

STATE OF HAWAI`I  
INSURANCE DIVISION

**2025 ANNUAL FILING REQUIREMENTS**  
(Due in 2026)

**For All Licensed PROPERTY & CASUALTY Insurers in Hawai`i**

	Document Description	Form #	Paper Size	# of Page(s)
1.	Annual Filing Requirements – Property & Casualty Insurers	N/A	Letter	22

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!**

*DO NOT FILE the items on this checklist if you are a SURPLUS LINES CARRIER. Surplus Lines Carriers will be notified if any filings are warranted.*

*Surplus Lines Tax Contact Information: E-Mail: [InsExamSLB@cca.hawaii.gov](mailto:InsExamSLB@cca.hawaii.gov)  
Phone: Sally Bautista at (808) 586-7414*

If you have any questions regarding the filings, refer to NOTE A for the proper Contact person.

**PROPERTY & CASUALTY INSURERS  
(LICENSED IN HAWAII)**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF HAWAII Filings Made During the Year 2026

(1) Check- list	(2) Line #	REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)			
			Domestic							
			State	NAIC						
		<b>I. NAIC FINANCIAL STATEMENTS</b>			<b>Foreign Insurers do not need to file these items with Hawai'i.</b>  <b>Please do not file, unless request -ed.</b>  <b>Skip to Section V For State Filings.</b>					
		1 Annual Statement (8 1/2" x 14")	EO	EO		3/1	NAIC			
		1.1 Printed Investment Schedule detail (Pages E01-E30)	EO	EO		3/1	NAIC			
		2 Quarterly Financial Statement (8 1/2" x 14")	EO	EO		5/15, 8/15, 11/15	NAIC			
		3 Protected Cell Annual Statement	EO	0		3/1	NAIC			
		4 Combined Annual Statement (8 1/2" x 14")	EO	EO		5/1	NAIC			
		<b>II. NAIC SUPPLEMENTS</b>								
		11 Accident & Health Policy Experience Exhibit	EO	EO		4/1	NAIC			
		12 Actuarial Opinion	EO	EO		3/1	Company			
		13 Actuarial Opinion Summary	EO	N/A		3/15	Company			
		14 Bail Bond Supplement	EO	EO		3/1	NAIC			
		15 Combined Insurance Expense Exhibit	EO	EO		5/1	NAIC			
		16 Credit Insurance Experience Exhibit	EO	EO		4/1	NAIC			
		17 Cybersecurity Insurance Coverage Supplement	EO	EO		4/1	NAIC			
		18 Director and Officer Insurance Coverage Supplement	EO	EO		3/1, 5/15, 8/15, 11/15	NAIC			
		19 Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	EO	EO		3/1	NAIC			
		20 Financial Guaranty Insurance Exhibit	EO	EO		3/1	NAIC			
		21 Insurance Expense Exhibit	EO	EO		4/1	NAIC			
		22 Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1, and 2	EO	EO		4/1	NAIC			
		23 Long-Term Care Experience Reporting Forms	EO	EO		4/1	NAIC			
		24 Management Discussion & Analysis	EO	EO		4/1	Company			
		25 Market Conduct Annual Statement Premium Exhibit for Year	EO	EO		3/1				
		26 Medicare Part D Coverage Supplement	EO	EO		3/1, 5/15, 8/15, 11/15	NAIC			
		27 Medicare Supplement Insurance Experience Exhibit	EO	EO		3/1	NAIC			

