# ACCREDITED REINSURERS
# FILING REQUIREMENTS

## STATE OF HAWAII
## DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
## INSURANCE DIVISION

**COMPANY NAME:**_____ **NAIC Company Code:** _____

**Contact Name:** _____ **Contact Title:** _____

**E-Mail:** _____ **Telephone:** _____

**REQUIRED FILINGS IN THE STATE OF:** ___HAWAII_____ **Annual Filings as of December 31,** _____

| (1) Check-list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES | (5) DUE DATE(S) |
|---|---|---|---|---|
| | 1 | Annual Statement (8 ½" x 14") | **1** | **3/1** |
| | 2 | CPA Audited Financial Statements | **1** | **6/1** |
| | 3 | Certificate of Compliance from State of Domicile | **1** | **3/1** |
| | 4 | AR-1 Form | **1** | **Upon application and when changes are made** |

Mailing Address:

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Insurance Division
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