

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"