

**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 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			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	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)
	3	Protected Cell Annual Statement	3	0	xxx	3/1	NAIC	N(b)
	4	Combined Annual Statement (8 1/2" x 14")	1	EO	xxx	5/1	NAIC	G,H(a), I, J, L, N(b)
		<b>II. NAIC SUPPLEMENTS</b>						
	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	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	M, N(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 Insurance Coverage Supplement	2	EO	xxx	3/1, 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(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(b)
	29	Reinsurance Summary Supplemental	2	EO	xxx	3/1	NAIC	M, N(b)
	30	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(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	G, M
	33	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	34	Trusted Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	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	
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	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	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
80	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
81	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
82	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
<b>V. STATE REQUIRED FILINGS</b>							
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	Added Form B&C Holding Company Statements	1	N/A	xxx	4/15	Company	S
105	Form B Supplement Fees between Insurers and Affiliates	1	N/A	xxx	4/15	State	S
106	Basket Clause	1	N/A	xxx	3/1	State	T
107	TPA Affidavit Pursuant to §376.1084 RSMo	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	G, H(a), N(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.