

STATE OF HAWAII  
INSURANCE DIVISION

**2019 ANNUAL FILING REQUIREMENTS**  
(Due in 2020)

For All Licensed PROPERTY & CASUALTY Insurers in Hawaii

	Document Description	Form #	Paper Size	# of Page(s)
1.	Annual Filing Requirements – Property & Casualty Insurers	N/A	Letter	21

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/>

**IMPORTANT NOTE; PLEASE READ!**

*DO NOT FILE the items on this checklist if you are a SURPLUS LINES CARRIER. Surplus Lines Carriers will be notified if any filings are warranted.*

*Surplus Lines Tax Contact Information: E-Mail: [InsExamSLB@dcca.hawaii.gov](mailto:InsExamSLB@dcca.hawaii.gov)  
Phone: Sally Bautista at (808) 586-7414*

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

**PROPERTY & CASUALTY INSURERS  
(LICENSED IN HAWAII)**

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

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

**REQUIRED FILINGS IN THE STATE OF**     HAWAII     **Filings Made During the Year 2020**

(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		Foreign			
			State	NAIC	State			
		<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-E29)	2	EO		3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14") –	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>						
	11	Accident & Health Policy Experience Exhibit	2	EO		4/1	NAIC	
	12	Actuarial Opinion	2	EO		3/1	Company	
	13	Actuarial Opinion Summary	2	N/A		3/15	Company	
	14	Bail Bond Supplement	2	EO		3/1	NAIC	
	15	Combined Insurance Expense Exhibit	2	EO		5/1	NAIC	
	16	Credit Insurance Experience Exhibit	2	EO		4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO		4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	2	EO		3/1	NAIC	
	20	Insurance Expense Exhibit	2	EO		4/1	NAIC	
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO		4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	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 Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	26	Medicare Supplement Insurance Experience Exhibit	2	EO		3/1	NAIC	
	27	Premiums Attributed to Protected Cells Exhibit	2	EO		3/1	NAIC	If applicable

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

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			Domestic					Foreign
			State	NAIC				State
	28	Reinsurance Attestation Supplement	2	EO	Foreign Insurers do not need to file these items with Hawaii.	3/1	Company	
	29	Exceptions to Reinsurance Attestation Supplement	2	N/A		3/1	Company	
	30	Reinsurance Summary Supplemental	2	EO		3/1	NAIC	
	31	Risk-Based Capital Report	2	EO		3/1	NAIC	
	32	Schedule SIS	2	N/A		3/1	NAIC	
	33	Supplement A to Schedule T	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	34	Supplemental Compensation Exhibit	N/A	N/A		3/1	NAIC	
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO		4/1	NAIC	
	36	Supplemental Health Care Exhibit’s Allocation Report Supplement	2	EO		4/1	NAIC	
	37	Supplemental Investment Risk Interrogatories	2	EO		4/1	NAIC	
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	Please do not file, unless request -ed.	3/1	NAIC	
	39	Trusted Surplus Statement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS			Skip to Section V For State Filings.  Skip to Section V For State Filings.			
	61	Annual Statement Electronic Filing	xxx	EO		3/1	NAIC	PLEASE REFER TO NOTE O
	62	March .PDF Filing	xxx	EO		3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO		3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO		3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	xxx	EO		5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO		5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO		4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO		4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO		5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	5/15, 8/15, 11/15	NAIC		
	71	June .PDF Filing	xxx	EO	6/1	NAIC		
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						

**Foreign Insurers do not need to file these items with Hawaii.**

**Please do not file, unless request -ed.**

**Skip to Section V For State Filings.**

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			Domestic		Foreign			
			State	NAIC	State			
	81	Accountants Letter of Qualifications	2	EO		6/1	Company	
	82	Audited Financial Reports	2	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A		3/1	Company	If applicable, NOTE J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO		8/1	Company	NOTE Y
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS (continued)</b>						
	85	Independent CPA – (change)	1	N/A	<b>Foreign Insurers do not need to file these items with Hawaii.</b>  <b>Please do not file, unless requested</b>  <u><b>Skip to Section V For State Filings.</b></u>		Company	NOTE V
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A		8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A			Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO		3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO		3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO		3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A			Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A			Company	If applicable, NOTE J
		<b>V. STATE REQUIRED</b>						
	101	Corporate Governance Annual Disclosure***	N/A	N/A	N/A	N/A	Company	Not required at this time.
	102	Filings Checklist (with Column 1 completed)	1	0	N/A for Foreign Insurers	3/1	State	

