

**ACCREDITED REINSURERS  
FILING REQUIREMENTS**

**STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
INSURANCE DIVISION**

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

REQUIRED FILINGS IN THE STATE OF:  HAWAII  Annual Filings as of December 31, \_\_\_\_\_

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE(S)
	1	Annual Statement (8 1/2" x 14")	1	3/1
	2	CPA Audited Financial Statements	1	6/1
	3	Certificate of Compliance from State of Domicile	1	3/1
	4	AR-1 Form	1	Upon application and when changes are made

Mailing Address:

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P. O. Box 3614  
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Street Address:

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If you have any questions, please contact Danny Chan at (808) 586-7382 or via E-Mail at [InsExam@dcca.hawaii.gov](mailto:InsExam@dcca.hawaii.gov).