



COMMONWEALTH OF PUERTO RICO  
**OFFICE OF THE COMMISSIONER OF INSURANCE**

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**SAMPLE CERTIFICATION FOR INSURER WHICH HAS REMITTED OR CREDITED  
UNCLAIMED FUNDS TO GENERAL AGENT OR MANAGER**

CERTIFICATION

I hereby certify, that after a thorough and careful search in the files of \_\_\_\_\_, for the \_\_\_\_\_, \_\_\_\_\_  
(Name of Insurer)  
year said insurer have remitted or credited to \_\_\_\_\_  
(Name of General Agent, or Manager)  
unclaimed funds which are due and payable and have not been claimed by , nor have  
been paid to the persons entitled to them.

In \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ de 2\_\_\_\_\_.  
(City) (State) (Date)

\_\_\_\_\_  
*Signature Authorized Officer*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

UF-001

**TO ALL FOREIGN INSURERS AUTHORIZED  
TO TRANSACT INSURANCE BUSINESS IN PUERTO RICO**

**UNCLAIMED FUNDS**

**GENERAL INSTRUCTIONS**

Article 26.040 of the Insurance Code of Puerto Rico, 26 L.P.R.A. Sec. 2604, provides that every insurer, general agent and manager must submit an annual report to this Office, of all unclaimed funds, as this term is defined in Article 26.030 (1)(b), 26 L.P.R.A. Sec. 2603 of the Insurance Code, that are retained and owed, up to December 31 of the immediate preceding year.

With the objective of adequately managing the reports that is hereby requested, you are required the following procedure:

1. Present the preliminary report on or before May 1.
2. Complete the electronic form no. **UF-005**, titled **Statement of Unclaimed Forms as of December 31, \_\_\_\_\_**, save the prepared report in a diskette or CD and send it to our office by regular mail. In addition, this report must be accompanied by duly sworn and notarized certification, stating the veracity of the information contained in the diskette, making use of the form no. **UF-004**.
3. Amounts less than \$5.00 or paid to other state, do not have to be reported.
4. In the event that you do not have unclaimed funds to report, you must present a certification using the form no. **UF-002**.
5. Those Insurers that have remitted the unclaimed funds to their General Agent or Manager, must present the form no. **UF-001**.
6. There are hereby exempt from complying with this circular letter those Insurers that have been authorized in Puerto Rico for less than seven (7) years.
7. Present a final report with the payment of the remaining unclaimed funds on or before December 20, if the payment is received after this date we will charge interests and penalties over the outstanding amount and the Insurer will be entitled to further sanctions provided by the Insurance Code for this instances.