



**JOSH GREEN, M.D.**  
GOVERNOR | KE KIA'ĀINA

**SYLVIA LUKE**  
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

**STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**KA 'OIHANA PILI KĀLEPA**  
**INSURANCE DIVISION**

335 MERCHANT STREET, ROOM 213, HONOLULU, HAWAII 96813

P.O. BOX 3614, HONOLULU, HAWAII 96811

Phone Number: (808) 586-2790

Fax Number: (808) 587-6714

[cca.hawaii.gov/ins/](http://cca.hawaii.gov/ins/)

**NADINE Y. ANDO**  
DIRECTOR | KA LUNA HO'OKELE

**GORDON I. ITO**  
INSURANCE COMMISSIONER

TO: Interested and Affected Parties

DATE: July 31, 2023

RE: MAPFRE RE – Reciprocal Reinsurer Passport Application

---

Pursuant to section 431:4A-101 of the Hawaii Revised Statutes and section 16-168-7 of the Hawaii Administrative Rules, this constitutes notice that MAPFRE RE has filed a Reciprocal Reinsurer Passport Application (the “Application”) with the Hawaii Insurance Division.

Interested and affected parties will have 30 days from the date of this posting to submit written comments and responses to Company’s application to the Hawaii Insurance Division. The Commissioner may not take final action on an application until at least 30 days after posting notice.

The purpose of the comments and responses is to gather information, and to provide certain interested and affected parties with an opportunity to present statements to the Commissioner concerning the Application.

All responses regarding the applications should be directed to:

Hawaii Insurance Division  
Certification Section  
PO Box 3614  
Honolulu, HI 96811-3614

Phone: (808) 586-3870

Email: [insexam@dcca.hawaii.gov](mailto:insexam@dcca.hawaii.gov)

Submission of response via email is preferable.