ATTACHMENT

HEALTH ENTITIES
(LICENSED IN HAWAII)

STATE OF HAWAII
INSURANCE DIVISION
P. O. BOX 3614, HONOLULU, HI 96811-3614
335 MERCHANT STREET, 2ND FLOOR, HONOLULU, HI 96813
ATTN: HEALTH BRANCH

Memorandum 2003-11H
December 12, 2003

COMPANY NAME:_____ NAIC Company Code: _____
Contact:_____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF HAWAII DURING THE YEAR 2004

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR HAWAII	(4) NUMBER OF COPIES		(5) DUE DATE(S)	(6) FORM SOURCE*	(7) APPLICABLE NOTES (A-L apply to all filings)
			State	NAIC			
		I. NAIC FINANCIAL STATEMENTS					
	1	2003 Annual Statement (8 ½" x 14")	2	1	3/1	NAIC	
	1.1	Printed Investment Schedule (pages E01-E25)	1	1	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14") for Quarters ending 3/31/04, 6/30/04 and 9/30/04	2	1	5/15, 8/15, 11/15	NAIC	
		II. NAIC SUPPLEMENTS					
	10	Actuarial Certification	1	1	3/1	Company	
	11	Investment Risk Interrogatories	1	1	4/1	NAIC	
	12	Life Supplement	1	1	3/1	NAIC	N
	13	Long Term Care Experience Reporting Forms	1	1	4/1	NAIC	
	14	Management Discussion & Analysis	1	1	4/1	Company	
	15	Medicare Supplement Insurance Experience Exhibit	1	1	3/1	NAIC	
	16	Property/Casualty Supplement	1	1	3/1	NAIC	N
	17	Risk-Based Capital Report	N/A	N/A	N/A		
	18	Supplemental Compensation Exhibit	1	N/A	3/1	NAIC	
	19	SVO Compliance Certification	1	1	3/1, 5/15, 8/15, 11/15	NAIC	
		III. NAIC ELECTRONIC FILINGS					
	30	Annual Statement Electronic Filing	N/A	1	3/1	NAIC	O
	31	March .PDF Filing	N/A	1	3/1	NAIC	O
	32	Risk-Based Capital Electronic Filing	N/A	N/A	N/A	NAIC	
	33	Supplemental Electronic Filing	N/A	1	4/1	NAIC	O
	34	Supplemental .PDF Filing	N/A	1	4/1	NAIC	O
	35	June .PDF Filing	N/A	1	6/1	NAIC	O
	36	Quarterly Electronic Filing	N/A	1	5/15, 8/15, 11/15	NAIC	O
	37	Quarterly .PDF Filing	N/A	1	5/15, 8/15, 11/15	NAIC	O

ATTACHMENT

HEALTH ENTITIES
(LICENSED IN HAWAII)

HAWAII
Memorandum 2003-11H
December 12, 2003

COMPANY NAME:_____ NAIC Company Code: _____
Contact:_____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF HAWAII DURING THE YEAR 2004

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR HAWAII	(4) NUMBER OF COPIES		(5) DUE DATE(S)	(6) FORM SOURCE*	(7) APPLICABLE NOTES (A-L apply to all filings)
			State	NAIC			
		IV. AUDITED FINANCIAL STATEMENTS					
	51	Accountants Letter of Qualifications	1	N/A	6/1	Company	R
	52	Audited Financial Statements	2	1	6/1	Company	R
	54	Independent CPA – Annual Notification of Accountant/Accounting Firm	1	N/A	prior to the audit	Company	
	55	Notification of Adverse Financial Condition	1	N/A	6/1 - If applicable	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	6/1 - If applicable	Company	
		V. STATE FILINGS					
	101	Filings Checklist (with Column 1 completed)	1	1	Checklist to accompany NAIC filings	State	
	102	Compliance Resolution Fund Assessment (formerly known as Insurance Regulation Fund Assessment) - Assessment Notice will be sent to insurers	1	0	7/1	State	
	103	Computation of Net Worth (Separate worksheets for MBS and HMO attached)	1	0	3/1	State	
	104	Grievance Procedures, number of grievances handled, causes underlying those grievances, and a summary of disposition of grievances	1	0	3/1	Company	
	105	Quarterly Net Solvency Report (for mutual benefit societies under HRS §432:1-407(g) and HMO under §432D-8(g)	1	0	2/14, 5/16, 8/15, 11/14	State	
	106	Amendments to Charter or Articles of Incorporation, Constitution and Bylaws	1	0	Within 60 days after adoption	Company	
		VI. FILINGS FOR HMO INSURERS ONLY					
	107	List of Providers	1	0	3/1	Company	
	108	Renewal of Certificate of Authority	1	0	8/16	State	P

*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

THE HAWAII INSURANCE DIVISION WILL DESTROY DOCUMENTS, WHICH ARE NOT REQUIRED TO BE FILED (I.E. NOT ON THIS LIST), WITHOUT REVIEW.

