

INSURER FILING ADOPTION OF
AMERICAN ASSOCIATION OF INSURANCE SERVICES
SUPPLEMENTAL RATING INFORMATION

Date: _____

SPACE RESERVED FOR INSURANCE DEPARTMENT USE

1. INSURER NAME _____

ADDRESS _____

PERSON RESPONSIBLE FOR FILING _____

TITLE _____ TELEPHONE _____

2. INSURER NAIC # _____

3. AMERICAN ASSOCIATION OF INSURANCE SERVICES

Reference Filing Number: _____

Subject: _____

4. The above insurer hereby declares that it is a member, subscriber or service purchaser of the American Association of Insurance Services, for this line of insurance.

5. PROPOSED EFFECTIVE DATE _____

6. Modifications or Non-Adoption (attach documentation). Refer to Insurer Action (State of Hawaii - Memorandum 1991-7R) for details.

Signature

Date

FILE IN TRIPLICATE: FILING FEE \$20/INSURER, PAYABLE:
"INSURANCE COMMISSIONER STATE OF HAWAII - CETF"