

STATE OF HAWAII
INSURANCE DIVISION

2023 ANNUAL FILING REQUIREMENTS
(Due in 2024)

For All Licensed HEALTH--MBS & HMO Entities

(Mutual Benefit Societies & Health Maintenance Organizations listed below ONLY)

1.	AlohaCare	HMO
2.	CHA HMO, Inc.	HMO
3.	Devoted Health Plan of Hawaii, Inc.	HMO
4.	Hawai'i Management Alliance Association	MBS
5.	Hawai'i Medical Service Association	MBS
6.	Humana Wisconsin Organization Insurance Corp	HMO
7.	Kaiser Foundation Health Plan, Inc. Hawai'i Region	HMO
8.	University Health Alliance	MBS

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

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

IMPORTANT NOTE!

If your company is a licensed Property & Casualty Insurer, a licensed Life/Accident & Health Insurer, a licensed Title Insurer, or a licensed Fraternal Benefit Insurer

AND

the company is filing a HEALTH BLANK,

DO NOT use the attached Health Entity Checklist.

Please use the checklist for your respective license.

If you have any questions on which checklist to use, please email insexam@dcca.hawaii.gov.

HEALTH ENTITIES

(FOR MUTUAL BENEFIT SOCIETIES AND HEALTH MAINTENANCE ORGANIZATIONS LICENSED IN HAWAII)

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: HAWAII **Filings Made During the Year 2024**

(1) Check- list	(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" x 14")	EO	EO	EO	3/1	NAIC	G, H, L
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	EO	3/1	NAIC	
	2	Quarterly Financial Statements (8 ½" x 14")	EO	EO	EO	5/15, 8/15, 11/15	NAIC	G, H, L
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	EO	4/1	NAIC	
	12	Actuarial Opinion	EO	EO	EO	3/1	Company	G
	13	Life Supplemental Data due March 1	EO	EO	EO	3/1	NAIC	
	14	Life Supplemental Data due April 1	EO	EO	EO	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	EO	EO	EO	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh 5, Int. 1&2	EO	EO	EO	3/1	Company	
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	xxx	4/1	NAIC	
	18	Long-Term Care Experience Reporting Forms	EO	EO	EO	4/1	NAIC	
	19	Management Discussion & Analysis	EO	EO	EO	4/1	Company	U
	20	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	EO	3/1	NAIC	N
	21	Medicare Part D Coverage Supplement	EO	EO	EO	3/1, 5/15, 8/15, 11/15	NAIC	
	22	Medicare Supplement Insurance Experience Exhibit	EO	EO	EO	3/1	NAIC	
	23	Risk-Based Capital Report	EO	EO	EO	3/1	NAIC	G
	24	Schedule SIS	EO	N/A	EO	3/1	NAIC	
	25	Supplemental Compensation Exhibit	EO	N/A	EO	3/1	NAIC	R
	26	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO	EO	4/1	NAIC	N
	27	Supplemental Investment Risk Interrogatories	EO	EO	EO	4/1	NAIC	
		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	xxx	3/1	NAIC	
	64	Risk-based Capital .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	66	Supplemental PDF Filing	xxx	EO	xxx	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	EO	6/1	Company	G
	82	Audited Financial Reports	EO	EO	EO	6/1	Company	G, T
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	EO		Company	If applicable, Notes G & J
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	EO	8/1	Company	G, X
	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.]	EO	N/A	EO	30 days prior to audit	Company	S
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	EO	8/1	Company	G
	87	Notification of Adverse Financial Condition	EO	N/A	EO		Company	G
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	EO	3/1	Company	

HEALTH ENTITIES

(FOR MUTUAL BENEFIT SOCIETIES AND HEALTH MAINTENANCE ORGANIZATIONS LICENSED IN HAWAII)

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: HAWAII Filings Made During the Year 2024

