## 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 <u>not</u> 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 <u>tax related</u> 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: <a href="http://hawaii.gov/dcca/ins">http://hawaii.gov/dcca/ins</a>
- 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

| <u>No</u> <u>s</u>  | taples please  |       |  | Original    | Amended                                    |
|---------------------|--|-------|--|-------------|--|
|                     | STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMI INSURANCE DIVISION  | ER /  | AFFAIRS ("DCCA")   | DO          | NOT WRITE IN THIS AREA                     |
| P. O.               | Box 3614 OR 33   | 35 M  | : SUSAN HANSEN<br>lerchant Street, Room 213              |             |  |
| попс                |  |       | ulu, HI 96813  |             |  |
|                     | 2013 MONTHLY PREMIUM TAX S Statement on business transacted  |       |  |             |  |
|                     | MONTH ENDED JANUARY 31,<br>(Due February 20, 2013)   | 201   | <u>13</u>  |             |  |
| NAIC                | C Co Code:   |       |  |             |  |
| Nam                 | e of Insurer:  |       |  |             |  |
| Addr                | ess for <u>TAX</u> :   |       |  |             |  |
| Repo                | ort the <u>ACTUAL</u> taxable premiums during period   | of ti | his Statement.   |             |  |
|                     |  | (     | ACTUAL PREMIUMS<br>(Round to nearest dollar)             | RATE        | AMOUNT OF TAX<br>(Round to nearest dollar) |
| 1.                  | All Insuranceother 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, i  | if an | ny   |             | \$ ()                                      |
| BALA                | NNCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> AC (If Line 6 minus Line 7 is negative)  | CTU   | AL OVERPAYMENT AMO                                       | JNT         | \$   |
| CHE                 | CK PAYABLE TO: DEPARTMENT OF COMMERC   | EΑ    | ND CONSUMER AFFAIRS                                      | ("DCCA")    | , STATE OF HAWAII                          |
| Meth                | od of Tax Payment:   | [     | ☐ EFT  |             |  |
| prem<br><u>requ</u> | authorized insurers with positive OR negative iums reported during the month. Authorized insured to file a NONE statement for the period. The Statement for the month in which the calendar month following the month in which the | rs th | nat have no amount of prei<br>ment and any applicable pa | miums to re | port during the period are <b>not</b>      |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| <u>No</u> s         | taples please  | STATE OF HAWAII                               |   | Original    | Amended                                    |
|---------------------|--|---|---|-------------|--|
|                     | DEPARTMENT OF COM  | DO  | NOT WRITE IN THIS AREA  |             |  |
| Р. О                | N: SUSAN HANSEN<br>Box 3614                              | OR :  | ATTN: SUSAN HANSEN 335 Merchant Street, Room 213  |             |  |
| ПОП                 | olulu, HI 96811-3614                                     |   | Honolulu, HI 96813  |             |  |
|                     |  | LY PREMIUM TAX on business transact           |   |             |  |
|                     | MONTH  | ENDED FEBRUARY 2<br>(Due March 20, 2013)      | <u>28, 2013</u>   |             |  |
| NAI                 | C Co Code:   |   |   |             |  |
| Nam                 | e of Insurer:  |   |   |             |  |
| Add                 | coop for TAV:  |   |   |             |  |
| Rep                 | ort the <u>ACTUAL</u> taxable pr                         | emiums during period                          | d of this Statement.  |             |  |
|                     |  |   | ACTUAL PREMIUMS (Round to nearest dollar)   | RATE        | AMOUNT OF TAX<br>(Round to nearest dollar) |
| 1.                  | All Insuranceother than marine                           | life, annuities, & ocean                      | <b>\$</b>   | 4.2650%     | \$   |
| 2.                  | Life Insurance, not includi                              | ng annuities                                  | \$  | 2.7500%     | \$   |
| 3.                  | Ocean Marine Insurance                                   | (Gross Underwriting Profit                    | ·) \$   | 0.8775%     | \$   |
| 4.                  | TOTAL PREMIUM TAX L                                      | IABILITY (Add lines 1,                        | 2 and 3)  |             | \$   |
| 5.                  | Tax Credit, 1% of Line 1 a<br>(If qualified – see HRS §4 |   | \$  | 1.0000%     | \$ ()                                      |
| 6.                  | SUBTOTAL (Line 4 less L                                  | ine 5)  |   |             | \$   |
| 7.                  | Less prior month (January                                | <u>/ 31)</u> premium tax over                 | payment, if any   |             | \$ ()                                      |
| BAL                 | ANCE DUE (If Line 6 minus<br>(If Line 6 minus Line 7 is  |   | ACTUAL OVERPAYMENT AMC  | UNT         | \$   |
| CHE                 | CK PAYABLE TO: DEPAR                                     | RTMENT OF COMMER                              | CE AND CONSUMER AFFAIRS   | G ("DCCA")  | , STATE OF HAWAII                          |
| Meth                | ood of Tax Payment:                                      | No Payment 🔲 Ched                             | k EFT   |             |  |
| prem<br><u>requ</u> | iums reported during the m                               | onth. Authorized insurent for the period. The | e premiums must file MONTHers that have no amount of present and any applicable pathe taxes accrue. | niums to re | port during the period are not             |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| <u>No</u> .          | staples please   |              |  | Original    |            | Amended                                |
|----------------------|--|--------------|--|-------------|------------|--|
|                      | STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMI INSURANCE DIVISION  | ΕR           | AFFAIRS ("DCCA")   | DO          | NOT '      | WRITE IN THIS AREA                     |
| P. C                 | O. Box 3614 OR 33  | 5 N          | N: SUSAN HANSEN<br>Merchant Street, Room 213<br>Julu, HI 96813 |             |            |  |
|                      | 2013 MONTHLY PREMIUM TAX S<br>Statement on business transacted   |              |  |             |            |  |
|                      | MONTH ENDED MARCH 31, 2<br>(Due April 20, 2013)  | <u>201</u>   | <u>3</u>   |             |            |  |
