

STATE OF HAWAII
INSURANCE DIVISION

2011 ANNUAL FILING REQUIREMENTS

(Due in 2012)

For ALL LICENSED Life, Accident and Health 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 - Life, Accident and Health Insurers	N/A	Letter	13
2.	2011 Annual Premium Tax Statement	314	Legal	6
3.	2012 Monthly Premium Tax Statements	323	Letter	14
4.	Hawaii Investments	322	Legal	2

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

www.hawaii.gov/dcca/ins/insurers

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

**LIFE, ACCIDENT AND HEALTH INSURERS
(LICENSED IN HAWAII)**

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: HAWAII Filings Made During the Year 2012

(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"x14")	2	EO	Foreign Insurers do not need to file these items with Hawaii.	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO		3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14") Include the Printed Investment Schedule detail (Pages QE01-QE12)	2	EO		5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 1/2"x14")	2	EO	3/1	NAIC	If applicable	
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	2	EO	Please do not file.	4/1	NAIC	
	11	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO		3/1	Company	
	12	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO		3/1	Company	
	13	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	Skip to Section V For State Filings.	3/1	Company	
	14	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO		3/1	Company	Note N
	15	Actuarial Opinion	2	EO		3/1	Company	
	16	Actuarial Opinion on X-Factors	2	EO		3/1	Company	
	17	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO		3/1	Company	
	18	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO		3/1	Company	
	19	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO		3/1	Company	
	20	Analysis of Annuity Operations by Lines of Business	2	EO		4/1	NAIC	
	21	Analysis of Increase in Annuity Reserves During Year	2	EO		4/1	NAIC	
	22	Credit Insurance Experience Exhibit	2	EO		4/1	NAIC	
	23	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	3/1	Company		
	24	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	4/1	NAIC		
	25	Health Care Exhibit's Allocation Report Supplement	2	EO	4/1	NAIC		
	26	Interest Sensitive Life Insurance Products Report	2	EO	4/1	NAIC		
	27	Investment Risk Interrogatories	2	EO	4/1	NAIC		
	28	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	4/1	NAIC		
	29	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	4/1	NAIC		
	30	Long-Term Care Experience Reporting Forms	2	EO	4/1	NAIC		
	31	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	3/1	Company		

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

**LIFE, ACCIDENT AND HEALTH INSURERS
(LICENSED IN HAWAII)**

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: HAWAII **Filings Made During the Year 2012**

(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
		II. NAIC SUPPLEMENTS (Continued)						
	32	Management Discussion & Analysis	2	EO	4/1	Company		
	33	Medicare Supplement Insurance Experience Exhibit	2	EO	3/1	NAIC		
	34	Medicare Part D Coverage Supplement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC		
	35	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	3/1, 5/15, 8/15, 11/15	Company		
	36	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	3/1, 5/15, 8/15, 11/15	Company		
	37	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	2	EO	3/1, 5/15, 8/15, 11/15	Company		
	38	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	2	EO	3/1, 5/15, 8/15, 11/15	Company		
	39	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	2	EO	3/1, 5/15, 8/15, 11/15	Company		
	40	Risk-Based Capital Report	2	EO	3/1	NAIC		
	41	RBC Certification required under C-3 Phase I	2	EO	3/1	Company		
	42	RBC Certification required under C-3 Phase II	2	EO	3/1	Company		
	43	Schedule SIS	2	N/A	3/1	NAIC		
	44	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	3/1	Company		
	45	Statement on par/non-par policies – Exhibit 5 Int. 1 & 2	2	EO	3/1	Company		

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			Domestic					Foreign
			State	NAIC				
		II. NAIC SUPPLEMENTS (Continued)						
	46	Supplemental Compensation Exhibit	N/A	N/A	N/A	NAIC		
	47	Supplemental Schedule O	2	EO	3/1	NAIC		
	48	Trusted Surplus Statement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC		
	49	Workers' Compensation Carve-Out Supplement	2	EO	3/1	NAIC		
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	3/1	NAIC	PLEASE REFER TO NOTE O	
	51	March .PDF Filing	xxx	1	3/1	NAIC		
	52	Risk-Based Capital Electronic Filing	xxx	1	3/1	NAIC		
	53	Risk-Based Capital .PDF Filing	xxx	1	3/1	NAIC		
	54	Separate Accounts Electronic Filing (if applicable)	xxx	1	3/1	NAIC		
	55	Separate Accounts .PDF Filing (if applicable)	xxx	1	3/1	NAIC		
	56	Supplemental Electronic Filing	xxx	1	4/1	NAIC		
	57	Supplemental .PDF Filing	xxx	1	4/1	NAIC		
	58	Quarterly Statement Electronic Filing	xxx	1	5/15, 8/15, 11/15	NAIC		
	59	Quarterly .PDF Filing	xxx	1	5/15, 8/15, 11/15	NAIC		
	60	June .PDF Filing	xxx	1	6/1	NAIC		
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	2	EO	6/1	Company		
	72	Audited Financial Reports	2	EO	6/1	Company		
	73	Audited Financial Reports Exemption Affidavit	N/A	N/A	N/A	Company		
	74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	8/1	Company	Note X	
	75	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	Note U	
	76	Management's Report of Internal Control Over Financial Reporting	2	N/A	8/1	Company		
	77	Notification of Adverse Financial Condition	1	N/A	When applicable	Company		
	78	Request for Exemption to File	N/A	N/A	N/A	Company		
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	3/1	Company	NOTE N	
	80	Relief from the one-year cooling off period for independent CPA	1	EO	3/1	Company	NOTE N	
	81	Relief from the Requirements for Audit Committees	1	EO	3/1	Company	NOTE N	

