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

ATTN: Gale Miyazaki

P. O. Box 3614

Honolulu, HI 96811-3614

OR

ATTN: Gale Miyazaki

335 Merchant Street, Room 213

Honolulu, HI 96813

## NOTES/SPECIAL INSTRUCTIONS FOR FILING THE 2014 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, 2014	MONTHLY	February 20, 2014
February 28, 2014	MONTHLY	March 20, 2014
March 31, 2014	MONTHLY	April 20, 2014
April 30, 2014	MONTHLY	May 20, 2014
May 31, 2014	MONTHLY	June 20, 2014
June 30, 2014	MONTHLY	July 20, 2014
July 31, 2014	MONTHLY	August 20, 2014
August 31, 2014	MONTHLY	September 20, 2014
September 30, 2014	MONTHLY	October 20, 2014
October 31, 2014	MONTHLY	November 20, 2014
November 30, 2014	MONTHLY	December 20, 2014
December 31, 2014	MONTHLY	January 20, 2015

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 Gale Miyazaki 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://cca.hawaii.gov/ins/">http://cca.hawaii.gov/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 Gale Miyazaki:

Phone (808) 587-6741 Fax (808) 586-3873

E-Mail gmiyazak@dcca.hawaii.gov

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. O	. Box 3614 OR 33	5 N	I: Gale Miyazaki Merchant Street, Room 213 Iulu, HI 96813			
	2014 MONTHLY PREMIUM TAX S Statement on business transacted	TA	ATEMENT			
	MONTH ENDED JANUARY 31, (Due February 20, 2014)	20	<u>14</u>			
NAI	C Co Code:					
Nan	ne of Insurer:					
Add	ress for TAX:					
Rep	ort the <u>ACTUAL</u> taxable premiums during period	of t	his Statement.			
·			ACTUAL PREMIUMS (Round to nearest dollar)	RATE	( <u>F</u>	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	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 year (2013) premium tax overpayment, i	if a	ny		\$ (	)
BAL	ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> AC (If Line 6 minus Line 7 is negative)	CTL	JAL OVERPAYMENT AMO	UNT	\$_	
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E /	AND CONSUMER AFFAIRS	S ("DCCA")	, ST	ATE OF HAWAII
Meti	nod of Tax Payment:		☐ EFT			
pren <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 Stoff the calendar month following the month in which the	rs t tate	hat have no amount of pre- ement and any applicable p	miums to re	port	during the period are not

Date

Signature of Officer of Insurer

No c	stanlaa nlaasa		<u></u>	
<u> 140</u> S	<u>staples please</u> STATE OF HAWAII		Original	☐ Amended  NOT WRITE IN THIS AREA
	DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ER AFFAIRS ("DCCA")	ВО	NOT WRITE IN THIS AREA
P. O	. Box 3614 OR 33	TTN: Gale Miyazaki 5 Merchant Street, Room 213		
Hone	olulu, HI 96811-3614 Hc	onolulu, HI 96813		
	2014 MONTHLY PREMIUM TAX S Statement on business transacted			
	MONTH ENDED FEBRUARY 28 (Due March 20, 2014)	<u>, 2014</u>		
NAI	C Co Code:			
Nan	ne of Insurer:			
Add	ress for <u>TAX</u> :			
Rep	ort the <u>ACTUAL</u> taxable premiums during period o	of this Statement.		
		ACTUAL PREMIUMS (Round to nearest dollar)	<u>RATE</u>	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 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 ( <u>January 31</u> ) premium tax overpa	yment, 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 AMC	UNT	\$
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E AND CONSUMER AFFAIRS	6 ("DCCA")	, STATE OF HAWAII
Meti	nod of Tax Payment:	☐ EFT		
	authorized insurers with positive OR negative niums reported during the month. Authorized insurer			
	<b>rived</b> to file a NONE statement for the period. The St			

PRINT Name and Title of Officer

Signature of Officer of Insurer

day of the calendar month following the month in which the taxes accrue.

