

**STATE OF HAWAII
INSURANCE DIVISION**

**2008 ANNUAL FILING REQUIREMENTS
(Due in 2009)**

For ALL LICENSED PROPERTY & CASUALTY Insurers in Hawaii

The following forms must be downloaded --- hard copies are no longer mailed.

	Document Description	Form #	Paper Size	# of Page(s)
1.	Annual Filing Requirements – Property & Casualty Insurers	N/A	Letter	12
2.	Annual Premium Tax Statement	314	Legal	6
3.	Quarterly Premium Tax Statements	323	Letter	5
4.	Hawaii Investments	322	Legal	2
5.	Workers’ Compensation Special Compensation Fund	315	Letter	2

The forms are available on the same website as the Annual Filing Requirements:

www.naic.org/industry_filing_state_instructions.htm

If you have any questions regarding the required filings, refer to NOTE A for the proper contact person.

NOTE: DO NOT FILE the items on this checklist if you are a SURPLUS LINES CARRIER. Surplus Lines Carriers will be notified if any filings are warranted.

Surplus Lines Contact Person: Albert Yamane – Phone (808) 586–8150 or via fax at (808) 586–3873. E-Mail Address: ayamane@dcca.hawaii.gov

**PROPERTY & CASUALTY INSURERS
(LICENSED IN HAWAII)**

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: HAWAII Filings Made During the Year 2009

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	2	EO	Foreign Insurers do not need to file these items with Hawaii. Please do not file. Skip to Section V For State Filings.	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25)	2	EO		3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14") – Include the Printed Investment Schedule detail (Pages E01-E09)	2	EO		5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	2	0		3/1	NAIC	If applicable
	4	Combined Annual Statement (8 1/2" x 14")	2	EO		5/1	NAIC	If applicable
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO		4/1	NAIC	
	11	Actuarial Opinion Summary	2	N/A		3/15	Company	
	12	Combined Insurance Expense Exhibit	2	EO		5/1	NAIC	
	13	Credit Insurance Experience Exhibit	2	EO		4/1	NAIC	
	14	Exceptions to Reinsurance Attestation Supplement	2	N/A		3/1	Company	
	15	Financial Guaranty Insurance Exhibit	2	EO		3/1	NAIC	
	16	Investment Risk Interrogatories	2	EO		4/1	NAIC	
	17	Insurance Expense Exhibit	2	EO		4/1	NAIC	
	18	Long Term Care Experience Reporting Forms	2	EO		4/1	NAIC	
	19	Management Discussion & Analysis	2	EO		4/1	Company	
	20	Medicare Supplement Insurance Experience Exhibit	2	EO		3/1	NAIC	
	21	Medicare Part D Coverage Supplement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	22	Premiums Attributed to Protected Cells Exhibit	2	EO		3/1	NAIC	If applicable
	23	Reinsurance Attestation Supplement	2	EO		3/1		
	24	Reinsurance Summary Supplemental	2	EO		3/1		
	25	Risk-Based Capital Report	2	EO		3/1	NAIC	
	26	Schedule SIS	2	N/A		3/1	NAIC	
	27	Statement of Actuarial Opinion	2	EO		3/1	Company	
	28	Supplement A to Schedule T	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	29	Supplemental Compensation Exhibit	N/A	N/A		N/A	NAIC	
	30	Trusted Surplus Statement	2	EO		3/1, 5/15, 8/15, 11/15	NAIC	

DOCUMENTS SUBMITTED TO THE HAWAII INSURANCE DIVISION WHICH ARE NOT REQUIRED TO BE FILED (NOT ON OUR LIST) WILL BE DESTROYED WITHOUT REVIEW.

