

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

SYLVIA LUKE LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

STATE OF HAWAII | KA MOKUʿĀINA '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) 586-2790 cca.hawaii.gov/ins/

December 30, 2024

NADINE Y. ANDO DIRECTOR | KA LUNA HO'OKELE

DEAN I HAZAMADEPUTY DIRECTOR | KA HOPE LUNA
HO'OKELE

GORDON I. ITO INSURANCE COMMISSIONER

Memorandum 2024 – 3C

TO: CAPTIVE INSURERS AUTHORIZED IN HAWAII

FROM: Gordon I. Ito, Insurance Commissioner

SUBJECT: Captive Insurance Company

2024 Annual Filing Requirements (Due in 2025)

I. GENERAL INFORMATION

- A. File documents directly with the State of Hawaii Insurance Division, Captive Insurance Branch unless otherwise noted.
- B. Risk Retention Captive Insurance Companies Annual Filing Requirements (Filings Checklist) may be found at http://cca.hawaii.gov/ins/captive/
- C. Captive insurance companies <u>must</u> file the 2024 annual filings in electronic format, unless otherwise noted in the instructions.
- D. For due dates that fall on a weekend or State of Hawaii holiday, the due date is extended to the next business day.
- E. Postmark dates and/or e-mail received dates will be recognized in determining adherence to filing deadlines.
- F. Fine for late filing of the audited financial statement, statutory annual statement, quarterly statements, and other required filings of not more than \$500 per day up to \$10,000 per violation (HRS §§ 431:19-107 and 431:19-109). A daily fine will be levied for late filings.
- G. Make checks payable to the "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII" unless otherwise noted. Check shall reference the captive insurance company name and the description of the payment. For example, "ABC Ins Co 2024 Premium Taxes" or "ABC Ins Co 2025 License Renewal Fee". A service charge of \$25 will be due for each dishonored check, and replacement checks must be certified.
- H. Contact Alan Watanabe at (808) 586-7413, fax number (808) 586-0987, or e-mail address awatanab@dcca.hawaii.gov if any questions.

II. ELECTRONIC FILING INSTRUCTIONS

A. Captive insurance companies <u>must</u> file the 2024 annual filings in electronic format and adhere to the following specifications:

- 1. Electronic filings shall be e-mailed to: CaptiveInsAnnualFilings@dcca.hawaii.gov
- 2. A Captive Insurance Manager filing electronically on behalf of clients shall send separate e-mails for each captive insurance company;
- 3. E-mail subject line shall include the filing year, captive insurance company name (abbreviated name acceptable), followed by the words "Annual Filings." For example, "2024 ABC Ins Co Annual Filings";
- 4. Filename of each attachment shall include the filing year, captive insurance company name, and file description. For example, "2024 ABC Ins Co CAP-001";
- 5. File attachments shall be in **SPECIFIED FILE FORMAT** as indicated in the Documents and Filing Deadlines table;
- 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 captive insurance company;
- 8. Supporting schedules may be attached to a related filing provided the filename is clearly defined. Include the filing year, captive insurance company name, related filing description, and supporting file description in the filename. For example, "2024 ABC Ins Co CAP-001 Prem Written Schedule" and "2024 ABC Ins Co CAP-001 CA Tax Filing";
- 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 our Contact person;
- 12. Signature requirement on State of Hawaii Insurance Division forms (Form CAP-xxx) shall be replaced by typed Name and Title of duly authorized representative attesting to the accuracy and completeness of the information filed. Please also ensure the date is completed on the form:
- 13. For amended filings, filename shall include Amendment No. For example, "2024 ABC Ins Co CAP-001 Amend 1"; and
- 14. Questions shall be directed to our Contact person, as noted on page 1, and not e-mailed to the above e-mail address.

III. INSTRUCTIONS FOR CELL CAPTIVES ONLY

- 1. CAP-001 Premium Tax Statement complete on a combined basis of the core and cells, and provide a supplementary schedule detailing each item on the premium tax form to the core and each cell;
- 2. CAP-002 Captive Questionnaire complete separately for the core and each cell, especially if they use different service providers, provide different insurance programs;
- 3. CAP-003 Economic Impact Report complete on a combined basis of the core and cells, and provide a supplemental schedule detailing each item on the economic impact to the core and each cell; and
- 4. CAP-006 Statutory Compliance complete separately for the core and each cell, only the core's CAP-006 requires the "signature".