| NAI                  | C Co Code:   |              |  |             |            |  |
| Nar                  | me of Insurer:   |              |  |             |            |  |
| Add                  | dress for <b>TAX</b> :   |              |  |             |            |  |
| Rep                  | oort the <u>ACTUAL</u> taxable premiums during period o  | of t         | this Statement.  |             |            |  |
|                      |  |              | ACTUAL PREMIUMS<br>(Round to nearest dollar)                   | RATE        | ( <u>R</u> | AMOUNT OF TAX cound to nearest dollar) |
| 1.                   | All Insuranceother 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          | d 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 overp   | ayı          | ment, if any   |             | \$ (       | )                                      |
| ВА                   | LANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> At (If Line 6 minus Line 7 is negative)   | СТ           | UAL OVERPAYMENT AMO  | DUNT        | \$_        |  |
| CHE                  | ECK PAYABLE TO: DEPARTMENT OF COMMERC  | E /          | AND CONSUMER AFFAIR  | S ("DCCA")  | , ST       | ATE OF HAWAII                          |
| Met                  | hod of Tax Payment:  |              | ☐ EFT  |             |            |  |
| prer<br><b>req</b> i | authorized insurers with positive OR negative miums reported during the month. Authorized insuredured to file a NONE statement for the period. The Statement for the calendar month following the month in which the | rs t<br>tate | hat have no amount of pre<br>ement and any applicable p        | miums to re | port       | during the period are not              |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| No s                 | staples please  |   |   | Original           | <u> </u> | Amended                               |
|----------------------|---|---|---|--------------------|----------|---------------------------------------|
|                      | . — .—  | STATE OF HAWAII                                   |   |                    |          | TE IN THIS AREA                       |
|                      | DEPARTMENT OF C   | COMMERCE AND CONSUME<br>INSURANCE DIVISION        | ER AFFAIRS ("DCCA")   | 23                 |          | - · · · ·                             |
|                      | N: SUSAN HANSEN   |   | TTN: SUSAN HANSEN   |                    |          |                                       |
| _                    | ). Box 3614<br>olulu, HI 96811-3614                         |   | 5 Merchant Street, Room 213 pholulu, HI 96813   |                    |          |                                       |
| 1 1011               |   |   | ·   |                    |          |                                       |
|                      |   | THLY PREMIUM TAX S<br>nent on business transacted |   |                    |          |                                       |
|                      | <u>N</u>  | MONTH ENDED APRIL 30, 20<br>(Due May 20, 2013)    | 013   |                    |          |                                       |
| NAI                  | C Co Code:  |   |   |                    |          |                                       |
| Nan                  | ne of Insurer:  |   |   |                    |          |                                       |
| Add                  | ress for <b>TAX</b> :                                       |   |   |                    |          |                                       |
| Rep                  | ort the <u>ACTUAL</u> taxabl                                | e premiums during period                          | of this Statement.  |                    |          |                                       |
|                      |   |   | ACTUAL PREMIUMS<br>(Round to nearest dollar)  | RATE               |          | MOUNT OF TAX<br>nd to nearest dollar) |
| 1.                   | All Insuranceother marine                                   | than life, annuities, & ocean                     | \$  | 4.2650%            | \$       |                                       |
| 2.                   | Life Insurance, not inc                                     | cluding annuities                                 | \$  | 2.7500%            | \$       |                                       |
| 3.                   | Ocean Marine Insura   | nce (Gross Underwriting Profit)                   | \$  | 0.8775%            | \$       |                                       |
| 4.                   | TOTAL PREMIUM TA  | AX LIABILITY (Add lines 1, 2                      | and 3)  |                    | \$       |                                       |
| 5.                   | Tax Credit, 1% of Line<br>(If qualified – see HR            |   | \$  | 1.0000%            | \$ ( _   | )                                     |
| 6.                   | SUBTOTAL (Line 4 le   | ess Line 5)                                       |   |                    | \$       |                                       |
| 7.                   | Less prior month (Ma  | rch 31) premium tax overpayı                      | ment, if any  |                    | \$ ( _   | )                                     |
| BAL                  | ANCE DUE (If Line 6 m                                       |   | CTUAL OVERPAYMENT AMO   | UNT                | \$       |                                       |
| СНЕ                  | CK PAYABLE TO: DE   | PARTMENT OF COMMERC                               | E AND CONSUMER AFFAIRS  | ("DCCA")           | , STAT   | E OF HAWAII                           |
|                      |   |   | _   |                    |          |                                       |
| Meth                 | hod of Tax Payment:   | □ No Payment □ Check                              | ☐ EFT   |                    |          |                                       |
| pren<br><b>req</b> u | niums reported during th<br><u>uired</u> to file a NONE sta | ne month. Authorized insure                       | premiums must file MONTH rs that have no amount of prer tatement and any applicable page taxes accrue | niums to re        | port du  | ring the period are <b>no</b> t       |
|                      |   | <u> </u>  |   |                    |          |                                       |
| Dota                 | 2   |   | Signature of Officer of In  | CUTAT              |          |                                       |
| Date                 | 5   |   | Signature of Officer of In  | oui <del>c</del> i |          |                                       |
|                      |   |   |   |                    |          |                                       |

