

FAIR PLAN

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

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

Filings Made During the Year 2019

(1) Check- list	Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES	(5) DUE DATE	(6) FORM SOURCE	(7) APPLICABLE NOTES
		I. FINANCIAL STATEMENTS				
	1	Annual Statement	2	3/1	NAIC	G, H(a), I, L, N(a)
	2	Quarterly Financial Statement	2	5/15,8/15,11/15	COMPANY	G, H(a), I, L, N(a)
		II. SUPPLEMENTS				
	3	Management Discussion & Analysis	2	4/1	COMPANY	M, N(a)
		III. AUDIT/INTERNAL CONTROL RELATED REPORTS				
	4	Accountants Letter of Qualifications	2	6/1	COMPANY	N(a)
	5	Annual Audited Financial Statements	2	6/1	COMPANY	J, N(a)
	6	Report of Significant Deficiencies in Internal Controls	2	6/1	COMPANY	R
	7	Notification of Adverse Financial Condition	1	Within 10 days of CPA Discovery	COMPANY	
		IV. STATE REQUIRED FILINGS				
	8	Premium tax	1	3/1	STATE	Q