



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Insurer's Name _____

Reports of Amounts Recovered on Assessments Paid to the Puerto Rico and Casualty Insurance Guaranty Association for the Semester Ending on _____

	Lines of Business	RECOVERIES							ASSESSMENTS	
		CURRENT SEMESTER					Cumulative to Date		(9) Total Assessments Paid to Date	(10) Assessments Not Recovered (Recovered in Excess) (Col. 9 - Col. 8)
		(1) Direct Written Premiums (Statutory Page 14 Annual Statement)	(2) Returned Premiums Due to Cancellation or Endorsement	(3) Premiums not Subject to Surcharge *	(4) Premiums Subject to Surcharge (Col. 1 - Col. 3)	(5) Percentage (%) of Recovery	(6) Amount of Recoveries (Col. 4 x Col. 5)	(7) Cumulative Amount of Previous Recoveries (Col. 7 of Previous Semester Report **)		
	ACCOUNT No. 1 - Vehicle Insurance									
19.2	Other Private Passenger Auto Liability									
19.4	Other Commercial Auto Liability									
21.1	Private Passenger Auto Physical Damage									
21.2	Commercial Auto Physical Damage									
	Subtotal Account No. 1									
	ACCOUNT No. 2 - All Other lines of Insurance									
1	Fire									
2.1	Allied Lines									
2.2	Multiple Peril Crop									
3	Farmowners multiple peril									
4	Homeowners multiple peril									
5.1	Commercial Multiple Peril (Non Liability portion)									
5.2	Commercial Multiple Peril (Liability portion)									
9	Inland Marine									
11	Medical Malpractice									
12	Earthquake									
16	Workers' Compensation									
17	Other Liability									
18	Products Liability									
22	Aircraft (All Perils)									
23	Fidelity									
26	Burglary and Theft									
27	Boiler and Machinery									
33	Aggregate Write-Ins for other lines of business									
	Subtotal Account No. 2									
34	GRAND TOTAL									

* Includes in this column the amounts resulting from rounding and direct written premiums which are not subject to the surcharge, as provided in Circular Letter E-2-1375-95, E-4-1389-95 and E-6-1393-95

** For the subsequent semester the amount indicated in this Column will be the Column 8 of Previous Semester Report.

Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE
San Juan, Puerto Rico

SWORN STATEMENT

I, _____, President
of _____, depose and declare
that the information supplied in the form denominated "Report of Amounts Recovered
on Assessments Paid to the Puerto Rico Property and Casualty Insurance Guaranty
Association" is correct and faithfully presents the information related to the
assessments paid and recovered by this insurer as of the date indicated in the above
mentioned form.

I understand that in the event the information supplied is found to be false, in
addition to the penalties for perjury that may be applicable, the Commissioner of
Insurance of Puerto Rico may determine that the undersigned has incurred in an illegal,
unjust and dubious practice, thus subjecting the aforesaid insurer to, among others, the
sanctions stipulated ins Section 3.260 of the Insurance Code of Puerto Rico, 26 L.P.R.A.
sec 326.

At _____, Puerto Rico, on this _____ day
of _____, 20____.

President

AFFIDAVIT NO. _____.

Sworn to and subscribed before me by _____
of legal age, President of _____
and resident at _____, Puerto Rico, whom I give faith to know
personally at _____, Puerto Rico, on this _____ day of
_____, 20____.

Notary