



Gobierno de Puerto Rico
OFICINA DEL COMISIONADO DE SEGUROS

5 de febrero de 1998

Carta Circular Núm. E-12-1472-97

A LAS ORGANIZACIONES DE SERVICIOS DE SALUD Y LAS ASOCIACIONES ORGANIZADAS DE CONFORMIDAD CON LAS DISPOSICIONES DE LA LEY NUM. 152 DE 9 DE MAYO DE 1942

Radicación del Informe Anual en la Asociación Nacional de Comisionados de Seguros (NAIC)

Estimados señoras y señores:

A tenor con el procedimiento recomendado por la Asociación Nacional de Comisionados de Seguros (NAIC), y conforme a la autoridad que nos confiere el Artículo 2.030 del Código de Seguros de Puerto Rico, se requiere por la presente que, a partir del año 1997, toda organización de servicios de salud autorizada conforme al Código de Seguros de Puerto Rico y toda asociación organizada de conformidad con las disposiciones de la Ley Núm. 152 de 9 de mayo de 1942, someta a NAIC una copia de su informe anual, según archivado en esta Oficina.

Como paso preliminar y a la brevedad posible deberán solicitar a NAIC, en el formulario que les incluimos, un código de identificación.

Una vez NAIC le asigne dicho código, ésta les enviará las instrucciones para el archivo del referido informe anual, el cual conlleva el pago de unos derechos, que dependerán del volumen de negocios de la organización o asociación.

Se requiere por la presente, el estricto cumplimiento con la directriz mencionada en esta carta circular.

Cordialmente,

Juan Antonio García
Comisionado de Seguros

ri

Anejo

Apartado 8330, Santurce, Puerto Rico 00910-8330
Tel. (787) 722-8686, Fax (787) 722-4400

120 West 12th Street
Suite 1100
Kansas City, Missouri 64105-1925
816-842-3600

816-471-7004 Main Fax
816-842-9185 Financial Services & Research Fax

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NAIC COMPANY CODE APPLICATION

- Have you received your Certificate of Authority? Y() N()

If so, enclose the original or a certified copy certified by your state of domicile. The application cannot be processed without the original or a certified copy of your Certificate of Authority. The Certificate of Authority becomes the property of the NAIC.

- In what state are you domiciled? _____
- What type of business does this company write ? (Check one)

- () Combined Property or Life
- () Property & Casualty
- () Title
- () LHSO
- () Life
- () Fraternal
- () HMDI
- () HMO
- () Other, please specify _____

- What type of company is this? (Check all that apply)

- () Blue Cross/Blue Shield
- () Captive
- () Joint Underwriting Association
- () Lloyds
- () Mortgage Guaranty
- () Professional Reinsurer (A professional reinsurer is defined as a company that is formed reinsure risks from unaffiliated companies)
- () Reciprocal
- () Risk Retention
- () Self Insured Group
- () State Insurance Fund
- () U.S. Branch of Alien (Port of Entry Alien)
- () Other, please specify _____

- Is this a () stock or a () mutual company?

LETTER FROM NAIC PRESIDENT TO COMPANIES

Attachment III

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- What type of annual statement blank will you be filling on ? (Check one)

- ☐ Yellow (Combined Property)
- ☐ Yellow (Property)
- ☐ Salmon (Title)
- ☐ Burgundy (LHSO)
- ☐ Blue (Combined Life)
- ☐ Blue (Life)
- ☐ Brown (Fraternal)
- ☐ White (HMDI)
- ☐ Orange (HMO)
- ☐ Other, please specify _____

- Enter the appropriate information:

Date Commenced Business: ____/____/____ (NOT Incorporation Date)

Full name of company _____

Home Address: _____

City: _____ State: _____ Zip: _____ - _____

Main Administrative Office Phone # _____ - _____ - _____

Mail Address: _____

City: _____ State: _____ Zip: _____ - _____

Contact Person: _____ Phone: _____ - _____ - _____

Company President: _____

FEIN Number _____ - _____ (should be 9 digits)

- Is this company being formed for the purpose of merging an existing insurance company? Y() N()

If Yes:

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Is this a re domestication? Y() N()

If Yes:

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Are you required to form a shell in the new state of domicile? Y() N()

If Yes:

Indicate the name of the existing insurance company:

If Yes

Indicate the name of the new shell:

- Is this a shell being set up for the purpose of merging two or more companies within a state? Y() N()

Is this new company affiliated with any other insurance company? Y() N()

If Yes:

What is the name of the affiliated insurance company?

If Yes

NAIC company code: _____ Group Code: _____

State of Domicile: _____

If affiliated companies do not have a current NAIC group code, one will need to be issued.

What is the name of the group?

- General comments or any additional circumstances which would clarify your situation:

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-
- Name of person completing this application

Signature _____

Title _____

Date _____

Return to:

NAIC
120 W. 12th Street, Suite 1100
Kansas City, MO 64105-1925
Attention: Teri King
Data Services Company Filing Supervisor

For Office Use Only:

Date Info Rec'd ____/____/____

DB Updated ____/____/____

Verification Letter _____

Status: _____ Type: _____

Code: _____ Group: _____