

STATE OF HAWAII  
INSURANCE DIVISION

2013 ANNUAL FILING REQUIREMENTS  
(Due in 2014)

For DOMESTIC Risk Retention Captive Insurance Companies  
Licensed in Hawaii  
Formed Under Hawaii Revised Statutes §431:19

DOMESTIC Risk Retention Captive Insurance Companies

Contact Person: Sanford Saito

Phone (808) 586-0981 or via fax at (808) 586-0987

E-Mail Address: [captiveins@dcca.hawaii.gov](mailto:captiveins@dcca.hawaii.gov)

NOTE: DO NOT FILE the items on this checklist if you are a FOREIGN Risk Retention Group.

FOREIGN Risk Retention Groups and Risk Retention Groups Formed Under Hawaii Revised  
Statutes §431K --- Contact Person: Gale Miyazaki

Phone (808) 587-6741 or via fax at (808) 586-3873

E-Mail Address: [gmiyazak@dcca.hawaii.gov](mailto:gmiyazak@dcca.hawaii.gov)

Or visit: [http://cca.hawaii.gov/ins/other\\_ins/risk\\_retention\\_groups\\_foreign/](http://cca.hawaii.gov/ins/other_ins/risk_retention_groups_foreign/)

**RISK RETENTION CAPTIVE INSURANCE COMPANIES  
[LICENSED IN HAWAII]**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF: **HAWAII** Filings Made During the Year 2014

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)
			DOMESTIC				
			State	NAIC			
		<b>I. NAIC FINANCIAL STATEMENTS</b>					
	1	Annual Statement (8 ½" x 14")	2	EO	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E28)	2	EO	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14") – Include the Printed Investment Schedule detail (Pages QE01-QE13)	2	EO	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	3/1	NAIC	If applicable
	4	Combined Annual Statement (8 ½" x 14")	2	EO	5/1	NAIC	If applicable
		<b>II. NAIC SUPPLEMENTS</b>					
	10	Accident & Health Policy Experience Exhibit	2	EO	4/1	NAIC	
	11	Actuarial Opinion	2	EO	3/1	Company	
	12	Actuarial Opinion Summary	2	N/A	3/15	Company	
	13	Bail Bond Supplement	2	EO	3/1	NAIC	
	14	Combined Insurance Expense Exhibit	2	EO	5/1	NAIC	
	15	Credit Insurance Experience Exhibit	2	EO	4/1	NAIC	
	16	Director and Officer Insurance Coverage Supplement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC	
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	3/1	Company	
	18	Financial Guaranty Insurance Exhibit	2	EO	3/1	NAIC	
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	4/1	NAIC	
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	4/1	NAIC	
	21	Investment Risk Interrogatories	2	EO	4/1	NAIC	
	22	Insurance Expense Exhibit	2	EO	4/1	NAIC	
	23	Long Term Care Experience Reporting Forms	2	EO	4/1	NAIC	
	24	Management Discussion & Analysis	2	EO	4/1	Company	
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	3/1	NAIC	
	26	Medicare Part D Coverage Supplement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	3/1	NAIC	If applicable
	28	Reinsurance Attestation Supplement	2	EO	3/1	Company	
	29	Reinsurance Summary Supplemental	2	EO	3/1	NAIC	
	30	Risk-Based Capital Report	2	EO	3/1	NAIC	
	31	Schedule SIS	2	N/A	3/1	NAIC	
	32	Supplement A to Schedule T	2	EO	3/1, 5/15, 8/15, 11/15	NAIC	
	33	Supplemental Compensation Exhibit	N/A	N/A	N/A	N/A	
	34	Trusted Surplus Statement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC	

**RISK RETENTION CAPTIVE INSURANCE COMPANIES  
[LICENSED IN HAWAII]**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF:     HAWAII     Filings Made During the Year 2014