PRINT Name and Title of Officer

| <u>No</u> <u>s</u>  | taples please  |               |  | Original    |            | Amended                                   |
|---|--|---------------|--|-------------|------------|---|
| STATE OF HAWAII  DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION |  |               |  |             | NOT        | WRITE IN THIS AREA                        |
| P. 0  | Box 3614 OR 33   | 5 N           | l: SUSAN HANSEN<br>Merchant Street, Room 213<br>Iulu, HI 96813 |             |            |   |
| 110110  |  |               |  |             |            |   |
|   | 2013 MONTHLY PREMIUM TAX S<br>Statement on business transacted   |               |  |             |            |   |
|   | MONTH ENDED MAY 31, 20<br>(Due June 20, 2013)  | <u>13</u>     |  |             |            |   |
| NAIC  | C Co Code:   |               |  |             |            |   |
| Nam   | e of Insurer:  |               |  |             |            |   |
| Addı  | ress for <u>TAX</u> :  |               |  |             |            |   |
| Repo  | ort the <u>ACTUAL</u> taxable premiums during period o   | of t          | his Statement.   |             |            |   |
|   |  |               | ACTUAL PREMIUMS<br>(Round to nearest dollar)                   | RATE        | ( <u>F</u> | AMOUNT OF TAX<br>Round to nearest dollar) |
| 1.  | All Insuranceother 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 a  | and           | 13)  |             | \$_        |   |
| 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 overpaymo  | ent,          | , if any   |             | \$ (       | )   |
| BAL   | ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> At (If Line 6 minus Line 7 is negative)  | СТІ           | JAL OVERPAYMENT AMC  | UNT         | \$_        |   |
| CHE   | CK PAYABLE TO: DEPARTMENT OF COMMERC   | ΕA            | AND CONSUMER AFFAIRS   | 6 ("DCCA")  | , ST       | ATE OF HAWAII                             |
| Meth  | nod of Tax Payment:  |               | ☐ EFT  |             |            |   |
| prem<br><u>requ</u>   | authorized insurers with positive OR negative iums reported during the month. Authorized insurer ired to file a NONE statement for the period. The Statement for the calendar month following the month in which the | rs tl<br>tate | hat have no amount of pre<br>ement and any applicable pa       | miums to re | port       | during the period are not                 |