IV. DOCUMENTS AND FILING DEADLINES

Document / Description	E-Filing File Format	Deadline for 2024 Filings
PREMIUM TAX STATEMENT <cap-001 12="" 18="" annual="" for="" of="" premiums="" purposes="" revised="" statement="" taxation="" written=""></cap-001>		
Prepared for the 2024 year attested by signature of captive's duly authorized representative.	Excel	3/1
ECONOMIC IMPACT REPORT <cap-003 12="" 18="" revised=""></cap-003>		
Expenses reported on an accrual basis and report cash and invested assets at market value for calendar year 2024.	Excel	3/1
INACTIVE STATUS REPORT <cap-005 12="" 18="" revised=""></cap-005>		
Reporting of captives that are not actively writing business. CERTIFICATE OF COMPLIANCE	Excel	3/1
Required for Branch Captives to file a Certificate of Compliance issued by the insurance regulatory authority of the Parent's domicile along with a certified copy of the Parent's most recent insurance regulatory examination report.	PDF	3/1
ANNUAL STATEMENT AND NAIC SUPPLEMENTS		
Required for Class 3 Risk Retention Captive Insurance Companies only (unless otherwise specified by the Insurance Commissioner for Class 1, 2, 3 Association, 4 and 5 captives) on 8.5" x 14" form as required by the NAIC for the year 2024. Jurat page signed by at least two principal officers and manual signatures properly notarized.	See Domestic RRG Filing Instructions	3/1
NAIC Property/Casualty Annual and Quarterly Statement Instructions and updates are available on the NAIC website for purchase at http://www.naic.org/prod_serv_publications.htm		
CAPTIVE QUESTIONNAIRE <cap-002 12="" 20="" revised=""></cap-002>		
Class 1, 2, 3 Association, 4 and 5 Captives	Word	Last day of 6th month following fiscal year end
Class 3 Risk Retention Captives	Word	3/1
Branch Captives	Word	30 days after
Form has been modified – please see item #3j.		filed in Parent's Domicile
STATUTORY COMPLIANCE REPORT <cap-006(a) 12="" 18="" 18,="" cap-006(b)="" revised=""></cap-006(a)>		
Required to complete applicable form attested by signature of duly authorized representative: 1. CAP-006(a) form required for captives that <u>DO NOT</u> have a Strategic Investment Policy approved by the Insurance Commissioner.		
CAP-006(b) form required for captives that have a Strategic Investment Policy approved by the Insurance Commissioner.		
Class 1, 2, 3 Association, 4 and 5 Captives	Excel	Last day of 6th month following fiscal year end
Class 3 Risk Retention Captives	Excel	3/1
Branch Captives	Excel	30 days after filed in Parent's Domicile

December 30, 2024 Document / Description	E-Filing File Format	Deadline for 2024 Filings
ACTUARIAL OPINION / CERTIFICATION OF RESERVE FOR LOSSES		
Prepared by a member of the American Academy of Actuaries or other qualified loss reserve specialist as defined in the <i>NAIC Annual Statement Instructions</i> and approved by the Insurance Commissioner, alternatively, Class 1, 2, 3 Association, 4, and 5 captives may utilize an actuarial opinion prepared by a loss reserve specialist approved by the Insurance Commissioner.		
Class 1, 2, 3 Association, 4 and 5 Captives	PDF	Last day of 6th month following fiscal year end
Class 3 Risk Retention Captives	See Domestic RRG Filing Instructions	3/1
Branch Captives	PDF	30 days after filed in Parent's Domicile
INSURANCE HOLDING COMPANY SYSTEM		
Required for Class 3 Risk Retention Captive Insurance Companies only.		
 FORM B - ANNUAL REGISTRATION STATEMENT FORM C - SUMMARY OF CHANGES TO REGISTRATION STATEMENT FORM F - ENTERPRISE RISK REPORT Forms B, C, and F are located at: http://cca.hawaii.gov/ins/har/ HAR Chapter 14 – Insurance Holding Company System	See Domestic RRG Filing Instructions	3/15 3/15 3/15
FOR DISCLAIMER OF AFFILIATION If you file a Disclaimer of Affiliation, submit this Disclaimer with all states that you are licensed and/or registered.		
ANNUAL LICENSE RENEWAL FEE		
Fee required for renewal of Certificate of Authority: Class 1 and 2 \$ 300 Class 3 \$ 500 Class 4 and 5 \$1,000	N/A	4/1

