Commonwealth of Puerto Rico  
Office of the Commissioner of Insurance  

ANNUAL REPORT OF BUSINESS TRANSACTED BY NONRESIDENT PRODUCERS FOR YEAR 20____

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Insured</th>
<th>Effective and Maturity Date</th>
<th>Insurer with Which Business was Placed</th>
<th>Resident Producer of Puerto Rico or General Agent through Whom Business was Placed</th>
<th>Premium Charged</th>
<th>Commissions Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$</td>
</tr>
</tbody>
</table>

Note: If the cells provided in this report are not sufficient to submit all the data, please add more lines to this table. Otherwise, please reproduce this table in order to include every transaction within this report.

Total

$ - $ -

I hereby certify that this is a complete report of all insurance business placed by the subscriber upon subjects of insurance located or to be performed in Puerto Rico during the aforesaid calendar year. I further declare that all policies were placed.

President or Vice President (Printed Name)  
E-mail  
(Signature)  
Phone Number  
Date  
Fax Number