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

**PROPERTY & CASUALTY INSURERS  
(LICENSED IN HAWAII)**

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Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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			Domestic		Foreign			
			State	NAIC	State			
28		Mortgage Guaranty Insurance Exhibit	EO	EO		4/1	NAIC	
29		Premiums Attributed to Protected Cells Exhibit	EO	EO		3/1	NAIC	If applicable
30		Private Flood Insurance Supplement	EO	EO		4/1	NAIC	
		<b>II. NAIC SUPPLEMENTS (Continued)</b>						
31		Reinsurance Attestation Supplement	EO	EO		3/1	Company	
32		Exceptions to Reinsurance Attestation Supplement	EO	N/A		3/1	Company	
33		Reinsurance Summary Supplemental	EO	EO		3/1	NAIC	
34		Risk-Based Capital Report	EO	EO		3/1	NAIC	
35		Schedule SIS	EO	N/A		3/1	NAIC	
36		Supplement A to Schedule T	EO	EO		3/1, 5/15, 8/15, 11/15	NAIC	
37		Supplemental Compensation Exhibit	EO	N/A		3/1	NAIC	NOTES O
38		Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO		4/1	NAIC	
39		Supplemental Investment Risk Interrogatories	EO	EO		4/1	NAIC	
40		Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	EO	EO		3/1	NAIC	
41		Trusteed Surplus Statement	EO	EO		3/1, 5/15, 8/15, 11/15	NAIC	
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
61		Annual Statement Electronic Filing	xxx	EO		3/1	NAIC	PLEASE REFER TO NOTE O
62		March .PDF Filing	xxx	EO		3/1	NAIC	
63		Risk-Based Capital Electronic Filing	xxx	EO		3/1	NAIC	
64		Risk-Based Capital .PDF Filing	xxx	EO		3/1	NAIC	
65		Combined Annual Statement Electronic Filing	xxx	EO		5/1	NAIC	
66		Combined Annual Statement .PDF Filing	xxx	EO		5/1	NAIC	
67		Supplemental Electronic Filing	xxx	EO		4/1	NAIC	
68		Supplemental PDF Filing	xxx	EO		4/1	NAIC	

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			Domestic							
			State	NAIC						
		<b>III. ELECTRONIC FILING REQUIREMENTS (continued)</b>			<b>Foreign Insurers do not need to file these items with Hawai'i.</b>  <b>Please do not file, unless requested</b>  <b>Skip to Section V For State Filings.</b>		<span style="border: 1px solid black; padding: 2px;">PLEASE REFER TO NOTE O</span>			
	69	Quarterly Statement Electronic Filing	xxx	EO		5/15, 8/15, 11/15	NAIC			
	70	Quarterly .PDF Filing	xxx	EO		5/15, 8/15, 11/15	NAIC			
	71	June .PDF Filing	xxx	EO		6/1	NAIC			
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>								
	81	Accountants Letter of Qualifications	EO	EO		6/1	Company			
	82	Audited Financial Reports	EO	EO		6/1	Company			
	83	Audited Financial Reports Exemption Affidavit	EO	N/A		3/1	Company			
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO		8/1	Company			
	85	Independent CPA – (change)	EO	N/A			NOTE V			
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A		8/1	Company			
	87	Notification of Adverse Financial Condition	EO	N/A						
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO		3/1	Company			
	89	Relief from the one-year cooling off period for independent CPA	EO	EO		3/1	Company			
	90	Relief from the Requirements for Audit Committees	EO	EO		3/1	Company			
	91	Request to File Consolidated Audited Annual Statements	EO	N/A						
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A			Company			
		<b>V. STATE REQUIRED</b>								
	101	Corporate Governance Annual Disclosure***	EO	N/A	N/A	6/1	Company			
	102	Filing Checklist (with Column 1 completed)	EO	0	N/A for Foreign Insurers	3/1	State			

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			Domestic							
			State	NAIC						
		<b>V. STATE REQUIRED FILINGS (continued)</b>								
	103	Form B-Holding Company Registration Statement	EO	0	0	3/15	Company			
	104	Form F-Enterprise Risk Report****	EO	0	0	3/15	Company			
	105	ORSA*****	EO	0	0	9/15	Company			
	106	2025 Annual Premium Tax Statement (and payment, if applicable) – Form 314	1	0	1	3/1	State			
	107	State Filing Fees	xxx	0	xxx	xxx	State			
	108	Signed Jurat <u>Domestic</u> – See Note G for Jurat Page Requirements <u>Foreign/Alien</u> – See Note L	EO	0	0	N/A	NAIC			
	109	Group Capital Calculation <b>(File with lead state only)</b>	EO	0	0	9/15	NAIC			
	110	Compliance Resolution Fund Assessment – Assessment Notice will be emailed to insurers if an assessment is needed during the year.  <b>NOTE: Payment Must Be Submitted via OPTins.</b>	1	0	1	Due 60 days after demand	State			
	111	Hawai'i Investments – Form 322  <b>NOTE: This is a REQUIRED FILING FOR ALL LICENSED INSURERS. If the Company does not have any investments in Hawai'i, file the form as NONE.</b>	1	0	1	3/1	State			