PRINT Name and Title of Officer

Signature of Officer of Insurer

Date

Form 323 (Revised 11/2012) **IO1** 

| No s  | taples please  |   |   | Origina          | I Amended                               |
|---|--|---|---|------------------|---|
| STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA") INSURANCE DIVISION |  |   |   |                  | NOT WRITE IN THIS AREA                  |
| P. 0  | N: SUSAN HANSEN<br>. Box 3614<br>Dlulu, HI 96811-3614      | OR 3  | ATTN: SUSAN HANSEN<br>335 Merchant Street, Room 213<br>Honolulu, HI 96813                             | 3                |   |
|   |  | Y PREMIUM TAX on business transacte               |   |                  |   |
|   |  | <u>TH ENDED JUNE 30, 2</u><br>(Due July 20, 2013) | 2013  |                  |   |
| NAI   | C Co Code:   |   |   |                  |   |
| Nam   | ne of Insurer:   |   |   |                  |   |
| Add   | ress for <u>TAX</u> :                                      |   |   |                  |   |
| Rep   | ort the <u>ACTUAL</u> taxable pre                          | emiums during period                              | of this Statement.  |                  |   |
|   |  |   | ACTUAL PREMIUMS (Round to nearest dollar  | <u>RATE</u><br>) | AMOUNT OF TAX (Round to nearest dollar) |
| 1.  | All Insuranceother than I marine                           | ife, annuities, & ocean                           | \$  | 4.2650%          | \$                                      |
| 2.  | Life Insurance, not including                              | g annuities                                       | \$  | 2.7500%          | \$                                      |
| 3.  | Ocean Marine Insurance (                                   | Gross Underwriting Profit                         | ) \$  | 0.8775%          | \$                                      |
| 4.  | TOTAL PREMIUM TAX LIA                                      | ABILITY (Add lines 1, 2                           | 2 and 3)  |                  | \$                                      |
| 5.  | Tax Credit, 1% of Line 1 ar<br>(If qualified – see HRS §43 |   | \$  | 1.0000%          | <b>\$</b> (                             |
| 6.  | SUBTOTAL (Line 4 less Li                                   | ne 5)   |   |                  | \$                                      |
| 7.  | Less prior month (May 31)                                  | premium tax overpayn                              | nent, if any  |                  | \$ (                                    |
| BAL   | ANCE DUE (If Line 6 minus<br>(If Line 6 minus Line 7 is n  |   | ACTUAL OVERPAYMENT AM   | OUNT             | \$                                      |
| CHE   | CK PAYABLE TO: DEPAR                                       | TMENT OF COMMER                                   | CE AND CONSUMER AFFAIR  | RS ("DCCA"       | ), STATE OF HAWAII                      |
| Meth  | nod of Tax Payment: 🔲 N                                    | o Payment 🔲 Chec                                  | k 🗌 EFT   |                  |   |
| pren<br>requ  | niums reported during the mo                               | onth. Authorized insurent for the speriod. The s  | e premiums must file MONT ers that have no amount of prostatement and any applicable the taxes accrue | emiums to re     | eport during the period are no          |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| <u>No</u> s         | taples please   |  |  | Origina     | I Amended                               |
|---------------------|---|--|--|-------------|---|
|                     | DEPARTMENT OF   | STATE OF HAWAII<br>COMMERCE AND CONSUI<br>INSURANCE DIVISION | ` ,  | DO          | NOT WRITE IN THIS AREA                  |
| P. O.               | N: SUSAN HANSEN<br>Box 3614                                     | OR 3   | ATTN: SUSAN HANSEN 335 Merchant Street, Room 213   |             |   |
| HONC                | olulu, HI 96811-3614  |  | Honolulu, HI 96813   |             |   |
|                     |   | NTHLY PREMIUM TAX ment on business transact                  |  |             |   |
|                     |   | MONTH ENDED JULY 31, 2<br>(Due August 20, 2013)              |  |             |   |
| NAIC                | C Co Code:  |  |  |             |   |
| Nam                 | e of Insurer:   | _  |  |             |   |
| Addr                | ess for <u>TAX</u> :  |  |  |             |   |
| Repo                | ort the <u>ACTUAL</u> taxab                                     | ole premiums during period                                   | d of this Statement.   |             |   |
