



**Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE**

Special Premium Tax Calculation
Pursuant to Section 7.022 of the Insurance Code of Puerto Rico
For the period January 1, _____ to December 31, _____

Insurers name: _____
Mailing address: _____

NAIC Code: _____
Email: _____

HEALTH PREMIUMS*

Line	Source description	
1	Schedule T -038, Col. Total Columns 2 through 7, Line 54	
2	Underwriting and Investment Exhibit Part I, Premiums-008, Col. Net Premium Income, Line 12	
3	Underwriting and Investment Exhibit Part I, Premiums-008, Col. Direct Business, Line 12	
4	Line 2 / Line 3 If less than 1 and greater than zero, Otherwise assume 1	
5	Line 1 x Line 4 Net premium earned	
6	Line 5 x .01	

Notes:

* Premiums must be reported net of premiums related to Mi Salud, Medicare Advantage and Medicaid.

This form must be filed at the OCS, B5 C/Tabonuco Suite 216, PMB 356, Guaynabo, Puerto Rico 00968-3029 with the payment on or before March 31, 2015 and a copy sent to Internal Revenue Collections Office of the Treasury Department, Office 620, P.O. Box 9024140, San Juan, Puerto Rico 00902-4140.

I certify that the information presented in this return is true, correct and complete to the best of my knowledge and belief.

Date

Signature of Authorized Officer
Printed Name
Title