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
112		Drivers' Education Fund Underwriters Fee  Refer to Insurance Commissioner's Memorandum 2017-8R available on our website:  <a href="https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a>	1	0	1	2/15	Company	<u>NOTE A for Contact Person and Phone Number and Note Z</u>
		(To be filed via OPTins by all insurers, self-insurers and captives authorized to write motor vehicle or motorcycle insurance in Hawai'i)						
		<b>To be submitted via OPTins with Hawai'i Insured Vehicle Census Report (4<sup>th</sup> Quarter) (Line #116)</b>						
		Hawai'i Joint Underwriting Plan Fee – Apply only to insurers authorized to write motor vehicle insurance in Hawai'i (NOTE: Due 11/15 --- <u>received</u> date/OPTins submission date.)	1	0	1	11/15 (Received Date/System Submission Date)	State	<u>NOTE A for Contact Person &amp; Phone Number and NOTE B, E, P and R</u>
114		Motor Vehicle Insurer Reports – <b>ANNUAL REPORT</b>	1	0	1	4/1	Company	<u>NOTE A for Contact Person and Phone Number</u>
		(To be filed by all insurers authorized to write motor vehicle insurance in Hawai'i)  <b>NOTHING TO REPORT</b> Insurers authorized to write motor vehicle insurance with nothing to report are required to submit a "NIL" report or a letter stating that the insurer has no motor vehicle business in Hawai'i by April 1, annually.						<u>NOTE T for Website Location of Format</u>

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
115		<p>Motor Vehicle Insurer Reports – <b>QUARTERLY REPORTS</b></p> <p>Must be <u>completed</u> 45 days following the end of the quarter but only filed if requested by the Insurance Commissioner.</p> <p>(To be <u>maintained</u> by all insurers authorized to write motor vehicle insurance in Hawai'i)</p> <p><b>QUARTERLY REPORTS:</b></p> <ol style="list-style-type: none"> <li>1. <u>Hawai'i Insured Vehicle Census</u> (1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Quarters maintained)</li> <p><b>(See Line # 116 for 4<sup>th</sup> Quarter filing requirements)</b></p> <li>2. <u>Accident Quarter Experience Report</u> (All Quarters maintained)</li> <li>3. <u>No-Fault Policy Cancellation Report</u> (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Quarters maintained)</li> <p><b>(See Line # 116 for 4<sup>th</sup> Quarter filing requirements)</b></p> <li>4. <u>No-Fault Claims Transaction Report</u> (All Quarters maintained)</li> </ol>	0	0	0	<p>*2/15, *5/15, *8/15 and *11/15</p> <p>*SEE NOTE Z</p> <p><b>File ONLY if requested by Insurance Commissioner.</b></p> <p>Insurers are required to <u>maintain</u> reports on a quarterly basis but only <u>submit</u> reports if requested by the Insurance Commissioner.</p> <p><b>If the Insurance Commissioner requires reports to be filed,</b> a Commissioner's Memorandum, with specific reporting instructions, will be mailed to all insurers authorized to write motor vehicle insurance in Hawai'i.</p>	Company	<p><u>NOTE A for Contact Person and Phone Number</u></p> <p><u>NOTE T for Website Location of Format</u></p> <p><u>NOTE Z for Additional Information</u></p>

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**PROPERTY & CASUALTY INSURERS**  
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COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
116		Motor Vehicle Insurer Reports – <b>4<sup>th</sup> QUARTER REPORTS</b>	1	0	1	2/15	Company	<u>NOTE A for Contact Person and Phone Number</u>  <u>NOTE T for Website Location of Format</u>  <u>NOTE Z for Additional Information</u>
		<u>Hawai`i Insured Vehicle Census</u> (4 <sup>th</sup> Quarter) (See Line # 115 for 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Quarter filing requirements)  (To be filed via OPTins by all insurers, Self-Insurers and Captives authorized to write motor vehicle or motorcycle insurance in Hawai`i)  <u>No Fault Policy Cancellation Report</u> (4 <sup>th</sup> Quarter) (See Line # 115 for 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Quarter filing requirements)  (To be filed via OPTins by all insurers authorized to write motor vehicle insurance in Hawai`i)  Due 45 days following the end of the 4 <sup>th</sup> Quarter  <b>To be submitted via OPTins with Drivers' Education Fund Underwriters Fee</b>  <b>(Line #111) NOTHING TO REPORT</b> Insurers authorized to write motor vehicle insurance with nothing to report are required to submit a “NIL” report via OPTins by February 15, annually.						
117		Motor Vehicle Premium Publication Worksheets (Annual)	1	0	1	10/01	State  <b>Worksheets to be completed will be available on our website AFTER September 1 of each year.</b>	<u>NOTE A for Contact Person and Phone Number</u>  <u>NOTE T for Website Location of Format</u>  <u>NOTE AA for Filing Information</u>
		(To be filed by all insurers authorized to write motor vehicle insurance in Hawai`i)  <i>Refer to Insurance Commissioner's Memorandum dated March 16, 1983 available on our website: <a href="https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></i>  <b>NOTHING TO REPORT</b> Each motor vehicle insurer that does not have private passenger auto rates filed with the Division, shall e-mail a completed coversheet to the Property and Casualty (P&C) Branch indicating that there is NOTHING TO REPORT by October 1, annually. The coversheet is included with the worksheets provided on our website (See Note T).						

