

MULTIPLE EMPLOYER SELF-INSURED HEALTH PLAN

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				
			State	NAIC			
I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8 ½"X14")	2	EO	3/1	NAIC	G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	5/15, 8/15, 11/15	NAIC	G, H(a), I, L, N(a)
II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	2	EO	4/1	NAIC	M
	12	Actuarial Opinion	2	EO	3/1	Company	G, J(a), M, N(a)(d)
	13	Life Supplemental Data due March 1	2	EO	3/1	NAIC	M
	14	Life Supplemental Data due April 1	2	EO	4/1	NAIC	M
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	2	EO	3/1	Company	M
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	2	EO	3/1	Company	M
	17	Long-Term Care Experience Reporting Forms	2	EO	4/1	NAIC	M
	18	Management Discussion & Analysis	2	EO	4/1	Company	N(a)
	19	Medicare Part D Coverage Supplement	2	EO	3/1, 5/15, 8/15, 11/15	NAIC	M
	20	Medicare Supplement Insurance Experience Exhibit	2	EO	3/1	NAIC	M
	21	Risk-Based Capital Report	1	EO	3/1	NAIC	G, I, N(a)
	22	Schedule SIS	2	N/A	3/1	NAIC	M
	23	Supplemental Compensation Exhibit	0	N/A	3/1	NAIC	M
	24	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	EO	4/1	NAIC	M
	25	Supplemental Health Care Exhibit's Allocation Report	2	EO	4/1	NAIC	M
	26	Supplemental Investment Risk Interrogatories	2	EO	4/1	NAIC	M
III. ELECTRONIC FILING REQUIREMENTS							
	61	Annual Statement Electronic Filing	xxx	EO	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	3/1	NAIC	
	65	Supplemental Electronic Filing	xxx	EO	4/1	NAIC	
	66	Supplemental .PDF Filing	xxx	EO	4/1	NAIC	
	67	Quarterly Statement Electronic Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	xxx	EO	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	xxx	EO	6/1	NAIC	20 CSR 200-14.200(2)
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS							
	81	Accountants Letter of Qualifications	2	EO	6/1	Company	N(a)
	82	Audited Financial Reports	2	EO	6/1	Company	J, N(a)
	83	Audited Financial Reports Exemption Affidavit	1	N/A	5/1	Company	J
	84	Communication of Internal Control Related Matters Noted in Audit	2	EO	8/1	Company	R
	85	Independent CPA (change)	1	N/A	12/1	Company	N(c)
	86	Management's Report of Internal Control Over Financial Reporting	2	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	3/1	Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	3/1	Company	J
	89	Relief from the one-year cooling off period for independent CPA	1	EO	3/1	Company	J
	90	Relief from the Requirements for Audit Committees	1	EO	3/1	Company	J

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	91	Request for Exemption to File Management’s Report of Internal Control Over Financial Reporting	1	N/A	3/1	Company	J
		V. STATE REQUIRED FILINGS					
	101	Form 2 with Fees – Monthly	1	N/A	10 th of each month	State	376.1030, 20 CSR 200-14.300
	102	Application for Renewal of C of A	1	N/A	3/1	State	N(b)(f), G, H(a), 20 CSR 200-14.200(1) Form 1
	103	Signed Jurat – Annual	2	N/A	3/1	NAIC	G, L
	104	State Filing Fees	1	N/A	3/1	State	376.1005.2, 20 CSR 200-14.200(1)
	105	Itemized Collections from Participating Employers	1	N/A	3/1	Company	376.1012(4)
	106	Premium Tax	1	N/A	3/1	State	Q, 376.1037
	107	Signed Jurat – Quarterly	2	N/A	5/15, 8/15/, 11/15	NAIC	G, L
	108	Updated Biographical Affidavits	1	N/A	3/1, 5/15, 8/15, 11/15	Company	G, H(a), Every 5 years

* EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.