Date

Form 323 (Revised 11/2013) **IO1** 

<u>No</u> s	<u>taples please</u>			Original		Amended
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ΞR	AFFAIRS ("DCCA")	DO	YON	WRITE IN THIS AREA
P. O.	Box 3614 OR 33	5 N	I: Gale Miyazaki /lerchant Street, Room 213 Iulu, HI 96813			
	2014 MONTHLY PREMIUM TAX S Statement on business transacted	TÆ	ATEMENT			
	MONTH ENDED MARCH 31, 2 (Due April 20, 2014)	201	4			
NAIC	C Co Code:					
Nam	e of Insurer:					
Addı	ress for <u>TAX</u> :					
Repo	ort the ACTUAL taxable premiums during period	of t	his Statement.			
·	,		ACTUAL PREMIUMS (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 a	anc	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 (February 28) premium tax overp	ayr	ment, 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)	СТ	UAL OVERPAYMENT AMC	UNT	\$_	
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E A	AND CONSUMER AFFAIRS	S ("DCCA")	, ST	ATE OF HAWAII
Meth	od of Tax Payment:		☐ EFT			
prem <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 t tate	hat have no amount of pre- ement and any applicable p	miums to re	port	during the period are not

Date

Signature of Officer of Insurer

<u>No</u> <u>s</u>	taples please		Original	
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUM INSURANCE DIVISION	MER AFFAIRS ("DCCA")	DO	NOT WRITE IN THIS AREA
		ATTN: Gale Miyazaki		
		35 Merchant Street, Room 213 Honolulu, HI 96813		
	2014 MONTHLY PREMIUM TAX Statement on business transacted			
	MONTH ENDED APRIL 30, 2 (Due May 20, 2014)	2014		
NAIC	C Co Code:			
Nam	e of Insurer:			
Addr	ress for TAX:			
Repo	ort the <u>ACTUAL</u> taxable premiums during period			
		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	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 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)	ACTUAL OVERPAYMENT AMO	DUNT	\$
СНЕ	CK PAYABLE TO: DEPARTMENT OF COMMERC	CE AND CONSUMER AFFAIRS	S ("DCCA")	, STATE OF HAWAII
Meth	ood of Tax Payment:	k 🗌 EFT		
prem <b>requ</b>	authorized insurers with positive OR negative iums reported during the month. Authorized insure ired to file a NONE statement for the period. The soft the calendar month following the month in which the calendar month in which	ers that have no amount of pre Statement and any applicable p	miums to re	port during the period are <b>not</b>
Date	,	Signature of Officer of Ir	surer	

## No staples please Original Amended STATE OF HAWAII DO NOT WRITE IN THIS AREA DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA") **INSURANCE DIVISION** ATTN: Gale Miyazaki ATTN: Gale Miyazaki 335 Merchant Street, Room 213 P. O. Box 3614 OR Honolulu, HI 96811-3614 Honolulu, HI 96813 2014 MONTHLY PREMIUM TAX STATEMENT Statement on business transacted during: **MONTH ENDED MAY 31, 2014** (Due June 20, 2014) NAIC Co Code: Name of Insurer: Address for **TAX**: Report the ACTUAL taxable premiums during period of this Statement. **ACTUAL PREMIUMS RATE AMOUNT OF TAX** (Round to nearest dollar) (Round to nearest dollar) 4.2650% \$ 1. All Insurance---other than life, annuities, & ocean marine 2. Life Insurance, not including annuities 2.7500% \$ 0.8775% \$ \_\_\_\_\_ 3. Ocean Marine Insurance (Gross Underwriting Profit) TOTAL PREMIUM TAX LIABILITY (Add lines 1, 2 and 3) 1.0000% \$ ( \_\_\_\_\_\_ ) 5. Tax Credit, 1% of Line 1 and/or Line 2 (If qualified – see HRS §431:7-207) 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

<u>ALL</u> 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 <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 11/2013) **ID1** 