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	103	Form B-Holding Company Registration Statement	2	0	0	3/15	Company	
	104	Form F-Enterprise Risk Report****	2	0	0	3/15	Company	
	105	ORSA*****	2	0	0	10/15	Company	
	106	2019 Annual Premium Tax Statement (and payment, if applicable) – Form 314	1	0	1	3/1	State	NOTES A, H & S
	107	State Filing Fees	xx	0	xxx	xxx	State	NOTE C
	108	Signed Jurat <u>Domestic</u> – See Note G for Jurat Page Requirements <u>Foreign/Alien</u> – See Note L	0	0	0	N/A	NAIC	NOTES G & L
	109	Compliance Resolution Fund Assessment – Assessment Notice will be sent to insurers  <b>NOTE: Payment Must Be Submitted on OPTins.</b>	1	0	1	Due 60 days after demand	State	<u>NOTE A for Contact Person and Phone Number</u>
	110	Hawaii Investments – Form 322  <b><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></b>	1	0	1	3/1	State	<u>NOTE A for Contact Person and Phone Number &amp; NOTE H &amp; S</u>

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	111	<p>Drivers' Education Fund Underwriters Fee</p> <p>Refer to Insurance Commissioner's Memorandum 2017-8R available on our website:</p> <p><a href="http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></p> <p>(To be filed via OPTins by all insurers, self insurers and captives authorized to write motor vehicle or motorcycle insurance in Hawaii)</p> <p><b><u>To be submitted via OPTins with Hawaii Insured Vehicle Census Report (4<sup>th</sup> Quarter) (Line #115)</u></b></p>	1	0	1	2/15	Company	<u>NOTE A for Contact Person and Phone Number and Note Z</u>
	112	<p>Hawaii Joint Underwriting Plan Fee – Apply only to insurers authorized to write motor vehicle insurance in Hawaii (NOTE: Due 8/16---<u>received</u> date/OPTins submission date.)</p>	1	0	1	8/16 (Received Date/System Submission Date)	State	<u>NOTE A for Contact Person &amp; Phone Number and NOTE E and P</u>
	113	<p>Motor Vehicle Insurer Reports – <b>ANNUAL REPORT</b></p> <p>(To be filed by all insurers authorized to write motor vehicle insurance in Hawaii)</p> <p><b><u>NOTHING TO REPORT</u></b></p> <p>Insurers authorized to write motor vehicle insurance with nothing to report are required to submit a “NIL” report or a letter stating that the insurer has no motor vehicle business in Hawaii by April 1, annually.</p>	1	0	1	4/1	Company	<u>NOTE A for Contact Person and Phone Number</u>  <u>NOTE T for Website Location of Format</u>

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		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	114	<p><b>Motor Vehicle Insurer Reports – QUARTERLY REPORTS</b></p> <p>Must be <u>completed</u> 45 days following the end of the quarter but only filed if requested by the Insurance Commissioner.</p> <p>(To be <u>maintained</u> by all insurers authorized to write motor vehicle insurance in Hawaii)</p> <p><b>QUARTERLY REPORTS:</b></p> <ol style="list-style-type: none"> <li><u>Hawaii Insured Vehicle Census</u> (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Quarters maintained)</li> </ol> <p><b>(See Line # 115 for 4<sup>th</sup> Quarter filing requirements)</b></p> <ol style="list-style-type: none"> <li><u>Accident Quarter Experience Report</u> (All Quarters maintained)</li> <li><u>No-Fault Policy Cancellation Report</u> (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarters maintained)</li> </ol> <p><b>(See Line # 115 for 4<sup>th</sup> Quarter filing requirements)</b></p> <ol style="list-style-type: none"> <li><u>No-Fault Claims Transaction Report</u> (All Quarters maintained)</li> </ol>	0	0	0	<p>*2/15, *5/15, *8/15 and *11/15</p> <p>*SEE NOTE Z</p> <p><b>File ONLY if requested by Insurance Commissioner.</b></p> <p>Insurers are required to <u>maintain</u> reports on a quarterly basis but only <u>submit</u> reports if requested by the Insurance Commissioner.</p> <p><b><u>If the Insurance Commissioner requires reports to be filed,</u></b> a Commissioner's Memorandum, with specific reporting instructions, will be mailed to all insurers authorized to write motor vehicle insurance in Hawaii.</p>	Company	<p><u>NOTE A for Contact Person and Phone Number</u></p> <p><u>NOTE T for Website Location of Format</u></p> <p><u>NOTE Z for Additional Information</u></p>