(1) Check- list	(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)						
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	EO	3/1	Company	
	90	Relief from the Requirements for Audit Committees	EO	EO	EO	3/1	Company	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	EO		Company	If applicable, Notes G & J
		V. STATE REQUIRED FILINGS						
	101	Corporate Governance Annual Disclosure ***	EO	N/A	N/A	6/1	Company	
	102	Filings Checklist (with Column I completed)	EO	0	EO	N/A with filing	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*****	EO	0	0	10/15	Company	
	106	Premium Tax	N/A		N/A		State	
	107	State Filing Fees	xxx	0	xxx	xxx	State	C
	108	Signed Jurat	EO	0	EO	With Quarterly and Annual Statement filings and amendments	NAIC	G, H, L
	109	Group Capital Calculation (File with lead state only)	xxx	0	xxx	xxx		
	110	Compliance Resolution Fund Assessment – Assessment Notice will be emailed to insurers if an assessment is needed during the year. NOTE: Payment Must Be Submitted on OPTins	1	0	1	Due 60 days after demand	State	A
	111	Computation of Net Worth	EO	0	EO	3/15	State	W
	112	Grievance Procedures, number of grievances handled, causes underlying those grievances, and disposition of grievances	EO	0	EO	3/1	Company	
	113	Quarterly Net Solvency Report	EO	0	EO	2/14, 5/15, 8/14, 11/14	State	G, H, W
	114	Quarterly Management Discussion & Analysis	EO	0	EO	5/15, 8/15, 11/15	Company	U
	115	Amendment to Charter, Articles of Incorporation, Constitution and Bylaws	EO	0	EO	Within 30 days of adoption	Company	
	116	Amendment to Financial Statement	EO	0	EO	Within 10 days of amendment	NAIC	G, H, I, L
	117	Amendment to Quarterly Net Solvency Report	EO	0	EO	With amended quarterly or annual statement filing	State	G, H
	118	Amendment to Risk Based Capital Report	EO	0	EO	With amended annual statement filing	NAIC	G
	119	Management Letter from Independent CPA Auditor	EO	0	EO	8/1	Company	G
	120	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	1	0	0	When Applicable	NAIC	Y
	121	Hawai'i Investments – Form 322 This is a REQUIRED filing for all licensed insurers. If the Company does not have any investments in Hawai'i, file the form as a NONE.	EO	0	EO	3/1	State	W
	122	Certificate of Authority Extension Fee	1	0	1	11/15	State	P
	123	Long-Term Care Insurance - Claims Denial Reporting Form (Due 6/30) (Qualified Plans Only)	1	0	1	6/30	State	A, V

HEALTH ENTITIES**(FOR MUTUAL BENEFIT SOCIETIES AND HEALTH MAINTENANCE ORGANIZATIONS LICENSED IN HAWAII)****COMPANY NAME:** _____ **NAIC Company Code:** _____**Contact:** _____ **Telephone:** _____**REQUIRED FILINGS IN THE STATE OF:** HAWAII **Filings Made During the Year 2024**

(1) Check- list	(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			
		V. STATE REQUIRED FILINGS (continued)						
	124	Long-Term Care Insurance - Replacement and Lapse Reporting Form (Due 6/30)	1	0	1	6/30	State	A, V
	125	Long-Term Care Insurance – Rescission Reporting Form for Long-Term Care Policies (Due 3/1)	1	0	1	3/1	State	A, V
	126	Long-Term Care Insurance – Suitability Report	1	0	1	Company Determination	State	A, V
	127	Medicare Supplement Insurance – Multiple Policies Report	1	0	1	3/1	State	A, Z
	128	Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form, Exhibit D Appendix A	1	0	1	5/31	State	A, Z
	129	Data Security Annual Certification Form	EO	0	0	3/31	State	O
	130	Medicaid Annual Report	EO	0	EO	12/27	Company	
		VI. FILINGS FOR HMO INSURERS ONLY						
	131	List of Providers	EO	0	EO	3/1	Company	

Please note that this filing checklist applies only to Mutual Benefit Societies and Health Maintenance Organizations licensed in Hawai'i under Hawai'i Revised Statutes Chapters 432 and 432D, respectively.

*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

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

HAWAII STATE INSURANCE DIVISION'S ELECTRONIC FILING INSTRUCTIONS

All Hawai'i domestic insurance companies shall submit filings in electronic format, unless otherwise noted in the instructions. Please follow the following specifications to submit electronic filings to Hawai'i:

