COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISIONER OF INSURANCE

IN REPLYING,
PLEASE REFER TO

April 4, 2002

CIRCULAR LETTER NO.: LE-04-1643-2002

TO ALL HEALTH SERVICES ORGANIZATIONS

RE: LICENSE RENEWAL FOR THE 2002-2003 FISCAL YEAR

Dear Sirs and Madams:

Section 7.010(1) of the Puerto Rico Insurance Code provides that, in order to remain or continue being authorized to process or transact any class of insurance in Puerto Rico, the affected individuals or entities shall pay the Office of the Commissioner of Insurance ("OCI") no later than June 30th of each year the corresponding fees for the kind of license or authorization held by such.

In view of the above and pursuant to Section 7.010(1)(g) of the aforesaid Code, the annual contribution that must be paid by each health services organization shall be $5,000.00. To these effects and for the purpose of renewing such licenses effective July 1, 2002, the enclosed form must be completed and delivered to the OCI **on or before May 10, 2002**, accompanied by a certified check or money order for the aforementioned amount made payable to the Secretary of the Treasury, along with a pre-addressed letter size manila envelope.

It should be noted that any application received after June 30, 2002 will not be considered for renewal by the OCI, and therefore, the applicant will have to file a new license application, pursuant to the aforementioned Code.

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

Very truly yours,

SIGNED

Fermín M. Contreras-Gómez
Commissioner of Insurance

Enclosure

P.O. Box 8330 • San Juan, Puerto Rico 00910-8330
Tel. (787) 722-8686 • Fax (787) 722-4400
www.ocs.gobierno.pr

ESTADO LIBRE ASOCIADO DE PUERTO RICO

OFICINA DEL COMISIONADO DE SEGUROS

SOLICITUD DE RENOVACION DE CERTIFICADO DE AUTORIDAD DE ORGANIZACION DE SERVICIOS DE SALUD PARA EL AÑO FISCAL 2002-2003

Fecha _____

A continuación se presenta la siguiente información para el trámite de la referida renovación:

Nombre de la Organización _____

Número del Certificado de Autoridad actual _____

Número de Seguro Social de la Organización _____

Dirección postal _____

_____

Dirección del sitio de negocios _____

_____

Teléfono _____

_____
(Firma del Presidente o Vicepresidente)

_____
(Nombre en letra de molde)

_____
(Título)

NOTA: Envíe esta solicitud en original y dos copias, con los derechos correspondientes en cheque o giro postal pagadero a nombre del Secretario de Hacienda.

OCS-RL-13-O

Apartado 8330 • San Juan, Puerto Rico 00910-8330
Tel. (787) 722-8686 • Fax (787) 722-4400