

PROPERTY & CASUALTY INSURERS
MISSOURI BAR CODES ARE NO LONGER REQUIRED

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2011

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, L, N(a)(b)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	3	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, J, L, N(a)(b)
	3	Protected Cell Annual Statement	3	0	xxx	3/1	NAIC	N(a)(b)
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	G, H(a), I, J, L, N(a)(b)
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	11	Actuarial Opinion	3	EO	xxx	3/1	Company	G, M, N(a)(b)(e)
	12	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	M, N(a)(b)
	13	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	M
	14	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	M
	15	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	16	Director and Officer Supplement	2	EO	xxx	5/15, 8/15, 11/15	NAIC	M
	17	Exceptions to Reinsurance Attestation Supplement	2	N/A	xxx	3/1	Company	M
	18	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	M
	19	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	M
	20	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	21	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	22	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	M
	23	Long Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, M, N(a)(b)
	25	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	26	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	M
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	M, N(a)(b)
	29	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	M, N(a)(b)
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(a)(b)
	31	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	32	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	N(a)
	34	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	51	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	52	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	53	Risk-Based Capital .PDF Filing	xxx	1	N/A	3/1	NAIC	
	54	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	
	55	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	
	56	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	57	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	58	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	59	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	60	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	N(a)(d)
	72	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(a)(b)
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J

74	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	R
75	Independent CPA (change)	1	N/A	N/A	1/1	Company	N(d)
76	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	R
77	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA discovery	Company	
78	Report of Significant Deficiencies in Internal Controls	2	N/A	N/A	8/1	Company	N(a), R
79	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
80	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
V. STATE REQUIRED FILINGS							
101	Certificate of Compliance	xxx	0	NONE	3/1	State	
102	Certificate of Deposit	xxx	0	NONE	3/1	State	
103	Filings Checklist (with Column 1 completed)	xxx	0	xxx	3/1	State	
104	Premium tax	1	0	1	3/1	State	Q
105	State Filing Fees	1	0	1	7/1	State	C, O
106	Signed Jurat	xxx	0	NONE		NAIC	N(b)
107	Updated Biographical Affidavits	1	0	xxx	3/1, 5/15, 8/15, 11/15	Company	G, H(a) Domestic Only
108	Form B&C Holding Company Statements	1	0	xxx	4/15	Company	N(a), S
109	Form B Supplement Fees between Insurers and Affiliates	1	0	xxx	4/15	State	N(a), S
110	Basket Clause	1	0	xxx	3/1	State	N(a), T
111	TPA Affidavit Pursuant to §376.1084 RSMo	1	0	xxx	3/1	State	G, H(a), N(a)
112	Actuarial Opinion Summary Confidential Trade Secrets	1	0	xxx	3/15	Company	N(a)
113	Application for Renewal of C of A	1	0	1	7/1	State	G, H(a), N(a)(c)

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.