GOVERMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

July 19, 2017

CIRCULAR LETTER NO.: CC-2017-1905-AF

TO ALL INSURERS AUTHORIZED TO TRANSACT PROPERTY AND CASUALTY INSURANCE IN PUERTO RICO

STATUTORY MEETING OF THE INSURERS SYNDICATE FOR THE JOINT UNDERWRITING OF MEDICAL-HOSPITAL PROFESSIONAL LIABILITY INSURANCE

Ladies and Gentlemen:

Section 41.040 of the Insurance Code of Puerto Rico created the Insurers Syndicate for the Joint Underwriting of Medical-Hospital Professional Liability Insurance (the Syndicate) to provide said insurance to qualified applicants. The Syndicate shall be composed of all insurers authorized in Puerto Rico to contract insurance of the kinds defined in Sections 4.040 (Property), 4.050 (Marine and Transportation), 4.060 (Agricultural), 4.070 (Vehicle), 4.080 (Casualty) and 4.090 (Surety) of the Insurance Code of Puerto Rico. Said insurers shall be members of the Syndicate and their participation in the same shall be an indispensable condition to continue writing insurance in the Government of Puerto Rico.

Pursuant to Section 41.040(4), supra, a meeting of the members of the Syndicate is hereby called to take place **on August 17, 2017 at 9:00 a.m. at Centro Europa Building, Suite 501, San Juan, Puerto Rico.** Each company present will have the right to vote on the matters discussed at the meeting and said vote will have weight in the proportion that the net direct premiums written by each member during the preceding calendar year for the aforesaid kinds of insurance bear to the total net direct premiums written in Puerto Rico by all the members of the Syndicate in said year for such kinds of insurance. For this purpose, a distribution of the premiums written by all members of the Syndicate for the aforementioned kinds of insurance, as well as of the premiums written for Medical-Hospital Professional Liability Insurance during 2016 will be distributed at the meeting.

A Designation of Authorized Representative form is enclosed. The same should be completed by your President or Secretary, or any other authorized representative, and returned to us in time for the meeting. In said designation form you may appoint any representative of your own. The designation form must be executed and presented **before the commencement of the meeting**.

Due to the importance of the matters to be discussed, we strongly urge you to designate an authorized representative who shall vote on your behalf in said meeting.

Sincerely,

Javier Rivera Ríos, LUTCF
Commissioner of Insurance

Enclosure

July 19, 2017

DESIGNATION OF AUTHORIZED REPRESENTATIVE

WHEREAS, _____ is an Insurer duly authorized to write property, marine and transportation, agricultural, vehicle, casualty and surety insurance in the Government of Puerto Rico and thus is a member of the Insurers Syndicate for the Joint Underwriting of Medical-Hospital Professional Liability Insurance.

WHEREAS, a meeting shall be held on August 17, 2017, pursuant to Section 41.040 of the Insurance Code of Puerto Rico to discuss several matters regarding the preceding year of operation of the Syndicate.

THEREFORE, _____hereby appoints and names Mr. (Mrs.) _____ to be its representative and to vote on its behalf at said meeting for any matter which may come before the meeting.

This _____day of _____, 2017.

_____
(President or Vice President)

CORPORATE SEAL

_____
(Secretary)