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		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	115	<p><b>Motor Vehicle Insurer Reports – 4<sup>th</sup> QUARTER REPORTS</b></p> <p><u>Hawaii Insured Vehicle Census</u> (4<sup>th</sup> Quarter) (See Line # 114 for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarter filing requirements)</p> <p>(To be filed via OPTins by all insurers, Self Insurers and Captives authorized to write motor vehicle or motorcycle insurance in Hawaii)</p> <p><u>No Fault Policy Cancellation Report</u> (4<sup>th</sup> Quarter) (See Line # 114 for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarter filing requirements)</p> <p>(To be filed via OPTins by all insurers authorized to write motor vehicle insurance in Hawaii)</p> <p>Due 45 days following the end of the 4<sup>th</sup> Quarter</p> <p><b>To be submitted via OPTins with Drivers' Education Fund Underwriters Fee</b></p> <p><b>(Line #111) NOTHING TO REPORT</b> Insurers authorized to write motor vehicle insurance with nothing to report are required to submit a "NIL" report via OPTins by February 15, annually.</p>	1	0	1	2/15	Company	<p><u>NOTE A for Contact Person and Phone Number</u></p> <p><u>NOTE T for Website Location of Format</u></p> <p><u>NOTE Z for Additional Information</u></p>
	116	<p><b>Motor Vehicle Premium Publication Worksheets (Annual)</b></p> <p>(To be filed by all insurers authorized to write motor vehicle insurance in Hawaii)</p> <p><i>Refer to Insurance Commissioner's Memorandum dated March 16, 1983 available on our website: <a href="http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></i></p> <p><b><u>NOTHING TO REPORT</u></b> Each motor vehicle insurer that does not have private passenger auto rates filed with the Division, shall e-mail a completed coversheet to the Rate &amp; Policy Analysis Branch indicating that there is NOTHING TO REPORT by October 1, annually. The coversheet is included with the worksheets provided on our website (See Note T).</p>	1	0	1	10/01	State	<p><u>NOTE A for Contact Person and Phone Number</u></p> <p><u>NOTE T for Website Location of Format</u></p> <p><u>NOTE AA for Filing Information</u></p> <p><b>Worksheets to be completed will be available on our website AFTER September 1 of each year.</b></p>

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	117	Homeowners Premium Publication Worksheets (Annual)  (To be filed by all insurers with Homeowners insurance rates approved in the state of Hawaii.)  <b><u>NOTHING TO REPORT</u></b> Each insurer declaring no Hawaii homeowners business written or no new applicants are being accepted must still complete the worksheets by October 1, annually. The worksheets are provided on our website (See Note U).	1	0	1	10/01	State  <b>Worksheets to be completed will be available on our website AFTER September 1 of each year.</b>	<u>NOTE A for Contact Person and Phone Number</u>  <u>NOTE U for Website Location of Format</u>  <u>NOTE AB for Filing Information</u>
	118	2019 Monthly Premium Tax Statements (and any applicable payment) – Form 323	1	0	1	2/20, 3/20, 4/20, 5/20, 6/20, 7/20, 8/20, 9/20, 10/20, 11/20, 12/20 and 1/2021	State	NOTES A, H & S
	119	Certificate of Authority Extension Fee (NOTE: Due 8/16---received date/OPTins submission date.)	1	0	1	8/16 (Received Date/System Submission Date)	State	<u>NOTE A for Contact Person/Phone Number and NOTE E and P</u>
	120	Statement of Premiums Derived from Workers' Compensation Insurance Issued During 2020 for 2021 Workers' Compensation Special Compensation Fund Levy [Form 315]  (To be filed ONLY if insurer has workers' compensation premiums. If the premiums are zero, the form is NOT required.)	1	0	1	3/15	State	NOTES A & H  File ONLY if insurer has premiums for workers' compensation.
	121	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	1	0	See Note W	When Applicable	NAIC	<u>NOTE A for Contact Person/Phone Number and NOTE W</u>