		NOTES AND INSTRUCTIONS (A-L APPLY TO ALL FILINGS)	[HEALTH ENTITIES]
	A	Required Filings Contact Person:	Compliance Resolution Fund Assessment (Line #102) Gordon Nishiki: (808) 586-0985 E-mail: gnishiki@dcca.hawaii.gov Renewal of Certificate of Authority (Line #110) [HMO Insurers ONLY] Licensing Branch: (808) 586-2788 E-mail: inslic@dcca.hawaii.gov Annual Statement and all other filings: Daniel Cheung: (808) 587-6735 Fax: (808) 587-5379 E-mail: dcheung@dcca.hawaii.gov
	B	Mailing Address: For Postal Delivery For Hand Delivery	P. O. Box 3614 Honolulu, HI 96811-3614 ATTN: DANIEL CHEUNG OR 335 Merchant Street, 2nd Flr. Honolulu, HI 96813 ATTN: DANIEL CHEUNG
	C	Mailing Address for Filing Fees:	Not applicable
	D	Mailing Address for Premium Tax Payments:	Not applicable
	E	Delivery Instructions:	For filings to be considered as delivered on time, the Insurance Division must receive all filings on or before the indicated due date. If the due date falls on a weekend or a holiday, then the next business day becomes the due date.
	F	Late Filings:	Failure or refusal to submit the filings on time are punishable by law including fines, suspension or revocation of the Certificate of Authority.
	G	Original Signatures:	The Annual and Quarterly Statement Jurat pages, and the Quarterly Net Solvency Report, shall bear original signatures of at least two of the reporting entity's principal officers.
	H	Signature/Notarization/Certification:	Original signatures of the Annual and Quarterly Statement Jurat pages and the Quarterly Net Solvency Report shall be notarized.
	I	Amended Filings:	An explanation of the individual amendments shall accompany each amended filing. If there are signature requirements for the original filing, the same should be followed for the amended filing.

		NOTES AND INSTRUCTIONS (A-L APPLY TO ALL FILINGS)	[HEALTH ENTITIES]
	J	Exceptions from normal filings:	
	K	Bar Codes (State or NAIC):	Not applicable
	L	Affidavit of Filing and Financial Statement Attestation:	Not applicable (foreign insurers are required to submit filings in hard copies with the Insurance Division)
	M	NONE Filings:	See *NAIC Annual Statement Instructions*. Exceptions to these instructions are noted on the form
	N	Filings new, discontinued or modified materially since last year:	<u>New Filings</u>: 1. Life Supplement (Line #12) 2. Property/Casualty Supplement (Line #16) <u>Discontinued Filing</u>: Fourth quarter quarterly statement <u>Modified Filings:</u> A single copy required for most NAIC supplements and State filings in 2004.
	O	Electronic Filing:	Electronic filing with the NAIC includes filing via the Internet or filing via diskette. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Please review *General Instructions for Companies to Use Checklist.*
	P	Certificate of Authority: (HMO Insurers ONLY)	The Insurance Division will notify HMO insurers of the license renewal before August 16 each year. QUESTIONS – CONTACT THE LICENSING BRANCH @ (808) 586-2788. E-mail: <u>inslic@dcca.hawaii.gov</u>
	Q	Checks/payments:	Checks should be made payable to "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII" unless otherwise noted on the form. A service charge of $15 will be assessed for each dishonored check. Your cancelled check is your receipt; an official receipt will be issued only upon written request.
	R	Accountants Letter of Qualifications Audited Financial Statements	Originals of both documents required for filing. Audit shall be prepared in accordance with the NAIC *Annual Statement Instructions*, following the practices and procedures prescribed by the *NAIC Accounting Practices and Procedures Manual.*
	S	Websites:	Please visit the following websites for additional information: https://www2.naic.org/servlet/Index http://www.state.hi.us/dcca/ins

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 send mailing labels and other information to all companies but will not be sending their own checklist this year.**

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. 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 ***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.

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 (E) 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 (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

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 the state web site). 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.