

STATE OF HAWAII
INSURANCE DIVISION

2018 ANNUAL FILING REQUIREMENTS
(Due in 2019)

For All Licensed FRATERNAL BENEFIT SOCIETY Insurers in Hawaii

	Document Description	Form #	Paper Size	# of Page(s)
1.	Annual Filing Requirements - Fraternal Benefit Society Insurers	N/A	Letter	12

The requirements checklist is *available online only*, which can be read and downloaded from the following website:

<http://cca.hawaii.gov/ins/insurers/annual-filing-instructions-and-tax-forms/>

If you have any questions regarding the filings, refer to NOTE A for the proper contact person.

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

**FRATERNAL SOCIETIES
(LICENSED IN HAWAII)**

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **HAWAII** Filings Made During the Year 2019

BEGINNING WITH FIRST QUARTER, 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT.

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)
			Domestic		Foreign			
			State	NAIC	State			
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 ½"x14")	2	EO	1	3/1	NAIC	If applicable, NOTE J(a)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14") Include the Printed Investment Schedule Detail (Pages QE01-QE13)	FILE	ON	LIFE	BLANK		
	3	Separate Accounts Annual Statement (8 ½"x 14")	2	EO	xxx	3/1	NAIC	
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	
	12	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	
	13	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	
	14	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	
	15	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	
	16	Management Discussion & Analysis	2	EO	xxx	4/1	Company	
	17	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	18	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	
	19	Risk-Based Capital Report	2	EO	xxx	3/1	NAIC	
	20	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	
	21	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	
	22	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	
	23	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	
	24	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	2	EO	xxx	4/1	NAIC	
	25	Trusted Surplus Statement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Variable Annuities Supplement	2	EO	0	4/1	NAIC	
	27	VM 20 Reserves Supplement	2	EO	0	3/1	NAIC	
Actuarial Related Items								
	28	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	
	29	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1	Company	
	30	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	31	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	32	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	2	N/A	xxx	4/30	Company	NOTE V
	33	Actuarial Opinion	2	EO	1	3/1	Company	
	34	Executive Summary of the PBR Actuarial Report (if VM early adopted)	2	N/A	0	4/1	Company	NOTE N
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	
	37	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	
	39	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	

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**FRATERNAL SOCIETIES
(LICENSED IN HAWAII)**

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **HAWAII** Filings Made During the Year 2019

BEGINNING WITH FIRST QUARTER, 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT.

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)
			Domestic		Foreign			
			State	NAIC	State			
		II: NAIC SUPPLEMENTS (Continued)						
	40	Life PBR Exemption	2	E/O	0	Commissioner 7/1 NAIC 8/15	Company	
	41	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	
	42	RAAIS required by <i>Valuation Manual</i>	2	N/A	xxx	4/1	Company	NOTE X
	43	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	44	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	46	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	47	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	2	EO	xxx	3/1, 5/15, 8/15, 11/15	Company	
	48	RBC Certification required under C-3 Phase I	2	EO	xxx	3/1	Company	
	49	RBC Certification required under C-3 Phase II	2	EO	xxx	3/1	Company	
	50	Statement on non-guaranteed elements – Exhibit 5 Int. #3	2	EO	1	3/1	Company	
	51	Statement on participating/non-participating policies – Exhibit 5, Inter. #1&2	2	EO	xxx	3/1	Company	
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	PLEASE REFER TO NOTE O
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	66	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	FILE	ON	LIFE	BLANK		
	70	Quarterly .PDF Filing	FILE	ON	LIFE	BLANK		
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	N/A	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	3/1	Company	If applicable, NOTE J(b)
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	NOTE U
	85	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	N/A	Prior to the commencement of the audit.	Company	NOTE S

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COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **HAWAII** Filings Made During the Year 2019

BEGINNING WITH FIRST QUARTER, 2019, FRATERNAL ENTITIES FILE ON LIFE STATEMENT.

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)
			Domestic		Foreign			
			State	NAIC	State			
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS (Continued)						
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A	When applicable	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	N/A	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	N/A	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	N/A	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	3/1	Company	If applicable, NOTE J(b)
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure***	N/A	N/A	N/A	N/A		Not required at this time.
	102	Filing Checklist (with Column I completed)	1	0	1	3/1	State	
	103	Form B-Holding Company Registration Statement	0	0	0	N/A	Company	
	104	Form F-Enterprise Risk Report****	0	0	0	N/A	Company	
	105	ORSA*****	0	0	0	N/A	Company	
	106	Premium Tax	N/A	0	N/A	N/A	State	NOTE -D
	107	State Filing Fees	1	0	1	3/1	State	NOTES R
	108	Signed Jurat – See Notes G and L	0	0	0	N/A	NAIC	NOTES G and L
	109	Compliance Resolution Fund Assessment – Assessment Notice will be sent to insurers	1	0	1	Due 60 Days after demand	State	NOTE A for Contact Person & Phone Number
	110	Hawaii Investments (Form 322) <u>NOTE: This is a REQUIRED FILING FOR ALL LICENSED INSURERS. If the Company does not have any investments in Hawaii, file the form as NONE.</u>	1	0	1	3/1	State	NOTE A for Contact Person & Phone Number
	111	Request for Extension of License (by written notice) [License Extension Fee]	1	0	1	8/16	Company	NOTE A for Contact Person and NOTES F & P
	112	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	1	0	See Note T	When Applicable	NAIC	NOTE A for Contact Person & Phone Number and NOTE T
	113	Actuarial Opinion and Company Representation required by Actuarial Guideline XXXVIII Section 8E	2	0	0	When Applicable	Company	NOTE W

