

REINSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: **MISSOURI** **Filings Made During the Year 2019**

Reinsurers should follow the Missouri checklist for the type of blank (Life, P&C, or Health) that their domiciliary state or port of entry requires them to complete.