



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

Fermín M. Contreras-Gómez
Commissioner of Insurance

April 3, 2003

CIRCULAR LETTER NO.: C-LE-4-1685-2003

TO ALL HEALTH SERVICES ORGANIZATIONS

RE: RENEWAL OF CERTIFICATE OF AUTHORITY FOR FISCAL YEAR 2003-2004

Dear Sirs and Madams:

Section 7.010(1) of the Puerto Rico Insurance Code provides that as a condition to be authorized or continue to be authorized to solicit or transact any kind of insurance in Puerto Rico, the respective individuals or entities should pay the Office of the Commissioner of Insurance ("OCI"), no later than June 30 of each year the contributions for the kind of license or authorization that they hold.

Accordingly, and pursuant to Section 7.010(1) (g) of the Code, the annual contribution to be paid by each health services organization is \$5,000.00. To this effect, and so that these certificates of authorization may be renewed to be effective July 1, 2003, it will be necessary to complete and send to the OCI the enclosed form on or before May 9, 2003, along with a certified check or postal money order for the aforementioned amount, payable to the Secretary of the Treasury, and a self-addressed letter-size manila envelope. We advise you that any application received after June 30, 2003 will not be considered by the OCI for renewal, so that the applicant must submit a new application for a license as provided under the Code.

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

Very truly yours,

SIGNED

Fermín M. Contreras-Gómez
Commissioner of Insurance

Enclosure

APPLICATION FOR RENEWAL OF THE CERTIFICATE OF AUTHORITY FOR
HEALTH SERVICES ORGANIZATION FOR FY 2003-2004

Date _____

The following is the information required for the renewal:

Name of the Organization: _____

Number of the Certificate of Authority: _____

Social Security Number of the Organization: _____

Mailing address: _____

Address of place of business: _____

Telephone No.: _____

(Signature of the President or Vice President)

(Name in print)

(Title)

NOTE: Send an original and two copies of the application, along with the corresponding fees in a check or postal money order payable to the Secretary of the Treasury.