



**Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE**

Special Premium Tax Calculation
Pursuant to Section 7.022 of the Insurance Code of Puerto Rico
For the period to _____

Insurers name: _____

NAIC Code: _____

Mailing Address: _____

Email: _____

HEALTH PREMIUMS*

Line	Source description	
1	Schedule T -038, Col. Total Columns 2 through 8, Line 54	
2	Underwriting and Investment Exhibit Part I, Premiums-008, Col. Net Premium Income, Line 12	
3	Underwriting and Investment Exhibit Part I, Premiums-008, Col. Direct Business, Line 12	
4	Line 2 / Line 3 *If less than 1 and greater than zero, otherwise assume 1	
5	Line 1 x Line 4 Net premium earned	
6	Line 5 x .01	

Notes:

* Premiums must be reported net of premiums related to Mi Salud, Medicare Advantage and Medicaid.

This form must be filed at the OCS, 361 Calle Calaf ,PO Box 195415, San Juan, Puerto Rico 00919 with the payment on or before March 31, every year and a copy sent to Internal Revenue Collections Office of the Treasury Department, Office 620, P.O. Box 9024140, San Juan, Puerto Rico 00902-4140.

I 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