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			Domestic							
			State	NAIC						
		<b>V. STATE REQUIRED FILINGS (continued)</b>								
	118	Homeowners Premium Publication Worksheets (Annual)	1	0	1	10/01	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>(To be filed by all insurers with Homeowners insurance rates approved in the state of Hawai'i.)</p> <p><b>NOTHING TO REPORT</b></p> <p>Each insurer declaring no Hawai'i homeowners business written or no new applicants are being accepted must still complete the worksheets by October 1, annually. The worksheets are provided on our website (See Note U).</p> </div> <div style="flex: 1; margin-left: 20px;"> <p><b>Worksheets to be completed will be available on our website AFTER September 1 of each year.</b></p> </div> </div> </div> </div>			
	119	2026 Monthly Premium Tax Statements (and any applicable payment) – Form 323	1	0	1	2/20, 3/20, 4/20, 5/20, 6/20, 7/20, 8/20, 9/20, 10/20, 11/20, 12/20 and 1/20/2027	State	NOTES A, H, R & S		
	120	Certificate of Authority Extension Fee (NOTE: Due 11/15 ---received date/OPTins submission date.)	1	0	1	11/15 (Received Date/System Submission Date)	State	NOTE A for Contact Person/Phone Number and NOTE EP and R		
	121	Statement of Premiums Derived from Workers' Compensation Insurance Issued During 2025 for 2026 Workers' Compensation Special Compensation Fund Levy [Form 315]  <b>(To be filed ONLY if insurer has workers' compensation premiums. If the premiums are zero, the form is NOT required.)</b>	1	0	1	3/15	State	NOTES A & H  <b>File ONLY if insurer has premiums for workers' compensation.</b>		
	122	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	1	0	See Note W	When Applicable	NAIC	NOTE A for Contact Person/Phone Number and NOTE W		

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**PROPERTY & CASUALTY**  
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**HAWAII)**

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			Domestic		Foreign			
			State	NAIC	State			
		<b>V. STATE REQUIRED FILINGS (continued)</b>						
	123	Long-Term Care Insurance – Claims Denial Reporting Form (Due 6/30)  (Qualified Plans Only)	1	0	1	6/30	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTE X</u>
	124	Long-Term Care Insurance – Replacement and Lapse Reporting Form (Due 6/30)	1	0	1	6/30	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTE X</u>
	125	Long-Term Care Insurance – Rescission Reporting Form for Long-Term Care Policies (Due 3/1)	1	0	1	3/1	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTE X</u>
	126	Long-Term Care Insurance – Suitability Report	1	0	1	Company Determination	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTE X</u>
	127	Medicare Supplement Insurance – Multiple Policies Report	1	0	1	3/1	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTES AC</u>
	128	Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form, Exhibit D Appendix A	1	0	1	5/31	State	<u>NOTE A for</u> <u>Contact</u> <u>Person/Phone</u> <u>Number and</u> <u>NOTES AC</u>
	129	Data Security Annual Certification Form	EO	0	0	3/31	State	Note O
	130	Liquidity Stress Test (File with lead state only)	EO	0	0	6/30	NAIC	NOTES O

\*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

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**INSURERS (LICENSED IN**  
**HAWAII)**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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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](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](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](http://www.naic.org/public_lead_state_report.htm)

## **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 emailed to: [INSFilings@dcca.hawaii.gov](mailto:INSFilings@dcca.hawaii.gov)
2. Email subject line shall include the filing year, insurance company name (abbreviated name acceptable), and followed by the words "Annual Filings." For example, **"2025 ABC Ins Co Annual Filings."**
3. Filename of each attachment shall include the filing year, insurance company name, and file description. For example, **"2025 ABC Ins Co Annual Statement."**
4. All file attachments shall be in PDF file format unless otherwise specified in the notes for that item only.
5. Each filing shall be a separate attachment (combined or merged files into one file is not allowed).
6. It is acceptable to attach more than one attachment to an e-mail provided that all attachments are for the same insurance company.
7. 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, **"2025 ABC Ins Co Prem Written Schedule"** and **"2025 ABC Ins Co Actuarial Opinion."**
8. Contact information of the sender or person responsible for the submission shall be included in the email.
9. Body of e-mail shall include text listing the attachments with brief descriptions, if not self-explanatory.
10. Password requirements and/or printing restrictions embedded in the attached files are not allowed unless pre-arranged with an Insurance Division our Contact person.
11. 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.

