

STATE OF HAWAII  
INSURANCE DIVISION  
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS  
335 MERCHANT ST., ROOM 213  
HONOLULU, HAWAII 96813

ANNUAL STATEMENT OF SURPLUS LINES INSURANCE  
TRANSACTIONED DURING THE YEAR 20\_\_

\_\_\_\_\_  
Name of Hawaii Surplus Lines Broker

\_\_\_\_\_  
Address

SUMMARY

Gross Premiums.....\$ \_\_\_\_\_

Less Return Premiums....\$ \_\_\_\_\_

Net Premiums.....\$ \_\_\_\_\_ x 4.68% Tax = \$ \_\_\_\_\_

**TAX IS DUE AND PAYABLE ON OR BEFORE MARCH 15**  
**PAYABLE TO DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

The undersigned certifies that this is a true and correct statement of all business transacted under the Hawaii Surplus Lines Broker's License for the calendar year stated above.

Surplus Lines Broker's License #: \_\_\_\_\_

Entity ID #: \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

Signature of Surplus Lines Broker /  
Designated Representative  
(Original signature only)

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Toll Free (if available)

Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME of Surplus Lines Broker/  
Designated Representative

CD/Diskette Attached? \_\_\_\_\_  
(For Form 104 Attachments only) (yes/no)

**For Business Entity Only (Agency & Insurer)**

**DESIGNATED REPRESENTATIVE(S) & HAWAII SURPLUS LINES BROKER(S) LICENSE # -  
WHO ARE AUTHORIZED TO SIGN THIS TAX RETURN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This statement must be filed with the State of Hawaii Department of Commerce and Consumer Affairs, Insurance Division on or before the 15<sup>th</sup> day of March of each year and must be signed by the Hawaii Surplus Lines Broker or Designated Representative of the Hawaii Surplus Lines Broker's Business Entity. File this form with the Account of Surplus Lines Business transacted during the Year and Recapitulation by Insurance Companies reports.