

LIFE, ACCIDENT AND HEALTH/FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **MISSOURI** Filings Made During the Year 2022

FRATERNAL COMPANIES BEGAN FILING LIFE/FRATERNAL STATEMENT EFFECTIVE WITH FIRST QUARTER, 2019.

(1) Checklist	(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")	EO	EO	XXX	3/1	NAIC	B(c),G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	XXX	3/1	NAIC	B(c), I, N(a)
	2	Quarterly Financial Statement (8 1/2" x 14")	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	B(c), G, H(a), I, L, N(a)
	3	Separate Accounts Annual Statement (8 1/2"x14")	EO	EO	XXX	3/1	NAIC	B(c), G, H(a), I, L, N(a)
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	EO	EO	XXX	4/1	NAIC	M
	12	Credit Insurance Experience Exhibit	EO	EO	XXX	4/1	NAIC	M
	13	Health Care Receivables Supplement	EO	EO	XXX	3/1	NAIC	M
	14	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	XXX	4/1	NAIC	M
	15	Long-term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	M
	16	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	N(a)
	17	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	M
	18	Medicare Part D Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	M
	19	Risk-Based Capital Report	EO	EO	XXX	3/1	NAIC	B(c), G, H(a), I, L, N(a), X
	20	Schedule SIS	EO	N/A	N/A	3/1	NAIC	M
	21	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	B(c), X
	22	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	XXX	4/1	NAIC	M
	23	Supplemental Health Care Exhibit's Allocation Report	EO	EO	XXX	4/1	NAIC	M
	24	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	M
	25	Supplemental Schedule O	EO	EO	XXX	3/1	NAIC	M
	26	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	EO	EO	XXX	4/1	NAIC	M
	27	Trusteed Surplus Statement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	G, H(a), M
	28	Variable Annuities Supplement	EO	EO	XXX	4/1	NAIC	M
	29	VM 20 Reserves Supplement	EO	EO	XXX	3/1	NAIC	M
	30	Workers' Compensation Carve-Out Supplement	EO	EO	XXX	3/1	NAIC	M
Actuarial Related Items								
	31	Actuarial Certification regarding use 2001 Preferred Class Table	EO	EO	XXX	3/1	Company	G, H(b), M
	32	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	EO	EO	XXX	3/1	Company	G, H(b), M
	33	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	EO	N/A	XXX	4/30	Company	G, M
	34	Actuarial Opinion	EO	EO	XXX	3/1	Company	G, J(a), N(a), N(d)
	35	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	36	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	37	Actuarial Opinion on X-Factors	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	38	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	EO	EO	XXX	3/1	Company	G, J(a), N(a)

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			State	NAIC	State			
	39	Request for Life PBR Exemption (formerly Companywide Exemption)	EO	E/O	XXX	Commissioner 7/1 NAIC 8/15	Company	G,H(a), J(d)
	40	Executive Summary of the PBR Actuarial Report	EO	N/A	XXX	4/1	Company	G, J(a), N(a)
	41	Life Summary of the PBR Actuarial Report	EO	N/A	XXX	4/1	Company	G, J(a), N(a)
	42	Variable Annuities Summary of the PBR Actuarial Report	EO	N/A	XXX	4/1	Company	G, J(a), N(a)
	43	PBR Actuarial Report (provide upon request)	EO	N/A	XXX		Company	G, J(a), N(a)
	44	RAAIS required by <i>Valuation Manual</i>	EO	N/A	XXX	4/1	Company	G, J(a), N(a), N(d)
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	G, J(a), N(a)
	46	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	G, J(a), N(a)
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	G, J(a), N(a)
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	G, J(a), N(a)
	49	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	EO	EO	XXX	3/1,5/15, 8/15, 11/15	Company	G, J(a), N(a)
	50	RBC Certification required under C-3 Phase I	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	51	RBC Certification required under C-3 Phase II	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	52	Statement on non-guaranteed elements - Exhibit 5 Int. #3	EO	EO	XXX	3/1	Company	G, J(a), N(a)
	53	Statement on par/non-par policies – Exhibit 5 Int. 1&2	EO	EO	XXX	3/1	Company	G, J(a), N(a)
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Separate Accounts Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	66	Separate Accounts .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	67	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	68	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	71	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	J, N(a)
	82	Audited Financial Reports	EO	EO	XXX	6/1	Company	J, N(a), N(c)
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	5/1	Company	H(a), J
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	EO	N/A	N/A	12/1/21	Company	N(a), N(c)
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	R
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	Within 5 business days of finding	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	N/A	3/1	Company	J(b)
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	N/A	3/1	Company	J(a)
	90	Relief from the Requirements for Audit Committees	EO	EO	N/A	3/1	Company	J(a)
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	7/1	Company	J(a)
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	