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	122	Long-Term Care Insurance – Claims Denial Reporting Form (Due 6/30)  (Qualified Plans Only)	1	0	1	6/30	State	<u>NOTE A for Contact Person/Phone Number and NOTE X</u>
	123	Long-Term Care Insurance – Replacement and Lapse Reporting Form (Due 6/30)	1	0	1	6/30	State	<u>NOTE A for Contact Person/Phone Number and NOTE X</u>
	124	Long-Term Care Insurance – Rescission Reporting Form for Long-Term Care Policies (Due 3/1)	1	0	1	3/1	State	<u>NOTE A for Contact Person/Phone Number and NOTE X</u>
	125	Long-Term Care Insurance – Suitability Report	1	0	1	Company Determination	State	<u>NOTE A for Contact Person/Phone Number and NOTE X</u>
	126	Medicare Supplement Insurance – Multiple Policies Report	1	0	1	3/1	State	<u>NOTE A for Contact Person/Phone Number and NOTES AC</u>
	127	Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form, Exhibit D Appendix A	1	0	1	5/31	State	<u>NOTE A for Contact Person/Phone Number and NOTES AC</u>

\*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](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](http://www.naic.org/public_lead_state_report.htm)

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\*\*\*\*\*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](http://www.naic.org/public_lead_state_report.htm)

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]	
A	Required Filings Contact Person:	<b>LINE #</b>	<b>CONTACT PERSON/BRANCH</b>
		#106 & # 118	Annual and Monthly Premium Tax Statements Jenny Fujiwara: (808) 586-7380 E-Mail: <a href="mailto:insexamptax@dcca.hawaii.gov">insexamptax@dcca.hawaii.gov</a>
		# 109	Compliance Resolution Fund Assessment Compliance Resolution Fund Assessment Jerry Bump: (808) 586-0985 E-Mail: <a href="mailto:jbump@dcca.hawaii.gov">jbump@dcca.hawaii.gov</a>
		# 111	Drivers' Education Fund Underwriters Fee Rate & Policy Analysis Branch: (808) 586-2809 E-Mail: <a href="mailto:insrpaPC@dcca.hawaii.gov">insrpaPC@dcca.hawaii.gov</a>
		#110	Hawaii Investments – Form 322 Andy Chow: (808) 586-3874 Email: <a href="mailto:achow@dcca.hawaii.gov">achow@dcca.hawaii.gov</a>
		#112	Hawaii Joint Underwriting Plan Fee Certification & Agency Exam Unit: (808) 586-3870 E-Mail: <a href="mailto:inscert@dcca.hawaii.gov">inscert@dcca.hawaii.gov</a>
		# 113, #114 & #115	Motor Vehicle Insurer Reports – Annual and Quarterly Rate & Policy Analysis Branch: (808) 586-2809 E-Mail: <a href="mailto:InsRpaPC@dcca.hawaii.gov">InsRpaPC@dcca.hawaii.gov</a>
		#116	Motor Vehicle Premium Publication Rate & Policy Analysis Branch: (808) 586-2809 E-Mail: <a href="mailto:RPAdatcall@dcca.hawaii.gov">RPAdatcall@dcca.hawaii.gov</a>
		#117	Homeowners Premium Publication Rate & Policy Analysis Branch: (808) 586-2809 E-Mail: <a href="mailto:RPAdatcall@dcca.hawaii.gov">RPAdatcall@dcca.hawaii.gov</a>
		#119	Certificate of Authority Extension Fee Certification & Agency Exam Unit: (808) 586-3870 E-Mail: <a href="mailto:inscert@dcca.hawaii.gov">inscert@dcca.hawaii.gov</a>
		#120	Workers' Compensation Special Compensation Fund Assessment Andy Chow: (808) 586-3874 E-Mail: <a href="mailto:achowt@dcca.hawaii.gov">achowt@dcca.hawaii.gov</a>
		#121	Officers & Directors: Biographical Affidavits and Notification of Change  <u>Domestic Insurers</u> Accreditation Unit: (808) 586-7379 E-Mail: <a href="mailto:jpang@dcca.hawaii.gov">jpang@dcca.hawaii.gov</a>  <u>Foreign/Alien Insurers</u> Certification & Agency Exam Unit: (808) 586-3874 E-Mail: <a href="mailto:achow@dcca.hawaii.gov">achow@dcca.hawaii.gov</a>
		#122, #123, #124, & #125	Long-Term Care Reporting Forms Market Conduct: (808) 586-2790