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES <small>(A-K apply to all filings)</small>
			State	NAIC			
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>					
	50	Annual Statement Electronic Filing	xxx	EO	3/1	NAIC	ALL FILINGS IN SECTION III, PLEASE REFER TO NOTE O
	51	March .PDF Filing	xxx	EO	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	EO	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	EO	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing (If applicable)	xxx	EO	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing (If applicable)	xxx	EO	5/1	NAIC	
	56	Supplemental Electronic Filing	xxx	EO	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	EO	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	xxx	EO	6/1	NAIC	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>					
	71	Accountants Letter of Qualifications	2	EO	6/1	Company	
	72	Audited Financial Reports	2	EO	6/1	Company	
	73	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	8/1	Company	NOTE T
	75	Independent CPA – Annual Notification of Accountant/Accounting Firm [Notification to the Commissioner in writing the name and address of the person or firm retained to conduct the annual audit.]	1	N/A	Prior to the commencement of the audit. See HRS §431:3-302.5 (When applicable)	Company	NOTE S
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	1	N/A	When applicable	Company	
	78	Request for Exemption to File	N/A	N/A	N/A	Company	
	79	Request to File Consolidated Audited Annual Statements	1	N/A	Prior to the commencement of the audit.	Company	
	80	Relief from the five-year rotation requirement for lead audit partner	1	EO	3/1	Company	
	81	Relief from the one-year cooling off period for independent CPA	1	EO	3/1	Company	
	82	Relief from the Requirements for Audit Committees	1	EO	3/1	Company	

**RISK RETENTION CAPTIVE INSURANCE COMPANIES  
[LICENSED IN HAWAII]**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF:     HAWAII     Filings Made During the Year 2014

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES <small>(A-K apply to all filings)</small>
			State	NAIC			
		<b>V. STATE REQUIRED FILINGS</b>					
	101	Certificate of Compliance	0	0	N/A	N/A	
	102	Certificate of Deposit	0	0	N/A	N/A	
	103	Filings Checklist (with Column 1 completed)	1	0	3/1	State	
	104	Premium Tax (Annual Statement of Premiums Received for Taxation Purposes) for year 2013 signed on insurer's behalf by some duly authorized person and notarized. Payment on balance due made payable to the "Department of Commerce and Consumer Affairs."	1	0	3/1	State	NOTE Q
	105	State Filing Fees	XXX	0	XXX	State	NOTE C
	106	Signed Jurat <u>Domestic</u> – See Note G for Jurat Page Requirements	0	0	N/A	NAIC	NOTE G
	107	Annual License Renewal Fee	1	0	4/1	State	NOTE P
	108	Captive Questionnaire	2	0	3/1	State	
	109	Economic Impact Report (report expenses on accrual basis)	1	0	3/1	State	
	110	Holding Company Registration Statement (Form B) and Summary of Registration Statement (Form C) or Disclaimer of Affiliation  NOTE: Enterprise Risk Report (Form F) is not required at this time.	2	0	3/15	Company	
	111	Statutory Compliance Report	2	0	3/1	State	

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

**DOCUMENTS SUBMITTED TO THE HAWAII INSURANCE DIVISION WHICH ARE NOT REQUIRED TO BE FILED (NOT ON OUR LIST) WILL BE DESTROYED WITHOUT REVIEW.**

