

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
		I. FINANCIAL STATEMENTS				
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
		II. SUPPLEMENTS				
3		Management Discussion & Analysis	EO	4/1	COMPANY	I
		III. AUDIT/INTERNAL CONTROL RELATED REPORTS				
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)
		IV. STATE REQUIRED FILINGS				
8		Premium tax	1	3/1	STATE	A, Q