*Phone inquiries should be directed to the proper contact person.*

(continued on next page)

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
A	<p>Required Filings Contact Person:</p> <p>(continued from prior page)</p> <p><i>Phone inquiries should be directed to the proper contact person.</i></p>	<p>#126 Medicare Supplement Insurance – Multiple Policies Report Market Conduct: (808) 586-2790 E-Mail: <a href="mailto:insurance@dcca.hawaii.gov">insurance@dcca.hawaii.gov</a></p> <p>#127 Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form Rate &amp; Policy Branch: (808) 586-2809 E-Mail: <a href="mailto:insrpalah@dcca.hawaii.gov">insrpalah@dcca.hawaii.gov</a></p> <p><b><u>ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR DOMESTIC INSURERS</u></b> John Pang: (808) 586-7379 Fax: (808) 586-3873 E-Mail: <a href="mailto:jpang@dcca.hawaii.gov">jpang@dcca.hawaii.gov</a></p> <p><b><u>ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR FOREIGN/ALIEN INSURERS</u></b> Frances Lo: (808) 586-3870 Fax: (808) 586-3873 E-Mail: <a href="mailto:flo@dcca.hawaii.gov">flo@dcca.hawaii.gov</a></p>
B	Mailing Address:	<p><b><u>NOTE: FOREIGN/ALIEN INSURERS DO NOT NEED TO FILE ITEMS #1 - #92 WITH HAWAII. PLEASE DO NOT FILE, UNLESS REQUESTED.</u></b></p> <p>Hawaii Insurance Division Certification &amp; Agency Exam Section P. O. Box 3614 Honolulu, HI 96811-3614</p> <p style="text-align: right;"><b><u>OR</u></b></p> <p>Hawaii Insurance Division Certification &amp; Agency Exam Section 335 Merchant Street, Room 213 Honolulu, HI 96813</p>
C	Mailing Address for Filing Fees:	<p>No filing fees are required to be paid at this time.</p> <p>(See NOTE P)</p>
D	Mailing Address for Premium Tax Payments:	N/A. Electronic Payment Required. See NOTE S.
E	Delivery Instructions:	<p>All filings must be POSTMARKED or ELECTRONICALLY SUBMITTED (System Submission Date) 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>(EXCEPTION: Hawaii Joint Underwriting Plan Fee [Line #112] and the Certificate of Authority Extension Fee [Line #119] must be received by our office (with OPTins submission date) by 8/16 or the next business day if 8/16 falls on a holiday or weekend.)</p>

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) [P & C INSURERS]	
F	Late Filings:	Late filings are subject to a fine in an amount not less than \$100 and not more than \$500 for each day of delinquency. Any insurer failing or refusing to pay the required taxes shall be liable for a fine of \$500 or 10% of the tax due, whichever is greater, plus interest at a rate of 12% per annum on the delinquent taxes. The Commissioner may suspend or revoke the Certificate of Authority of any insurer that fails to file any of the documents required herein.
G	Original Signatures:	<p><b>Domestic Insurers:</b> 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><b>Foreign/Alien Insurers:</b> The Annual Statement is no longer required if the statement is filed with the NAIC – see Hawaii Revised Statutes §§ 431:3-301 and 431:3-302.</p>
H	Signature/Notarization/Certification:	Annual-Form 314 (Line #106), Monthly-Form 323 (Line #118), Hawaii Investments-Form 322 (Line #110) and Workers' Compensation-Form 315 (Line #120) Premium Tax Statements – See Note S for Electronic Filing Requirements.
I	Amended Filings:	Amended items must be accompanied by an explanation and associated supporting documents as necessary 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:	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.
K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
L	Signed Jurat:	<p><b>Domestic Insurers</b> – See NOTE G for Jurat Page requirements.</p> <p><b>Foreign/Alien Insurers</b> – See NOTE G.</p>
M	NONE Filings:	See NAIC <i>Annual Statement Instructions</i> .
N	Filings new, discontinued or modified materially since last year:	<p><b>DOMESTIC INSURERS:</b> New Filings: None Discontinued Filings: N/A</p> <p><b>FOREIGN/ALIEN INSURERS:</b> Discontinued Filings: N/A</p>