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			Domestic		Foreign			
			State	NAIC	State			
	103	Certificate of Valuation	0	0	0		State	
	104	Filings Checklist (with Column 1 completed)	0	0	0		State	
	105	Signed Jurat – Annual	1	0	XXX	3/1	NAIC	B(c), G, H(a), L
	106	Premium Tax	1	0	1	3/1	State	A, Q
	107	Annual Statement Supplement for Missouri	EO	N/A	1	3/1	State	W
	108	Statement of Basket Clause (MO 375-0076)	EO	N/A	N/A	3/1	State	B(c), M, T
	109	Affidavit regarding Third Party Administrator	EO	N/A	N/A	3/1	State	B(c), G, H(a)
	110	Certificate of Compliance with Advertising Rules	EO	N/A	1	3/1	State	B(c), H(a), U
	111	BOD Investment Resolution	EO	N/A	N/A	3/1	Company	
	112	Updated Biographical Affidavits	EO	N/A	N/A	3/1,5/15,8/15, 11/15	NAIC	B(c), G, H(a), V, X, Domestic Only
	113	MO Medicare Supplement Insurance Experience Report	EO	N/A	1	4/1	State	M
	114	Form B-Holding Company Registration Statement	EO	N/A	N/A	5/1	Company	B(c), G, H(b), S, X
	115	Form B Supplement Fees Between Insurers & Affiliates	EO	N/A	N/A	5/1	State	B(c), X
	116	Form C Summary of Registration	EO	N/A	N/A	5/1	Company	B(c), G, H(b), S, X
	117	Actuarial Opinion Memorandum	EO	N/A	N/A	4/30	Company	B(c), G, X
	118	Form F-Enterprise Risk Report ****	EO	0	XXX	5/1	Company	B(c), G, H(a), S, X
	119	Signed Jurat – Quarterly	1	0	XXX	5/15, 8/15, 11/15	NAIC	B(c), G, L
	120	Corporate Governance Annual Disclosure***	EO	N/A	N/A	6/1	Company	B(c), G, H(b), X
	121	State Filing Fees	EO	0	1	7/1	State	C, O
	122	Application for Renewal of C of A	EO	N/A	1	7/1	State	G, H(a), N(b)
	123	ORSA *****	1	0	N/A	2022	Company	B(c), G, H(b), X
	124	Group Capital Calculation	EO	0	N/A	8/1	NAIC	G, J(a), N(f), X

*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.

***For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.

****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

*****For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm



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- **Payment Category:** “Insurance” will be auto filled
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- **Fee Type:** Enter “**Application Filing**”
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- **Payment Amount:** Enter the amount of the invoice that is due and click **Add Item and Checkout**
- Enter all relevant information in the **Billing Contact Information** screen. Click **Next Step: Add Payment Method**
- **Payment Method:** Select either the **Credit Card** or **eCheck** radio button. Enter all applicable information for your preferred payment method. Fees for these payment options are listed below. Click **Next Step: Review Payment**
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Online Credit Card Transaction Fees			
Transaction Dollar Amount		Transaction Fee	
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\$50.01	-	\$75.00	\$1.75
\$75.01	-	\$100.00	\$2.15
\$100.01	-	and up	2.15%

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