



ESTADO LIBRE ASOCIADO DE PUERTO RICO  
**OFICINA DEL COMISIONADO DE SEGUROS**

Carta Circular AD-I-3-1271-9  
30 de marzo de 1992

CARTA CIRCULAR A TODOS LOS ASEGURADORES, AGENTES GENERALES  
Y GERENTES AUTORIZADOS EN PUERTO RICO

Asunto: Fondos No Reclamados

Estimados señores:

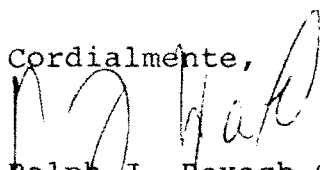
La carta normativa núm. N-AD-3-36-9- dispone los pasos a seguir en la radicación del Informe de Fondos no Reclamados.

El Artículo 26.040 del Código de Seguros de Puerto Rico, 26LPRA sec. 2604 obliga a cada asegurador, a cada agente general y a cada gerente a presentar un informe escrito ante esta Oficina sobre todos los fondos no reclamados que tengan retenidos y adeudados al 31 de diciembre.

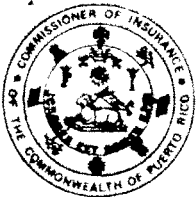
Le incluimos los formularios a utilizarse para dicho propósito. Los mismos se radicarán en esta Oficina en o antes del 1 de mayo de 1992.

El incumplimiento de esta directriz acarrea la imposición de las sanciones que establece el Código de Seguros de Puerto Rico.

Cordialmente,

  
Ralph J. Rexach Chandri  
Comisionado de Seguros

Anejo



COMMONWEALTH OF PUERTO RICO

## OFFICE OF THE COMMISSIONER OF INSURANCE

### C E R T I F I C A T I O N

I, \_\_\_\_\_, \_\_\_\_\_  
(Name of the Official) (Title of the Official)  
of \_\_\_\_\_, after a  
(Name of the Insurer)  
thorough and careful search in the files of 1991 said insurer,  
hereby CERTIFY:

That \_\_\_\_\_, has remitted  
(Name of the Insurer)  
or credited to \_\_\_\_\_  
(Name of the General Agent, Manager or Agent)  
unclaimed funds which are due and payable and which have not been  
claimed by nor been paid to the persons entitled to them.

In San Juan,

\_\_\_\_\_  
(Signature of Official of the Insurer)



OFFICE OF THE COMMISSIONER OF INSURANCE

STATEMENT OF UNCLAIMED FUNDS DUE AS OF DECEMBER 31, 19

Name of the person or entity in possession of the Unclaimed Funds

Address

[illegible]

I hereby certify that after a diligent inquiry, the information included in this statement is true and correct to the best of my knowledge and belief.

Subscribed and sworn before me, this  
day of 19 .

Signature of Authorized Officer

Notary Public