

STATE OF MISSOURI

PROPERTY & CASUALTY TRANSMITTAL DOCUMENT (TD-2)

[Failure to fully complete this form and submit in **DUPLICATE** may result in the return of your filing.]

For Department of Insurance Use ONLY	Description	Date Received by MDI	Date "FILED"/"APPROVED"
	Line Code Number(s)		
			Effective Date:
			Rate Change Effect:
Insurer Billing Information	FILING ID NUMBER as follows:		Date of Submission
	9-Digit NAIC # / / Year / / Sequence #		
	COMPANY NAME and BILLING ADDRESS		
	Company Name		
	Address Change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate below.		
	CONTACT PERSON		Telephone Number
			()
FILING RETURN ADDRESS (If different than BILLING ADDRESS)			
NOTE: The filing fee monthly invoice will be forwarded to the BILLING ADDRESS which was originally indicated on the new TD-2 form, if not changed with this submission. If no change was originally indicated, BILLING ADDRESS will default to the your registered company address.			
Filing Information	TYPE OF FILING <input type="checkbox"/> Personal <input type="checkbox"/> Commercial		
	<input type="checkbox"/> Form	<input type="checkbox"/> Rate	<input type="checkbox"/> Rule
	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent
	<input type="checkbox"/> Bureau	<input type="checkbox"/> Bureau	<input type="checkbox"/> Bureau
	Bureau Filing Number(s)	Bureau Filing Number(s)	Bureau Filing Number(s)
	Section 374.230.6 RSMo establishes a \$50 filing fee and Regulation 20 CSR 500-8.100 defines a "filing" for the purposes of assessing a filing fee. Based on the above statutes and regulation, the total filing fee to be BILLED for this filing will be \$50, unless this filing has been submitted by a Missouri Farm Mutual as defined in Chapter 380 RSMo.		

Remit Filing To: Missouri Department of Insurance, Property & Casualty Section, P.O. Box 690, Jefferson City Missouri 65102-0690