



STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
INSURANCE DIVISION
P. O. Box 3614, Honolulu, HI 96811-3614
335 Merchant Street, 2nd Floor, Honolulu, HI 96813

ANNUAL STATEMENT OF PREMIUMS RECEIVED FOR TAXATION PURPOSES

For Period _____

Name of Insurer: _____

Address: _____

SUMMARY OF PREMIUMS AND TAXES

	Premiums subject to tax (item 5, page 3)	Rate of Tax	Amount of Tax
1. Premiums - \$0 to \$25,000,000.	\$ _____	0.25%	\$ _____
2. Premiums - \$25,000,001 to \$50,000,000.	\$ _____	0.15%	\$ _____
3. Premiums - \$50,000,001 +.	\$ _____	0.05%	\$ _____
4. TOTAL (sum of lines 1, 2 and 3).	\$ _____		\$ _____

PLEASE PROVIDE COMPLETE SUPPORT FOR ANY CREDITS TAKEN:

5. Credits:

Prior Year Overpayments \$ _____

Other (explain) \$ _____

TOTAL CREDITS. \$ _____

6. If line 4 is larger than line 5, ENTER BALANCE DUE \$ _____
(Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS)

7. If line 5 is larger than line 4, ENTER REFUND DUE \$ _____

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State of _____

City & County of _____

_____, being duly sworn, deposes and says:
That (he/she is) the _____ of the Insurer whose name appears
above and that this Statement, and the accompanying exhibits are to the best of (his/her) knowledge,
information and belief, true and complete returns, made in good faith, for the taxable periods stated.

Subscribed and sworn to before me this
_____ day of _____, 20_____.

Signature of Officer of Insurer

Notary Public, State of _____
My Commission expires: _____

FILING DATE: March 1
FILE THIS SUMMARY PAGE with original signatures and notarized, and exhibit 1. The Certificate
attesting to the authority of the notary is not required and need not be attached.

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Name of Insurer

EXHIBIT NO.: 1

INFORMATION: Premium Statement for period _____

APPLICABLE TO: _____

1. Gross Premium written.

- a. Direct writing for risk in Hawaii \$ _____
- b. Direct writing for risk elsewhere. . . . \$ _____
- c. Reinsurance \$ _____
- d. Other (explain in detail on separate sheet) \$ _____

2. TOTAL GROSS PREMIUM (calendar year) \$ _____

3. LESS:

- a. Return premiums \$ _____
- b. Reinsurance accepted (the tax upon such business being payable by the direct writing insurer) \$ _____
- c. Direct writings for which premium tax was paid in another jurisdiction, other than Hawaii \$ _____
- d. Other (explain in detail on separate sheet) \$ _____

4. TOTAL DEDUCTIONS. \$ _____

5. PREMIUMS SUBJECT TO TAX, item 2 minus 4
(Allocate to lines 1, 2 and 3 on page 1). \$ _____