

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
CHECK LIST FOR ANNUITY CONTRACTS

COMPANY: _____
FORM NUMBER: _____

REGULATION	REQUIREMENTS	Reference /Page/ Paragraph	
INDIVIDUAL CONTRACTS			
Chapter 13 of the Insurance Code of Puerto Rico	§ 1317	Grace Period Provision	
	§ 1318	Incontestability Provision	
	§ 1319	Entire contract Provision	
	§ 1320	Misstatements of Age or Sex Provision	
	§ 1321	Dividen Provision. If an annuity or pure endowment contract, other than a reversionary, survivorship or group annuity, is participating, there shall be a provision that the insurer shall ascertain and apportion any divisible surplus accruing on the contract beginning not later than the end of the third policy year and annually thereafter.	
	§ 1322	Reinstatement Provision	
	§ 1326	Limitation of liability Provision	
	§ 1327	Incontestability after reinstatement Provision	
GROUP CONTRACTS			
Chapter 14 of the Insurance Code of Puerto Rico	§ 1401	No life, endowment, or group or blanket annuity insurance policy shall be issued for delivery in Puerto Rico unless it conforms to one of the	
	§ 1404	Grace Period Provision	
	§ 1405	Incontestability Provision	
	§ 1406	A provision setting forth the conditions, if any, under which the insurer reserves the right to require a person eligible for insurance to furnish evidence of individual insurability satisfactory to the insurer as a condition to part or all of his coverage.	

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REGULATION		REQUIREMENTS	Reference /Page/ Paragraph
Chapter 14 of the Insurance Code of Puerto Rico	§ 1407	Age falsely stated Provision	
	§ 1408	Provision to facilitate payment	
	§ 1409	Issuance of certificate	
INDEX ANNUITIES			
NAIC Index Annuity Model Regulation		The insurer shall comply with the requirements of this regulation and its future amendments.	
ADDITIONAL REQUIREMENTS			
Circular Letter No. 2007-1775-AV of June 15, 2007		As a requirement, the below certification must be completed, signed and included with the filing.	

CERTIFICATION

I _____ have reviewed or supervised the preparation of the above form(s) and certify that the same comply with all of the applicable requirements of the Annuity Contracts Check List and that the filing does not contain dispositions previously disapproved or required to be corrected by the Office of the Commissioner of Insurance of Puerto Rico. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of the transmittal letter and enclosures with this filing.

Signature: _____

Date: _____