<u>No</u> s	<u>taples please</u>			Original		Amended
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ER	AFFAIRS ("DCCA")	DO	NOT	WRITE IN THIS AREA
P. O.	. Box 3614 OR 33	5 N	I: Gale Miyazaki Merchant Street, Room 213 Iulu, HI 96813			
	2014 MONTHLY PREMIUM TAX S Statement on business transacted	TA	ATEMENT			
	MONTH ENDED JUNE 30, 20 (Due July 20, 2014)	)14				
NAIC	C Co Code:					
Nam	e of Insurer:					
Addı	ress for <u>TAX</u> :					
Repo	ort the ACTUAL taxable premiums during period	of t	his Statement.			
·	,		ACTUAL PREMIUMS (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	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 (May 31) premium tax overpayme	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)	СТ	UAL OVERPAYMENT AMO	DUNT	\$_	
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E A	AND CONSUMER AFFAIR	S ("DCCA")	, ST	ATE OF HAWAII
Meth	nod of Tax Payment:		☐ EFT			
prem <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 t tate	hat have no amount of pre ement and any applicable p	miums to re	port	during the period are not

Date

Signature of Officer of Insurer

<u>No</u> s	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	5 N	l: Gale Miyazaki lerchant Street, Room 213 lulu, HI 96813			
rione	2014 MONTHLY PREMIUM TAX S Statement on business transacted	TA	TEMENT			
	MONTH ENDED JULY 31, 20 (Due August 20, 2014)	<u>)14</u>				
NAIC	C Co Code:					
Nam	e of Insurer:					
Addr	ress for TAX:					
Repo	ort the <u>ACTUAL</u> taxable premiums during period o	of t	his Statement.			
		(	ACTUAL PREMIUMS (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	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 overpaym	ent	, if any		\$ (	)
BAL	ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> And (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	od of Tax Payment:		☐ EFT			
prem <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 tl tate	hat have no amount of pre 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 11/2013) **IO1** 

No sta	aples please		Original	Amended
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ER AFFAIRS ("DCCA")	DO	NOT WRITE IN THIS AREA
P. O. I	Box 3614 OR 33	TTN: Gale Miyazaki 5 Merchant Street, Room 213 pnolulu, HI 96813		
	2014 MONTHLY PREMIUM TAX S Statement on business transacted			
	MONTH ENDED AUGUST 31, 2 (Due September 20, 2014)			
NAIC	Co Code:			
Name	of Insurer:			
Addre	ess for <u>TAX</u> :			
Repoi	rt the <u>ACTUAL</u> taxable premiums during period o	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 (July 31) premium tax overpayme	ent, if any		\$ ( )
BALA	NCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> At (If Line 6 minus Line 7 is negative)	CTUAL OVERPAYMENT AMC	UNT	\$
	K PAYABLE TO: DEPARTMENT OF COMMERC		S ("DCCA")	, STATE OF HAWAII

PRINT Name and Title of Officer

Signature of Officer of Insurer

<u>ALL</u> 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 <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

Form 323 (Revised 11/2013) **IO1** 

<u>No s</u>	taples please		Original		Amended
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ER AFFAIRS ("DCCA")	DO	NOT WR	RITE IN THIS AREA
P. O.	. Box 3614 OR 33	TN: Gale Miyazaki 5 Merchant Street, Room 213 pnolulu, HI 96813			
	2014 MONTHLY PREMIUM TAX S Statement on business transacted				
	MONTH ENDED SEPTEMBER 30 (Due October 20, 2014)	) <u>, 2014</u>			
NAIC	C Co Code:				
Nam	e of Insurer:				
Addr	ress for <b>TAX</b> :				
Repo	ort the <u>ACTUAL</u> taxable premiums during period o	of this Statement.			
		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	_	AMOUNT OF TAX and 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 (August 31) premium tax overpay	ment, if any		\$ ( _	)
BAL	ANCE DUE (If Line 6 minus Line 7 is positive) <b>OR</b> A0 (If Line 6 minus Line 7 is negative)	CTUAL OVERPAYMENT AMO	UNT	\$	
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E AND CONSUMER AFFAIRS	("DCCA")	, STAT	E OF HAWAII
<u>ALL</u> prem requ	authorized insurers with positive OR negative niums reported during the month. Authorized insurer ired to file a NONE statement for the period. The Stoff the calendar month following the month in which the	premiums must file MONTH s that have no amount of prertatement and any applicable pa	niums to re	port du	ring the period are not
Date	<u> </u>	Signature of Officer of In	surer		

