



Division of Insurance Market Regulation

INSTRUCTIONS FOR FILING ANNUAL STATEMENT SUPPLEMENT FOR MISSOURI FOR YEAR ENDING DECEMBER 31, 2023

PLEASE READ CAREFULLY.

The Annual Statement Supplement for Missouri form filing, which is due by March 1, 2024, can be filed electronically. Hard copies of this form will not be mailed.

The Annual Statement Supplement for Missouri form is used to collect data in greater detail than that of the Missouri State Page of the Annual Statement. All Life, Accident & Health, Health Service Corporations and Fraternal companies are required to submit an accurate and complete report of their business for all lines specified as per 20 CSR 200-1.037. The Supplement form may be found by going to insurance.mo.gov/forms and scrolling down to "Statistics Forms." To ensure the accuracy of data, a list of edits is included with the instructions. All companies are required to submit an accurate and complete report of their business for all lines specified.

Prior to submission, please ensure that data conforms to the criteria enumerated under the **EDITS** section below. If amounts on the supplement form fail to reconcile to corresponding amount on the annual statement, email an explanation to the address below explaining such discrepancies to avoid being contacted by this office.

A **NONE** report is required for companies with no Missouri business (i.e. a zero-filled report).

The Supplement is to be completed and received by the Missouri Department of Commerce & Insurance by March 1, 2024. Each company must file a separate submission. If your company is unable to submit electronically, contact the Business Analytics/Statistics section to discuss filing options.

A copy of both the Supplement and the Missouri State Page of the Annual Statement should accompany your premium tax return. Please note that if you are submitting the Supplement using our online portal, before submitting you can print a copy of the Supplement to send to the Taxation section. Also note that the premium tax return is not the same filing as the Supplement and the two filings go to two different sections. FAQs for the premium tax return can be found on the DCI website [here](#).

If you have any questions, please contact the Business Analytics/Statistics Section at Statistics@insurance.mo.gov, or by phone at 573-751-3163.

Missouri Department of Commerce & Insurance
Business Analytics/Statistics Section
P.O. Box 690
Jefferson City, MO 65102

Missouri Department of Commerce & Insurance
Business Analytics/Statistics Section
Truman State Office Bldg.
301 W. High St., 5th Floor, Room 530
Jefferson City, MO 65101

ELECTRONIC FILING INSTRUCTIONS

The fillable form can be accessed on our electronic filing system [at this link](#). Instructions for how to register for the portal can be found in the User Guide section of this document.

Once you complete all data fields on this form, you can print it by selecting the print button or click on the "SUBMIT" button to submit the report. A popup will appear saying the filing was submitted successfully. The data entered on the portal will be automatically saved if you need to edit your submission. Any subsequent submission will override the prior submission.

SUPPLEMENT INSTRUCTIONS AND EDIT VERIFICATION FORM

Data Edits for those who file the Life (Blue) Blank

For each of the following lines, test to ensure that amounts reported on the Missouri Supplement correspond to the following data elements on the State Page of the Annual Statement:

Line of Business	Field Name	Supplement		State Page	
		Line #	Column #	Line #	Column #
Life Insurance					
Individual					
Whole	Direct Premium & Annuity Considerations	1.1	2	2	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Term	Direct Premium & Annuity Considerations	1.2	2	3	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Universal	Direct Premium & Annuity Considerations	1.3	2	Sum(5, 6)	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Credit	Direct Premium & Annuity Considerations	1.5	2	9	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Variable Life	Direct Premium & Annuity Considerations	1.6	2	7	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Annuities	Direct Premium & Annuity Considerations	Sum(1.7a, 1.7b, 1.7c, 1.7d)	2	26	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Deposit-Type Contracts	Deposit-Type Contract Considerations	1.8	2	Footnote c	Individual
Other Considerations	Unallocated Annuity Considerations	1.9	2	Sum(11, 26)	2

