

# FAIR PLAN

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Filings Made During the Year 2026

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