



State of Missouri
Department of Economic Development

John Ashcroft, Governor
Carl M. Koupal, Jr., Director

Division of Insurance
P.O. Box 690
Jefferson City, Missouri 65102-0690
Telephone 314/751-4126

C. Donald Ainsworth,
Director

Bulletin No. 85-04

TO: ALL MISSOURI MUTUAL INSURANCE COMPANIES
FROM: C. DONALD AINSWORTH, DIRECTOR *EDA*
SUBJECT: FILING REQUIREMENTS
DATE: AUGUST 12, 1985

In the remarks which I made to the Missouri Association of Mutual Insurance Companies on the morning of Wednesday, July 17, I stated that I would be notifying each of the Missouri mutual insurance companies of certain filing requirements and requests on behalf of our staff.

As a mutual insurance company defined in Chapter 380 RSMo, you are requested to fill out the enclosed form for our files and return it within ten days. The information you will provide in regard to your contact person will greatly facilitate our correspondence.

In the same vein, we request that you keep us advised of all changes which take place in your company. New forms, as well as new addresses, phone numbers, by-laws and names of officers should be forwarded to our department as soon as possible after the change has been made. It is essential that open lines of communication be maintained between the Missouri mutual insurance companies and the Missouri Division of Insurance.

Also, please be reminded that all extended Missouri mutual insurance companies (Part II) must include a TD-2 form and remit the proper fee each time a form filing is made. These TD-2's are available through Ron Borders, president of Missouri Association of Mutual Insurance Companies, as a service to all its Part II member companies.

If there are any questions in regard to this letter, please feel free to contact Mark Rehagen, Compliance Technician, at the above address or phone number.

Thank you for your cooperation.

Date _____

Upon completion of this form, please send to:

Mark Rehagen, Compliance Technician
Missouri Division of Insurance
P. O. Box 690
Jefferson City, MO 65102

All future correspondence will be directed to the contact person(s) listed below. Please notify us when this information is changed in any way.

NAME OF COMPANY: _____

Do you have an attorney who represents your company? Yes _____ No _____

If yes, what is his/her name, address and phone number?

NAME: _____

ADDRESS: _____

PHONE NO: _____

RESCINDED AND INOPERATIVE

Does he/she make your filings for your company? Yes _____ No _____

If no, what is the name, address and phone number of the person who makes your filings?

NAME: _____

ADDRESS: _____

PHONE NO: _____

Thank you for your cooperation.