|                     |   |  | ACTUAL PREMIUMS (Round to nearest dollar)  | <u>RATE</u> | AMOUNT OF TAX (Round to nearest dollar) |
| 1.                  | All Insuranceother marine                                       | than life, annuities, & ocean                                | \$   | 4.2650%     | \$                                      |
| 2.                  | Life Insurance, not in  | ncluding annuities   | \$   | 2.7500%     | \$                                      |
| 3.                  | Ocean Marine Insura   | ance (Gross Underwriting Profit                              | ) \$   | 0.8775%     | \$                                      |
| 4.                  | TOTAL PREMIUM T   | AX LIABILITY (Add lines 1, 2                                 | 2 and 3)   |             | \$                                      |
| 5.                  | Tax Credit, 1% of Lir<br>(If qualified – see HF                 |  | \$   | 1.0000%     | \$ ()                                   |
| 6.                  | SUBTOTAL (Line 4 l  | less Line 5)   |  |             | \$                                      |
| 7.                  | Less prior month (Ju  | ne 30) premium tax overpay                                   | ment, if any   |             | \$ ()                                   |
| BAL                 | ANCE DUE (If Line 6 r<br>(If Line 6 minus Line                  |  | ACTUAL OVERPAYMENT AMO   | UNT         | \$                                      |
| CHE                 | CK PAYABLE TO: D  | EPARTMENT OF COMMER  | CE AND CONSUMER AFFAIRS  | 6 ("DCCA")  | , STATE OF HAWAII                       |
| Meth                | od of Tax Payment:  | ☐ No Payment ☐ Chec  | k EFT  |             |   |
| prem<br><b>requ</b> | iums reported during t<br>i <mark>red</mark> to file a NONE sta | the month. Authorized insur                                  | e premiums must file MONTHers that have no amount of prestatement and any applicable pathe taxes accrue. | miums to re | port during the period are not          |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| STATE OF HAWAII  DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION  ATTN: SUSAN HANSEN  P. O. Box 3614  Honolulu, HI 96811-3614  CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION  ATTN: SUSAN HANSEN  P. O. Box 3614  Honolulu, HI 96813  CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION  ATTN: SUSAN HANSEN  P. O. Box 3614  Honolulu, HI 96813  CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION  ATTN: SUSAN HANSEN  A | Original<br>DO N | ☐ Amended OT WRITE IN THIS AREA         |
|--|------------------|---|
| 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 AUGUST 31, 2013 (Due September 20, 2013)  NAIC Co Code:  Name of Insurer:   |                  |   |
| Statement on business transacted during:  MONTH ENDED AUGUST 31, 2013 (Due September 20, 2013)  NAIC Co Code:  Name of Insurer:  |                  |   |
| (Due September 20, 2013)  NAIC Co Code:  Name of Insurer:  |                  |   |
| Name of Insurer:   |                  |   |
| Address for TAY:   |                  |   |
| Address for TAX:   |                  |   |
|  |                  |   |
| Report the <u>ACTUAL</u> taxable premiums during period of this Statement.   |                  |   |
| ACTUAL PREMIUMS (Round to nearest dollar)  | RATE             | AMOUNT OF TAX (Round to nearest dollar) |
| 1. All Insuranceother than life, annuities, & ocean \$ 4.2 marine  | 2650%            | \$                                      |
| 2. Life Insurance, not including annuities \$ 2.   | 7500%            | \$                                      |
| 3. Ocean Marine Insurance (Gross Underwriting Profit) \$ 0.8   | 8775%            | \$                                      |
| 4. TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)  | ;                | \$                                      |
| 5. Tax Credit, 1% of Line 1 and/or Line 2 \$ 1.0 (If qualified – see HRS §431:7-207)   | 0000%            | \$ ()                                   |
| 6. SUBTOTAL (Line 4 less Line 5)   | :                | \$                                      |
| 7. Less prior month ( <u>July 31</u> ) premium tax overpayment, if any   | ;                | \$ ()                                   |
| BALANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative)  | Γ :              | \$                                      |
| CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("E  | OCCA"),          | STATE OF HAWAII                         |
| Method of Tax Payment: No Payment Check EFT  ALL authorized insurers with positive OR negative premiums must file MONTHLY  | •                |   |

