Print Form

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS (“DCCA”)
INSURANCE DIVISION

ATTN: SUSAN HANSEN
P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

NOTES/SPECIAL INSTRUCTIONS FOR FILING THE 2013 MONTHLY PREMIUM TAX STATEMENTS – FORM 323

1. **ALL authorized insurers must file MONTHLY Premium Tax Statements for gross premiums reported *[positive OR negative]* during the month (Hawaii Revised Statutes §§ 431:7-201 & 202)**. The **monthly** tax statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

TAX REPORTING PERIOD	MODE	DUE DATE (Postmark Date)
January 31, 2013	MONTHLY	February 20, 2013
February 28, 2013	MONTHLY	March 20, 2013
March 31, 2013	MONTHLY	April 20, 2013
April 30, 2013	MONTHLY	May 20, 2013
May 31, 2013	MONTHLY	June 20, 2013
June 30, 2013	MONTHLY	July 20, 2013
July 31, 2013	MONTHLY	August 20, 2013
August 31, 2013	MONTHLY	September 20, 2013
September 30, 2013	MONTHLY	October 20, 2013
October 31, 2013	MONTHLY	November 20, 2013
November 30, 2013	MONTHLY	December 20, 2013
December 31, 2013	MONTHLY	January 20, 2014

Authorized insurers that have no amount of premiums to report during the period are not required to file a NONE premium tax statement for the period.

The Tax Statements must be manually signed and dated by a duly authorized officer of the Company. Original filings only --- no faxes or copies. The signature requirements also apply to AMENDED Tax Statements.

2. All filings must be POSTMARKED no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.

3. Premium tax payments/checks should be made payable to:
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS (“DCCA”), STATE OF HAWAII
Please PAPER CLIP rather than staple any applicable payment/check to the statement.

4. The Hawaii Insurance Division does accept ACH Credit payments. Please contact Susan Hansen for more information.

5. All **tax related** correspondence from the Hawaii Insurance Division will be sent to the address on the statement, unless otherwise noted by the insurer.

6. **ROUND ALL AMOUNTS REPORTED ON TAX STATEMENT TO THE NEAREST DOLLAR.**

7. Computer generated Tax Statements are acceptable only if they are exact replicas of the Hawaii Insurance Division forms. The Monthly Tax Statements are **LETTER** size, not legal size.

8. DO NOT USE THIS FORM if you are a Surplus Lines Insurer, Surplus Lines Broker, Risk Retention Group (RRG) or Accredited Reinsurer. Refer to the Hawaii Insurance Division Website for the proper Filing Requirements and related forms: http://hawaii.gov/dcca/ins

9. Any insurer failing or refusing to file the required premium tax statements shall be liable for a fine in an amount not less than $100 and not more than $500 for each day of delinquency [Hawaii Revised Statutes §431:7-201(c)].

   Any insurer failing or refusing to pay the required taxes when due and payable shall be liable for a fine of $500 or 10% of the tax due, whichever is greater; plus interest at a rate of 12% per annum on the delinquent taxes [Hawaii Revised Statutes §431:7-202(f)].

   The Commissioner may suspend the Certificate of Authority of the delinquent insurer until the taxes, fine and interest, should any be imposed, are fully paid [Hawaii Revised Statutes §431:7-202(f)].

10. If you have any questions, please contact Susan Hansen:

Phone (808) 586-7381
Fax (808) 586-3873
E-Mail shansen@dcca.hawaii.gov

No staples please

☐ Original ☐ Amended

DO NOT WRITE IN THIS AREA

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN P. O. Box 3614 Honolulu, HI 96811-3614	OR	ATTN: SUSAN HANSEN 335 Merchant Street, Room 213 Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JANUARY 31, 2013
(Due February 20, 2013)

NAIC Co Code: _______

Name of Insurer: ______________________________

Address for **TAX**: ______________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior year (2012) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

______________________ Date

______________________ Signature of Officer of Insurer

______________________ PRINT Name and Title of Officer

No staples please

☐ Original ☐ Amended

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN		ATTN: SUSAN HANSEN
P. O. Box 3614	OR	335 Merchant Street, Room 213
Honolulu, HI 96811-3614		Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED FEBRUARY 28, 2013
(Due March 20, 2013)

NAIC Co Code: _______

Name of Insurer: ____________________

Address for **TAX**: ____________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (January 31) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

____________________ Date

____________________ Signature of Officer of Insurer

____________________ PRINT Name and Title of Officer

No staples please

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN
P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED MARCH 31, 2013
(Due April 20, 2013)

NAIC Co Code: ________

Name of Insurer: ________________________________

Address for **TAX**: ________________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (February 28) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