1. Electronic filings shall be e-mailed to: insexam@dcca.hawaii.gov
2. E-mail subject line shall include the filing year, insurance company name (abbreviated name acceptable), and followed by the words "Annual Filings." For example, "**2023 ABC Ins Co Annual Filings**";
3. Filename of each attachment shall include the filing year, insurance company name, and file description. For example, "**2023 ABC Ins Co Annual Statement**";
5. All file attachments shall be in PDF file format unless otherwise specified in the notes for that item only;
6. Each filing shall be a separate attachment (combined or merged files into one file is not allowed);
7. It is acceptable to attach more than one attachment to an e-mail provided that all attachments are for the same insurance company;
8. Supporting schedules may be attached to a related filing provided the filename is clearly defined. Include the filing year, insurance company name, related filing description, and supporting file description in the filename. For example, "**2023 ABC Ins Co Prem Written Schedule**" and "**2023 ABC Ins Co Actual Opinion**";
9. Contact information of the sender or person responsible for the submission shall be included in the email;
10. Body of e-mail shall include text listing the attachments with brief descriptions, if not self-explanatory;
11. Password requirements and/or printing restrictions embedded in the attached files are not allowed unless pre-arranged with an Insurance Division our Contact person;
12. Signature requirements on all State of Hawai'i Insurance Division forms shall be replaced by typed Name and Title of duly authorized representatives attesting to the accuracy and completeness of the information filed. The form must be dated;
13. For amended filings, the filename shall include Amendment No. For example, "**2023 ABC Ins Co Annual Statement Amend 1**"; and
14. Questions shall be directed to the Insurance Division's Contact person, as noted in Note A, and not e-mailed to the above email address.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[HEALTH ENTITIES]
A	<p>Required Filings Contact Person:</p> <p><i>Inquiries should be directed to the proper contact person.</i></p>	<p>Compliance Resolution Fund Assessment (<u>Line #110</u>) Jerry Bump: (808) 586-0985 E-Mail: jbump@dcca.hawaii.gov</p> <p>Certificate of Authority Extension Fee (<u>Line #122</u>) Certification & Agency Exam Unit: (808) 586-3870 E-Mail: inscert@dcca.hawaii.gov</p> <p>Long-Term Care Reporting Forms (<u>Lines #123-126</u>) Market Conduct: (808) 586-2790 E-Mail: lhirano@dcca.hawaii.gov</p> <p>Medicare Supplement Insurance – Multiple Policies Report (<u>Line #127</u>) Market Conduct: (808) 586-2790 E-Mail: lhirano@dcca.hawaii.gov</p> <p>Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form (<u>Line #128</u>) Rate & Policy Branch: (808) 586-2809 E-Mail: insrpal.AH@dcca.hawaii.gov</p> <p>Annual Statement and all other filings E-Mail: insexam@dcca.hawaii.gov</p>
B	E-Mail Address:	insexam@dcca.hawaii.gov
C	Mailing Address for Filing Fees:	Not applicable
D	Mailing Address for Premium Tax Payments:	Not applicable
E	Delivery Instructions:	All filings must be <u>received</u> no later than the indicated due date. If the due date falls on a weekend or a State holiday, then the deadline is extended to the next business day.
F	Late Filings:	Failure to submit the filings by the indicated due date shall be punishable by law including fines of up to \$500 per day and/or suspension or revocation of the Certificate of Authority.
G	Original Signatures:	Original signatures required on all filings that require signatures, including third party attestations.
H	Signature/Notarization/Certification:	The Annual and Quarterly Statement Jurat pages, and the Quarterly Net Solvency Report, shall each bear have notarized signatures of at least two of the reporting entity's principal officers.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)			[HEALTH ENTITIES]
I	Amended Filings:	Health entity must amend Annual Statement (<u>Line #1</u>) to match the audited financial statements and shall amend Quarterly Financial Statement (<u>Line #2</u>) for changes that equal or exceed 5% of Net Admitted Assets, or 5% of Capital and Surplus, in the original filing. Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments and associated supporting documentation as necessary. If there are signature requirements for the original filing, 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 Hawai'i Administrative Rules §16-185-116.	
K	Bar Codes (State or NAIC):	Not applicable for Hawai'i filings.	
L	Signed Jurat:	A signed Jurat page in compliance with notes G and H must accompany each and every filing of the annual statement, quarterly financial statement, and amendment(s) thereto.	
M	NONE Filings:	See <i>NAIC Annual Statement Instructions</i> .	
N	Filings new, discontinued or modified materially since last year:	<p><u>New Filings:</u> #20 Market Conduct Annual Statement Premium Exhibit for Year</p> <p><u>Discontinued Filings:</u> #26 Supplemental Health Care Exhibit's Allocation Report</p> <p><u>Modified Filings:</u> #26 Supplemental Health Care Exhibit (Parts 1, 2, and 3)</p>	
O	Electronic Filing:	<p>Column (4) STATE Electronic filing shall be e-mailed to insexam@dcca.hawaii.gov</p> <p>Column (4) NAIC Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site. Please review <i>General Instructions for Companies to Use Checklist</i>.</p> <p>Data Security Annual Certification Form can be downloaded at https://cca.hawaii.gov/ins/insurance-data-security-law/</p> <p>Column (4) FOREIGN Electronic filing shall be e-mailed to insexam@dcca.hawaii.gov</p>	