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

**PROPERTY & CASUALTY**  
**INSURERS (LICENSED IN**  
**HAWAII)**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF HAWAII Filings Made During the Year 2026

12. For amended filings, the filename shall include Amendment No. For example, “**2025 ABC Ins Co Annual Statement Amend 1**”; and
13. 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.

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

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]																														
A	Required Filings Contact Person:  <i>Inquiries should be directed to the proper contact person.</i>	<table> <thead> <tr> <th>LINE #</th><th>CONTACT PERSON/BRANCH</th></tr> </thead> <tbody> <tr> <td>#106 &amp; # 119</td><td>Annual and Monthly Premium Tax Statements Jenny Fujiwara: (808) 586-7380 Email: <a href="mailto:insexamptax@dcca.hawaii.gov">insexamptax@dcca.hawaii.gov</a></td></tr> <tr> <td># 110</td><td>Compliance Resolution Fund Assessment Mio Shimamura: (808) 587-7581 Email: <a href="mailto:mshimamu@dcca.hawaii.gov">mshimamu@dcca.hawaii.gov</a></td></tr> <tr> <td># 112</td><td>Drivers' Education Fund Underwriters Fee Property and Casualty (P&amp;C) Branch: (808) 586-2782 Email: <a href="mailto:insrpaPC@dcca.hawaii.gov">insrpaPC@dcca.hawaii.gov</a></td></tr> <tr> <td>#111</td><td>Hawai'i Investments – Form 322 Certification &amp; Agency Exam Unit: (808) 586-3874 Email: <a href="mailto:inserct@dcca.hawaii.gov">inserct@dcca.hawaii.gov</a></td></tr> <tr> <td>#113</td><td>Hawai'i Joint Underwriting Plan Fee Certification &amp; 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(continued on next page)

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
A	<p>Required Filings Contact Person:</p> <p>(continued from prior page)</p> <p><i>Inquiries should be directed to the proper contact person.</i></p>	<p>#127 Medicare Supplement Insurance – Multiple Policies Report Market Conduct: (808) 586-2790 Email: <a href="mailto:InsMktReg@dcca.hawaii.gov">InsMktReg@dcca.hawaii.gov</a></p> <p>#128 Medicare Supplement Insurance – Medicare Supplement Refund Calculation Form Life and Accident &amp; limited-benefit Health (LAH) Branch: (808) 586-2809 Email: <a href="mailto:insrpaLAH@dcca.hawaii.gov">insrpaLAH@dcca.hawaii.gov</a></p> <p><b><u>ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR DOMESTIC INSURERS</u></b></p> <p>Email: <a href="mailto:INSFilings@dcca.hawaii.gov">INSFilings@dcca.hawaii.gov</a></p> <p><b><u>ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR FOREIGN/ALIEN INSURERS</u></b></p> <p>William Laird: Email: <a href="mailto:insercert@dcca.hawaii.gov">insercert@dcca.hawaii.gov</a></p>
B	Mailing Address:	<p><b><u>NOTE: FOREIGN/ALIEN INSURERS DO NOT NEED TO FILE ITEMS #1 - #92 WITH HAWAII. PLEASE DO NOT FILE, UNLESS REQUESTED.</u></b></p> <p>Hawai`i Insurance Division Certification &amp; Agency Exam Section P. O. Box 3614 Honolulu, HI 96811-3614 <a href="mailto:insercert@dcca.hawaii.gov">insercert@dcca.hawaii.gov</a></p> <p><b><u>OR</u></b></p> <p>Hawai`i Insurance Division Certification &amp; Agency Exam Section 335 Merchant Street, Room 213 Honolulu, HI 96813 <a href="mailto:insercert@dcca.hawaii.gov">insercert@dcca.hawaii.gov</a></p>
C	Mailing Address for Filing Fees:	No filing fees are required to be paid at this time.  (See NOTE P)
D	Mailing Address for Premium Tax Payments:	N/A. Electronic Payment Required. See NOTE S.
E	Delivery Instructions:	All filings must be ELECTRONICALLY SUBMITTED (System Submission Date) no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[P & C INSURERS]
F	Late Filings:	Late filings are subject to a fine in an amount not less than \$100 and not more than \$500 for each day of delinquency. Any insurer failing or refusing to pay the required taxes shall be liable for a fine of \$500 or 10% of the tax due, whichever is greater, plus interest at a rate of 12% per annum on the delinquent taxes. The Commissioner may suspend or revoke the Certificate of Authority of any insurer that fails to file any of the documents required herein.	
G	Original Signatures:	<p><b><u>Domestic Insurers:</u></b> The Annual and Quarterly Statement Jurat pages shall include signatures of at least two of the insurer's principal officers. Original signatures must be manually signed by the appropriate corporate officers and be properly notarized.</p> <p><b><u>Foreign/Alien Insurers:</u></b> The Annual Statement is no longer required if the statement is filed with the NAIC – see Hawai'i Revised Statutes §§ 431:3-301 and 431:3-302.</p>	
H	Signature/Notarization/Certification:	Annual-Form 314 (Line #106), Monthly-Form 323 (Line #119), Hawai'i Investments-Form 322 (Line #111) and Workers' Compensation-Form 315 (Line #121) Premium Tax Statements – See Note S for Electronic Filing Requirements.	
I	Amended Filings:	Amended items must be accompanied by an explanation and associated supporting documents as necessary of the amendments. If there are signature requirements for the original filing, the 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):	N/A for all Hawai'i filings.	
L	Signed Jurat:	<p><b><u>Domestic Insurers</u></b> – See NOTE G for Jurat Page requirements.</p> <p><b><u>Foreign/Alien Insurers</u></b> – See NOTE G.</p>	
M	NONE Filings:	See NAIC <i>Annual Statement Instructions</i> .	
N	Filings new, discontinued or modified materially since last year:	<p><b><u>New Filings:</u></b></p> <p><b><u>Discontinued Filings:</u></b></p> <p><b><u>Modified Filings:</u></b></p>	

