____
- _____
- _____
- _____
- _____

8. Indicate the name of the depository institution and account number or bank accounts used by the agent or manager to deposit premiums

<u>Depository Institution</u>	<u>Account Number</u>
_____	_____
_____	_____
_____	_____

I CERTIFY: That this is a complete statement of all the insurance business that I have transacted during the above calendar year, as shown by a direct, thorough, and detailed examination I have performed on the books and documents in my possession. I acknowledge that any material misrepresentation in this statement is a violation of the Puerto Rico Insurance Code and I assume full responsibility for the accuracy of the statements and this certification.

In _____ Puerto Rico, this _____ of _____

Signature of the general agent or manager (if an individual) or of the president of the general agent or manager (if a corporation or partnership)

Name of the person signing

Date

²Includes all regular and contingent commissions received as an agent and general agent, including those paid to other agents.