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
	<b>O</b>	<b>Electronic Filing:</b>	<p><b>Domestic Insurers:</b> 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><b>Foreign/Alien and Domestic Insurers:</b> N/A for electronic filing with Hawaii.</p>
	<b>P</b>	<b>Certificate of Authority Extension Fee (# 119) and Hawaii Joint Underwriting Plan Fee (# 112)</b>	<p>Certificate of Authority Extension Fee is due August 16. An email notice will be sent not less than 60 days to the extension date. Information will also be available online (Line # 119). Detailed extension Information can be located on Web: <a href="http://cca.hawaii.gov/ins/insurers/insurance_company_license/">http://cca.hawaii.gov/ins/insurers/insurance_company_license/</a> (Line #112)</p> <p>The Hawaii Insurance Division has contracted with OPTins for insurers (including risk purchasing groups and foreign risk retention groups) to E-Pay Annual Service/License extension fees. Please check our website at <a href="http://cca.hawaii.gov/ins">http://cca.hawaii.gov/ins</a> for additional information and updates.</p> <p>Questions – Contact the Certification &amp; Agency Exam section at (808) 586-3870.</p> <p>E-Mail: <a href="mailto:inscert@dcca.hawaii.gov">inscert@dcca.hawaii.gov</a></p>
	<b>Q</b>	<b>Certificate of Compliance Certificate of Deposit</b>	Upon request.
	<b>R</b>	<b>Checks/payments:</b>	<p><b><u>When payments need to be made manually, checks should be made payable to:</u></b></p> <p style="text-align: center;"><b>“DCCA, STATE OF HAWAII”</b></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)		[P & C INSURERS]
W	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	<p><b>Line # 121 – Officers &amp; Directors: Biographical Affidavits &amp; Notification</b>  <b>DOMESTIC INSURERS:</b>  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: <a href="mailto:jpang@dcca.hawaii.gov">jpang@dcca.hawaii.gov</a></p> <p><b>FOREIGN/ALIEN INSURERS:</b>  Biographical Affidavits for officers and directors are required to be filed ONLY in the following situations:</p> <ol style="list-style-type: none"> <li><u>Initial application</u> for a Hawaii Certificate of Authority – See UCAA Expansion procedures.</li> <li>Change in officers and directors <u>involving an acquisition or merger of an insurer possessing a Hawaii Certificate of Authority</u> – Follow the UCAA Corporate Amendment procedures.</li> <li><u>Redomestication to Hawaii</u> – See UCAA Primary procedures.</li> <li>Upon request.</li> </ol> <p>Questions – Contact the Certification &amp; Agency Exam unit at (808) 586-3874.</p> <p>E-Mail: <a href="mailto:achow@dcca.hawaii.gov">achow@dcca.hawaii.gov</a></p>	
X	Long-Term Care Insurance Reporting Forms:	<p><b>Line #122 – Claims Denial Reporting Form</b> pursuant to §431:10H-222(f).  <b>Line #123 – Replacement and Lapse Reporting Form</b> pursuant to §431:10H-222(b).  <b>Line #124 – Rescission Reporting Form for Long-Term Care Policies</b> pursuant to §431:10H-218(f).  <b>Line #125 – Long-Term Care Insurance – Suitability Report</b> pursuant to §431:10H-213(i).</p> <p>The Long-Term Care Insurance Reporting Forms are available on our website: <a href="http://cca.hawaii.gov/ins/insurers/">http://cca.hawaii.gov/ins/insurers/</a>  Send reports to the email below. Indicate in the subject line: LTC reports.</p> <p>All 4 forms are required from all insurers that write or have in force LTC policies.</p> <p>QUESTIONS – Contact the Market Conduct at (808) 586-2790 or via E-Mail at <a href="mailto:insurance@dcca.hawaii.gov">insurance@dcca.hawaii.gov</a></p>	
Y	Communication of Internal Control Related Matters Noted in Audit:	<p><b>Line #84 - HAR Section 16-185-110</b> requires this written communication whether or not material weaknesses were noted by the auditor within 60 days of filing the audited financial report.</p>	