premiums reported during the month. Authorized insurers that have no amount of premiums to report during the period are <u>not required</u> 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

PRINT Name and Title of Officer

Signature of Officer of Insurer

Form 323 (Revised 11/2012) **IO1** 

| <u>No s</u>         | taples please  |  | Origina     | I Amended                               |
|---------------------|--|--|-------------|---|
|                     | STATE OF HAWAII  |  |             | NOT WRITE IN THIS AREA                  |
|                     | DEPARTMENT OF COMMERCE AND CONSUM INSURANCE DIVISION   | ER AFFAIRS ("DCCA")  |             |   |
|                     |  | TTN: SUSAN HANSEN  |             |   |
|                     |  | 35 Merchant Street, Room 213                                       |             |   |
| Hono                | blulu, HI 96811-3614 H   | onolulu, HI 96813  |             |   |
|                     | 2013 MONTHLY PREMIUM TAX S<br>Statement on business transacte  |  |             |   |
|                     | MONTH ENDED SEPTEMBER 3<br>(Due October 20, 2013)  | <u>0, 2013</u>   |             |   |
| NAIC                | C Co Code:   |  |             |   |
| Nam                 | ne of Insurer:   |  |             |   |
| Addı                |  |  |             |   |
| Repo                | ort 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 Insuranceother 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 overpa  | yment, if any  |             | \$ ( )                                  |
| BAL                 | ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> A (If Line 6 minus Line 7 is negative)   | CTUAL OVERPAYMENT AMC  | UNT         | \$                                      |
| CHE                 | CK PAYABLE TO: DEPARTMENT OF COMMERC   | CE AND CONSUMER AFFAIRS  | 6 ("DCCA")  | , STATE OF HAWAII                       |
|                     |  |  |             |   |
| wetr                | nod of Tax Payment:  | C EFT  |             |   |
| prem<br><b>requ</b> | authorized insurers with positive OR negative niums reported during the month. Authorized insure insured to file a NONE statement for the period. The Softhe calendar month following the month in which the | ers that have no amount of pred<br>Statement and any applicable pa | miums to re | port during the period are <b>not</b>   |
|                     |  |  |             |   |
| Date                | 3  | Signature of Officer of In   | surer       |   |

