

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

**ATTN: JOHN PANG  
P. O. Box 3614  
Honolulu, HI 96811-3614**

**OR**

**ATTN: JOHN PANG  
335 Merchant Street, Room 213  
Honolulu, HI 96813**

**NOTES/SPECIAL INSTRUCTIONS FOR FILING  
THE 2016 HAWAII INVESTMENTS – FORM 322  
(DUE MARCH 1, 2017)**

1. **Fraternal and Mutual Benefit Societies and HMOs use the form on the next page. All other insurers licensed in Hawaii file electronically with your annual premium tax filing using the form provided by your tax software or OTPins.**
2. Hard copy filings of the Hawaii Investment Form 322 must be signed and dated by a duly authorized officer of the Company. This requirement also applies to any AMENDED filing.
3. The Form 322 is due March 1, 2017 (postmark date).
4. Item #1 - Bank Balances in Hawaii Banks --- include all cash and cash equivalent balances (e.g., money market mutual funds) deposited in Hawaii Banks and/or Hawaii Trust Companies.
5. Item #3 - Collateral Loans In Force --- report aggregate amounts loaned to policyholders (i.e., policy loans) and report name of borrower as "Policyholder" and the description of collateral as "Policy".
6. Attach additional sheets if more space is needed.
7. The Form 322 must be printed on LEGAL size paper (8.5" x 14").
8. Any insurer failing or refusing to file the Hawaii Investment Form 322 on or before March 1 shall be liable for a fine in an amount not less than \$100 and not more than \$500 for each day of delinquency. The commissioner may suspend or revoke the certificate of authority of any insurer that fails to file any of the documents required [Hawaii Revised Statutes §431:3-301].
9. If you have any questions, please contact John Pang at (808) 586-7379 or via e-mail at [jpang@dcca.hawaii.gov](mailto:jpang@dcca.hawaii.gov).

**NOTE: THIS IS A REQUIRED FILING FOR ALL LICENSED INSURERS.**

**IF THE COMPANY HAS NO INVESTMENTS IN HAWAII,  
PLEASE FILE A "NONE" REPORT.**

No staples please

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<input type="checkbox"/> Original	<input type="checkbox"/> Amended
DO NOT WRITE IN THIS AREA	

If the Company has no investments, please file a “NONE” Report.

HAWAII INVESTMENTS OF \_\_\_\_\_

Name of Company (Do not combine on group basis)

As of December 31, 2016. DUE MARCH 1, 2017

NAIC Co Code \_\_\_\_\_

(1) BANK BALANCES IN HAWAII BANKS as of December 31, 2016 . . . . . \$ \_\_\_\_\_

INCLUDE ONLY FULL AND DIRECT OWNERSHIP OF SECURITIES IN HAWAIIAN CORPORATIONS AND OF LOANS OR PROPERTIES LOCATED IN HAWAII

(2) MORTGAGE LOANS OWNED . . . . . \$ \_\_\_\_\_

(3) COLLATERAL LOANS IN FORCE (Outstanding balance) . . . . . \$ \_\_\_\_\_

Name of Borrower	Description of Collateral	Amount of Loan
_____	_____	\$ _____
_____	_____	\$ _____

(4) BONDS AND STOCKS OWNED (Market value)

State, City & County of Honolulu and other County Bonds . . . . . \$ \_\_\_\_\_

Public Utilities . . . . . \$ \_\_\_\_\_

Industrial and Miscellaneous . . . . . \$ \_\_\_\_\_

(5) REAL ESTATE OWNED (Market value less encumbrances) . . . . . \$ \_\_\_\_\_

Location	Description
_____	_____
_____	_____

(6) OTHER INVESTED ASSETS OWNED (Market or investment value) \$ \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION	
I hereby declare under the penalties of perjury and applicable penalties set forth in Chapter 431, HRS, that I have the authority to sign this form on behalf of the above named insurer and that this form, and any accompanying exhibits, to the best of my knowledge and belief, are true, correct, and complete and made in good faith, for the taxable year stated.	
Name of Officer	Signature of Officer of Insurer
Title	Officer Signing Date