**PROPERTY & CASUALTY INSURERS
(LICENSED IN HAWAII)**

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
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(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*		(5) DUE DATE(S)	(6) FORM SOURCE**	(7) APPLICABLE NOTES (A-K apply to all filings)	
			Domestic					Foreign
			State	NAIC				State
		III. ELECTRONIC FILING REQUIREMENTS						
	40	Annual Statement Electronic Filing	xxx	1	Foreign Insurers do not need to file these items with Hawaii. Please do not file. Skip to Section V For State Filings.	3/1	NAIC	PLEASE REFER TO NOTE O AND FOR #43, PLEASE ALSO REFER TO NOTE N
	41	March .PDF Filing	xxx	1		3/1	NAIC	
	42	Risk-Based Capital Electronic Filing	xxx	1		3/1	NAIC	
	43	Risk-Based Capital .PDF Filing (NOTE N)	xxx	1		3/1	NAIC	
	44	Combined Annual Statement Electronic Filing (If applicable)	xxx	1		5/1	NAIC	
	45	Combined Annual Statement .PDF Filing (If applicable)	xxx	1		5/1	NAIC	
	46	Supplemental Electronic Filing	xxx	1		4/1	NAIC	
	47	Supplemental .PDF Filing	xxx	1		4/1	NAIC	
	48	Quarterly Electronic Filing	xxx	1		5/15, 8/15, 11/15	NAIC	
	49	Quarterly .PDF Filing	xxx	1		5/15, 8/15, 11/15	NAIC	
	50	June .PDF Filing	xxx	1	6/1	NAIC		
		IV. AUDITED FINANCIAL STATEMENTS						
	61	Accountants Letter of Qualifications	2	N/A	6/1	Company		
	62	Audited Financial Statements	2	EO	6/1	Company		
	63	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	Company		
	64	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 commencement of the audit. See HRS § 431:3-302.5	Company		
	65	Notification of Adverse Financial Condition	1	N/A	When applicable	Company		
	66	Report of Significant Deficiencies in Internal Controls	1	N/A	When applicable	Company		
	67	Request for Exemption to File	N/A	N/A	N/A	Company		
	68	Request to File Consolidated Audited Annual Statements	1	N/A	Prior to the commencement of the audit	Company		
	69	Independent CPA “Awareness” Letter	1	N/A	When a change in CPA occurs	Company	Note U	

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			Domestic		Foreign			
			State	NAIC	State			
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0	N/A	No longer required, see Note Q	
	102	Certificate of Deposit	0	0	0	N/A	No longer required, see Note Q	
	103	Filings Checklist (with Column 1 completed)	1	0	N/A for Foreign Insurers	3/1	State	
	104	Annual Premium Tax Statement (and payment, if applicable) - Form 314	1	0	1	3/1	State	Notes H and R
	105	State Filing Fees	xxx	0	xxx	xxx	State	Note C
	106	Signed Jurat <u>Domestic</u> – See Note G for Jurat Page Requirements <u>Foreign/Alien</u> – Please do NOT file the Signed Jurat Page – See Note L	0	0	0	N/A	NAIC	Notes G and L
	107	Compliance Resolution Fund Assessment - Assessment Notice will be sent to insurers.	1	0	1	Due 60 days after demand	State	<u>NOTE A for Contact Person and Phone Number</u>
	108	Drivers' Education Fund Underwriters Fee [Refer to Insurance Commissioner's Memorandum 2002-9R available on line at www.hawaii.gov/dcca/areas/ins] (To be filed by all insurers authorized to write motor vehicle or motorcycle insurance in Hawaii)	1	0	1	2/15	Company	<u>NOTE A for Contact Person and Phone Number</u>
	109	Hawaii Investments – Form 322 <u>NOTE: This is a REQUIRED FILING FOR ALL LICENSED INSURERS. If the Company does not have any investments in Hawaii, file the form as NONE.</u>	1	0	1	3/1	State	<u>NOTE A for Contact Person and Phone Number</u>
	110	Hawaii Joint Underwriting Plan Fee – Only for insurers authorized to write motor vehicle insurance in Hawaii (NOTE: Due 8/16--- RECEIVED date, not postmark date.)	1	0	1	8/16 (Received Date)	State	<u>NOTE A for Contact Person & Phone Number and Note P</u>
	111	Holding Company Registration Statement (Form B) and Summary of Registration Statement (Form C)	2	0	0	3/15	Company	

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			Domestic		Foreign			
			State	NAIC	State			
		V. STATE REQUIRED FILINGS (continued)						
	112	Motor Vehicle Insurer Reports – Annual Report (To be filed by all insurers authorized to write motor vehicle insurance in Hawaii) SEE NOTE T	1	0	1	4/1	Company	<u>NOTE A for Contact Person and Phone Number; Note T for Website Location of Format</u>
	113	Motor Vehicle Insurer Reports – Quarterly Reports [Due 45 days following the end of the quarter] - (To be filed by all insurers authorized to write motor vehicle insurance in Hawaii) SEE NOTE T	1	0	1	2/15, 5/15, 8/15 and 11/15	Company	<u>NOTE A for Contact Person and Phone Number; Note T for Website Location of Format</u>
	114	Quarterly Premium Tax Statements (and payment, if applicable) – Form 323 ALL INSURERS MUST FILE FOUR QUARTERLY PREMIUM TAX STATEMENTS REGARDLESS OF TAX LIABILITY	1	0	1	4/30, 7/31, 10/31, and 1/31/2010	State	Notes H, R and S
	115	Renewal of Certificate of Authority (NOTE: Due 8/16---RECEIVED date, not postmark date.)	1	0	1	8/16 (Received Date)	State	<u>NOTE A for Contact Person/Phone Number and Note P</u>
	116	Statement of Premiums Derived from Workers' Compensation Insurance Issued During 2008 for 2009 Workers' Compensation Special Compensation Fund Levy (To be filed ONLY if insurer has workers' compensation premiums. If the premiums are zero, the form is NOT required.)	1	0	1	3/15	State	Notes H and R File ONLY if insurer has premiums for workers' compensation.
	117	Biographical Affidavits and Notification	1	0	See Note	When Applicable	NAIC	<u>NOTE A for Contact Person/Phone Number and NOTE V</u>

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**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.