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
O	Electronic Filing:	<p><b>Domestic Insurers:</b>  Column (4) STATE Electronic filing shall be emailed to  <a href="mailto:INSFilings@dcca.hawaii.gov">INSFilings@dcca.hawaii.gov</a></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><b>Data Security Annual Certification Form</b> can be downloaded at <a href="https://cca.hawaii.gov/ins/insurance-data-security-law/">https://cca.hawaii.gov/ins/insurance-data-security-law/</a></p> <p><b>Foreign/Alien Insurers:</b>  N/A for electronic filing with Hawai'i</p>
P	Certificate of Authority Extension Fee (# 120) and Hawai'i Joint Underwriting Plan Fee (# 113)	<p>Certificate of Authority Extension Fee is due November 15. An email notice will be sent not less than 30 days to the extension date. Information will also be available online (Line # 120). Detailed extension Information can be located on Web: <a href="https://cca.hawaii.gov/ins/insurers/insurance_company_license/">https://cca.hawaii.gov/ins/insurers/insurance_company_license/</a> (Line #113)</p> <p>The Hawai'i Insurance Division has contracted with OPTins for electronic Annual Service/License extension payments. Please check our website at <a href="https://cca.hawaii.gov/ins">https://cca.hawaii.gov/ins</a> for additional information and updates.</p> <p>Questions – Contact the Certification &amp; Agency Exam section at (808) 586-3871.</p> <p>Email: <a href="mailto:insercert@dcca.hawaii.gov">insercert@dcca.hawaii.gov</a></p>
Q	Certificate of Compliance Certificate of Deposit	Upon request.
R	Checks/payments:	<u>Not applicable; electronic payments are required.</u>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
S	<p><b>Premium Tax Statements:</b></p> <p><b><u>Requirements for electronic filing and payment of premium taxes.</u></b></p>	<p><b><u>ALL authorized insurers must file Monthly Premium Tax Statements for gross premiums reported [positive OR negative] during the month</u></b> (Hawai`i Revised Statutes §§ 431:7-201 &amp; 202). No filing is required if there are no premiums to report. The <b>monthly</b> statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue. Credit for annual overpayment can ONLY be applied to filing for the month of April and thereafter (April to December) --after the annual statement is filed and reviewed.</p> <p><b>The Hawai`i Insurance Division accepts only electronic tax filings and payments submitted through OPTins. Please refer to the Commissioner's Memorandum 2016-5E for more information by clicking <a href="#">here</a>.</b></p> <p>Insurers may continue using TriTech software for tax statements and payments, which will be routed to the Division through OPTins. However, insurers must register with OPTins to file and pay electronically. For more information regarding registration, please contact OPTins by email at <a href="mailto:optinsmktg@naic.org">optinsmktg@naic.org</a> or by phone at (816) 783-8787.</p>
T	<p><b>Motor Vehicle Insurer Reports</b>  <b>Motor Vehicle Premium Publication</b></p>	<p>Line #114 - Annual Motor Vehicle Insurer Report          Lines #115 &amp; #116 - Quarterly Motor Vehicle Insurer Reports          Line #117 - Annual Motor Vehicle Premium Publication</p> <p>Report formats &amp; premium publication worksheets are available on our website:  <a href="https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></p>
U	<p><b>Homeowners Premium Publication:</b></p>	<p>Line #118 – Annual Homeowners Premium Publication</p> <p>Instruction and worksheets are available on our website:  <a href="https://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/</a></p>
V	<p><b>Independent CPA:</b></p>	<p>Required when a change in independent CPA occurs.</p> <p>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>

