

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
CHECK LIST FOR ANNUITY CONTRACTS

COMPANY: _____
FORM NUMBER: _____

| REGULATION | REQUIREMENTS | Reference /Page/ Paragraph | |
|--|--------------|---|--|
| INDIVIDUAL CONTRACTS | | | |
| Chapter 13 of the Insurance Code of Puerto Rico | § 1317 | Grace Period Provision | |
| | § 1318 | Incontestability Provision | |
| | § 1319 | Entire contract Provision | |
| | § 1320 | Misstatements of Age or Sex Provision | |
| | § 1321 | Dividen Provision. If an annuity or pure endowment contract, other than a reversionary, survivorship or group annuity, is participating, there shall be a provision that the insurer shall ascertain and apportion any divisible surplus accruing on the contract beginning not later than the end of the third policy year and annually thereafter. | |
| | § 1322 | Reinstatement Provision | |
| | § 1326 | Limitation of liability Provision | |
| | § 1327 | Incontestability after reinstatement Provision | |
| GROUP CONTRACTS | | | |
| Chapter 14 of the Insurance Code of Puerto Rico | § 1401 | No life, endowment, or group or blanket annuity insurance policy shall be issued for delivery in Puerto Rico unless it conforms to one of the | |
| | § 1404 | Grace Period Provision | |
| | § 1405 | Incontestability Provision | |
| | § 1406 | A provision setting forth the conditions, if any, under which the insurer reserves the right to require a person eligible for insurance to furnish evidence of individual insurability satisfactory to the insurer as a condition to part or all of his coverage. | |

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| Chapter 14 of the Insurance Code of Puerto Rico | § 1407 | Age falsely stated Provision | |
| | § 1408 | Provision to facilitate payment | |
| | § 1409 | Issuance of certificate | |
| INDEX ANNUITIES | | | |
| NAIC Index Annuity Model Regulation | | The insurer shall comply with the requirements of this regulation and its future amendments. | |
| ADDITIONAL REQUIREMENTS | | | |
| Circular Letter No. 2007-1775-AV of June 15, 2007 | | As a requirement, the below certification must be completed, signed and included with the filing. | |

CERTIFICATION

I _____ have reviewed or supervised the preparation of the above form(s) and certify that the same comply with all of the applicable requirements of the Annuity Contracts Check List and that the filing does not contain dispositions previously disapproved or required to be corrected by the Office of the Commissioner of Insurance of Puerto Rico. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of the transmittal letter and enclosures with this filing.

Signature: _____

Date: _____