



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

Additional Premium Tax Calculation
Pursuant to Section 7.020(1) of the Insurance Code of Puerto Rico
For the period January 1, _____ to December 31, _____
Law No. 181-2019/Law No. 154-2020

Insurer Name: _____ NAIC Code: _____
Mailing Address: _____ Email Address: _____

FIRE AND ALLIED LINES PREMIUMS

Line	Source Description	Calculation
1	Puerto Rico Statutory Page 14, Column Direct Premiums Written per line 1-Fire	
2	Puerto Rico Statutory Page 14, Column Direct Premiums Written per line 2.1-Allied Lines	
3	Total Net Taxable Premiums for the year (Line 1 plus Line 2)	0
4	Tax Due for the year (Line 3 x .03)	0

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

Signature of Authorized Officer
Printed Name

Title

Date