Print Form

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 2015 MONTHLY PREMIUM TAX STATEMENTS – FORM 323

NEWS ALERT: New Premium Tax System

The Hawaii Insurance Division has transitioned to a new premium tax system to help encourage Insurers to E-File their premium tax statements and E-Pay for their premium taxes. The new OPTins system would be used to collect and track premium tax statements and payments. If you are currently using other third party software to file your returns, you may continue to do so, as all electronic filings will be sent to the Hawaii Insurance Division through OPTins. The increased usage of electronic filing and paying will be more cost effective and efficient for Insurers.

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, 2015	MONTHLY	February 20, 2015
February 28, 2015	MONTHLY	March 20, 2015
March 31, 2015	MONTHLY	April 20, 2015
April 30, 2015	MONTHLY	May 20, 2015
May 31, 2015	MONTHLY	June 20, 2015
June 30, 2015	MONTHLY	July 20, 2015
July 31, 2015	MONTHLY	August 20, 2015
August 31, 2015	MONTHLY	September 20, 2015
September 30, 2015	MONTHLY	October 20, 2015
October 31, 2015	MONTHLY	November 20, 2015
November 30, 2015	MONTHLY	December 20, 2015
December 31, 2015	MONTHLY	January 20, 2016

Authorized insurers that have no amount of premiums to report during the period are <u>not required</u> 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:
   DCCA, STATE OF HAWAII
   Please PAPER CLIP rather than staple any applicable payment/check to the statement.

4. 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.

5. **ROUND ALL AMOUNTS REPORTED ON TAX STATEMENT TO THE NEAREST DOLLAR.**

6. Computer generated Tax Statements are acceptable only if they are exact replicas of the Hawaii Insurance Division forms. The Monthly Tax Statements are **<u>LETTER</u>** size, not legal size.

7. 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: http://cca.hawaii.gov/ins/

8. 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)].

9. If you have any questions, please contact Gale Miyazaki:
   Phone (808) 587-6741
   Fax (808) 586-3873
   E-Mail gmiyazak@dcca.hawaii.gov

No staples please

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

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

OR

ATTN: Gale Miyazaki
335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JANUARY 31, 2015
(Due February 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 year (2014) 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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

_____
Signature of Officer of Insurer

_____
PRINT Name and Title of Officer

No staples please

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ATTN: Gale Miyazaki
335 Merchant Street, Room 213
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2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED FEBRUARY 28, 2015
(Due March 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (January 31) 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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.

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Date

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Signature of Officer of Insurer

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OR

ATTN: Gale Miyazaki
335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED MARCH 31, 2015
(Due April 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (February 28) 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

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335 Merchant Street, Room 213
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2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED APRIL 30, 2015
(Due May 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (March 31) 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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.

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Date

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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335 Merchant Street, Room 213
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2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED MAY 31, 2015
(Due June 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (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)			$ _____

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Date

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JUNE 30, 2015
(Due July 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (May 31) 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)			$ _____

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2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED JULY 31, 2015
(Due August 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED AUGUST 31, 2015
(Due September 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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

_____
Signature of Officer of Insurer

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PRINT Name and Title of Officer

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ATTN: Gale Miyazaki
335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED SEPTEMBER 30, 2015
(Due October 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (August 31) 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

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Date

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED OCTOBER 31, 2015
(Due November 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 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: DCCA, STATE OF HAWAII

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Date

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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335 Merchant Street, Room 213
Honolulu, HI 96813

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED NOVEMBER 30, 2015
(Due December 20, 2015)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (October 31) 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: DCCA, STATE OF HAWAII

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Signature of Officer of Insurer

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PRINT Name and Title of Officer

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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

2015 MONTHLY PREMIUM TAX STATEMENT

Statement on business transacted during:

MONTH ENDED DECEMBER 31, 2015
(Due January 20, 2016)

NAIC Co Code: _____

Name of Insurer: _____

Address for **TAX**: _____

Report the ACTUAL taxable premiums during period of this Statement.

		ACTUAL PREMIUMS (Round to nearest dollar)	RATE	AMOUNT OF TAX (Round to nearest dollar)
1.	All Insurance---other 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 (November 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: DCCA, STATE OF HAWAII

Method of Tax Payment: ☐ **No Payment** ☐ **Check (Amount must match Balance Due)**

ALL 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 **not required** 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

_____
Signature of Officer of Insurer

_____
PRINT Name and Title of Officer