



CLEAR FORM

**STATE OF HAWAII**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**INSURANCE DIVISION**  
P. O. Box 3614, Honolulu, HI 96811-3614  
335 Merchant Street, Room 213 Honolulu, HI 96813

**ANNUAL STATEMENT OF PREMIUMS RECEIVED FOR TAXATION PURPOSES**

For Period \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

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

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

**SUMMARY OF PREMIUMS AND TAXES**

	Premiums subject to tax (item 5, page 3)	Rate of Tax	Amount of Tax
1. Premiums - \$0 to \$25,000,000. . . . .	\$ _____	0.25%	\$ _____
2. Premiums - \$25,000,001 to \$50,000,000.. \$ _____	\$ _____	0.15%	\$ _____
3. Premiums-\$50,000,001 TO \$250,000,000..\$ _____	\$ _____	0.05%	\$ _____
4. Premiums - \$250,000,001 + .....\$ _____	\$ _____	0.00%	\$ _____
5. TOTAL (sum of lines 1, 2, 3 and 4).. . . . .	\$ _____		\$ _____

PLEASE PROVIDE COMPLETE SUPPORT FOR ANY CREDITS TAKEN:

6. Credits:

Prior Year Overpayments . . . . .	\$ _____
Other (explain) . . . . .	\$ _____
<b>TOTAL CREDITS . . . . .</b>	<b>\$ _____</b>

7. If line 5 is larger than line 6, ENTER BALANCE DUE . . . . . \$ \_\_\_\_\_  
(Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS)

8. If line 6 is larger than line 5, ENTER REFUND DUE . . . . . \$ \_\_\_\_\_

**ANNUAL STATEMENT OF PREMIUMS RECEIVED FOR TAXATION PURPOSES**

State of \_\_\_\_\_

City & County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:  
That (he/she is) the \_\_\_\_\_ of the Insurer whose name appears  
above and that this Statement, and the accompanying exhibits are to the best of (his/her) knowledge,  
information and belief, true and complete returns, made in good faith, for the taxable periods stated.

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer of Insurer

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
FILING DATE: March 1

FILE THIS SUMMARY PAGE with original signatures and notarized, and exhibit 1. The Certificate  
attesting to the authority of the notary is not required and need not be attached.

**ANNUAL STATEMENT OF PREMIUMS RECEIVED FOR TAXATION PURPOSES**

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

EXHIBIT NO.: 1

INFORMATION: Premium Statement for period \_\_\_\_\_

APPLICABLE TO: \_\_\_\_\_

1. Gross Premium written.

a. Direct writing for risk in Hawaii . . . . \$ \_\_\_\_\_

b. Direct writing for risk elsewhere. . . . \$ \_\_\_\_\_

c. Reinsurance . . . . . \$ \_\_\_\_\_

d. Other (explain in detail on separate  
sheet) . . . . . \$ \_\_\_\_\_

2. TOTAL GROSS PREMIUM (calendar year) . . . . . \$ \_\_\_\_\_

3. LESS:

a. Return premiums . . . . . \$ \_\_\_\_\_

b. Reinsurance accepted (the tax  
upon such business being  
payable by the direct writing  
insurer) . . . . . \$ \_\_\_\_\_

c. Direct writings for which premium  
tax was paid in another jurisdiction,  
other than Hawaii . . . . . \$ \_\_\_\_\_

d. Other (explain in detail on separate  
sheet) . . . . . \$ \_\_\_\_\_

4. TOTAL DEDUCTIONS. . . . . \$ \_\_\_\_\_

5. PREMIUMS SUBJECT TO TAX, item 2 minus 4  
(Allocate to lines 1, 2, 3 and 4 on page.1.) . . . . . \$ \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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