



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

December 17, 2015

RULING LETTER NO.: CN-2015-192-ES

TO ALL DOMESTIC INSURERS, FOREIGN INSURERS, AND HEALTH SERVICES ORGANIZATIONS AUTHORIZED IN PUERTO RICO

PREMIUM AND COMMISSION FORM FOR BUSINESS TRANSACTED BY GENERAL AGENTS, MANAGERS, PRODUCERS AND AUTHORIZED REPRESENTATIVES, INDIVIDUALS OR CORPORATIONS

Dear Sirs and Madams:

One of the programmatic objectives of the Office of the Commissioner of Insurance is to update processes and maximize the efficiency of the transactions and procedures at this Office. To this end we have adopted the mechanism of electronic report filing. This is available, among other situations, for our licensees to file the data for the Annual Business Report as required in Circular Letter C-ES-3-1727-2005.

To achieve this goal, we are systematizing and simplifying the procedures related to reports on business transacted through general agents, managers, producers, and authorized representatives, collectively the "intermediaries." For this purpose we have developed form OCS-ES-2015-027, which is to be duly completed and delivered to each of the authorized representatives, producers, managers, and general agents, whether they are corporate entities or individuals, that were involved in writing insurance during the year covered by the Report.

The following are the general instructions for completing the form:

1. State the full name and the paternal and maternal surnames of the individual or the full name of the corporation for which the form is being completed.

2. State the kind of license. If the intermediary holds more than one license, a report shall be prepared for each kind of license, and the data shall only include the information related to the business transacted for that kind of license.
3. In the case of individuals, state whether the person is an employee of the Insurer or Health Services Organization. The definition of employee is a person who performs certain functions in exchange for a salary and/or commission and is included in the payroll of the Insurer or Health Services Organization.
4. State written premium and commissions paid, both for new business and renewals, for business transacted by the intermediary during the year of the report. Please do not include fractions of dollars (cents). The Insurer is responsible for providing the intermediary with accurate information, which may be subject to investigation or examination by this Office.
5. In addition, it should be stated whether the intermediary was paid contingent commissions and the amount in dollars of the contingent commissions.
6. The forms should not include information related to surplus lines business.

The form shall be delivered to the intermediary on or before **February 2 of every year**, along with the 480 or W-2 forms of the intermediary. A copy shall be included in the record kept for the intermediary.

In addition forms OCS-ES-2015-028, OCS-ES-2015-029, OCS-ES-2015-030, and OCS-ES-2015-031 have been created for including all of the intermediaries with whom insurance was transacted during the year of the report. The information should also include the premium written, commissions paid, and the contingent commissions paid with regard to the intermediary. The forms will be classified by Corporate General Agents and Managers; Corporate Authorized Representatives and Producers; Individual General Agents and Managers; and Individual Authorized Representatives.

For this purpose we require all Insurers and Health Services Organizations to complete forms OCS-ES-2015-028, OCS-ES-2015-029, OCS-ES-2015-030, and OCS-ES-2015-031 and file them with the Office of the Commissioner of Insurance on or before **March 1 of each year**. The forms shall be filed as a signed original and an electronic copy (on a CD using Microsoft Excel).

The forms are available on our website at www.ocs.pr.gov, under Licensees-Presentation of Reports.

Any report submitted on a form or in a format other than what is required herein will be considered by this Office as not having been filed.

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

Very truly yours,

SIGNED

Ángela Weyne-Roig
Commissioner of Insurance

Enclosures



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Written Premium and Commissions Report

Name and surnames

Name of the Corporation: _____

Kind of License Manager General Agent Authorized Representative Producer

Employee
(Applies only to individuals) Yes No

Lines of Authority*	Written Premium**	Commissions paid**	Contingent Commissions**
Life			
Disability			
Property			
Marine and Transportation (Island Marine and Ocean Marine)			
Agricultural (Farm)			
Vehicle			
Casualty			
Surety			
Title			
Mortgage Loans			
Total	\$ -	\$ -	\$ -

Classes or Subdivision of Insurance***	Written Premium**	Commissions paid**	Contingent Commissions**
Dwelling Insurance			
Private Automobile Liability Insurance			
Private Automobile Physical Damages Insurance			

*As defined in Chapter 4 of the Puerto Rico Insurance Code.

**Include new business and renewals of the lines and subdivisions.

***Include details of subdivisions only.

Name of the Insurer or Health Services Organization

Telephone

Name and signature of the person who completes the form

E-mail



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Report on Written Premium and Commissions

Summary for Individual Authorized Representatives and Producers

Name of the Insurer or Health Services Organization	NAIC No.
Name and signature of the person who completes the report	Email

#	Name	Last Name	OCI License Number	Written Premium	Commissions Paid	Contingent Commissions
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Report on Written Premium and Commissions

Summary for Corporate Authorized Representatives and Producers

Name of the Insurer or Health Services Organization	NAIC No.
Name and signature of the person who completes the report	Email

#	Name	OCI License Number	Written Premium	Commissions Paid	Contingent Commissions
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Report on Written Premium and Commissions

Summary for Individual General Agents and Managers

Name of the Insurer or Health Services Organization

NAIC No.

Name and signature of the person who completes the report

Email

#	Name	Last Name	OCI License Number	Written Premium	Commissions Paid	Contigent Commissions
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Report on Written Premium and Commissions

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