

**FAIR PLAN**

**COMPANY NAME:** \_\_\_\_\_ **NAIC Company Code:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF: MISSOURI**

**Filings Made During the Year 2024**

(1) Check-list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		<b>I. FINANCIAL STATEMENTS</b>				
	1	Annual Statement	EO	3/1	COMPANY	G, H(b), I, L
	2	Quarterly Financial Statement	EO	5/15,8/15,11/15	COMPANY	G, H(b), I, L
		<b>II. SUPPLEMENTS</b>				
	3	Management Discussion & Analysis	EO	4/1	COMPANY	
		<b>III. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>				
	4	Accountants Letter of Qualifications	EO	6/1	COMPANY	N(c)
	5	Annual Audited Financial Statements	EO	6/1	COMPANY	J, N(c)
	6	Report of Significant Deficiencies in Internal Controls	EO	6/1	COMPANY	R
	7	Notification of Adverse Financial Condition	EO	Within 10 days of CPA Discovery	COMPANY	
		<b>IV. STATE REQUIRED FILINGS</b>				
	8	Premium tax	1	3/1	STATE	A, Q