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***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.**

*****For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.**

******For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.**

*******For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.**

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NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[FRATERNAL SOCIETIES]
A	Required Filings Contact Person:	<p>LINE # CONTACT PERSON/BRANCH</p> <p>#1 & #61 Annual Statement Filing Certification & Agency Exam Unit: (808) 586-7414 E-Mail: sbautista@dcca.hawaii.gov</p> <p>#109 Compliance Resolution Fund Assessment Jerry Bump: (808) 587-7581 E-Mail: jbump@dcca.hawaii.gov</p> <p>#110 Hawaii Investments – Form 322 Glenn Yamashita: (808) 586-3874 E-Mail: gyamashi@dcca.hawaii.gov</p> <p>#111 Request for LICENSE EXTENSION Certification & Agency Exam Unit: (808) 586-3870 E-Mail: flo@dcca.hawaii.gov</p> <p>#112 Officers & Directors: Biographical Affidavits and Notification of Change</p> <p><u>Domestic Insurers</u> Accreditation Unit: (808) 586-7379 E-Mail: jpang@dcca.hawaii.gov</p> <p><u>Foreign/Alien Insurers</u> Certification & Agency Exam Unit: (808) 586-7414 E-Mail: sbautista@dcca.hawaii.gov</p> <p><u>ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE</u></p> <p>Frances Lo: (808) 586-3870 Fax: (808) 586-3873 E-Mail: flo@dcca.hawaii.gov</p>
B	Mailing Address:	<p>State of Hawaii, DCCA, Insurance Division Attn: Frances Lo P. O. Box 3614 Honolulu, HI 96811-3614</p> <p style="text-align: right;"><u>OR</u></p> <p>State of Hawaii, DCCA, Insurance Division Attn: Frances Lo 335 Merchant Street, Room 213 Honolulu, HI 96813</p>
C	Not used.	Not used.
D	Mailing Address for Premium Tax Payments:	N/A for Fraternal Benefit Societies.
E	Delivery Instructions:	<p>All filings must be RECEIVED 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.</p> <p>Documents and payments required are not deemed to have been filed or paid until they have actually been received by this division.</p>

Phone inquiries should be directed to the proper contact person.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[FRATERNAL SOCIETIES]
F	Late Filings:	<p>A society neglecting to file the Annual Statement within the time provided by Hawaii Revised Statutes (HRS) § 432:2-602 <u>shall be liable for a penalty of \$100 for each day</u> during which such neglect continues, and, upon notice by the Commissioner to that effect, its authority to do business in this State shall cease while such default continues.</p> <p>Failure to meet license extension deadline shall result in a 50% penalty assessment [per HRS § 432:2-603(b)].</p>
G	Original Signatures:	<p>Domestic Insurers: 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.</p> <p>Foreign/Alien Insurers: The Annual Statement Jurat page shall include signatures of at least two of the insurer's principal officers, or the attorney-in-fact in the case of a reciprocal insurer, or the United States manager in the case of an alien insurer. Facsimile signatures or reproductions of original signatures may be used (per the NAIC <i>Annual Statement Instructions</i>).</p>
H	Signature/Notarization/Certification:	See NOTE G above
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:	<p>(a) No extension for filing the Annual Statement and valuation of your outstanding certificates or certificate of such valuation, if verified by the actuary of the department of insurance of your domiciliary state, will be granted unless a request is submitted in writing, with detailed reasons for the delay, well in advance of March 1. Section 432:2-602(b), Hawaii Revised Statutes, provides that the Commissioner may extend the time for filing the valuation of your outstanding certificates for not more than two calendar months.</p> <p>(b) Companies shall apply, in writing, for exemption to a filing in Section IV in accordance with the requirements pursuant to Hawaii Administrative Rules §16-185-116.</p>
K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
L	Signed Jurat:	See NOTE G for Jurat Page requirements.
M	NONE Filings:	See NAIC <i>Annual Statement Instructions</i> .
N	Filings new, discontinued or modified materially since last year:	<p>DOMESTIC INSURERS: <u>New Filings:</u> #34 – Executive Summary of the PBR Actuarial Report <u>Discontinued Filings</u> Certificate of Compliance Certificate of Deposit Certificate of Valuation</p> <p>FOREIGN/ALIEN INSURERS: <u>New Filings:</u> #34 – Executive Summary of the PBR Actuarial Report <u>Discontinued Filings</u> Certificate of Compliance Certificate of Deposit Certificate of Valuation</p>