2024 Annual Filing Requirements due in 2025 December 30, 2024

Document / Description	E-Filing File Format	Deadline for 2024 Filings
DORMANCY STATUS		
Fee required for renewal of Certificate of Dormancy: \$300	N/A	3/1
Report of financial condition, verified by oath of two of its executive officers:	Excel or PDF	3/1
STATEMENT OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS		
Audited Balance Sheet, Income Statement and Statement of Cash Flows, at a minimum, prepared in accordance with GAAP or other comprehensive basis of accounting for Class 1, 2, 3 Association, 4 and 5 captives, and SAP for Class 3 Risk Retention Captive Insurance Companies, all audited by an independent certified public accountant approved by the Insurance Commissioner.		
Class 1, 2, 3 Association, 4 and 5 Captives	Excel or PDF	Last day of 6th month following fiscal year end
Class 3 Risk Retention Captives	Excel or PDF	6/1
Branch Captives	Excel or PDF	30 days after filed in Parent's Domicile

Document / Description	E-Filing File Format	Deadline for 2024 Filings
AUDITOR'S COMMUNICATION WITH THOSE CHARGED WITH GOVERNANCE (SAS 114 LETTER)		
Class 1, 2, 3 Association, 4 and 5 Captives	PDF	Last day of 8th month following fiscal year end
Class 3 Risk Retention Captives	PDF	8/1
Branch Captives	PDF	30 days after filed in Parent's Domicile
COMMUNICATION OF INTERNAL CONTROL RELATED MATTERS NOTED IN AUDIT (SAS 115 LETTER)		
Class 1, 2, 3 Association, 4 and 5 Captives	PDF	Last day of 8th month following fiscal year end
Class 3 Risk Retention Captives	See Domestic RRG Filing Instructions	8/1
Branch Captives	PDF	30 days after filed in Parent's
<if 115="" be="" division="" insurance="" is="" issued,="" letter="" not="" notification="" of="" sas="" such="" sufficient.="" the="" to="" will=""></if>		Domicile
FINANCIAL PROJECTIONS		
Required for Class 3 Risk Retention Captive Insurance Companies only. Submit electronic copy to <u>CaptiveInsAnnualFilings@dcca.hawaii.gov</u>	Excel	6/1
 Financial Projections (Actual 2024 and Budget 2025-2027) 2024 Budget to Actual Comparison with explanations for variances equal to or greater than 20%. Briefly describe the underwriting policy and pricing methodology. 2025-2027 Financial Projections with underlying assumptions. 		
VERIFICATION OF INDEPENDENT BOARD OF DIRECTOR/SAC MEMBER	See	6/1
For Class 3 Risk Retention Captive Insurance Companies only – form is optional.	Domestic RRG Filing Instructions	
[CAP-008 Form]		
ORSA Own Risk and Solvency Assessment Summary Report	See Domestic RRG Filing Instructions	10/15
Required for Class 3 Risk Retention Captive Insurance Companies only.		

Document / Description	E-Filing File Format	Deadline for 2024 Filings
Required to be <u>submitted via OPTins</u> for Captives Authorized to Write DIRECT MOTOR VEHICLE Insurance in HAWAII :		
A. Insured Vehicle Census Report for the Quarter Ended 12/31/24 B. Drivers' Education Fund Underwriters' Fee	OPTins OPTins	2/15 2/15
Refer to Insurance Commissioner's Memorandum 2017-8R available on our website at: http://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/		
Property & Casualty Annual Filing Instructions for Direct Motor Vehicle Insurance in Hawaii available at: http://cca.hawaii.gov/ins/insurers/annual-filing-instructions-and-tax-forms/ (Refer to items #116 and #112, respectively)		
Required for Captives Authorized to Write DIRECT WORKERS' COMPENSATION Insurance in HAWAII:		
Annual Assessment for Workers' Compensation Insurance Special Compensation Fund on behalf of the Department of Labor & Industrial Relations (DLIR) (ref. HRS § 386:151 & HRS § 386:152)	Not Available	Within 30 Days of Demand of DLIR
[Check payable to Department of Labor & Industrial Relations, State of Hawaii]		
Please mail DIRECTLY to: Department of Labor & Industrial Relations Disability Compensation Division P. O. Box 3769 Honolulu, HI 96812-3769		