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[P & C INSURERS]
W	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	<p><u><a href="#">Line # 122 – Officers &amp; Directors: Biographical Affidavits &amp; Notification</a></u></p> <p><b><u>DOMESTIC INSURERS:</u></b> Biographical Affidavits and Notifications are required for changes in officers and directors.</p> <p>Form may be obtained from the NAIC website (form #11):</p> <p><a href="http://www.naic.org/industry_ucaa.htm">http://www.naic.org/industry_ucaa.htm</a></p> <p>Questions - Email: <a href="mailto:INSFilings@dcca.hawaii.gov">INSFilings@dcca.hawaii.gov</a></p> <p><b><u>FOREIGN/ALIEN INSURERS:</u></b> Biographical Affidavits for officers and directors are required to be filed ONLY in the following situations:</p> <ul style="list-style-type: none"> <li>a. <u>Initial application</u> for a Hawai'i Certificate of Authority – See UCAA Expansion procedures.</li> <li>b. Change in officers and directors <u>involving an acquisition or merger of an insurer possessing a Hawai'i Certificate of Authority</u> – Follow the UCAA Corporate Amendment procedures.</li> <li>c. <u>Redomestication to Hawai'i</u> – See UCAA Primary procedures.</li> <li>d. Upon request.</li> </ul> <p>Questions – Contact the Certification &amp; Agency Exam unit at (808) 586-3871.</p> <p>Email: <a href="mailto:inscert@dcca.hawaii.gov">inscert@dcca.hawaii.gov</a></p>
X	Long-Term Care Insurance Reporting Forms:	<p>Line #123 – Claims Denial Reporting Form pursuant to §431:10H-222(f).</p> <p>Line #124 – Replacement and Lapse Reporting Form pursuant to §431:10H-222(b).</p> <p>Line #125 – Rescission Reporting Form for Long-Term Care Policies pursuant to §431:10H-218(f).</p> <p>Line #126 – Long-Term Care Insurance – Suitability Report pursuant to §431:10H-213(i).</p> <p><b>The Long-Term Care Insurance Reporting Forms are available on our website: <a href="https://cca.hawaii.gov/ins/insurers/">https://cca.hawaii.gov/ins/insurers/</a></b> Send reports to the email below. Indicate in the subject line: LTC reports.</p> <p>All 4 forms are required from all insurers that write or have in force LTC policies.</p> <p>QUESTIONS – Contact the Market Conduct at (808) 586-2790 or via email at <a href="mailto:InsMktReg@dcca.hawaii.gov">InsMktReg@dcca.hawaii.gov</a></p>
Y	Communication of Internal Control Related Matters Noted in Audit:	Line #84 - 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.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[P & C INSURERS]
Z	Motor Vehicle Insurer Reports-Quarterly:	<p>Line #115 – Motor Vehicle Insurer Reports (Quarterly Reports)</p> <p>Line #116 – Motor Vehicle Insurer Reports (4<sup>th</sup> Quarter Reports)</p> <p>HRS Section 431:10C-215, was amended, pursuant to Act 116, 2010 Session Laws Hawai‘i, to require motor vehicle insurers to maintain <u>quarterly reports and file only if requested by the Insurance Commissioner</u>. Previously, insurers were required to file reports with the Division on a quarterly basis.</p> <p>Be advised that the Insurance Commissioner <u>requires</u> the (4<sup>th</sup> Quarter) <u>Hawai‘i Insured Vehicle Census</u> (#116) and the (4<sup>th</sup> Quarter) <u>No-Fault Policy Cancellation Report</u> (#116) to be filed on an annual basis (due February 15<sup>th</sup>) with the Drivers’ Education Fund Underwriters Fee (#112).</p>	
AA	Motor Vehicle Premium Publication	<p>Line #117 - Worksheets to be completed for the annual Motor Vehicle Premium Publication will be available on our website AFTER September 1 of each year.</p> <p><a href="https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/mv_forms/</a></p> <p><b>NOTHING TO REPORT:</b> (Insurer does <u>not</u> have an approved private passenger auto program filed with the Division.) <u>Each</u> motor vehicle insurer that does not have private passenger auto rates filed with the Division, shall e-mail a completed Coversheet to the Property and Casualty (P&amp;C) Branch indicating that there is <b>NOTHING TO REPORT</b>. Insurers who fail to respond may be subject to penalties.</p> <p>Insurer groups may submit one coversheet if each insurer within the group is listed <u>separately</u>.</p> <p>The Coversheet is included with the worksheets provided on our website AFTER September 1 of each year.</p> <p><b>EMAIL COMPLETED WORKSHEETS TO:</b>  <u><a href="mailto:RPAdatamax@deca.hawaii.gov">RPAdatamax@deca.hawaii.gov</a></u> by October 1, annually. The subject of the email must reflect: MV-YYYY-Premiums (<i>Company or Group Name</i>).</p> <p><b>STATUTORY REFERENCE:</b> HRS Section 431:10C-210, Publication of Premium Information.</p>	

