



STATE OF HAWAII
INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
250 S. KING ST., 5TH FLOOR
HONOLULU, HAWAII 96813

December 10, 2002

Memorandum 2002-14E

TO: **INSURERS AUTHORIZED TO WRITE WORKERS' COMPENSATION
INSURANCE IN HAWAII**

SUBJECT: WORKERS' COMPENSATION SPECIAL COMPENSATION FUND

Section 386-152, Hawaii Revised Statutes, requires a levy to finance the Special Compensation Fund when the cash balance of the fund falls below an amount deemed necessary to meet the Fund's current and projected obligations.

The Director of Labor and Industrial Relations who administers the Special Compensation Fund advises that the fund balance was insufficient to meet the required level of funding as of December 31, 2002. The levy to be assessed insurers writing Workers' Compensation insurance shall be 6.2% of the 2002 gross premiums.

In accordance with the above, you are to report on the enclosed Form 315, the gross premiums derived from Workers' Compensation insurance issued during 2002 and show the amount of levy due and payable. Checks should be made payable to "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII."

TO BE FILED ON OR BEFORE MARCH 15, 2003

FILING DATE
MARCH 15, 2003

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
INSURANCE DIVISION

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

250 S. King Street, 5th Floor
Honolulu, HI 96813
ATTN: SUSAN HANSEN

STATEMENT OF PREMIUMS DERIVED FROM WORKERS' COMPENSATION INSURANCE
ISSUED DURING THE YEAR FOR WORKERS' COMPENSATION SPECIAL COMPENSATION FUND

NAIC # _____ FOR THE YEAR ENDED DECEMBER 31, 2002
Name of Insurer: _____
Address: _____

1. TOTAL GROSS PREMIUMS* SUBJECT TO SPECIAL LEVY \$ _____

*Workers' Compensation gross premiums received from all risks resident, situated or located within Hawaii, includes all fees, charges, or other consideration charged for the insurance or for its procurement (Section 431:10-218, Hawaii Revised Statutes).

2. AMOUNT DUE AND PAYABLE ON OR BEFORE MARCH 15

(Line 1 times assessment rate of 6.2% --- see attached

Memorandum 2002-14E) \$ _____

(Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII)

State of _____
County of _____ } ss.

_____, being duly
sworn, deposed and says: That (they are) (he/she is) the _____ of
the Insurer whose name appears above and that this statement is to the best of (their) (his/her) knowledge,
information and belief, true and complete return, made in good faith, for the period stated.

Subscribed and sworn to before me
this _____ day of _____,

Signature of Officer of Insurer

Notary Public, State of _____
My commission expires: _____

Signature of Officer of Insurer