



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

June 5, 2012

RULING LETTER NUM.:2012-144-D

TO ALL SURPLUS LINES BROKERS AND IPC¹

MULTI-STATE RISKS SURPLUS LINES TAX PAYMENTS

Dear Sirs and Madams:

In compliance with the Nonadmitted and Reinsurance Reform Act of 2010 ("NRRA"), the Office of the Commissioner of Insurance of Puerto Rico ("OCI") entered into the Nonadmitted Insurance Multi-State Agreement (NIMA). The objective of NRRA is to promote orderly placement of multi-state risks through Surplus Lines Insurers by imposing a single "home state" focused in licensing, surplus lines tax payments and compliance filings.

In connection with the above mentioned initiative a Clearinghouse was created. This Clearinghouse will facilitate the receipt and distribution of premium taxes and transaction data related to Nonadmitted Insurance. Therefore, Surplus Lines Licensees and Insureds who independently procure insurance must utilize the Clearinghouse for the reporting and payment of Nonadmitted Insurance premium taxes for those Multi-State Risks for which Puerto Rico is the Home State.

Pursuant to the above, attached please find the Clearinghouse Registration Form that requires contact information needed from brokers, general agents, and IPC filers who will be utilizing the Clearinghouse filing platform to report multi-state policies. This form will enable the Clearinghouse staff to contact Clearinghouse system users directly to keep them abreast of our implementation schedule, training programs, filing information and more. This registration information will be used by the Clearinghouse for informational purposes only and will not be solicited or provided to any third party.

¹ "Independently Procured Coverage" means insurance procured by an insured directly from a Nonadmitted Insurer as permitted by the laws of Puerto Rico

The registration form should be completed and emailed to info@slclearinghouse.com and to OCI: SLB_IPC@ocs.pr.gov. For more information, you may visit the Clearinghouse website at www.slclearinghouse.com, or you may contact the Clearinghouse staff directly at the phone numbers and email addresses provided below.

Tiffany Maruniak, Clearinghouse Manager
tmaruniak@fslso.com
877.267.9855 x113

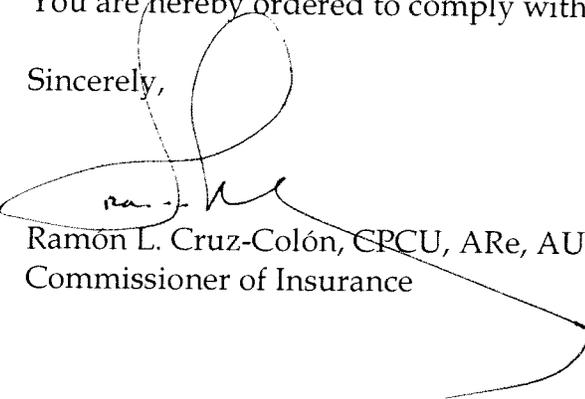
Ashlee Weber, Public Information Manager
aweber@fslso.com
877.267.9855 x109

Bryan Young, Customer Service Representative
byoung@fslso.com
877.267.9855 x129

This information shall be submitted to the Clearinghouse and to this Office within five (5) days from the date of this letter.

You are hereby ordered to comply with the provisions of this Ruling Letter.

Sincerely,



Ramón L. Cruz-Colón, CPCU, ARe, AU
Commissioner of Insurance

Clearinghouse Registration Form

Customers may register with the Clearinghouse as an agent (individual licensee), an agency (agency/brokerage licensee), or Independently Procured Coverage (IPC) Filer (insured/policyholder). Please complete one of the three sections listed below (agent, agency or IPC filer).

Completed registration forms should be emailed to the Clearinghouse staff at info@slclearinghouse.com. Please contact the Clearinghouse at (877) 267-9855 or visit www.slclearinghouse.com for more information.

Agent or Broker Licensee Information

Agent
Name: _____

National
Producer Number: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone: _____

SURPLUS LINES
CLEARINGHOUSE

A Division of FSLSO



Agency/Brokerage Information

Agency
Name: _____

National
Producer Number: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone: _____

Agency Staff Contact Information

Contact
Name: _____

Email Address: _____

Phone: _____



Independently Procured Coverage Filer (Insured/Policyholder)

Insured

Name: _____

Insured Contact

Name (if different

from Insured Name): _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone: _____