PRINT Name and Title of Officer

| No s                | staples please   |  | Original    | Amended                                    |
|---------------------|--|--|-------------|--|
|                     | STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMI INSURANCE DIVISION  | ER AFFAIRS ("DCCA")  | DO          | NOT WRITE IN THIS AREA                     |
| P. C                | O. Box 3614 OR 33  | FTN: SUSAN HANSEN<br>85 Merchant Street, Room 213<br>pnolulu, HI 96813 |             |  |
|                     | 2013 MONTHLY PREMIUM TAX S Statement on business transacted  | STATEMENT  |             |  |
|                     | MONTH ENDED OCTOBER 31,<br>(Due November 20, 2013)   |  |             |  |
| NAI                 | C Co Code:   |  |             |  |
| Nan                 | ne of Insurer:   |  |             |  |
| Add                 | ress for TAX:  |  |             |  |
| Rep                 | ort the <u>ACTUAL</u> taxable premiums during period   | of this Statement.   |             |  |
|                     |  | ACTUAL PREMIUMS (Round to nearest dollar)                              | RATE        | AMOUNT OF TAX<br>(Round to nearest dollar) |
| 1.                  | All Insuranceother 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 ove  | erpayment, if any  |             | \$ ()                                      |
| ВА                  | LANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> A (If Line 6 minus Line 7 is negative)  | ACTUAL OVERPAYMENT AMO   | DUNT        | \$   |
| CHE                 | CK PAYABLE TO: DEPARTMENT OF COMMERC   | E AND CONSUMER AFFAIRS   | 6 ("DCCA")  | , STATE OF HAWAII                          |
| Met                 | hod of Tax Payment:  | ☐ EFT  |             |  |
| pren<br><u>requ</u> | authorized insurers with positive OR negative niums reported during the month. Authorized insured to file a NONE statement for the period. The Statement for the calendar month following the month in which the | rs that have no amount of pred<br>tatement and any applicable pa       | miums to re | port during the period are not             |

Signature of Officer of Insurer

PRINT Name and Title of Officer

| <u>No s</u>         | taples please   |  | Original               | Amended                                    |
|---------------------|---|--|------------------------|--|
|                     | STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION   | DO   | NOT WRITE IN THIS AREA |  |
|                     |   | TTN: SUSAN HANSEN  |                        |  |
|                     |   | 55 Merchant Street, Room 213<br>onolulu, HI 96813                |                        |  |
|                     | 2013 MONTHLY PREMIUM TAX S<br>Statement on business transacted  |  |                        |  |
|                     | MONTH ENDED NOVEMBER 30 (Due December 20, 2013)   |  |                        |  |
| NAIC                | C Co Code:  |  |                        |  |
| Nam                 | e of Insurer:   |  |                        |  |
| Addr                | ess for <u>TAX</u> :  |  |                        |  |
| Repo                | ort the <u>ACTUAL</u> taxable premiums during period o  | of this Statement.   |                        |  |
|                     |   | ACTUAL PREMIUMS<br>(Round to nearest dollar)                     | RATE                   | AMOUNT OF TAX<br>(Round to nearest dollar) |
| 1.                  | All Insuranceother 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 a   | 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 overpa  | ayment, if any   |                        | \$ ()                                      |
| BAL                 | ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> At (If Line 6 minus Line 7 is negative)   | CTUAL OVERPAYMENT AMO  | UNT                    | \$   |
| CHE                 | CK PAYABLE TO: DEPARTMENT OF COMMERC  | E AND CONSUMER AFFAIRS   | G ("DCCA")             | , STATE OF HAWAII                          |
| Meth                | od of Tax Payment:  | ☐ EFT  |                        |  |
| prem<br><u>requ</u> | authorized insurers with positive OR negative iums reported during the month. Authorized insurer ired to file a NONE statement for the period. The Statement for the month in which the calendar month following the month in which the | rs that have no amount of prer<br>tatement and any applicable pa | niums to re            | port during the period are not             |

