

RULE 54

FILING FEES

Dossier 3811, February 7, 1989

Section 1: Definitions

Section 3: Failure to Pay Fees

Failure to make full payment of the fees provided in this Rule, at the time of filing shall be considered by the Commissioner of Insurance as grounds for denial or disapproval of the filing.

Any deficiency in the payment of fees provided under this rule will be notified to the affected person, who will pay such unpaid portion to the Office of the Commissioner of Insurance la portion no later than thirty (30) days from the date of the first letter of notification. Failure to pay such amount within in the period of time set forth herein will be grounds fro disapproval subsequent to the filing.

- The term “filing” means any document submitted or registration for each of the items for which fees are set forth below in Section 2 of this Rules, whether filed in separate transmittal letters or under a single transmittal letter, in conformance with sections 11.110, 12.050, 12.090, 12.140, 18.090, 19.080, 23.060, 36.210, and 41.040 of the Puerto Rico Insurance Code, 26 L.P.R.A. secs. 1111, 1205, 1209, 1214, 1809, 1908, 2306, 3621, and 4104.
- (B) The term “general filing” means filing that affects more than 50% of the rules and/or rates of any insurance line shown on page 14 of the official form provided by the National Association of Insurance Commissioners for the annual report to be filed by insurers, including mortgage and title insurance, or any subdivision of such lines, and as the official form may be revised from time to time.
- (C) The term “special filing” will be deemed to mean any filing referring to an insurance line shown on page 14 of the official form provided by the National Association of Insurance Commissioners for the annual report to be filed by insurers, including mortgage and title insurance, or any subdivision of such lines, that does not qualify as a general filing, a modification or alteration multiple lines programs, a filing or modification or alteration of insurance rules or rates other than those shown on page 14 of the official form for the annual report to be filed by insurers, excess rates under section 12.090 of the Code, 26 L.P.R.A. sec. 1209, or filings that are not included in any other of the categories specifically established in Section 2 of this rule. Forms included in other filings will be subject to payment of fees separately as may be provided for each under this Rule.
- (D) The term “rate filing” will be deemed to mean a filing that consists exclusively of compensation per unit or total compensation to be paid or charged for the policy or insurance contract, known as the rate or insurance premium.
- (E) The term “rule filing” will be deemed to mean a filing that consists exclusively of the elements and factors used to determine or apply the rates or insurance premium, commonly known as manual rules.

- (F) The term “rules and rates filings” will be deemed to mean a filing that consists of a combination of the filings described in paragraphs (D) and (E) of this Section.
- (G) The term “multiple lines program” will be deemed to mean a filing submitted or registered under Rule 40 involving rules, rates, forms, and rating plans to be used by the insurer.
- (H) The term “mass marketing plan” will be deemed to mean a filing submitted or registered in conformance with Rule 29, including revisions or modifications of the plan.
- (I) The term “deviation” will be deemed to mean a filing submitted or registered in conformance with section 12.140 of the Code, 26 L.P.R.A. sec. 1214.
- (J) The term “rating plans” will be deemed to mean a filing of rating plans as they are known in the insurance industry, including revisions or modifications of the plans.
- (K) The term “property and/or contingency insurance policy forms” will include, in addition to policy forms, forms known as floaters, coverage parts or coverage forms and endorsements and floater forms, containing the agreements, conditions and contractual provisions of the insurer that do not constitute amendments to similar provisions in the policy but rather add coverage that otherwise would be provided under a separate policy. The term also includes policy forms for multiple lines programs when filed separately.
- (L) The term “page” will be deemed to mean each side of a sheet of paper containing printed text.
- (M) The phrase “revision or modification of a filing” will be deemed to mean a filing consisting of changes made to a previous filing that has been approved by or is under the consideration of the Commissioner of Insurance.

Section 2: Fees

Fees will be collected in advance of the first-time submission or registration or the revision or modification of any filing, whether partial or total, that is subject to approval or registration, except filings that are to be submitted at the request of the Commissioner of Insurance or any provision of this Rule, or filings that have been denied and are being resubmitted with the amendments required by this Office within sixty (60) days of the date of disapproval, provided that the entire amount of the filing fee has been paid, as set forth below. The fees stipulated in this Rule will be due on making the filing with the Commissioner of Insurance. Filings that may be classified within more than one category will be assigned the higher fees:

- (a) General filing:
 - (1) Rates: \$300.00
 - (2) Rules: \$300.00
 - (3) Rules and rates: \$500.00
- (b) \$250.00: Multiple lines program
- (c) \$75.00: Filing of rates for credit life insurance and credit disability insurance
- (d) \$75.00: Special filing
- (e) \$50.00: Rating and mass marketing plans
- (f) \$100.00: Property and/or contingency insurance policy forms
- (g) \$75.00: Deviations
- (h) \$2.00 per page: The form known as policy jacket and riders for multiple lines programs when filed separately, endorsements, applications, certificates of insurance and any other addenda 2.00 per page
- (i) \$50.00: Life and disability insurance group policies, and annuities
- (j) \$50.00: Individual life and disability insurance policies and annuities

- (k) \$2.00 per page: Revision of any page of previously approved policies 2.00 per page
- (l) \$100.00: Filing of rates to be used of any health plan of an organization
- (m) \$10.00: Request to withdraw any previously approved filing, except the withdrawal of a filing containing fewer than five (5) riders 10.00.