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[FRATERNAL SOCIETIES]
O	Electronic Filing:	<p>Domestic Insurers: 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> <p>Foreign/Alien and Domestic Insurers: N/A for electronic filing with Hawaii.</p>	
P	Certificate of Authority:	<p>Certificate of Authority Extension Fee is due August 16 – Line #111 (Notice for Extension of License – by written form). An email notice with instructions will be sent no later than June for the August 16 extension date. Information will also be available online.</p> <p>Extension Information (New Fees Effective May 28, 2015): https://cca.hawaii.gov/ins/insurers/insurance_company_license/</p> <p>The Hawaii Insurance Division has contracted with OPTins for insurers to E-Pay Annual Service/License extension fees. Please check our website at http://cca.hawaii.gov/ins for additional information and updates.</p> <p>QUESTIONS – CONTACT THE CERTIFICATION & AGENCY EXAM UNIT AT (808) 586-3870.</p> <p>E-Mail: flo@dcca.hawaii.gov</p>	
Q	Certificate of Valuation: Certificate of Compliance Certificate of Deposit	Discontinued & not required.	
R	Checks/payments:	<p><u>When payments need to be made manually, checks should be made payable to:</u></p> <p style="text-align: center;">“DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII”</p> <p style="text-align: center;">or</p> <p style="text-align: center;">“DCCA, STATE OF HAWAII”</p> <p>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. Please provide a self-addressed, stamped envelope for receipt.</p>	

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) [FRATERNAL SOCIETIES]		
S	Independent CPA:	<p>Required when a change in independent CPA occurs.</p> <p>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 State’s Insurance Division, specifying such exceptions the independent CPA may believe appropriate (See Line #85).</p>
T	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	<p><u>DOMESTIC FRATERNAL BENEFIT SOCIETIES:</u> Biographical Affidavits and Notifications are required for changes in officers and directors.</p> <p>QUESTIONS – CONTACT THE ACCREDITATION UNIT AT (808) 586-7379.</p> <p>E-Mail: jpang@dcca.hawaii.gov</p> <p><u>FOREIGN/ALIEN FRATERNAL BENEFIT SOCIETIES:</u> Biographical Affidavits for officers and directors are required to be filed ONLY in the following situations:</p> <ol style="list-style-type: none"> a. Initial application for a Hawaii Certificate of Authority – See UCAA Expansion procedures. b. Change in officers and directors involving an acquisition or merger of an insurer possessing a Hawaii Certificate of Authority – Follow the UCAA Corporate Amendment procedures. c. Redomestication to Hawaii - See UCAA Primary procedures. d. Upon request. <p>QUESTIONS – CONTACT THE CERTIFICATION & AGENCY EXAM UNIT AT (808) 586-7414.</p> <p>E-Mail: sbautista@dcca.hawaii.gov</p>
U	Communication of Internal Control Related Matters Noted in Audit:	<p>Line #84 - 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.</p>
V	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	<p>This filing applies to any domestic insurer with products that are subject to Actuarial Guideline XXXVIII, paragraph 8D and is an annual filing due to the Hawaii Insurance Division by April 30 (Line #32).</p>

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[FRATERNAL SOCIETIES]
	W	Actuarial Opinion and Company Representation Required by Actuarial Guideline XXXVIII Section 8E	This filing applies to any domestic insurer with products that are subject to Actuarial Guideline XXXVIII, paragraph 8E and is submitted to the Hawaii Insurance Division when the insurer plans to issue new products subject to this section of the Guideline.
	X	RAAIS required by <i>Valuation Manual</i>	Pursuant to HAR § 16-169-8, in accordance with HRS § 431:5-307, companies domiciled in Hawaii shall submit the Regulatory Asset Adequacy Issues Summary no later than March 15 of the year following the year for which a statement of actuarial opinion based on asset adequacy is submitted (Line #42) until such time the Hawaii Administrative Rules are revised to reflect the April 1 due date of the National Association of Insurance Commissioners.
	Y	Website:	Please visit the following website for additional information: http://cca.hawaii.gov/ins/

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**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 this year.

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 may use the checklist to submit to a state, if the state requests it. 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 investments schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March.PDF Filing** is .pdf files 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 **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts.PDF Filing** is the .pdf file for the separate accounts annual statement and investment schedule detail.

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 supplements due April 1.

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

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

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 foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Hawaii waives printed quarterly statements from their foreign insurers and relies upon the NAIC database for these filings. This waiver also includes all of the supplemental annual statement filings (with the exception of the Actuarial Opinion). The XXX in this column might signifies that Hawaii has waived the paper filing of the quarterly statements and all but one supplement.**

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 with the filing instructions (generally, on its website) 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).