DOMESTIC RISK RETENTION GROUPS (CAPTIVES)
(LICENSED IN HAWAII)

HAWAII
Memorandum 2003-9E
December 10, 2003

COMPANY NAME:_____ NAIC Company Code: _____
Contact:_____ Telephone: _____
REQUIRED FILINGS IN THE STATE OF: HAWAII Filings Made During the Year 2004

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES Domestic State	(4) NUMBER OF COPIES Domestic NAIC	(5) DUE DATE(S)	(6) FORM SOURCE*	(7) APPLICABLE NOTES (A-L apply to all filings)
		I. NAIC FINANCIAL STATEMENTS					
	1	Annual Statement (8 ½" x 14")	2	1	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E26)	2	1	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	1	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0	3/1	NAIC	If applicable
	4	Combined Annual Statement (8 ½" x 14")	2	1	5/1	NAIC	If applicable
		II. NAIC SUPPLEMENTS					
	10	Accident & Health Policy Experience Exhibit	2	1	4/1	NAIC	
	11	Combined Insurance Expense Exhibit	2	1	5/1	NAIC	
	12	Credit Insurance Experience Exhibit	2	1	4/1	NAIC	
	13	Investment Risk Interrogatories	2	1	4/1	NAIC	
	14	Financial Guaranty Insurance Exhibit	2	1	3/1	NAIC	
	15	Insurance Expense Exhibit	2	1	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	1	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	4/1	Company	
	18	Medicare Supplement Insurance Experience Exhibit	2	1	3/1	NAIC	
	19	Premiums Attributed to Protected Cells Exhibit	2	1	3/1	NAIC	If applicable Note N
	20	Risk-Based Capital Report	2	1	3/1	NAIC	
	21	Schedule SIS	2	N/A	3/1	NAIC	
	22	Statement of Actuarial Opinion	2	1	3/1	Company	
	23	Supplement A to Schedule T	2	1	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Supplemental Compensation Exhibit	N/A	N/A	N/A	NAIC	
	25	SVO Compliance Certification	2	1	3/1, 5/15, 8/15, 11/15	NAIC	
	26	Trusteed Surplus Statement	2	1	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS					
	30	Annual Statement Electronic Filing	N/A	1	3/1	NAIC	PLEASE REFER TO NOTE O
	31	March .PDF Filing	N/A	1	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	N/A	1	3/1	NAIC	
	33	Combined Annual Statement Electronic Filing (If applicable)	N/A	1	5/1	NAIC	
	34	Combined Annual Statement .PDF Filing (If applicable)	N/A	1	5/1	NAIC	
	35	Supplemental Electronic Filing	N/A	1	4/1	NAIC	
	36	Supplemental .PDF Filing	N/A	1	4/1	NAIC	
	37	Quarterly Electronic Filing	N/A	1	5/15, 8/15, 11/15	NAIC	
	38	Quarterly .PDF Filing	N/A	1	5/15, 8/15, 11/15	NAIC	
	39	June .PDF Filing	N/A	1	6/1	NAIC	

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REQUIRED FILINGS IN THE STATE OF: HAWAII Filings Made During the Year 2004

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		IV. AUDITED FINANCIAL STATEMENTS					
	51	Accountants Letter of Qualifications	2	N/A	6/1	Company	
	52	Audited Financial Statements	2	1	6/1	Company	
	54	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.]	1	N/A	Prior to the commence-ment of the audit. See HRS §431:3-302.5.	Company	
	55	Notification of Adverse Financial Condition	1	N/A	If applicable	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	If applicable	Company	
	58	Request to File Consolidated Audited Annual Statements	1	N/A	Prior to the commence-ment of the audit	Company	
		V. STATE REQUIRED FILINGS					
	103	Filings Checklist (with Column 1 completed)	1	1	3/1	State	
	104	Premium Tax (Annual Statement of Premiums Received for Taxation Purposes) for year 2003 signed on insurer's behalf by some duly authorized person and notarized. Payment on balance due made payable to the Department of Commerce and Consumer Affairs.	1	0	3/1	State	Note Q
	105	State Filing Fees	XXX	0	XXX	State	Note C
	106	Affidavit of Filing	0	0	N/A	State	
	107	Annual License Renewal Fee	1	0	4/1	State	Note P
	108	Captive Questionnaire	1	0	3/1	State	
	109	Cash and Invested Assets Held in Hawaii (report as of calendar year end, investments reported at market value)	1	0	3/1	State	
	110	Economic Impact Report (report expenses on accrual basis)	1	0	3/1	State	
	111	Holding Company Registration Statement (Form B) and Summary of Its Registration Statement (Form C)	2	0	3/15	Company	