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	[P & C INSURERS]
AB	Homeowners Premium Publication:	<p>Line #118 – Worksheets to be completed for the annual Homeowners Premium Publication will be available on our website AFTER September 1 of each year.</p> <p><a href="https://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/">https://cca.hawaii.gov/ins/insurers/rate_policy/pc_forms/</a></p> <p><b>NOTHING TO REPORT:</b> Each insurer declaring no Hawai‘i homeowners business or no new applicants are being accepted must still complete the worksheets. Insurers who fail to respond may be subject to penalties.</p> <p><b>EMAIL COMPLETED WORKSHEETS TO:</b>  <b><a href="mailto:RPAdatcall@dcca.hawaii.gov">RPAdatcall@dcca.hawaii.gov</a></b> by October 1, annually.  The subject of the email must reflect: HO-YYYY-Premiums (<i>Company or Group Name</i>).</p> <p><b>STATUTORY REFERENCE:</b> HRS Section 431:14-110.8, Publication of Homeowners Insurance Premium Information.</p>	
AC	Medicare Supplement Reports:	<p>Line # 127 – Medicare Supplement Insurance – Multiple Policies Report pursuant to HAR §16-12-12.6.</p> <p>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: <a href="https://cca.hawaii.gov/ins/har/">https://cca.hawaii.gov/ins/har/</a>.  Only Refund Calculation Report are accepted via SERFF. Send all other reports to the Market Conduct email below. Indicate in the subject line Medicare Supplement Report.</p> <p><b>QUESTIONS:</b></p> <p>(Line #127) Contact Market Conduct at (808) 586-2790 or via email at <a href="mailto:InsMktReg@dcca.hawaii.gov">InsMktReg@dcca.hawaii.gov</a></p> <p>(Line #128) Contact the Life and Accident and limited-benefit Health Branch at (808) 586-2809 or via email at <a href="mailto:insrpaLAH@dcca.hawaii.gov">insrpaLAH@dcca.hawaii.gov</a></p>	
AD	Website:	<p>Please visit the following website for additional information:</p> <p><a href="https://cca.hawaii.gov/ins/">https://cca.hawaii.gov/ins/</a></p>	

**STATE OF HAWAII**  
**P & C Insurers - 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. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) (Checklist)**

DOMESTIC companies should copy the checklist and place an "X" in this column when submitting information to the state. (The checklist is N/A for FOREIGN companies.)

**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 Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement .PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement .PDF Filing*** is the .pdf file for the combined annual statement data and the combined Insurance Expense Exhibit.

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 foreign or domestic 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. **Hawai'i waives printed annual and quarterly statements from the foreign/alien insurers and relies upon the NAIC database for these filings. This waiver also includes all of the supplemental annual statement filings.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**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,” the state will provide the forms with the filing instructions (generally, on its website) OR will be mailed to the insurer at a later date. 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.

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