

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

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

Filings Made During the Year 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 ½" 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 ½" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	G, H(a), I, L, N(a)
	3	Protected Cell Annual Statement	2	0	xxx	3/1	NAIC	G, H(a), I, L, N(a)
	4	Combined Annual Statement (8 ½" x 14")	1	EO	xxx	5/1	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	Actuarial Opinion	2	EO	xxx	3/1	Company	G, J(a), M, N(a)(d)
	13	Actuarial Opinion Summary	2	N/A	xxx	3/15	Company	M, N(a)
	14	Bail Bond Supplement	2	EO	xxx	3/1	NAIC	M
	15	Combined Insurance Expense Exhibit	2	EO	xxx	5/1	NAIC	M
	16	Credit Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	2	EO	xxx	4/1	NAIC	M
	18	Director and Officer Insurance Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	19	Financial Guaranty Insurance Exhibit	2	EO	xxx	3/1	NAIC	M
	20	Insurance Expense Exhibit	2	EO	xxx	4/1	NAIC	M
	21	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit		EO	xxx	4/1	NAIC	
	22	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form		EO	xxx	4/1	NAIC	
	23	Long-Term Care Experience Reporting Forms	2	EO	xxx	4/1	NAIC	M
	24	Management Discussion & Analysis	2	EO	xxx	4/1	Company	N(a)
	25	Medicare Part D Coverage Supplement	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	M
	26	Medicare Supplement Insurance Experience Exhibit	2	EO	xxx	4/1	NAIC	M
	27	Premiums Attributed to Protected Cells Exhibit	2	EO	xxx	3/1	NAIC	M
	28	Reinsurance Attestation Supplement	2	EO	xxx	3/1	NAIC	N(a)
	29	Exceptions to Reinsurance Attestation Supplement	2	EO	xxx	3/1	Company	N(a)
	30	Reinsurance Summary Supplemental	2	N/A	xxx	3/1	Company	M
	31	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	G, I, N(a)
	32	Schedule SIS	2	N/A	N/A	3/1	NAIC	M
	33	Supplement A to Schedule T	2	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, M
	34	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	35	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	xxx	4/1	NAIC	M
	36	Supplemental Health Care Exhibit's Allocation Report Supplement	2	EO	xxx	4/1	NAIC	M
	37	Supplemental Investment Risk Interrogatories	2	EO	xxx	4/1	NAIC	M
	38	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts	2	EO	xxx	3/1	NAIC	M
	39	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	G, 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	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	

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			Domestic		Foreign			
			State	NAIC	State			
	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(a)
	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 to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	J
	92	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	
	103	Filings Checklist (with Column 1 completed)	0	0	0		State	
	104	Premium Tax	1	0	1	3/1	State	Q
	105	Signed Jurat – Annual	2	0	xxx	3/1	NAIC	G, L
	106	Basket Clause	1	N/A	N/A	3/1	State	T, M
	107	TPA Affidavit Pursuant to §376.1084 RSMo	1	N/A	N/A	3/1	State	G, H(a)
	108	Supplement to Page 19 of the Annual Statement	1	N/A	1	3/1	State	
	109	Updated Biographical Affidavits	1	N/A	N/A	3/1, 5/15, 8/15, 11/15	NAIC	G, H(a) Domestic ONLY
	110	MO Medicare Supplement Insurance Experience Report	1	N/A	N/A	3/1	State	
	111	Form B Supplement Fees Between Insurers and Affiliates	1	N/A	N/A	5/1	State	M
	112	Form B Holding Company Registration	1	N/A	N/A	5/1	Company	S
	113	Form C Summary of Registration	1	N/A	N/A	5/1	Company	S
	114	Form F – Enterprise Risk Report ****	1	N/A	Xxx	5/1	State	G, H(a)
	115	Signed Jurat – Quarterly	2	0	xxx	5/15, 8/15, 11/15	NAIC	G, L
	116	State Filing Fees	1	0	1	7/1	State	C, O
	117	Application for Renewal of C of A	1	N/A	1	7/1	State	G, N(b)
	118	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