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) [RISK RETENTION CAPTIVE INSURANCE COMPANIES]		
A	Required Filings Contact Person:	Annual Statement and all filings:  Sanford Saito: (808) 586-0981 Fax: (808) 586-0987 E-Mail: <a href="mailto:captiveins@dcca.hawaii.gov">captiveins@dcca.hawaii.gov</a>
B	Mailing Address:	State of Hawaii, DCCA, Insurance Division ATTN: CAPTIVE INS. BRANCH P. O. Box 3614 Honolulu, HI 96811-3614  <u>OR</u> State of Hawaii, DCCA, Insurance Division ATTN: CAPTIVE INS. BRANCH 335 Merchant Street, Room 213 Honolulu, HI 96813
C	Mailing Address for Filing Fees:	Same as Note B
D	Mailing Address for Premium Tax Payments:	Same as Note B
E	Delivery Instructions:	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.
F	Late Filings:	Fine for late annual filings. Captives are subject to a fine for filing past the due date of not more than \$500 per day. Please inform your captive clients that a daily fine will be levied for late filings.
G	Original Signatures:	The Annual and Quarterly Statement Jurat pages shall include signatures of at least two of the insurer's principal officers. Original signatures must be manually signed by the appropriate corporate officers and be properly notarized.
H	Signature/Notarization/Certification:	Tax Statement (Annual Statement of Premiums Received for Taxation Purposes) signed on insurer's behalf by some duly authorized person and notarized (Line #104).
I	Amended Filings:	Amended items must be accompanied by an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any amendment.
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
L	Signed Jurat:	Domestic Insurers – See Note G for Jurat Page requirements.
M	NONE Filings:	See NAIC Annual Statement Instructions.
N	Filings new, discontinued or modified materially since last year:	There are no new, discontinued or modified filings since last year.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) [RISK RETENTION CAPTIVE INSURANCE COMPANIES]		
O	Electronic Filing:	Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site, which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Please review <i>General Instructions for Companies to Use Checklist</i> .
P	Annual License Renewal Fee:	\$500.00 due on April 1, 2014 (Line #107)  E-Mail: <a href="mailto:captiveins@dcca.hawaii.gov">captiveins@dcca.hawaii.gov</a>
Q	Checks/payments:	<u>Checks should be made payable to:</u>  “DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII”  or  “DCCA, STATE OF HAWAII”  unless otherwise noted on the form. A service charge of \$25 will be assessed for each dishonored check. Your cancelled check is your receipt; an official receipt will be issued only upon written request.
R	Insurance Forms:	Reproductions of Insurance Division’s forms are allowed on same size and color of paper.
S	Independent CPA:	Required when a change in independent CPA occurs.  Letter stating that the independent CPA is aware of the provisions of the insurance statutes and rules that relate to accounting and financial matters of this State in accordance with whose regulation the audited financial report is made and affirming that the independent CPA will express an opinion on the financial statements in terms of their conformity to the statutory accounting practices prescribed or otherwise permitted by this States Insurance Division, specifying such exceptions the independent CPA may believe appropriate. (See Line #75)
T	Communication of Internal Control Related Matters Noted in Audit:	Line # 74 – HAR Section 16-185-110 requires this written communication whether or not material weaknesses were noted by the auditor within 60 days of filing the audited financial report.
U	Website:	Please visit the following website for additional information:  <a href="http://cca.hawaii.gov/ins/other_ins/captive_insurance/">http://cca.hawaii.gov/ins/other_ins/captive_insurance/</a>

**STATE OF HAWAII**  
**Domestic Risk Retention Captive Insurance Companies - General Instructions**  
**For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist.

**Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site, which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

Companies should copy the checklist and place an "X" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules, and supplements due March 1.

The *Risk-Based Capital Electronic Filing* includes all risk-based capital data.

The *Risk-Based Capital .PDF Filing* is the .pdf file for risk-based capital data.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplemental .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Statement Electronic Filing* includes the complete quarterly statement data.

The *Quarterly Statement .PDF Filing* is the .pdf file for quarterly statement data.

The *Combined Annual Statement Electronic Filing* includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The *Combined Annual Statement .PDF Filing* is the .pdf file for the combined annual statement data and the combined Insurance Expense Exhibit.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) (Number of Copies)**

Indicates the number of copies that each domestic Risk Retention Captive Insurance Company is required to file for each type of form.

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms either with the filing instructions OR will be mailed to the insurer at a later date. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

**Phone inquiries should be directed to the proper contact person (SEE NOTE A).**