

**HEALTH ENTITIES
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 2012

(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"X14")	3	EO	xxx	3/1	NAIC	G, H(a), I, J, L, N(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(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(b)(e)
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	2	EO	xxx	4/1	NAIC	M
	13	Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	14	Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	15	Life Supplemental Data due March 1	2	EO	xxx	3/1	NAIC	M
	16	Life Supp Statement non-guaranteed elements –Exh 5, Int. #3	2	EO	xxx	3/1	Company	M
	17	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	xxx	3/1	Company	M
	18	Life Supplemental Data due April 1	2	EO	xxx	4/1	NAIC	M
	19	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	20	Management Discussion & Analysis	2	EO	xxx	4/1	Company	J, M, N(b)
	21	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	22	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	23	Property/Casualty Supplement due March 1	2	EO	xxx	3/1	NAIC	M
	24	Property/Casualty Supplement due April 1	2	EO	xxx	4/1	NAIC	M
	25	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(b)
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	27	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
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	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	55	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	56	Quarterly Statement Electronic Filing	xxx	1	xzx	5/15, 8/15, 11/15	NAIC	
	57	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
	58	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(d)
	72	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(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	Request for Exemption to File	1	N/A	N/A	5/1	Company	J
	79	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	80	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	

	81	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
		V. STATE REQUIRED FILINGS						
	101	Premium tax	1	N/A	1	3/1	State	Q
	102	State Filing Fees	1	N/A	1	7/1	State	C.O
	103	Updated biographical Affidavits	1	N/A	xxx	3/1, ,5/15, 8/15, 11/15	Company	G,H(a) Domestic Only
	104	Form B&C Holding Company Registration Statement	1	N/A	xxx	4/15	Company	S
	105	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	xxx	4/15	State	N
	106	Basket clause Statement	1	N/A	xxx	3/1	State	T
	107	TPA Affidavit	1	N/A	xxx	3/1	State	G, H(a)
	108	Application for renewal of C of A	1	N/A	1	7/1	State	N(c)
	109	Actuarial Opinion Memorandum	1	N/A	xxx	3/15	Company	

*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.