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

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-L APPLY TO ALL FILINGS) [DOMESTIC RISK RETENTION GROUPS-CAPTIVES]	
	A	Required Filings Contact Person:	Annual Statement and all other filings <u>except</u> those listed below: Susan Hansen: (808) 586-7381 Fax: (808) 586-3873 E-mail: shansen@dcca.hawaii.gov ********************* Premium Tax Statement (Line #104) Annual License Renewal Fee (Line #107) Captive Questionnaire (Line #108) Cash and Invested Assets Held in Hawaii (Line #109) Economic Impact Report (Line #110) Craig Watanabe (808) 586-0981 E-mail: captiveins@dcca.hawaii.gov
	B	Mailing Address: NEW STREET ADDRESS → (Effective November 13, 2003)	P. O. Box 3614 Honolulu, HI 96811-3614 ATTN: SUSAN HANSEN OR 335 Merchant Street, 2nd Floor Honolulu, HI 96813 ATTN: SUSAN HANSEN Note: The Annual Statement may be mailed with the Annual Tax Return or separately.
	C	Mailing Address for Filing Fees: NEW STREET ADDRESS → (Effective November 13, 2003)	P. O. Box 3614 Honolulu, HI 96811-3614 ATTN: CAPTIVE INS. BRANCH OR 335 Merchant Street, 2nd Floor Honolulu, HI 96813 ATTN: CAPTIVE INS. BRANCH (See Note P)
	D	Mailing Address for Premium Tax Payments:	Same as Note B – The Tax Return may be mailed with the Annual Statement or separately. Contact Person: Craig Watanabe (808) 586-0981 E-mail: captiveins@dcca.hawaii.gov
	E	Delivery Instructions:	All filings must be POSTMARKED 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.
	F	Late Filings:	Fine for late filing of the audited financial statement, statutory Annual Statement, and quarterly statements. Captives are subject to a fine for filing past the due date of not more than $500 per day. Please inform your captive clients that a daily fine will be levied for late filings.
	G	Original Signatures:	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.

		NOTES AND INSTRUCTIONS (A-L APPLY TO ALL FILINGS) [DOMESTIC RISK RETENTION GROUPS-CAPTIVES]	
	H	Signature/Notarization/Certification:	Tax Statement (Annual Statement of Premiums Received for Taxation Purposes) signed on insurer's behalf by some duly authorized person and notarized.
	I	Amended Filings:	Amended items must be accompanied by an explanation 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:	
	K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
	L	Affidavit of Filing and Financial Statement Attestation:	N/A for Hawaii Domestic RRG/Captive Insurers.
	M	NONE Filings:	See NAIC *Annual Statement Instructions.*
	N	Filings new, discontinued or modified materially since last year:	None of the filings have been discontinued since last year. Modified Filings: Premiums Attributed to Protected Cells Exhibit – If applicable (Line #19) --- Due date changed to March 1.
	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	Annual License Renewal Fee:	$500.00 due on April 1, 2004. E-mail: captiveins@dcca.hawaii.gov
	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	Insurance Forms:	Reproductions of Insurance Division's forms are allowed on same size and color of paper.
	S	Websites:	Please visit the following websites for additional information: www.naic.org/financial_statement_filing/state_instructions.htm www.hawaii.gov/dcca/ins

STATE OF HAWAII
Domestic Risk Retention Groups (Captives) - 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 with the NAIC is intended to include 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.

Column (1) **(Checklist)**

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 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.

Column (4) **(Number of Copies)**

Indicates the number of copies that each domestic company is required to file for each type of form.

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 either with the filing instructions 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. Also, phone inquiries should be directed to the proper contact person (See NOTE A).