



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

Fermín M. Contreras Gómez  
Commissioner of Insurance

March 4, 2003

**RULING NO.: N-ES-3-27-2003**

**TO ALL DOMESTIC LIFE INSURERS AUTHORIZED TO TRANSACT  
INSURANCE BUSINESS IN PUERTO RICO**

**RE: 2002 ANNUAL STATEMENT AND RELATED ITEMS**

Dear Ladies and Gentlemen:

Section 3.310(1) of the Insurance Code of Puerto Rico, 26 L.P.R.A. sec. 331(1) stipulates the following:

"(1) Each authorized insurer shall annually, **before the thirty-first day of March**, file with the Commissioner a true statement of its financial condition, transactions, and affairs as of the December 31st preceding. The statement shall be on forms as prescribed by the Commissioner, shall contain information as required by this Code and by the Commissioner, and shall be verified by the oath of at least two of the insurer's principal officers." (Emphasis supplied).

Pursuant to the aforesaid section, the annual statement for calendar year ending December 31, 2002, must be filed in this Office **on or before March 30, 2003\***. The same must be presented in the official form approved by the National Association of Insurance Commissioners with all the schedules, supplements and reports required, including the Management's Discussion and Analysis.

P. O. Box 8330 • San Juan, Puerto Rico 00910-8330

Tel. (787) 722-8686 • Fax (787) 722-4400

[www.ocs.gobierno.pr](http://www.ocs.gobierno.pr)

Domestic insurers are required to submit to this Office and to the NAIC **one legal-sized (8 1/2" x 14") hard copy and diskette filing** of their annual statement and supplements. The diskette filing must be the electronic format commonly known as the "**March.PDF Filing**" (in .pdf format).

All domestic insurers must also include with the annual statement the information required on the State Page (page 29), Direct Business in the Commonwealth of Puerto Rico; the Life Miscellaneous Report; and the Certification of the Investment in Puerto Rico Securities held as of December 31, 2002, in compliance with Section 3.160 of the Insurance Code of Puerto Rico, in the form provided by this Office. It is required that this information be filed with the regular annual statement and within the filing due date.

It is also required to submit a hard copy and electronic filing of the Life Miscellaneous Report and the Certification of the Investment in Puerto Rico Securities, which are included in our web site. The **Life Miscellaneous Report form** is at [http://www.ocs.gobierno.pr/downloads/life\\_misc.xls](http://www.ocs.gobierno.pr/downloads/life_misc.xls) (in MS Excel format) and the **Certification of the Investment in Puerto Rico Securities form** is at [http://www.ocs.gobierno.pr/downloads/cert\\_inv.doc](http://www.ocs.gobierno.pr/downloads/cert_inv.doc) (in MS Word format). We are including also a hardcopy of the said forms for those insurers, who cannot access it in our web site address.

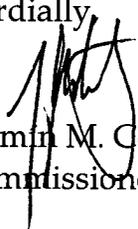
Annual filings must follow all established instructions as specified in the *NAIC Annual Statement Instructions*. For more information regarding Annual filings, please log on to the NAIC web site at [www.naic.org](http://www.naic.org) and select Filing Instructions.

A copy of the State Page must also be sent by all insurers to the Puerto Rico Guaranty Association for Life, Disability and Health to the following address:

Puerto Rico Guaranty Association for Life,  
Disability and Health  
P. O. Box 191489  
San Juan, Puerto Rico 00919-1489

Strict compliance with the aforesaid provisions is hereby required.

Cordially,



Fermín M. Contreras Gómez  
Commissioner of Insurance

Enclosure

\* Due date is Sunday, the filing will be accepted on March 31, 2003.



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

**LIFE INSURANCE MISCELLANEOUS REPORT AS OF DECEMBER 31, 2002**

INSURER'S NAME: \_\_\_\_\_

NAIC COMPANY CODE: \_\_\_\_\_

1. Number of Policies or Certificates in Force *	-
a. Ordinary	
b. Credit Life (Group & Individual)	
c. Group	
d. Industrial	
2. Paid Dividends	
3. Accumulated Dividends	
4. Policy Loans	
5. Aggregate Reserves *	\$ -
a. Life	
b. Accident & Health	

\* Lines 1 and 5 have automatic formulas.

**We hereby certify that figures appearing on this statement are true and correct for the aforesaid calendar year, as per records and books of account of this insurer.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**IMPORTANT NOTE**

*This report must be completed in its entirety. It will be considered as filed if and only if the signature of an authorized officer is affixed herein.*

*The information requested is for Puerto Rico business only and will include all transactions since the commencement of business in Puerto Rico, up to and including the calendar year indicated above.*



COMMONWEALTH OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE

CERTIFICATE OF INVESTMENT IN  
PUERTO RICO SECURITIES

\_\_\_\_\_ and \_\_\_\_\_  
(President) (Treasurer)

of \_\_\_\_\_, an insurer organized  
(Name of the Insurer)  
and existing under and by virtue of the laws of \_\_\_\_\_, do hereby  
(State or Country)

certify that said insurer has and maintains and investment in securities of the class specified in Section 3.160 of the Insurance Code of Puerto Rico. The aforesaid securities are described on the reverse side of this certificate and have a total par value of \$ \_\_\_\_\_ and, as of the date of this document, have an amortized value (Book/ Adjusted Carrying Value) of \$ \_\_\_\_\_.

We further certify that the above mentioned insurer will maintain at all times the amount required by the above mentioned section to remains authorized in Puerto Rico and until all of its obligations and liabilities in the Commonwealth of Puerto Rico have been discharge. The sale or exchange of the described securities will only be authorized upon substitution thereof, provided that this certificate be up dated whenever a change occurs.

IN WITNESS WHEREOF, we hereunto subscribe our names and cause to be affixed the Official Seal of \_\_\_\_\_

(Name of the Insurer)

at the City of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

ATTESTED:

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
President

\_\_\_\_\_  
Treasurer

(SEAL)

