



Commonwealth of Puerto Rico  
OFFICE OF THE COMMISSIONER OF INSURANCE

Report of Reinsurers not Organized in the United States and Authorized to Transact Reinsurance  
Business in Puerto Rico for the Year 20\_\_\_\_\_

Insurer's Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Account Books Closing Date \_\_\_\_\_ Mailing Address \_\_\_\_\_

Estimated Date to Submit the Annual Statement \_\_\_\_\_

Rating by AM Best or Standard & Poor's \_\_\_\_\_

Selected Items from Financial Statement As of December 31, 20_____ (in US dollars)	
Invested Assets	\$ -
Total Assets	\$ -
Unearned Premiums Reserve	\$ -
Other Liabilities	\$ -
Total Liabilities	\$ -
Surplus as Regards to Policyholders	\$ -