

LIFE, ACCIDENT AND HEALTH, AND FRATERNAL INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **MISSOURI**

Filings Made During the Year 2019

FRATERNAL COMPANIES BEGIN FILING LIFE STATEMENT EFFECTIVE 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" x 14")	2	EO	xxx	3/1	NAIC	G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	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, L, N(a)
	3	Separate Accounts Annual Statement (8 1/2" x 14")	2	EO	xxx	3/1	NAIC	G, H(a), I, L, N(a)
II. NAIC SUPPLEMENTS								
	11	Accident & Health Policy Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	12	Analysis of Annuity Operations by Lines of Business	2	EO	xxx	4/1	NAIC	M
	13	Analysis of Increase in Annuity Reserves During Year	2	EO	xxx	4/1	NAIC	M
	14	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	15	Interest Sensitive Life Insurance Products Report	2	EO	xxx	4/1	NAIC	M
	16	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	2	EO	xxx	4/1	NAIC	M
	17	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	2	EO	xxx	4/1	NAIC	M
	18	Long-term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	19	Management Discussion & Analysis	2	EO	xxx	4/1	Company	N(b)
	20	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	3/1	NAIC	M
	21	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	22	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(a)
	23	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	M
	26	Supplemental Health Care Exhibit's Allocation Report	2	EO	xxx	4/1	NAIC	M
	27	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	28	Supplemental Schedule O	2	EO	xxx	3/1	NAIC	M
	29	Supplemental Term and Universal Life Insurance Reinsurance Exhibit	2	EO	xxx	4/1	NAIC	M
	30	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
	31	Variable Annuities Supplement	1	EO	xxx	4/1	NAIC	M
	32	VM 20 Reserves Supplement	1	EO	xxx	3/1	NAIC	M
	33	Workers' Compensation Carve-Out Supplement	2	EO	xxx	3/1	NAIC	M
Actuarial Related Items								
	34	Actuarial Certification regarding use 2001 Preferred Class Table	2	EO	xxx	3/1	Company	G, M
	35	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	2	EO	xxx	3/1	Company	G, M
	36	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	37	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	38	Actuarial Memorandum Related to Universal Life with Secondary Guaratee Policies required by Actuarial Guideline XXXVIII 8D	1	N/A	xxx	4/30	Company	G, M
	39	Actuarial Opinion	3	EO	xxx	3/1	Company	G, J(a), M, N(a)(d)
	40	Executive Summary of the PBR Actuarial Report (if VM early adopted)	2	N/A		4/1	Company	
	41	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	2	EO	xxx	3/1	Company	G, M

(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			
	42	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	2	EO	xxx	3/1	Company	G, M
	43	Actuarial Opinion on X-Factors	2	EO	xxx	3/1	Company	G, M
	44	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	2	EO	xxx	3/1	Company	G, M
	45	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	46	Life PBR Exemption (formerly Companywide Exemption)	1	E/O	xxx	Commissioner 7/1 NAIC 8/15	Company	
	47	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	2	EO	xxx	3/1	Company	G, M
	48	RAAIS required by <i>Valuation Manual</i>	2	N/A	xxx	4/1	Company	G
	49	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	50	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	51	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	52	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	53	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	2	EO	xxx	3/1,5/15, 8/15, 11/15	Company	G, M
	54	RBC Certification required under C-3 Phase I	1	EO	xxx	3/1	Company	G, M
	55	RBC Certification required under C-3 Phase II	1	EO	xxx	3/1	Company	G, M
	56	Statement on non-guaranteed elements - Exhibit 5 Int. #3	2	EO	xxx	3/1	Company	M
	57	Statement on par/non-par policies – Exhibit 5 Int. 1&2	2	EO	xxx	3/1	Company	M
		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	2	EO	N/A	6/1	Company	N(c)
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	J, N(c)
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	5/1	Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	1	N/A	N/A	12/1	Company	N(c)
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A	Within 10 days of CPA Discovery	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	J
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	J
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	J
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	3/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	0		State	
	102	Certificate of Deposit	0	0	0		State	

(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			
	103	Certificate of Valuation	0	0	0		State	
	104	Filings Checklist (with Column 1 completed)	0	0	0		State	
	105	Signed Jurat – Annual	2	0	xxx	3/1	NAIC	G, L
	106	Premium Tax	1	0	1	3/1	State	Q
	107	Annual Statement Supplement for Missouri	1	N/A	1	3/1	State	
	108	Basket Clause Statement	1	N/A	N/A	3/1	State	T, M
	109	Affidavit Regarding TPA Pursuant to RSMo §376.1084	1	N/A	N/A	3/1	State	G, H(a)
	110	Certificate of Compliance with Advertising Rules	1	N/A	1	3/1	State	U
	111	Updated Biographical Affidavits	1	N/A	N/A	3/1,5/15,8/15, 11/15	NAIC	G, H(a) Domestic ONLY
	112	MO Medicare Supplement Insurance Experience Report	1	N/A	1	4/1	State	
	113	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	N/A	5/1	State	M
	114	Form B Holding Company Registration	1	N/A	N/A	5/1	Company	S
	115	Form C Summary of Registration	1	N/A	N/A	5/1	Company	S
	116	Actuarial Opinion Memorandum	1	N/A	N/A	4/30	Company	
	117	Form F – Enterprise Risk Report ****	1	N/A	xxx	5/1	State	G, H(a), S
	118	Signed Jurat – Quarterly	2	0	xxx	5/15, 8/15, 11/15	NAIC	G, L
	119	State Filing Fees	1	0	1	7/1	State	C, O
	120	Application for Renewal of C of A	1	N/A	1	7/1	State	G, N(b)
	121	ORSA*****	1	N/A	N/A	2018	Company	

*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