Line of Business	Field Name	Supplement		State Page	
		Line #	Column #	Line #	Column #
Life Insurance					
Group					
Whole	Direct Premium & Annuity Considerations	2.1	2	12	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Term	Direct Premium & Annuity Considerations	2.2	2	13	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Universal	Direct Premium & Annuity Considerations	2.3	2	14	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Credit	Direct Premium & Annuity Considerations	2.5	2	17	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Variable Life	Direct Premium & Annuity Considerations	2.6	2	15	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Annuities	Direct Premium & Annuity Considerations	Sum(2.7a, 2.7b, 2.7c, 2.7d)	2	33	1
	Direct Dividends to Policyholders		3		7
	Direct Claims, Benefits, & Surrender Values Paid		4		12
Deposit-Type Contracts	Deposit-type Contract Considerations	2.8	2	Footnote c	Group
Other Considerations	Unallocated Annuity Considerations	2.9	2	Sum(19, 33)	2

		Supplement		State Page	
Line of Business	Field Name	Line #	Column #	Line #	Column #
Accident & Health					
Comprehensive: Individual	Direct Premium & Annuity Considerations	4.1	2	34	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Medicare Supplement	Direct Premium & Annuity Considerations	Sum(4.2, 5.2)	2	36	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Long Term Care	Direct Premium & Annuity Considerations	Sum(4.3, 5.3)	2	44	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Disability Income	Direct Premium & Annuity Considerations	Sum(4.6, 5.6)	2	43	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Dental	Direct Premium & Annuity Considerations	Sum(4.7, 5.7)	2	38	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Comprehensive: Group	Direct Premium & Annuity Considerations	Sum(5.1a - 5.1e)	2	35	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12
Federal Employees	Direct Premium & Annuity Considerations	5.1e	2	39	1
	Direct Dividends to Policyholders		4		7
	Direct Claims, Benefits, & Surrender Values Paid		5		12

Data Edits for those who file the Health (Orange) Blank

The break down for accident & health business has been expanded. all companies writing accident & health business will need to complete the additional information per the following outline.

- a. Number of insureds as of December 31 of Report Year: For individual policies, the number of insureds must include dependents. For group policies, the number of insureds must equal the number of certificate holders, plus all dependents.
- b. Comprehensive Medical Expense: This category includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured persons primary health benefit coverage. Do not include plans covering less than 50% of incurred expenses.
- c. Limited benefit: Includes vision, nursing care (other than long-term care), hospital indemnity and any other single service plan or program, not otherwise reported herein.
- d. Small Employer (2-50 employees) (line 5.1a): This term means major medical or comprehensive group medical expense insurance coverage that is subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).
- e. Association (line 5.1c): This term means major medical or comprehensive group medical expense insurance coverage sold to members of associations that is not subject to the group market provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).
- f. Small Employer (3-25 employees) (line 7.1): This term means major medical or comprehensive group medical expense coverage that is subject to the Missouri small employer health insurance availability act.
- g. Stop Loss: Include any premium for employer self-funded group health plan excess loss coverage, including any such coverage issued or provided through minimum premium plans or other self-funded health benefit plans.
- h. Medicare Part D: Pursuant to the Medicare modernization act, companies writing prescription drug coverage, through Medicare Part D, must report their data on line numbers 4.13 and/or 5.13.
- i. Medicare Advantage (lines 4.14 and 5.14): A plan of coverage for health benefits under Medicare Part C as defined in Section 1859 found in Title IV, Subtitle A, Chapter 1 of P.L. 105-33.
- j. Additional association information (lines 8.1 – 8.4): Report only business that offers coverage to associations that include both small (3-25 employees) and large employers.

For each of the following lines, test to ensure that amounts reported on the Missouri Supplement correspond to the following data elements on the State Page of the Annual Statement:

Type of Insurance	Field Name	Supplement		State Page	
		Line #	Column #	Line #	Column #
Comprehensive: Individual	Direct Premiums Written	4.1	2	12	2
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	
Medicare Supplement	Direct Premiums Written	Sum(4.2, 5.2)	2	12	4
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	
Long Term Care	Direct Premiums Written	Sum(4.3, 5.3)	2	12	12
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	
Disability Income	Direct Premiums Written	Sum(4.6, 5.6)	2	12	11
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	

Dental	Direct Premiums Written	Sum(4.7, 5.7)	2	12	6
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	
Comprehensive: Group	Direct Premiums Written	Sum(5.1a - 5.1d)	2	12	3
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	
Federal Employees	Direct Premiums Written	5.1e	2	12	7
	Direct Premiums Earned		3	15	
	Direct Losses Paid		5	17	
	Direct Losses Incurred		6	18	

STATISTICS CLAIM REPORTING PORTAL USER GUIDE

Account Management

Users require an approved account to create, update or close claims/data. New users must create an account and received approval prior to creating, updating, or closing claims/data. Existing users will need to sign in to manage their account information.