Signature of Officer of Insurer

PRINT Name and Title of Officer

|   | .4   |  |  | <u> </u>    |   |
|---|--|--|--|-------------|---|
| No staples please   |  |  |  | Origina     | <u>—</u>                                |
| STATE OF HAWAII  DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA")  INSURANCE DIVISION                                 |  |  |  |             | NOT WRITE IN THIS AREA                  |
| ATT   | N: SUSAN HANSEN  | A  | ATTN: SUSAN HANSEN   |             |   |
|   | . Box 3614<br>olulu, HI 96811-3614   |  | 335 Merchant Street, Room 213<br>Honolulu, HI 96813  |             |   |
|   |  | NTHLY PREMIUM TAX ment on business transact    |  |             |   |
|   | MC   | NTH ENDED DECEMBER 3<br>(Due January 20, 2014) | •  |             |   |
| NAI   | C Co Code:   |  |  |             |   |
| Nan   | ne of Insurer:   |  |  |             |   |
| Add   | ress for <u>TAX</u> :  |  |  |             |   |
| Rep   | ort the <u>ACTUAL</u> taxal  | ole premiums during period                     | d of this Statement.   |             |   |
|   |  |  | ACTUAL PREMIUMS (Round to nearest dollar)  | RATE        | AMOUNT OF TAX (Round to nearest dollar) |
| 1.  | All Insuranceother marine  | than life, annuities, & ocean                  | \$   | 4.2650%     | \$                                      |
| 2.  | Life Insurance, not in   | ncluding annuities                             | \$   | 2.7500%     | \$                                      |
| 3.  | Ocean Marine Insura  | ance (Gross Underwriting Profit                | ) \$   | 0.8775%     | \$                                      |
| 4.  | TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3)                         |  |  |             | \$                                      |
| 5.  | Tax Credit, 1% of Lir<br>(If qualified – see HF                            |  | \$   | 1.0000%     | \$ ()                                   |
| 6.  | SUBTOTAL (Line 4 less Line 5)  |  |  |             | \$                                      |
| 7.  | 7. Less prior month ( <u>November 30</u> ) premium tax overpayment, if any |  |  |             | \$ ()                                   |
| BALANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> ACTUAL OVERPAYMENT AMOUNT (If Line 6 minus Line 7 is negative) |  |  |  |             | \$                                      |
| CHE   | CK PAYABLE TO: D   | EPARTMENT OF COMMER                            | CE AND CONSUMER AFFAIR   | S ("DCCA")  | , STATE OF HAWAII                       |
| Meti  | nod of Tax Payment:  | ☐ No Payment ☐ Chec                            | k EFT  |             |   |
| pren<br><u>requ</u>   | niums reported during t<br>tired to file a NONE sta                        | the month. Authorized insur                    | e premiums must file MONTH<br>rers that have no amount of pre<br>Statement and any applicable p<br>the taxes accrue. | miums to re | port during the period are not          |

Signature of Officer of Insurer

PRINT Name and Title of Officer