

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

STATEMENT OF SURPLUS LINES INSURANCE  
**TRANSACTIONED DURING THE PERIOD JULY 1, 2011 – JULY 20, 2011**  
**REPORTING RISKS LOCATED IN HAWAII ONLY**

\_\_\_\_\_  
**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 period July 1, 2011 – July 20, 2011

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 November 15, 2011 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 period and Recapitulation by Insurance Companies reports.