



State of Missouri

Christopher S. Bond, Governor

Department of Consumer Affairs, Regulation and Licensing

J. H. Frappier, Director

Division of Insurance
P. O. Box 690
Jefferson City, Missouri 65102-0690
Telephone 314/751-4126

C. Donald Ainsworth,
Director

B U L L E T I N

BULLETIN NO. 84-03

TO: ALL INSURANCE COMPANIES TRANSACTING BUSINESS IN MISSOURI

FROM: C. DONALD AINSWORTH, DIRECTOR *CDA*

SUBJECT: FILING OF ALL POLICY FORMS AND RATES

DATE: APRIL 23, 1984

Attached to this bulletin, you will find a copy of a form that should accompany all policies and rates submitted to the Missouri Division of Insurance for filing and approval. The form attached will be either Form TD-1, which applies to life and health insurance policy forms, or Form TD-2, which applies to property and casualty insurance forms. If the form appropriate to the type of insurance that your company writes is not attached, please contact the Division so that the appropriate form may be forwarded to you.

Although the TD-1 or TD-2 form attached to this bulletin is only one page, the TD-1 or TD-2 form actually used should be on three part NCR paper, with the top copy being white, the second copy being pink, and the third copy being "canary" colored. Therefore, each company will need to have either the TD-1 or TD-2 form printed following the format of the attached copy. This transmittal form should accompany all filings made with the Life and Health or Property and Casualty Sections. Further procedures regarding the filing of life and health forms can be found in the soon to be enacted version of Regulation 4 CSR 190-13.010. The text of this new version of the regulation may be found in the May issue of the Missouri Register.

Along with the new transmittal document, it will also now be necessary to remit the \$10.00 fee along with any filing made. The Division of Insurance will no longer be able to bill companies on a monthly basis for the filing fees due on forms and rates filed with the Division. Any filing not accompanied by the appropriate fee will be returned to the company. Please refer to Regulation 4 CSR 190-10.110 for a definition of what constitutes a "filing" for the purposes of assessing the \$10.00 fee.

Any questions regarding filing procedures should be directed to: Mr. Charles Renn, Supervisor, Life and Health Section, Missouri Division of Insurance, (314) 751-4363 or Mr. Robert A. Maddox, Supervisor, Property and Casualty Section, Missouri Division of Insurance, (314) 751-3365.

CDA/KRJ/bw
Attachments

**STATE OF MISSOURI
LIFE AND ACCIDENT AND HEALTH TRANSMITTAL DOCUMENT**

**FOR DIVISION
OF INSURANCE
USE ONLY**

Status of Filing (Date and Code)		
Forms Count	Date Replaced or Withdrawn	Analyst
Remarks	Date Filing Received in Division	Date Approved
Fee I.D. Number		

**INSURER
INFORMATION**

Company Name	NAIC Code Number
Company Mailing Address	
Name and Title of Individual Making This Filing	Telephone Number
RESCINDED AND INOPERATIVE	
Address to Which This Filing Should be Returned If Different Than Company Address Shown Above	

**FILING
INFORMATION**

Date of Submission	Date of Domiciliary State Approval	Type of Filing <input type="checkbox"/> For Approval <input type="checkbox"/> Certification
Listing of Previously Approved Forms Accompanying This Filing For Informational Purposes Only		
Form Number(s) and Description	(If Additional Space is Required Continue on Another Transmittal Document)	Replaced Form Number(s) <input type="checkbox"/> Pending; or <input type="checkbox"/> Previously Approved

Section 374.230(6), RSMo 1978 establishes a \$10 filing fee and Regulation 4CSR 190-10.110 defines a "filing" for the purpose of assessing a filing fee. Based on the above statutes and regulation, the total filing fee enclosed with this submission is shown at right.

\$

**STATE OF MISSOURI
PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

FOR DIVISION OF INSURANCE USE ONLY	Remarks	Date Filing Received in Division	Date Processed
	Fee I.D. Number		
INSURER INFORMATION	Company Name		NAIC Code Number
	Company Mailing Address		
	Name and Title of Individual Making This Filing		Telephone Number ()
	Address to Which This Filing Should be Returned If Different Than Company Address Shown Above		
RESCINDED AND INOPERATIVE			
FILING INFORMATION	Date of Submission	Date of Domiciliary State Approval	Type of Filing <input type="checkbox"/> Forms <input type="checkbox"/> Rules <input type="checkbox"/> Rates
	Form Number(s) and Description		Replaced Form Number(s) <input type="checkbox"/> Pending; or <input type="checkbox"/> Previously Approved
Section 374.230(6), RSMo 1978 establishes a \$10 filing fee and Regulation 4CSR 190-10.110 defines a "filing" for the purpose of assessing a filing fee. Based on the above statutes and regulation, the total filing fee enclosed with this submission is shown at right.			\$

A FILING CANNOT BE ACCEPTED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE.