



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

Automobile Club's name: _____

Puerto Rico Operations
Direct Business - Year Ended December 31, _____

Subscribers _____

Premiums or Quotas Received _____

Premiums or Quotas Earned _____

Premiums or Quotas Unearned _____

Losses Paid _____

Losses Unpaid _____

I CERTIFY that the information presented herein is true, correct and complete to the best of my knowledge and belief.

Date: _____

Signature of Authorized Officer

Sworn and subscribed before me by _____, in his (her) capacity of _____ of _____ (club), of legal age and resident of _____, whom I personally know this _____ day of _____, 20____, in _____.

Notary Public