

## MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

## FORM B SUPPLEMENT TO ANNUAL STATEMENT AND HOLDING COMPANY REPORT - FEES BETWEEN INSURERS AND AFFILIATES

COMPANY		Place bar code here]			
STATEMENT DATE					
FILING NO.	AGREEMENT TITLE (LIST ORIGINAL AGREEMENT AND AMENDMENTS AND REVISIONS SEPARATELY) (1)	EFFECTIVE DATES	DCI APPROVAL DATE (2)	AMOUNT INCURRED (EARNED) (3)	AMOUNT PAID (RECEIVED) (4)
	TOTAL			\$	\$

## **INSTRUCTIONS**

- (1) Include information that will identify agreements as reported in the Form B filing, Item 5 (e) of 20 CSR 200-11.101. Photocopy and attach additional pages as needed.
- (2) HMOs should first report the approval date by Managed Care, if applicable, and then the date Company Regulation granted approved.
- (3) Include only amounts relating to the current reporting period. If necessary, attach a reconciliation or other additional information to explain differences between the total amount reported here and on the supporting Schedule Y Part 2, Column 8 and the footnote (a) found on page 12, Exhibit 2, General Expenses for the Life blank; page 14, Underwriting and Investment Exhibit of the Health blank; or page 11, Underwriting and Investment Exhibit of the Property and Casualty blank. Life insurers should also reconcile this supplement to the Part 2 General Interrogatory item 4.1.
- (4) Include all amounts paid or received during the current reporting period whether or not they were incurred or earned during the reporting period.