

MULTIPLE EMPLOYER SELF-INSURED HEALTH PLAN

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **MISSOURI** Filings Made During the Year 2023

(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				
			State	NAIC			
I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8 ½”X14”)	EO	EO	3/1	NAIC	G, H(a), I, L
	1.1	Printed Investment Schedule detail (Pages E01-E29)	EO	EO	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½” x 14”)	EO	EO	5/15, 8/15, 11/15	NAIC	G, H(a), I, L
II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	EO	EO	4/1	NAIC	M
	12	Actuarial Opinion	EO	EO	3/1	Company	G, J(a), N(d)
	13	Life Supplemental Data due March 1	EO	EO	3/1	NAIC	M
	14	Life Supplemental Data due April 1	EO	EO	4/1	NAIC	M
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	EO	EO	3/1	Company	M
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	EO	EO	3/1	Company	M
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	4/1	NAIC	M
	18	Long-Term Care Experience Reporting Forms	EO	EO	4/1	NAIC	M
	19	Management Discussion & Analysis	EO	EO	4/1	Company	N(a)
	20	Medicare Part D Coverage Supplement	EO	EO	3/1, 5/15, 8/15, 11/15	NAIC	M
	21	Medicare Supplement Insurance Experience Exhibit	EO	EO	3/1	NAIC	M
	22	Risk-Based Capital Report	EO	EO	3/1	NAIC	G, I, N(a)
	23	Schedule SIS	EO	N/A	3/1	NAIC	M
	24	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	EO	EO	4/1	NAIC	M
	25	Supplemental Health Care Exhibit’s Allocation Report	EO	EO	4/1	NAIC	M
	26	Supplemental Investment Risk Interrogatories	EO	EO	4/1	NAIC	M
III. ELECTRONIC FILING REQUIREMENTS							
	61	Annual Statement Electronic Filing	xxx	EO	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	6/1	NAIC	20 CSR 200-14.200(2)
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
	81	Accountants Letter of Qualifications	EO	EO	6/1	Company	J(b), N(c)
	82	Audited Financial Reports	EO	EO	6/1	Company	J(a)(b), N(c)
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	5/1	Company	J(b)
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	8/1	Company	R
	85	Independent CPA (change)	EO	N/A	12/1	Company	N(c)
	86	Management’s Report of Internal Control Over Financial Reporting	EO	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	EO	N/A	3/1	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	3/1	Company	J(b)
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	3/1	Company	J(b)

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			State	NAIC			
	90	Relief from the Requirements for Audit Committees	EO	EO	3/1	Company	J(a)
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	3/1	Company	J(a)
		V. STATE REQUIRED FILINGS					
	101	Form 2 with Fees – Monthly	EO	N/A	10 th of each month	State	376.1030
	102	Application for Renewal of C of A	EO	N/A	3/1	State	G, H(a), N(b)(e), 20 CSR 200-14.200(1)
	103	Signed Jurat – Annual	1	N/A	3/1	NAIC	G, L
	104	State Filing Fees	EO	N/A	3/1	State	376.1005.2, 20 CSR 200-14.200(1)
	105	Affidavit regarding Third Party Administrator	EO	N/A	3/1	State	H(a), M
	106	Statement of Basket Clause (MO 375-0076)	EO	N/A	3/1	State	T
	107	Itemized Collections from Participating Employers	EO	N/A	3/1	Company	376.1012(4)
	108	Premium Tax	1	N/A	3/1	State	A, Q, 376.1037
	109	BOD Investment Resolution	EO	N/A	3/1	Company	
	110	Signed Jurat – Quarterly	1	N/A	5/15, 8/15/, 11/15	NAIC	G, H(a), L
	111	Updated Biographical Affidavits	EO	N/A	3/1, 5/15, 8/15, 11/15	NAIC	G, H(a), V, X

* EO (electronic only filing).

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