Account Registration

Required Information: Users will need to create and/or provide the following information when registering for an account with DCI:

- Create a User Name
- Provide a valid Email Address
- Create a Password
- Provide valid NAIC number(s)
- Provide Contact Name
- Provide Contact Phone Number
- Provide Contact Address Information

Registration Process

New users must register with DCI to gain access to the application. Begin the account creation process by navigating to the Statistics Claims Reporting portal located on the internet at <https://apps.dci.mo.gov/ProfLiab/MedMal/Login.aspx>.



STATISTICS CLAIMS REPORTING REGISTRATION

SIGN IN

Account Information

Please enter your username and password.

Username:

Password:

[User Guide](#)

[Can't access your account?](#)

Not Registered? [Sign up](#)

[Contact Us](#)

Once you navigate to the site, in the middle of the screen on the 'Sign In' page, click the hyperlink titled ***Sign up***. The hyperlink will redirect you to the Registration Page.



STATISTICS CLAIMS REPORTING REGISTRATION

REGISTER

Account Information

Please complete the fields below.
All fields are required.

If you already have an account please click [Here](#)

Username:

Email:

Password:
 [Help](#)

Confirmation Password:

Contact First Name:

Contact Last Name:

Contact Title:


Contact Phone Number:

Contact Street Address:

Contact City:

Contact State:

Contact Zip Code:

 When this symbol appears, an error has occurred in the associated field, hover over symbol for error message

Complete the information requested on the form:

Username: Create and type your username in the textbox provided. Your username can be your email address, company name, personal name, etc.

Email: Provide a valid email address in the textbox provided. After creating your account, you will receive emails pertaining to your account and claims. Be sure to keep this information updated.

Password: Create a password, which consists of at least fifteen characters. Include at least one upper case letter; one lower case letter; and one number or special character. Type the password you created into the textbox provided.

Confirmation Password: Retype your password into the 'Confirmation Password' text box to verify the password match. If the passwords do not match, please correct any errors or typos.

Contact First Name: Enter the account contact first name.

Contact Last Name: Enter the account contact last name.

Contact Title: Enter the account contact title.

Contact Phone Number: Enter the primary phone number for the account in which you are registering.

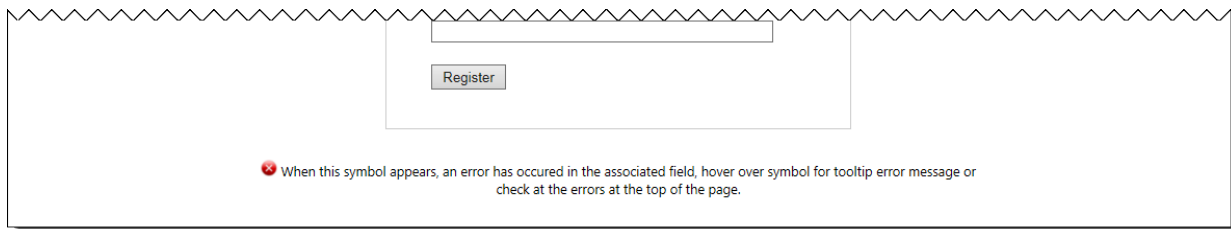
Contact Street Address: In the text box provided, enter the street address for which the account will be register.

Contact City: Enter the name of the city for the account in which you are registering.

Contact State: From the drop down menu, select the state associated with the address provided above.

Contact Zip Code: Enter the zip code associated with the address provided above.

After you have entered all the requested information, click the **Register** button to continue with account creation. The depiction of a red 'x' next to a field indicates an error associated with field requirements. *Follow prompts provided to correct online registration inconsistencies or errors.*



The screenshot shows a registration form with a red 'x' icon next to a field. Below the field, a tooltip message reads: "When this symbol appears, an error has occurred in the associated field, hover over symbol for tooltip error message or check at the errors at the top of the page." The form includes a "Register" button and a dashed border around the input area.

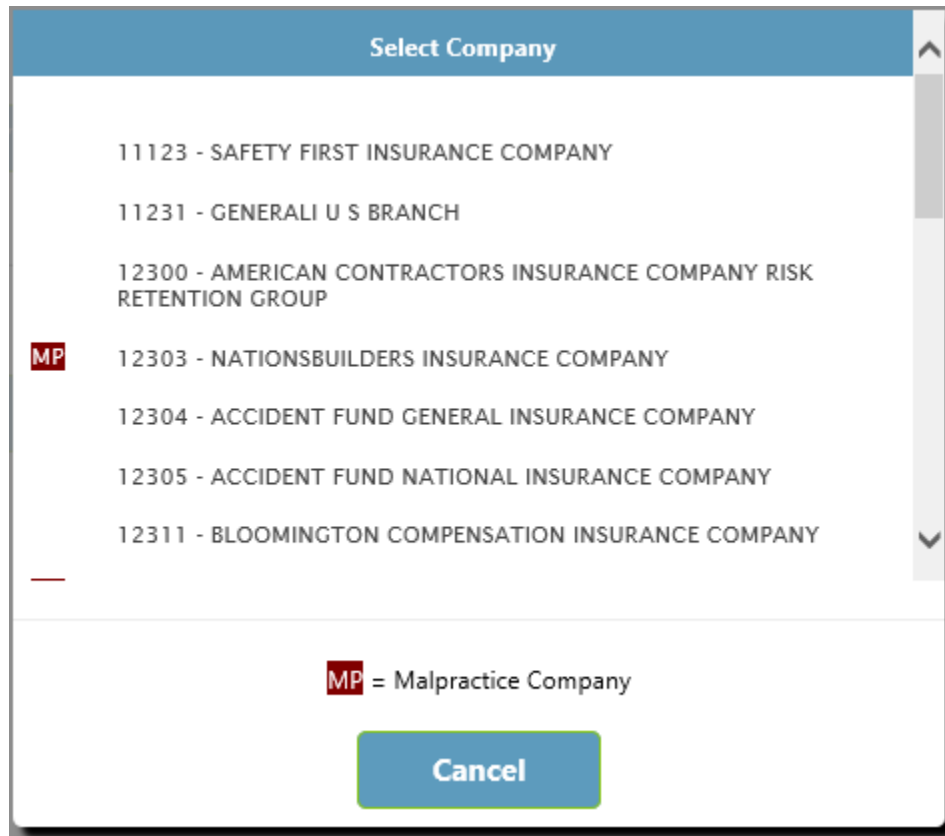
After successful completing of part 1 on the registration form you will be directed to company and forms pages. Here you will select all company(s) associated with your account. You will also select which forms are associated with each company you register for.



The screenshot shows a search interface for companies. It includes a search box labeled "Search for Companies by NAIC Code:" and a blue "FIND COMPANY" button. Below the search box, there are two blue buttons: "Review" and "Cancel". To the right of the "Cancel" button, there is a legend: "MP = Malpractice Company".

Find Company: Enter the NAIC code for the company you wish to register. (Partial searches are allowed.)

Next click Find Company. A window will pop up displaying a scrollable list of all possible matches to the criteria you entered. Select the one you want by clicking on it.



The next screen will allow you to verify you have the correct company and select the form or forms you need associated with this company.