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[HEALTH ENTITIES]
P	<p>Certificate of Authority Extension Fee:</p>	<p>Certificate of Authority Extension Fee is due November 15. An email notice will be sent no less than 30 days to the extension date. Information will also be available online (Line # 122).</p> <p>https://cca.hawaii.gov/ins/insurers/insurance_company_license/</p> <p>The Hawai'i Insurance Division has contracted with OPTins for insurers to E-Pay Annual Service/License extension fees. Please check our website at https://cca.hawaii.gov/ins for additional information and updates.</p> <p>QUESTIONS – CONTACT THE CERTIFICATION & AGENCY EXAM UNIT AT (808) 586-3870. E-Mail: inscert@dcca.hawaii.gov</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)			[HEALTH ENTITIES]
	Q	Checks/Payments:	<u>Not applicable. Electronic payments are required.</u>
	R	Supplemental Compensation Exhibit:	Health entity may submit this exhibit separately from other filings (<u>Line # 25</u>).
	S	Notification of Auditor(s):	<p>Health entity must notify the Insurance Commissioner of its selection of auditor (<u>Line #85</u>) <u>no later than 30 days</u> before the commencement of the annual audit. The inclusion in the notification of a statement of qualification for each and every member of the audit team, evidencing the auditors' knowledge and experience in statutory accounting principles and the health insurance industry, will facilitate approval.</p> <p>Also, a 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	Audited Financial Statements:	PDF files are required for filing.
	U	Management's Discussion & Analysis (MD&A):	<p>Annual MD&A (<u>Line # 19</u>) must be prepared in accordance with the NAIC <i>Annual Statement Instructions - Health</i>.</p> <p>Quarterly MD&A (<u>Line # 114</u>) shall follow guidelines for annual MD&A in the NAIC <i>Annual Statement Instructions – Health</i>, but on a quarterly basis. It shall also disclose significant events and analyze operation for the immediate past quarter, and compare both quarterly and YTD operating results for the quarter with those of the corresponding period of the preceding year.</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[HEALTH ENTITIES]
V	Long-Term Care Insurance Reporting Forms:	<p>Line #123 – Claims Denial Reporting Form pursuant to §431:10H-222(f). Line #124 – Replacement and Lapse Reporting Form pursuant to §431:10H-222(b). Line #125 – Rescission Reporting Form for Long-Term Care Policies pursuant to §431:10H-218(f). Line #126– Long-Term Care Insurance – Suitability Report pursuant to §431:10H-213(i).</p> <p>The Long-Term Care Insurance Reporting Forms are available on our website: https://cca.hawaii.gov/ins/insurers/</p> <p>All 4 forms are required from all insurers that write or have inforce LTC policies.</p> <p>QUESTIONS – Contact Market Conduct at (808) 586-2790 or via E-Mail at lhirano@dcca.hawaii.gov</p>
W	State Required Filings:	Forms will be e-mailed to insurers by the end of this year for next year's filings.
X	Communication of Internal Control Related Matters Noted in Audit:	<u>Line #84</u> – 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.
Y	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	<p><u>DOMESTIC INSURERS:</u> Biographical Affidavits and Notifications are required for changes in officers and directors.</p> <p>Form may be obtained from the NAIC website (form #11): http://www.naic.org/industry_ucaa.htm</p> <p>QUESTIONS – E-Mail: achow@dcca.hawaii.gov</p> <p><u>FOREIGN/ALIEN INSURERS:</u> N/A for foreign/alien insurers</p>
Z	Medicare Supplement Reports:	<p>Line # 127 – Medicare Supplement Insurance – Multiple Policies Report pursuant to HAR §16-12-12.6. Line # 128 – 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: https://cca.hawaii.gov/ins/har/. Please file forms through SERFF.</p> <p>QUESTIONS:</p> <p>(Line #127) Contact Market Conduct at (808) 586-2790 or via E-Mail at lhirano@dcca.hawaii.gov</p> <p>(Line #128) Contact the Rate & Policy Branch at (808) 586-2809 or via E-Mail at insrp@LAH@dcca.hawaii.gov</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)			[HEALTH ENTITIES]
	AA	Website:	Please visit the following website for additional information: https://cca.hawaii.gov/ins/

STATE OF HAWAII
Health Entities - 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 copies with the NAIC.

Column (1) (Checklist)

Companies must use the checklist to submit filings to the State of Hawai'i Insurance Division. 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 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 Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly .PDF Filing** is the .pdf file 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 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.

Column (5) (Due Date)

Indicates the date on which the filing must reach the State of Hawai'i Insurance Division.

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," Hawai'i will provide the forms with the filing instructions (generally by e-mail). 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.

Inquiries should be directed to the proper contact person (SEE NOTE A).