



STATE OF HAWAII  
INSURANCE DIVISION  
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
P. O. BOX 3614  
HONOLULU, HAWAII 96811-3614  
335 MERCHANT STREET, 2ND FLOOR  
HONOLULU, HAWAII 96813

December 10, 2004

Memorandum 2004-9E

TO: **INSURERS AUTHORIZED TO WRITE WORKERS' COMPENSATION  
INSURANCE IN HAWAII [See Note Below]**

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, 2004. The levy to be assessed insurers writing Workers' Compensation insurance shall be **3.2%** of the 2004 gross premiums.

In accordance with the above, you are to report on the enclosed Form 315, the gross premiums written from Workers' Compensation insurance issued during 2004 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, 2005**

**NOTE: ONLY insurers reporting workers' compensation gross premiums written are required to file Form 315. If the workers' compensation premiums are \$0, the form is no longer required to be filed (effective year ended December 31, 2004).**

FILING DATE  
MARCH 15, 2005

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
INSURANCE DIVISION

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

335 Merchant Street, 2<sup>nd</sup> Flr.  
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, 2004

Name of Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

Round all amounts to nearest dollar

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

*[If gross premiums are zero, do NOT file this form.]*

\*Workers' Compensation gross premiums written 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 3.2% --- see attached  
Memorandum 2004-9E) . . . . . \$ \_\_\_\_\_

(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