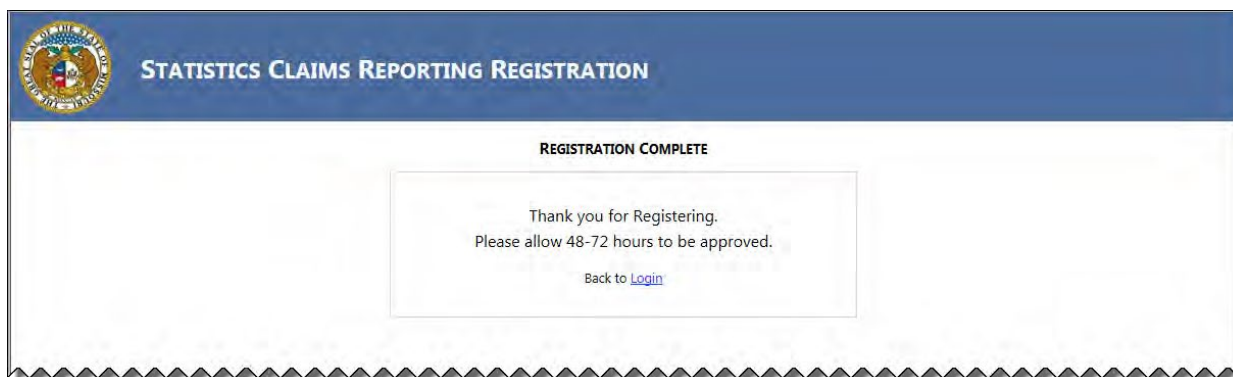


Ensure all the applicable services have been checked here.

If the company select is incorrect you can delete this entry by clicking on the red “X” after the company name.

Before selecting the **Register** button, confirm you have all company(s) listed that will be associated with your user account.

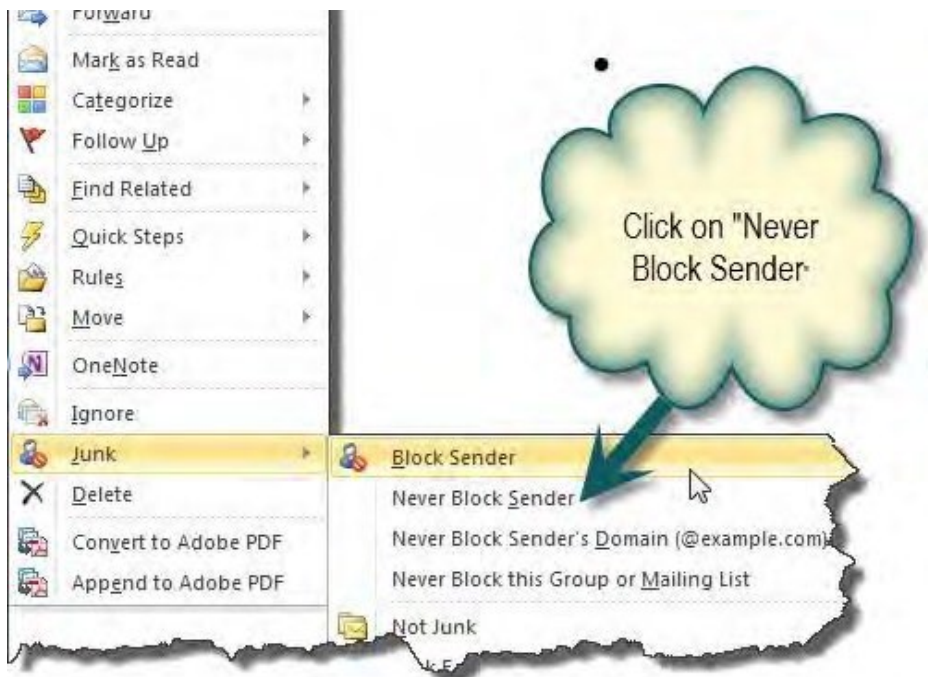
After selecting the **Register** button, the webpage redirects to the *Registration Complete* page. You will also receive an email notification verifying your registration.



It is important to note that processing registrations can take up to 48-72 hours before account approval. You will receive a confirmation email, once the account is accepted.

Don't See Your Email

If you do not see your confirmation email, check your Junk email folder. If you find it in the Junk folder, Right Click on the email title and then move down to Junk and then select NEVER BLOCK SENDER.

