

**Puerto Rico Financial Oversight and Management Board**  
**Form Adopted January 2017**

Date of Appointment/Termination: January 27, 2017

**Financial Disclosure Report**

Filer's Information			
Last Name	First Name	MI	Position
Ruiz	Ramón	M	Interim Executive Director
Other Commonwealth of Puerto Rico Government Positions Held During the Preceding 12 Months:			
None			
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:			
Signature: <i>Ramón M. Ruiz</i>		Date: <i>2/27/2017</i>	
the services which the FOMB may expect from such member or employee (subject to any comments below) (subject to any comments below)			
Signature:		Date:	
Comments of Ethics Official:			



# Puerto Rico Financial Oversight and Management Board

## Instructions for Part 1

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Ramon M. Ruiz						1
Part 1: Positions Held In Last Two Years						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Triple S Management Corporation	San Juan, PR	Insurance Company	CEO	5/1/2002	12/31/2015
2.	Universidad Sagrado Corazón	San Juan, PR	Private University	Member of the Board of Directors	8/1/2006	Present
3.	Triple S Management Corporation	San Juan, PR	Insurance Company	Consultant	2/1/2016	1/27/2017
4.	Asesores Financieros Comunitarios	San Juan, PR	Non-profit organization	Member of a Committee	8/2016	Present
5.	Blue Cross Blue Shield Association	Chicago, IL	Insurance Association	Member of the Board of Directors	5/1/2002	12/31/2015
6.	Triple S Management Corporation and subsidiaries	San Juan, PR	Insurance Companies	Member of the Board of Directors	9/2002	12/31/2015
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# Puerto Rico Financial Oversight and Management Board

## [Instructions for Part 2](#)

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Ramon M. Ruiz					1
Part 2: Filer's Employment Assets & Income and Retirement Accounts					
#	Description	EIF	Value	Income Type	Income Amount
1.	Triple S Management Corporation	N/A		2015 Performance Bonus	\$100,001 - \$1,000,000
2.	Triple S Management Corporation	N/A		Consulting services	
3.	Triple S Management Corporation	N/A		Pension income	
4.	Stock holdings in Triple S Management Corporation	N/A	\$15,001 - \$50,000		
5.	Gerson Lehrman Group	N/A		Consulting services	\$1,001 - \$2,500
6.	Retirement account in Triple S Vida, Inc. (Puerto Rico Life insurance company) (deposit account)	N/A		Interest income	
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# Puerto Rico Financial Oversight and Management Board

## [Instructions for Part 3](#)

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Ramon M. Ruiz			1	
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	Financial Oversight and Management Board	San Juan, PR	Employee Terms: \$5,000 per month	January 2017
2.	Gerson Lehrman Group	San Juan, PR	Consulting services on insurance related matters as per request	January 2016
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**Puerto Rico Financial Oversight and Management Board**

Instructions for Part 4

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
Ramon M. Ruiz			1
<b>Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year</b>			
#	Source Name	City/State	Brief Description of Duties
1.	Triple S Management Corporation	San Juan, PR	Salary and liquidation as an employee until December 31, 2015
2.	Triple S Management Corporation	San Juan, PR	Consulting services
3.	Triple S Management Corporation	San Juan, PR	Pension income
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**Puerto Rico Financial Oversight and Management Board**

[Instructions for Part 5](#)

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Filer's Name	Page Number
Ramon M. Ruiz	1

**Part 5: Spouse's Employment Assets & Income and Retirement Accounts**

#	Description	EIF	Value	Income Type	Income Amount
1.	Retirement account in Triple S Vida, Inc. (Puerto Rico Life insurance company) (deposit account)			Interest income	
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# Puerto Rico Financial Oversight and Management Board

## Instructions for Part 6

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Ramon M. Ruiz					1
Part 6: Other Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	U.S. Treasury bills			Interest income	
2.	U.S. Municipal bonds			Interest income	
3.	Investment in Ginnie Mae/Government National Mortgage Association			Interest income	
4.	Cash and money market accounts in U.S. investment bank			Interest income	
5.	Puerto Rico Investors Tax Free		\$15,001 - \$50,000	Interest income	
6.	Puerto Rico bonds		\$250,001 - \$500,000	Interest income	
7.	Cash and money market accounts in U.S. and Puerto Rico investment bank			Interest income	
8.	Deposits held in Insurance companies - Triple S Vida, Inc. (a Puerto Rico Life insurance company) (deposits accounts)			Interest income	
9.	Cash and money market accounts in U.S. and Puerto Rico investment bank			Interest income	
10.	Demand deposits account - Banco Popular			Interest income	
11.	Cash and money markets in U.S. and Puerto Rico investment bank			Interest income	
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# Puerto Rico Financial Oversight and Management Board

## [Instructions for Part 7](#)

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Ramon M. Ruiz				1
Part 7: Transactions				
#	Description	Type	Date	Amount
1.	N/A			
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# Puerto Rico Financial Oversight and Management Board

## [Instructions for Part 8](#)

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Ramon M. Ruiz						1
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None					
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**Puerto Rico Financial Oversight and Management Board**

[Instructions for Part 9](#)

Note: This form is subject to public disclosure. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Ramon M. Ruiz				1
Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
1.	N/A			
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