

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
INSURANCE DIVISION

**ACCREDITED REINSURERS
FILING REQUIREMENTS**

COMPANY NAME: _____ NAIC Company Code: _____

Contact Name: _____ Contact Title: _____

E-Mail: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: HAWAII Annual Filings as of December 31, _____

(1) Check - list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE(S)
	1	Annual Statement (8 ½" x 14")	1	3/1
	2	Certificate of Compliance from State of Domicile	1	3/1
	3	CPA Audited Financial Statements	1	6/1
	4	AR-1 Form	1	Upon Filing of Application or changes made

Mailing Address:

Hawaii Insurance Division
Certification & Agency Exam Section
P. O. Box 3614
Honolulu, HI 96811-3614

Street Address:

Hawaii Insurance Division
Certification & Agency Exam Section
335 Merchant Street, Room 213
Honolulu, HI 96813

If you have any questions, please contact Todd Dixon at (808) 586-8247, or Andrew Chow at 808-586-3874, or via E-Mail at inscert@dcca.hawaii.gov