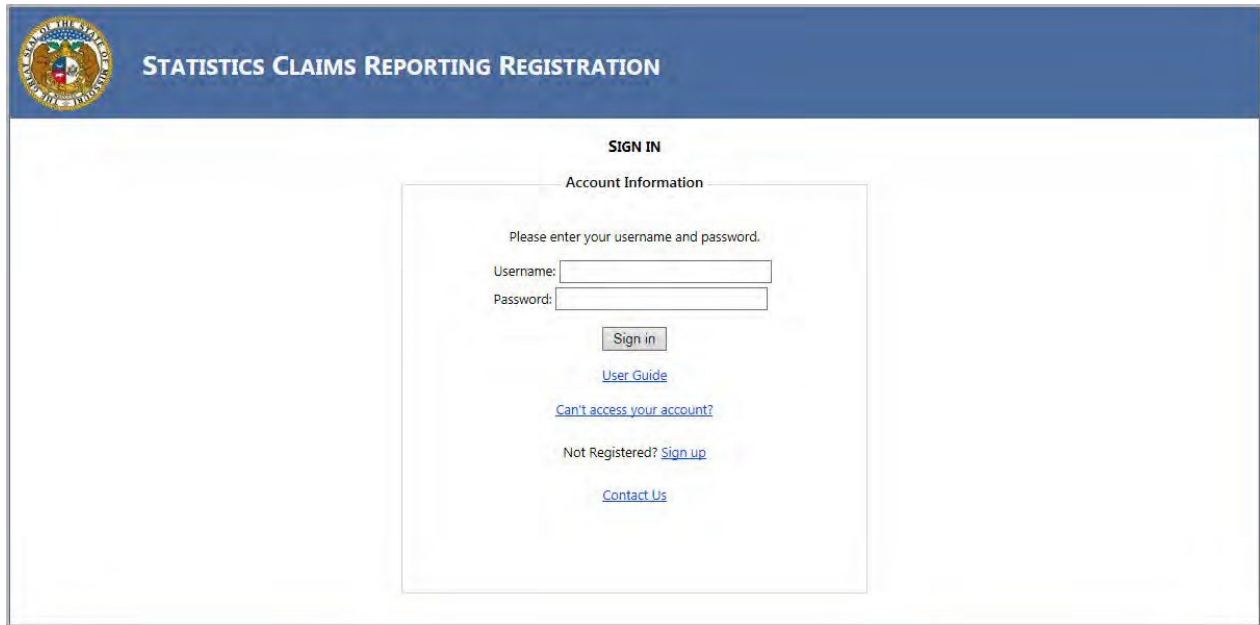


Contact Information Updates

It is important to keep your contact information up-to-date, log into the account to manage account settings. You can change your password, email account, and contact information online through the account settings option. The system automatically approves updates immediately but account changes process nightly.

To log in, provide your username and password.

- If you forget your account login information, you may request your information sent to your on- file email address by selecting the “Can’t access your account?” link.



The screenshot shows the 'SIGN IN' page for the 'STATISTICS CLAIMS REPORTING REGISTRATION' system. The page features a blue header with the Missouri Department of Commerce and Insurance logo on the left and the title 'STATISTICS CLAIMS REPORTING REGISTRATION' in white text. Below the header, the page is titled 'SIGN IN' and 'Account Information'. A central white box contains the login form with the instruction 'Please enter your username and password.' The form includes two input fields: 'Username:' and 'Password:'. Below the fields is a 'Sign in' button. Underneath the button are four hyperlinks: 'User Guide', 'Can't access your account?', 'Not Registered? Sign up', and 'Contact Us'.

Once you log in, the page redirects to the portal homepage. From the portal homepage, you can navigate to your account settings; select your NAIC company code and form type.

Contact Us

Contact the Department of Commerce and Insurance, Statistics Section, for help with claims/data by email at: Statistics@insurance.mo.gov.

User Guide

This User Guide can be obtained from the *User Guide* menu as well as from the DCI web site at http://insurance.mo.gov/industry/filings/stats/User_Sign-Up_Guide_v2.pdf

Logout

Before closing the application, be sure to logout. To logout, select the Sign Out hyperlink at the top right corner of the page. Upon successful logout, the system redirects you to a confirmation page.