



**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: \_\_\_\_\_

NAIC Code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY, CASUALTY, DISABILITY (A & H), SURETY AND TITLE PREMIUMS**

<b>Line</b>	<b>Source description</b>	
1	State Page-019 Puerto Rico, Col. Direct Premiums Earned, Line 35 (Title Insurers should use 2014 Schedule T-042, Col. Net Premiums Earned, Line 54)	
2	State Page-019 Puerto Rico, Col. Direct Premiums Earned, Line 11 *	
3	Line 1 less Line 2 *	
4	Underwriting and Investment Exhibit Part I Premiums Earned-006, Col. Net Premiums Written, Line 35 *	
5	Exhibit of Premiums and Losses (Statutory page 14) Grand Total, Col. Direct Premiums Written, Line 35 *	
6	Line 4 /Line 5 * If less than 1 and greater than zero, Otherwise assume 1	
7	Line 3 x Line 6 * Net premium earned	
8	Line 7 x .01 (For Title Insurers, Line 1 x .01)	

PR domestic Insurers must exclude from this schedule Premiums on Mandatory Vehicle Insurance (Act 253-95)

\* Not Applicable to Title Insurers

**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