

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

**P. O. Box 3614  
Honolulu, HI 96811-3614**

**335 Merchant St., Room 213  
Honolulu, HI 96813**

**TO: FOREIGN RISK RETENTION GROUPS**

**SUBJECT: ANNUAL FILING REQUIREMENTS**

**A. GENERAL INFORMATION**

All filings must be POSTMARKED no later than the filing deadlines noted below. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.

**B. DOCUMENTS AND FILING DEADLINES**

<u>DOCUMENT (FILE ONE COPY EACH UNLESS OTHERWISE STATED)</u>	<u>FILING DEADLINE</u>
1. ANNUAL STATEMENT (Size 8 1/2" x 14") for the previous calendar year, verified under oath by at least two officers. Facsimile signatures or reproductions of original signatures may be used (per the NAIC's Annual Statement Instructions).	<b>March 1</b>
2. TAX STATEMENT (Annual Statement of Premiums Received for Taxation Purposes) for the previous calendar year, signed on insurer's behalf by a duly authorized officer and notarized.	<b>March 1</b>
3. Statement of Actuarial Opinion signed by a qualified actuary or specialist.	<b>March 1</b>
4. AUDITED FINANCIAL STATEMENT for the previous calendar year.	<b>June 1</b>
5. CERTIFICATE OF COMPLIANCE from the State of Domicile.	<b>As soon as available</b>

DOCUMENT (FILE ONE COPY EACH UNLESS OTHERWISE STATED)  
FILING

	<u>DEADLINE</u>
6. LATEST REPORT OF EXAMINATION (if not previously filed) bearing an original certification by the insurance supervisory official of the state of domicile.	<b>As soon as available</b>
7. AMENDMENTS TO CHARTER OR ARTICLES OF INCORPORATION, CONSTITUTION AND BYLAWS, made during year, bearing an original certification by the proper officer of the state of domicile. Constitution and Bylaws should be certified by an officer of the insurer and notarized.	<b>Within 90 days after enactment</b>

C. REMARKS

**Checks should be made payable to the "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII".**

Your cancelled check is your receipt; an official receipt will be issued only upon written request.

A service charge of \$25.00 will be assessed for each dishonored check received.

Your Risk Retention Group Registration will be administratively withdrawn if documents are not submitted by the filing deadline.

QUESTIONS REGARDING FILING REQUIREMENTS:  
Please contact Albert Yamane @ (808) 586-8150 or via fax @ (808) 586-3873.