A Required Filings Contact Person:

Phone inquiries should be directed to the proper contact person.

<u>LINE #</u>	<u>CONTACT PERSON/BRANCH</u>
#104 & #114	Annual and Quarterly Premium Tax Statements Susan Hansen: (808) 586-7381 E-Mail: shansen@dcca.hawaii.gov
#107	Compliance Resolution Fund Assessment Jerry Bump: (808) 586-0985 E-Mail: jbump@dcca.hawaii.gov
#108	Drivers' Education Fund Underwriters Fee Rate & Policy Branch: (808) 586-2809 E-Mail: insrpaPC@dcca.hawaii.gov
#109	Hawaii Investments – Form 322 John Pang: (808) 586-7379 E-Mail: jpang@dcca.hawaii.com
#110	Hawaii Joint Underwriting Plan Fee Examination Branch: (808) 586-3870 E-Mail: ruvehara@dcca.hawaii.gov
#112 & #113	Motor Vehicle Insurer Reports – Annual and Quarterly Rate & Policy Branch: (808) 586-2809 E-mail: insrpaPC@dcca.hawaii.gov
#115	Renewal of Certificate of Authority Examination Branch: (808) 586-3870 E-Mail: ruvehara@dcca.hawaii.gov
#116	Workers' Compensation Special Compensation Fund Assessment Susan Hansen: (808) 586-7381 E-Mail: shansen@dcca.hawaii.gov
#117	Biographical Affidavits and Notification Examination Branch: (808) 586-3870 E-Mail: ruvehara@dcca.hawaii.gov

ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR

DOMESTIC INSURERS

John Pang: (808) 586-7379
Fax: (808) 586-3873
E-Mail: jpang@dcca.hawaii.gov

ANNUAL STATEMENT AND ALL OTHER FILINGS EXCEPT THOSE LISTED ABOVE FOR

FOREIGN/ALIEN INSURERS

Frances Lo: (808) 586-3870
Fax: (808) 586-3873
E-Mail: flo@dcca.hawaii.gov

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
B	Mailing Address:	<p><u>NOTE: FOREIGN/ALIEN INSURERS DO NOT NEED TO FILE ITEMS #1 - #69 WITH HAWAII. PLEASE DO NOT FILE.</u> ATTN: SUSAN HANSEN P. O. Box 3614 Honolulu, HI 96811-3614</p> <p style="text-align: center;"><u>OR</u></p> <p>ATTN: SUSAN HANSEN 335 Merchant Street, Room 213 Honolulu, HI 96813</p>
C	Mailing Address for Filing Fees:	No filing fees or license fees of any kind are required to be paid at this time. (See Note P).
D	Mailing Address for Premium Tax Payments:	The premium tax address is the same as the state required filings address in Note B. Contact Person: Susan Hansen (808) 586-7381 E-Mail: shansen@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. (The EXCEPTIONS are the Hawaii Joint Underwriting Plan Fee [Line #110] and the Certificate of Authority Renewal [Line #115]). These are physically due in our office by 8/16 or the next business day if 8/16 falls on a holiday or weekend.)
F	Late Filings:	Late filings are subject to a fine in an amount not less than \$100 and not more than \$500 for each day of delinquency. Any insurer failing or refusing to pay the required taxes shall be liable for a fine of \$500 or 10% of the tax due, whichever is greater; plus interest at a rate of 12% per annum on the delinquent taxes. The Commissioner may suspend or revoke the Certificate of Authority of any insurer that fails to file any of the documents required herein.
G	Original Signatures:	<p><u>Domestic Insurers:</u> 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.</p> <p><u>Foreign/Alien Insurers:</u> The Annual Statement is no longer required if the statement is filed with the NAIC – see Hawaii Revised Statutes §§ 431:3-301 and 431:3-302.</p>
H	Signature/Notarization/Certification:	The Annual Premium Tax Statement (#104), Quarterly Premium Tax Statements (#114), and Workers' Compensation Special Compensation Fund (#116) each require an original signature by a duly authorized officer of the Company.
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.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
J	Exceptions from normal filings:	
K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
L	Signed Jurat:	<u>Foreign/Alien Insurers</u> – The signed Jurat Page is NOT required. <u>Domestic Insurers</u> – See Note G for Jurat Page requirements.
M	NONE Filings:	See NAIC <i>Annual Statement Instructions</i> .
N	Filings new, discontinued or modified materially since last year:	<u>FOREIGN/ALIEN INSURERS:</u> There are no new, discontinued or modified filings since last year. <u>DOMESTIC INSURERS:</u> <u>New Filings:</u> 1. Risk-Based Capital .PDF Filing (Line #43)
O	Electronic Filing:	<u>Domestic Insurers:</u> 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 <i>General Instructions for Companies to Use Checklist</i> . <u>Foreign/Alien and Domestic Insurers:</u> N/A for electronic filing with Hawaii.
P	Certificate of Authority (#115) and Hawaii Joint Underwriting Plan Fee (#110)	No action is required at this time to extend your Certificate of Authority or to pay your Hawaii Joint Underwriting Plan Fee. A postcard with instructions will be mailed to you well in advance of the August 16 extension date. Renewal Information: www.hawaii.gov/dcca/areas/ins/insurers/insurance_company_license QUESTIONS – CONTACT THE EXAMINATION BRANCH AT (808) 586-3870. E-Mail: ruvehara@dcca.hawaii.gov
Q	Certificate of Compliance Certificate of Deposit	No longer required.