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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	Certificate of Valuation	0	0	0	N/A	No longer required, see Note Q	
	104	Filings Checklist (with Column 1 completed)	1	0	N/A for Foreign Insurers	3/1	State	
	105	2011 Annual Premium Tax Statement (and payment, if applicable) – Form 314	1	0	1	3/1	State	Notes H and R
	106	State Filing Fees	xxx	0	xxx	xxx	State	Note C
	107	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
	108	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>
	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	Holding Company Registration Statement (Form B) and Summary of Registration Statement (Form C)	2	0	0	3/15	Company	
	111	Life Insurance Policy Illustrations – Annual Certifications by Officer and Illustration Actuary. [To be filed by all insurers authorized to write LIFE insurance in Hawaii, as applicable.]	1	0	1	Company Determination	Company	<u>NOTE A for Contact Person/Phone Number and Note T</u>
	112	2012 Monthly Premium Tax Statements (and any applicable payment) – Form 323	1	0	1	2/20, 3/20, 4/20, 5/20, 6/20, 7/20, 8/20, 9/20, 10/20, 11/20, 12/20, and 1/20/2013	State	Notes H, R and S

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			Domestic		Foreign			
			State	NAIC	State			
		V. STATE REQUIRED FILINGS (Continued)						
	113	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>
	114	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	1	0	See Note	When Applicable	NAIC	<u>NOTE A for Contact Person/Phone Number and Note V</u>
	115	Long-Term Care Insurance - Claims Denial Reporting Form (Due 6/30)	1	0	1	6/30	State	<u>NOTE A for Contact Person/Phone Number and Note W</u>
	116	Long-Term Care Insurance - Replacement and Lapse Reporting Form (Due 6/30)	1	0	1	6/30	State	<u>NOTE A for Contact Person/Phone Number and Note W</u>
	117	Long-Term Care Insurance - Rescission Reporting Form for Long-Term Care Policies (Due 3/1)	1	0	1	3/1	State	<u>NOTE A for Contact Person/Phone Number and Note W</u>
	118	Regulatory Asset Adequacy Issues Summary	2	0	0	3/15	State	<u>NOTES N & Y</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.

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NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)

[LIFE AND A & H INSURERS]

A Required Filings Contact Person:

Phone inquiries should be directed to the proper contact person.

LINE # CONTACT PERSON/BRANCH

- #105 & #112** **Annual and Monthly Premium Tax Statements**
Susan Hansen: (808) 586-7381
E-Mail: shansen@dcca.hawaii.gov

- #108** **Compliance Resolution Fund Assessment**
Jerry Bump: (808) 586-0985
E-Mail: jbump@dcca.hawaii.gov

- #109** **Hawaii Investments – Form 322**
John Pang: (808) 586-7379
E-Mail: jpang@dcca.hawaii.gov

- #111** **Life Insurance Policy Illustrations – Annual Certifications**
Rate & Policy Analysis Branch: (808) 586-2809
E-Mail: insrpaLAH@dcca.hawaii.gov

- #113** **Renewal of Certificate of Authority**
Examination Branch: (808) 586-3870
E-Mail: flo@dcca.hawaii.gov

- #114** **Officers & Directors: Biographical Affidavits and Notification of Change**
Examination Branch: (808) 586-3870
E-Mail: sbautista@dcca.hawaii.gov

- #115, #116 & #117** **Long-Term Care Reporting Forms**
Colin Hayashida: (808) 586-2790
E-Mail: insrpa@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)		[LIFE AND A & H INSURERS]
B	Mailing Address: NOTE: UPDATE STREET ADDRESS FROM 2nd FLOOR TO <u>ROOM 213</u>	<u>NOTE: FOREIGN/ALIEN INSURERS DO NOT NEED TO FILE ITEMS #1 - #81 WITH HAWAII. PLEASE DO NOT FILE.</u> ATTN: SUSAN HANSEN P. O. Box 3614 Honolulu, HI 96811-3614 OR ATTN: SUSAN HANSEN 335 Merchant Street, Room 213 Honolulu, HI 96813
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 exception is the Certificate of Authority Renewal – Line #113. This is 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:	<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. <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.
H	Signature/Notarization/Certification:	The Annual Premium Tax Statement (#105) and Monthly Premium Tax Statements (#112) 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.
J	Exceptions from normal filings:	

