

No staples please

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

Original	Amended
DO NOT WRITE IN THIS AREA	

ATTN: CAPTIVE BRANCH
P. O. Box 3614
Honolulu, HI 96811-3614

OR

ATTN: CAPTIVE BRANCH
335 Merchant Street, Room 213
Honolulu, HI 96813

PAYMENT VOUCHER FOR CAPTIVES

Captive Insurance Companies shall complete this Payment Voucher when remitting payment by check. Indicate the applicable payment below:

Check Applicable Boxes	Remittance Description	Source Codes	Amount Due
	Premium Taxes [CAP-001 Form] for year _____	CA1	\$ _____
	Captive License Fee	CA5	\$ _____
	Captive Application Fee	CA4	\$ _____
	Captive Examination Fee	CE1	\$ _____
	Captive Financial Analysis Fee	CE2	\$ _____
	Document Certification Fee	CA8	\$ _____
	Other		\$ _____
	Total Remittance		\$ _____

Name of Captive _____

Contact Person _____ Contact Phone Number _____

Contact Person's Firm _____ Contact Email Address _____

Check Number _____ Check Date _____

CHECK PAYABLE TO: DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS ("DCCA"), STATE OF HAWAII

For Office Use Only

Invoice or Reference # _____

Invoice or Reference Date _____

CA1	\$ _____
CA5	\$ _____
CA4	\$ _____
CE1	\$ _____
CE2	\$ _____
CA8	\$ _____
_____	\$ _____