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
R	Checks/payments:	<p>Checks should be made payable to:</p> <p style="text-align: center;">“DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII”</p> <p style="text-align: center;">or</p> <p style="text-align: center;">“DCCA, STATE OF HAWAII”</p> <p>unless otherwise noted on the form. A service charge of \$25 will be assessed for each dishonored check. Your cancelled check is your receipt; an official receipt will be issued only upon written request. Please provide a self-addressed, stamped envelope for receipt.</p>
S	Quarterly Premium Tax Statements:	<p><u>ALL AUTHORIZED INSURERS ARE REQUIRED TO FILE FOUR QUARTERLY PREMIUM TAX STATEMENTS (AND PAYMENTS, IF APPLICABLE) REGARDLESS OF TAX LIABILITY.</u> The filing deadlines for the FOUR quarterly statements and tax payments are on or before the last day of the calendar month following the quarter.</p> <p>Insurers that are NOT writing direct premiums are encouraged to prefile all 4 Quarterly Premium Tax Statements. For more information, refer to the instructions included with the Quarterly Premium Tax Statements.</p>
T	Motor Vehicle Insurer Reports – Annual and Quarterly Reports:	<p>The Format for the Annual (#112) and Quarterly (#113) Motor Vehicle Insurer Reports is available on our website:</p> <p>www.hawaii.gov/dcca/areas/ins/insurers/rate_policy/mv_forms</p>
U	Independent CPA “Awareness” Letter	<p>Required when a change in independent CPA occurs.</p> <p>Letter stating that the independent CPA is aware of the provisions of the insurance statutes and rules that relate to accounting and financial matters of this State in accordance with whose regulation the audited financial report is made and affirming that the independent CPA will express an opinion on the financial statements in terms of their conformity to the statutory accounting practices prescribed or otherwise permitted by this State’s Insurance Division, specifying such exceptions the independent CPA may believe appropriate. (See Line # 69)</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[P & C INSURERS]
V	Biographical Affidavits and Notification	<p><u>FOREIGN/ALIEN INSURERS:</u> Biographical Affidavits for officers and directors are required to be filed <u>ONLY</u> in the following situations:</p> <ol style="list-style-type: none"> a. <u>Initial</u> application for a Hawaii Certificate of Authority – See UCAA Expansion procedures. b. When there is a change in officers and directors involving an acquisition or merger of an insurer possessing a Hawaii Certificate of Authority – Follow the UCAA Corp. Amendment procedures. c. Redomestication to Hawaii – See UCAA Primary procedures d. Upon request. <p>We <u>DO NOT</u> require Biographical Affidavits or Notifications if the only change involves officers and/or directors.</p> <p><u>DOMESTIC INSURERS:</u> Biographical Affidavits and Notifications are required for changes in officers and directors.</p> <p>QUESTIONS – CONTACT THE EXAMINATION BRANCH AT (808) 586-3870. E-Mail: ruyehara@dcca.hawaii.gov</p>
W	Websites:	<p>Please visit the following websites for additional information:</p> <p>www.naic.org/industry_filing_state_instructions.htm www.hawaii.gov/dcca/areas/ins</p>

STATE OF HAWAII
P & C Insurers - 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 not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

DOMESTIC companies should copy the checklist and place an "x" in this column when mailing information to the state. (The checklist is N/A for FOREIGN companies.)

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 **Risk-Based Capital .PDF Filing** is the .pdf file for 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 foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. **Hawaii waives printed annual and quarterly statements from the foreign/alien insurers and relies upon the NAIC database for these filings. This waiver also includes all of the supplemental annual statement filings.**

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).**