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[LIFE AND A & H INSURERS]
K	Bar Codes (State or NAIC):	N/A for all Hawaii filings.
L	Signed Jurat:	<p><u>Foreign/Alien Insurers</u> – The signed Jurat Page is NOT required.</p> <p><u>Domestic Insurers</u> – See Note G for Jurat Page requirements.</p>
M	NONE Filings:	See NAIC <i>Annual Statement Instructions</i> .
N	Filings new, discontinued or modified materially since last year:	<p><u>DOMESTIC INSURERS:</u></p> <p><u>New Filings:</u></p> <ol style="list-style-type: none"> 1. Actuarial Certification regarding use 2001 Preferred Class Table (Line #14) 2. Relief from the five-year rotation requirement for lead audit partner (Line #79) 3. Relief from the one-year cooling off period for independent CPA (Line #80) 4. Relief from the Requirements for Audit Committees (Line #81) 5. Regulatory Asset Adequacy Issues Summary (Line #118) <p><u>FOREIGN/ALIEN INSURERS:</u> There are no new, discontinued or modified filings since last year.</p>
O	Electronic Filing:	<p><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>.</p> <p><u>Foreign/Alien and Domestic Insurers:</u> N/A for electronic filing with Hawaii.</p>
P	Certificate of Authority:	<p>No action is required at this time to extend your Certificate of Authority. A postcard with instructions will be mailed to you well in advance of the August 16 extension date (Line #113).</p> <p>Renewal Information: (New Fees Effective July 1, 2010) www.hawaii.gov/dcca/ins/insurers/insurance_company_license</p> <p>QUESTIONS – CONTACT THE EXAMINATION BRANCH AT (808) 586-3870. E-Mail: flo@dcca.hawaii.gov</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[LIFE AND A & H INSURERS]
Q	Certificate of Compliance Certificate of Deposit Certificate of Valuation	No longer required.
R	Checks/payments:	<p><u>Checks should be made payable to:</u></p> <p style="text-align: center;">“DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII” or “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	Monthly Premium Tax Statements:	<p>Effective July 1, 2010, ALL authorized insurers must now file <u>MONTHLY Premium Tax Statements for gross premiums reported during the month</u> (Hawaii Revised Statutes §§ 431:7-201 & 202). The <u>monthly</u> statement and any applicable payment shall be due on or before the 20th day of the calendar month following the month in which the taxes accrue.</p> <p>EFFECTIVE WITH THE <u>JULY 31, 2010</u> MONTHLY TAX PERIOD, insurers that do not have premiums to report during the period are <u>NOT REQUIRED</u> to file a NONE statement for that period.</p>
T	Life Insurance Policy Illustrations – Annual Certifications:	<p>Applies only to life policies/certificates with illustrations. (See § 431:10D-409, HRS) Companies are not required to provide certifications for those policies/certificates which are not illustrated. (See Line #111)</p> <p>QUESTIONS – CONTACT THE RATE & POLICY ANALYSIS BRANCH AT (808) 586-2809 or E-Mail: insrpaLAH@dcca.hawaii.gov</p>
U	Independent CPA	<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 #75)</p>

NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)		[LIFE AND A & H INSURERS]
V	Officers & Directors: Biographical Affidavits and Notification of Change (Only if Required)	<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"> <u>Initial</u> application for a Hawaii Certificate of Authority – See UCAA Expansion procedures. 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. Redomestications to Hawaii-See UCAA Primary procedures. 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: sbautista@dcca.hawaii.gov</p>
W	Long-Term Care Insurance Reporting Forms:	<p>Line #115 – Claims Denial Reporting Form Line #116 – Replacement and Lapse Reporting Form Line #117 – Rescission Reporting Form for Long-Term Care Policies</p> <p>The Long-Term Care Insurance Reporting Forms are available on our website: www.hawaii.gov/dcca/ins/insurers</p> <p>All 3 forms are required from all insurers either writing Long-Term Care and/or insurers that have Long-Term Care policies in force.</p> <p>QUESTIONS – CONTACT COLIN HAYASHIDA AT (808) 586-2790 E-Mail: insrpa@dcca.hawaii.gov</p>
X	Communication of Internal Control Related Matters Noted in Audit	Line #74 - HAR section 16-185-110 requires this written communication whether or not material weaknesses were noted by the auditor within 60 days of filing the audited financial report.
Y	Regulatory Asset Adequacy Issues Summary	Pursuant to HAR § 16-169-8, in accordance with HRS § 431:5-307, companies domiciled in Hawaii shall submit the regulatory asset adequacy issues summary no later than March 15 of the year following the year for which a statement of actuarial opinion based on asset adequacy is submitted (Line #118).
Z	Websites:	<p>Please visit the following websites for additional information:</p> <p>www.naic.org/industry_filing_state_instructions.htm</p> <p>www.hawaii.gov/dcca/ins/insurers</p>

STATE OF HAWAII
Life and A & H 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 will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or 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 **Separate Accounts Electronic Filing** includes the separate accounts annual statement and investment schedule detail.

The **Separate Accounts .PDF Filing** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

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 **June .PDF Filing** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

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 (generally, on its website) 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).**