

STATE ETHICS COMMISSION
 1001 Bishop St., Pacific Tower 970
 P. O. Box 616, Honolulu, HI 96809
 Tel: 587-0460 Fax: 587-0407

Late

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: Craig Watanabe POSITION: Captive Ins Administrator
 STATE AGENCY: Dept of Commerce & Consumer Affairs/Insurance Division WORK NO.: 586-0981
 STATE MAILING ADDRESS: 335 Merchant Street, Room 213, Honolulu, HI 96813

DONOR	DESCRIPTION OF GIFT	DATE REC'D	GIFT VALUE	AGG. VALUE
PrimeGuard Insurance Company, Inc. A Risk Retention Group (in Liquidation)	Travel, lodging and other reimburseable expenses directly incurred as a witness for the liquidation estate before the U.S. Bankruptcy Court proceedings in Denver, Colorado. (Case No. 06-13669 MER)	08/25/06	2,356.78	
PrimeGuard Insurance Company, Inc. A Risk Retention Group (in Liquidation)	Travel, lodging and other reimburseable expenses directly incurred as a witness for the liquidation estate before the U.S. Bankruptcy Court proceedings in Denver, Colorado. (Case No. 06-13669 MER)	09/01/06	3,623.94	5,980.72

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5,980.72

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: *Craig Watanabe*

DATE: 6/29/07

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