

COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

April 9, 1991

CIRCULAR LETTER TO ALL INSURERS, AUTHORIZED TO TRANSACT
INSURANCE BUSINESS IN PUERTO RICO

Subject: Unclaimed Fund

Dear Sirs:

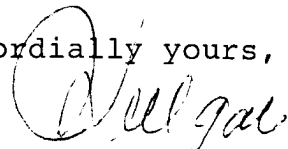
Ruling No. AD-3-36-90 indicates the steps to be taken with Unclaimed Funds.

Section 26.040 of the Insurance Code of Puerto Rico, 26LPRA sec. 2604, compels every insurers, general agent and manager to submit a written report to this Office on all unclaimed funds which they have withheld and are indebted as of December 31.

Enclosed please find the forms which are to be used for said purpose. The same should be received in this Office before May 1, 1991.

Failure to comply with these guideline shall entail the the imposition of the sanctions decreed by the Insurance Code of Puerto Rico.

Cordially yours,


Miguel A. Villafaña Neriz
Commissioner of Insurance

Enclosure



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 1990 said insurer,
hereby CERTIFY:

That _____, does not
(Name of the Insurer)

have unclaimed funds for the year of 1990 which are due and pay-
able and which have not been claimed by nor been paid to the
persons entitled to them.

In San Juan,

(Signature of an Official of the Insurer)



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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 1990 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 _____

Name of persons entitled to or interested in funds unclaimed 7 or more years after becoming due

Name of persons entitled to or interested in funds unclaimed 7 or more years after becoming due	Last Known Address	Policy or Claim No.	Due Date	Amount (if less than \$5 omit)
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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