Government of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

PREMIUM TAX RETURN  
FOR THE YEAR ENDED ON DECEMBER 31, 2010

Insurer's name: ______________________________________
Mailing address: ______________________________________
NAIC CODE: __________

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Premises per line 35, Col. 1, of state page of current annual statement *</td>
<td>$ .xx</td>
</tr>
<tr>
<td>2. Total tax for the year (line 1 x .04)</td>
<td>$ .xx</td>
</tr>
<tr>
<td>3. Deduct the annual contribution paid for the certificate of authority during 2010 (see instructions)</td>
<td>$ .xx</td>
</tr>
<tr>
<td>4. Tax due for the year (line 2 less line 3)(If negative, includes &quot;0&quot;)</td>
<td>$ .xx</td>
</tr>
</tbody>
</table>

* Title Insurers shall present Direct Premiums Written per line 54, columns 3, 4, and 5 of Schedule T.

I hereby certify that the information presented in this return is true, correct and complete to the best of my knowledge and belief.

_____________________________   _________________
Date                                  Signature of Authorized Officer

_____________________________
Printed Name

_____________________________
Title

Note: This form must be filed on or before the end of the third month following the aforesaid calendar year.