<u>No</u> :	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	OR 33	FTN: Gale Miyazaki 85 Merchant Street, Room 213 onolulu, HI 96813		
	2014 MONTHLY PREMIUM TAX S Statement on business transacted	STATEMENT		
	MONTH ENDED OCTOBER 31, (Due November 20, 2014)			
NAI	C Co Code:			
Nar	ne of Insurer:			
Add	lress 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 (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	ECK PAYABLE TO: DEPARTMENT OF COMMERC	E AND CONSUMER AFFAIRS	6 ("DCCA")	, STATE OF HAWAII
Met	hod of Tax Payment:	☐ EFT		
prer <u>req</u> ı	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 pre- tatement and any applicable p	miums to re	port during the period are not

Signature of Officer of Insurer

PRINT Name and Title of Officer

Date

<u>No</u> s	taples please			Original		Amended
	STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUME INSURANCE DIVISION	ΕR	AFFAIRS ("DCCA")	DO	NOT	WRITE IN THIS AREA
P. O	. Box 3614 OR 33	5 N	I: Gale Miyazaki Merchant Street, Room 213 Iulu, HI 96813			
	2014 MONTHLY PREMIUM TAX S Statement on business transacted	T	ATEMENT			
	MONTH ENDED NOVEMBER 30 (Due December 20, 2014)	-	<u>014</u>			
NAI	C Co Code:					
Nan	ne of Insurer:					
Add	ress for TAX:					
Rep	ort the <u>ACTUAL</u> taxable premiums during period	of t	his Statement.			
•			ACTUAL PREMIUMS (Round to nearest dollar)	RATE	( <u>F</u>	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 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 (October 31) premium tax overpa	ıym	nent, 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)	СТ	UAL OVERPAYMENT AMO	UNT	\$_	
CHE	CK PAYABLE TO: DEPARTMENT OF COMMERC	E /	AND CONSUMER AFFAIRS	S ("DCCA")	, ST	ATE OF HAWAII
Meti	nod of Tax Payment:		☐ EFT			
pren requ	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 t tate	hat have no amount of pre- ement and any applicable p	miums to re	port	during the period are not

Date

Signature of Officer of Insurer

<u>No</u> s	<u>taples please</u>			Original	<u> </u>	
	DEPARTMENT OF COMM	STATE OF HAWAII IERCE AND CONSUN SURANCE DIVISION	` ,	DO	NOT WRITE IN THIS AF	REA
P. O	N: Gale Miyazaki . Box 3614	OR 3	ATTN: Gale Miyazaki 335 Merchant Street, Room 213			
HON	olulu, HI 96811-3614	Y PREMIUM TAX	Honolulu, HI 96813			
		n business transact				
		NDED DECEMBER 3 ue January 20, 2015)	•			
NAI	C Co Code:					
Nan	ne of Insurer:					
Add	ress for <b>TAX</b> :					
Rep	ort the <u>ACTUAL</u> taxable pre	miums during period	d of this Statement.			
			ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF (Round to neare	
1.	All Insuranceother than li marine	fe, annuities, & ocean	\$	4.2650%	\$	
2.	Life Insurance, not including	g annuities	\$	2.7500%	\$	
3.	Ocean Marine Insurance (G	cross Underwriting Profit	) \$	0.8775%	\$	
4.	TOTAL PREMIUM TAX LIA	BILITY (Add lines 1, 2	2 and 3)		\$	
5.	Tax Credit, 1% of Line 1 an (If qualified – see HRS §43		\$	1.0000%	\$ (	)
6.	SUBTOTAL (Line 4 less Lin	ne 5)			\$	
7.	Less prior month (November	er 30) premium tax ove	erpayment, if any		\$ (	)
BAL	ANCE DUE (If Line 6 minus I (If Line 6 minus Line 7 is ne		ACTUAL OVERPAYMENT AMO	DUNT	\$	
CHE	CK PAYABLE TO: DEPART	MENT OF COMMER	CE AND CONSUMER AFFAIR	S ("DCCA")	, STATE OF HAWA	All
Meti	nod of Tax Payment: 🔲 N	o Payment 🔲 Chec	k EFT			
pren <u>requ</u>	niums reported during the mo	nth. Authorized insur t for the period. The	e premiums must file MONTHers that have no amount of pre Statement and any applicable p the taxes accrue.	miums to re	port during the peri	od are <u>not</u>

Signature of Officer of Insurer

PRINT Name and Title of Officer

Date