



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER INSURANCE

March 7, 2005

CIRCULAR NO: C-ES-3-1727-2005
TO ALL AGENTS AND BROKERS

AGENTS AND BROKERS REPORT FOR 2004

Dear Sirs and Madams:

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

Under this Section of the Law we are requesting that **on or before March 31, 2005**, each agent and broker that held a license from the Office of the Commissioner of Insurance (OCI) at any time during the calendar year ending on December 31, 2004 provide this Office with the information requested on the enclosed form. You may also find this form on our webpage at www.ocs.gobierno.pr/forms/ia.htm.

You are required to use the enclosed form. Filing the report on any form other than this one will mean the Office will deem the report as not filed.

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

Very truly yours,

SIGNED

Dorelisse Juarbe-Jiménez
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, 2004.**

1. Name of the Agent () _____

Broker () _____

2. Social Security Number: _____

3. License Number: _____

4. Mailing Address: _____

Street Address: _____

Email: _____ 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

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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, except for commissions earned or as an insured?

Yes ___ No ___ Explain: _____

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

Deposit 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