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
Z	Motor Vehicle Insurer Reports-Quarterly:	<p>Line #114 – Motor Vehicle Insurer Reports (Quarterly Reports)</p> <p>Line #115 – Motor Vehicle Insurer Reports (4<sup>th</sup> Quarter Reports)</p> <p>HRS Section 431:10C-215, was amended, pursuant to Act 116, 2010 Session Laws Hawaii, to require motor vehicle insurers to maintain quarterly reports and file <u>only if requested by the Insurance Commissioner</u>. Previously, insurers were required to file reports with the Division on a quarterly basis.</p> <p>Be advised that the Insurance Commissioner <u>requires</u> the (4<sup>th</sup> Quarter) <u>Hawaii Insured Vehicle Census</u> (#115) and the (4<sup>th</sup> Quarter) <u>No-Fault Policy Cancellation Report</u> (#115) to be filed on an annual basis (due February 15<sup>th</sup>) with the Drivers' Education Fund Underwriters Fee (#111).</p>	
AA	Motor Vehicle Premium Publication	<p>Line #116 - Worksheets to be completed for the annual Motor Vehicle Premium Publication will be available on our website AFTER September 1 of each year.</p> <p><a href="http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></p> <p><b>NOTHING TO REPORT:</b> (Insurer does <u>not</u> have an approved private passenger auto program filed with the Division.) <u>Each</u> motor vehicle insurer that does not have private passenger auto rates filed with the Division, shall e-mail a completed Coversheet to the Rate &amp; Policy Analysis Branch indicating that there is <b>NOTHING TO REPORT</b>. Insurers who fail to respond may be subject to penalties.</p> <p>Insurer groups may submit one coversheet if each insurer within the group is listed <u>separately</u>.</p> <p>The Coversheet is included with the worksheets provided on our website AFTER September 1 of each year.</p> <p><b>E-MAIL COMPLETED WORKSHEETS TO:</b>  <a href="mailto:RPAdatcall@dcca.hawaii.gov">RPAdatcall@dcca.hawaii.gov</a> by October 1, annually. The subject of the e-mail must reflect: MV-YYYY-Premiums (<i>Company or Group Name</i>).</p> <p><b>STATUTORY REFERENCE:</b> HRS Section 431:10C-210, Publication of Premium Information.</p>	

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
AB	Homeowners Premium Publication:	<p>Line #117 – Worksheets to be completed for the annual Homeowners Premium Publication will be available on our website AFTER September 1 of each year.</p> <p><a href="http://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/">http://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/</a></p> <p><b>NOTHING TO REPORT:</b> Each insurer declaring no Hawaii homeowners business or no new applicants are being accepted must still complete the worksheets. Insurers who fail to respond may be subject to penalties.</p> <p><b>E-MAIL COMPLETED WORKSHEETS TO:</b>  <a href="mailto:RPAdatcall@dcca.hawaii.gov">RPAdatcall@dcca.hawaii.gov</a> by October 1, annually.  The subject of the e-mail must reflect: HO-YYYY-Premiums (<i>Company or Group Name</i>).</p> <p><b>STATUTORY REFERENCE:</b> HRS Section 431:14-110.8, Publication of Homeowners Insurance Premium Information.</p>	
AC	Medicare Supplement Reports:	<p>Line # 126 – Medicare Supplement Insurance – Multiple Policies Report pursuant to HAR §16-12-12.6.</p> <p>Line # 127 – Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form pursuant to HAR §16-12-7(b)(1).</p> <p>The Medicare Supplement Report Forms are available on our website: <a href="http://cca.hawaii.gov/ins/har/">http://cca.hawaii.gov/ins/har/</a>.  Only Refund Calculation Report are accepted via SERFF.  Send all other reports to the Market Conduct email below.  Indicate in the subject line Medicare Supplement Report.</p> <p><b>QUESTIONS:</b></p> <p>(Line #126) Contact Market Conduct at (808) 586-2790 or via e-Mail at <a href="mailto:insurance@dcca.hawaii.gov">insurance@dcca.hawaii.gov</a></p> <p>(Line #127) Contact the Rate &amp; Policy Branch at (808) 586-2809 or via e-Mail at <a href="mailto:insrpaLAH@dcca.hawaii.gov">insrpaLAH@dcca.hawaii.gov</a></p>	
AD	Website:	<p>Please visit the following website for additional information:</p> <p><a href="http://cca.hawaii.gov/ins/">http://cca.hawaii.gov/ins/</a></p>	

**STATE OF HAWAII**  
**P & C Insurers - 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)**

DOMESTIC companies should copy the checklist and place an "X" in this column when mailing information to the state. (The checklist is N/A for FOREIGN companies.)

**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 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. **Hawaii waives printed annual and quarterly statements from the foreign/alien insurers and relies upon the NAIC database for these filings. This waiver also includes all of the supplemental annual statement filings.**

**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 (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).**