STATE OF HAWAII
INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAI'I 96811-3614
335 MERCHANT STREET, 2ND FLOOR
HONOLULU, HAWAI'I 96813

December 10, 2004 Memorandum 2004-9E

TO: **INSURERS AUTHORIZED TO WRITE WORKERS' COMPENSATION INSURANCE IN HAWAII [See Note Below]**

SUBJECT: WORKERS' COMPENSATION SPECIAL COMPENSATION FUND

Section 386-152, Hawaii Revised Statutes, requires a levy to finance the Special Compensation Fund when the cash balance of the fund falls below an amount deemed necessary to meet the Fund's current and projected obligations.

The Director of Labor and Industrial Relations who administers the Special Compensation Fund advises that the fund balance was insufficient to meet the required level of funding as of December 31, 2004. The levy to be assessed insurers writing Workers' Compensation insurance shall be **3.2%** of the 2004 gross premiums.

In accordance with the above, you are to report on the enclosed Form 315, the gross premiums written from Workers' Compensation insurance issued during 2004 and show the amount of levy due and payable. Checks should be made payable to "DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII."

TO BE FILED ON OR BEFORE MARCH 15, 2005

NOTE: ONLY insurers reporting workers' compensation gross premiums written are required to file Form 315. If the workers' compensation premiums are $0, the form is no longer required to be filed (effective year ended December 31, 2004).

FILING DATE
MARCH 15, 2005

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
INSURANCE DIVISION

P. O. Box 3614
Honolulu, HI 96811-3614
ATTN: SUSAN HANSEN

335 Merchant Street, 2nd Flr.
Honolulu, HI 96813
ATTN: SUSAN HANSEN

STATEMENT OF PREMIUMS DERIVED FROM WORKERS' COMPENSATION INSURANCE ISSUED DURING THE YEAR FOR WORKERS' COMPENSATION SPECIAL COMPENSATION FUND

NAIC # _____ FOR THE YEAR ENDED DECEMBER 31, 2004

Name of Insurer: _____

Address: _____

Round all amounts to nearest dollar

1. TOTAL GROSS PREMIUMS* SUBJECT TO SPECIAL LEVY . . . . . $_____
   [If gross premiums are zero, do NOT file this form.]
   *Workers' Compensation gross premiums written from all risks resident, situated or located within Hawaii, includes all fees, charges, or other consideration charged for the insurance or for its procurement (Section 431:10-218, Hawaii Revised Statutes).

2. AMOUNT DUE AND PAYABLE ON OR BEFORE MARCH 15
   (Line 1 times assessment rate of **3.2%** --- see attached Memorandum 2004-9E) . . . . . $_____

(Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII)

State of _____ } ss.
County of _____

_____, being duly sworn, deposed and says: That (they are) (he/she is) the _____ of the Insurer whose name appears above and that this statement is to the best of (their) (his/her) knowledge, information and belief, true and complete return, made in good faith, for the period stated.

Subscribed and sworn to before me
this _____ *day of* _____, _____

_____
Signature of Officer of Insurer

_____
Notary Public, State of _____
My commission expires: _____

_____
Signature of Officer of Insurer