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____
Date

____
Signature of Officer of Insurer

____
PRINT Name and Title of Officer

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN		ATTN: SUSAN HANSEN
P. O. Box 3614	OR	335 Merchant Street, Room 213
Honolulu, HI 96811-3614		Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED APRIL 30, 2013
(Due May 20, 2013)

NAIC Co Code: ________

Name of Insurer: ____________________

Address for **TAX**: ____________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (March 31) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

____
Date

____
Signature of Officer of Insurer

____
PRINT Name and Title of Officer

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

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2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED MAY 31, 2013
(Due June 20, 2013)

NAIC Co Code: ________

Name of Insurer: ________________________________

Address for **TAX**: ________________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (April 30) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

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________________________ Date

________________________ Signature of Officer of Insurer

________________________ PRINT Name and Title of Officer

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

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Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JUNE 30, 2013
(Due July 20, 2013)

NAIC Co Code: ________

Name of Insurer: ________________________________

Address for **TAX**: ________________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (May 31) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

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________________________ Date

________________________ Signature of Officer of Insurer

________________________ PRINT Name and Title of Officer

No staples please

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN P. O. Box 3614 Honolulu, HI 96811-3614	OR	ATTN: SUSAN HANSEN 335 Merchant Street, Room 213 Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JULY 31, 2013
(Due August 20, 2013)

NAIC Co Code: ________

Name of Insurer: ____________________

Address for **TAX**: ____________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (June 30) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

________________ Date

________________ Signature of Officer of Insurer

________________ PRINT Name and Title of Officer

No staples please

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

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P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED AUGUST 31, 2013
(Due September 20, 2013)

NAIC Co Code: ________

Name of Insurer: ____________________

Address for **TAX**: ____________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$	4.2650%	$
2.	Life Insurance, not including annuities	$	2.7500%	$
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$	0.8775%	$
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$	1.0000%	$ ( )
6.	SUBTOTAL (Line 4 less Line 5)			$
7.	Less prior month (July 31) premium tax overpayment, if any			$ ( )
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

Date ____________________

Signature of Officer of Insurer ____________________

PRINT Name and Title of Officer ____________________

No staples please

☐ Original ☐ Amended

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

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2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED SEPTEMBER 30, 2013
(Due October 20, 2013)

NAIC Co Code: ______

Name of Insurer: ______

Address for **TAX**: ______

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ______	4.2650%	$ ______
2.	Life Insurance, not including annuities	$ ______	2.7500%	$ ______
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ______	0.8775%	$ ______
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ______
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ______	1.0000%	$ (______)
6.	SUBTOTAL (Line 4 less Line 5)			$ ______
7.	Less prior month (August 31) premium tax overpayment, if any			$ (______)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ______

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

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______
Date

______
Signature of Officer of Insurer

______
PRINT Name and Title of Officer

No staples please

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STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

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Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED OCTOBER 31, 2013
(Due November 20, 2013)

NAIC Co Code: ________

Name of Insurer: ______________________________

Address for **TAX**: ______________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (September 30) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

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____
Date

____
Signature of Officer of Insurer

____
PRINT Name and Title of Officer

No staples please

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DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN		ATTN: SUSAN HANSEN
P. O. Box 3614	OR	335 Merchant Street, Room 213
Honolulu, HI 96811-3614		Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED NOVEMBER 30, 2013
(Due December 20, 2013)

NAIC Co Code: ______

Name of Insurer: ______________________________

Address for **TAX**: ______________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (October 31) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check** ☐ **EFT**

ALL authorized insurers ***with positive OR negative premiums*** must file MONTHLY Premium Tax Statements for gross premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are **not required** to file a NONE statement for the period. The Statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.

______________________ Date

______________________ Signature of Officer of Insurer

______________________ PRINT Name and Title of Officer

No staples please

☐ Original ☐ Amended

DO NOT WRITE IN THIS AREA

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")
INSURANCE DIVISION

ATTN: SUSAN HANSEN
P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: SUSAN HANSEN
335 Merchant Street, Room 213
Honolulu, HI 96813

2013 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED DECEMBER 31, 2013
(Due January 20, 2014)

NAIC Co Code: ______

Name of Insurer: ______________________________

Address for **TAX**: ______________________________

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other than life, annuities, & ocean marine	$ ________	4.2650%	$ ________
2.	Life Insurance, not including annuities	$ ________	2.7500%	$ ________
3.	Ocean Marine Insurance (Gross Underwriting Profit)	$ ________	0.8775%	$ ________
4.	TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)			$ ________
5.	Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207)	$ ________	1.0000%	$ (________)
6.	SUBTOTAL (Line 4 less Line 5)			$ ________
7.	Less prior month (November 30) premium tax overpayment, if any			$ (________)
	BALANCE DUE (If Line 6 minus Line 7 is positive) **OR** ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)			$ ________

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____
Date

____
Signature of Officer of Insurer

____
PRINT Name and Title of Officer