



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER INSURANCE

April 21, 2005

CIRCULAR LETTER NO.: C-SP-4-1744-2005

TO ALL HEALTH SERVICES ORGANIZATIONS

RENEWAL OF CERTIFICATE OF AUTHORITY FOR FY 2005-2206

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 transact or solicit any kind of insurance in Puerto Rico, the respective individuals or entities will pay the Office of the Commissioner of Insurance ("OCI"), no later than June 30 of every year the appropriate contribution for the kind of license or authority they hold.

In this regard, and pursuant to Section III (g) of Rule 77 of the Regulations of the Puerto Rico Insurance Code, the annual contribution that every health services organization shall pay will be \$5,257.00. To this effect, and so that these certificates of authority may be renewed effective July 1, 2005, it will be necessary that the enclosed form be completed and sent to the OCI before May 21, 2005, enclosing a certified check or 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 that is received after June 30, 2005, will not be considered by the OCI for renewal, so that the applicant shall submit a new application for a license as provided in the Code.

Strict compliance with the provisions of this letter is hereby required for the prompt renewal of your certificate of authority.

Very truly yours,

SIGNED

Dorelisse Juarbe-Jiménez
Commissioner of Insurance

Enclosure

**APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY
HEALTH SERVICES ORGANIZATIONS
FOR FY 2005-2006**

Date _____

The following information is submitted for processing of the renewal:

Name of the Organization _____

Social Security Number of the Organization _____

Mailing address _____

Address of the place of business _____

Telephone No. _____

(Signature of the President or Vice President)

(Name in printed letters)

(Title)

NOTE: Send an original and two copies of this application with the appropriate fees in a check of postal money order made out to the Secretary of the Treasury.

OCS-RL-13-0