

## ACCREDITED REINSURERS FILING REQUIREMENTS

### STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS INSURANCE DIVISION

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 1/2" 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

If you have any questions, please contact via E-Mail at [ins-certexam@dcca.hawaii.gov](mailto:ins-certexam@dcca.hawaii.gov),  
or Irene Baek at (808) 586-8151, or Andrew Chow at (808) 586-3874