Government of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Report of Reinsurance Assumed from Puerto Rico Domestic Insurers for the Year 20_____
(Property & Casualty, Life, & Disability)

Insurer or Reinsurer _____

Contact Person & telephone number _____

Account Books Closing Date _____
NAIC Code

_____

_____

Reinsurance Assumed from Puerto Rico Life Insurers for the Year 20___ (in US dollars)	
Names of ceding domestic life insurers	**Amount Assumed**
Total:	$

Government of Puerto Rico
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Report of Reinsurance Assumed from Puerto Rico Domestic Insurers for the Year 20_____
(Property & Casualty, Life, & Disability)

Insurer or Reinsurer _____

Contact Person & telephone number _____

Account Books Closing Date _____
NAIC Code

_____

Reinsurance Assumed from Puerto Rico Disability Insurers For the Year 20___ (in US dollars)	
Names of Ceding Domestic Disability Insurers	**Amount Assumed**

Government of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Report of Reinsurance Assumed from Puerto Rico Domestic Insurers for the Year 20_____
(Property & Casualty, Life, & Disability)

Insurer or Reinsurer _____

Contact Person & telephone number _____

Account Books Closing Date _____
NAIC Code

_____

_____

Reinsurance Assumed from Puerto Rico Property & Casualty Insurers For the Year 20___ (in US dollars)			
Names of Ceding Domestic Property & Casualty Insurers	**Non Cat**	**CAT**	**Liability**
Total:	$	$	$