



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

IN ANSWERING
PLEASE REFER TO

March 6, 2003

CIRCULAR LETTER NO.: C-ES-3-1677-2003

TO ALL AGENTS AND BROKERS

RE: AGENTS AND BROKERS REPORTS FOR 2002

Dear Sirs and Madams:

Section 9.370 of the Puerto Rico Insurance Code, 26 L.P.R.A. sec. 937, provides that all authorized insurance agents, general agents, broker, solicitors, adjusters or consultants, shall, at the request of the Commissioner, submit a written report as soon as possible, regarding any insurance business, matter, or loss transacted by the licensee or in which the licensee has participated or regarding with the licensee has any information.

Pursuant to this section of the law, we are requiring that **on or before March 31, 2003**, every agent and broker who held a license issued by this Office for any period of time during the calendar year ending on December 31, 2002, shall provide this Office with the information requested on the enclosed form, which will include the information for that calendar year.

We require the use of the enclosed form. Submitting the report in any form other than the enclosed will mean that this Office will consider it as not submitted.

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

Very truly yours,

SIGNED

Dorelisse Juarbe-Jimenez
Deputy Commissioner of Insurance

Enclosure



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

**ANNUAL REPORT ON THE BUSINESS OF AGENTS AND BROKERS FOR THE
CALENDAR YEAR ENDING ON DECEMBER 31, _____.**

1. Name of the Agent () _____
Broker () _____
2. Social Security Number: _____
3. License Number: _____
4. Mailing Address: _____

Street Address: _____

Telephone No.: _____

5. If this is a corporation, state below the names of the shareholders and the percentage (%) of shares owned by each on the date of this report.

Name of Shareholders	% of Shares

If the corporation in turn has shareholders that are corporations, enclose an organizational chart showing the ultimate holding company, subsidiaries, and affiliates.

6. If this is a corporation, state the names of the directors:

7. In the case of a broker, do you have any relationship as a shareholder, member, partner, agent or employee of any insurer or authorized agent or do you have any contractual relationship or financial interest in any insurer or agent authorized to do business or doing business in Puerto Rico, except for commissions earned or as an insured?

Yes ___ No ___ Explain: _____

Note: If additional space is required, attach another sheet

(Continued on back)

8. In the case of an agent, do you have any economic or financial interest or contractual relationship with another insurance agency or a relationship as a shareholder, member, partner, agent, employee of an agency, insurance broker or brokerage firm authorized to do business or doing business in Puerto Rico?

Yes ___ No ___ Explain: _____

9. State the name of the depository institution and number(s) of account(s) used by the agent or broker to deposit premium funds.

Depository Institution	Account Number

10. Volume of premium written (new business and renewals, life insurance, annualized premium) during the period of this report _____.

11. Commissions earned (include commissions for new business, renewals, and contingent commissions)_____. If you receive compensation in the form of a salary state the name and address of the employer:

Name of employer: _____

Address:_____

12. Commissions paid to other agents and brokers in excess of \$5,000_____

I CERTIFY: That this is a complete statement of all of the insurance business transacted by me during the aforementioned calendar year, as shown by the direct, extensive, and detailed investigation I have made of the books and documents in my power. I acknowledge that misrepresentation of any material fact in this statement is a violation of the Puerto Rico Insurance Code and I assume responsibility for the accuracy of this statement and certification.

In _____, Puerto Rico, this _____ day of _____, _____.

 Signature of the agent or broker (if a natural person) or of the president of the agent or broker (if a corporation or partnership)

 Name of the person signing the report

 Date