

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 2026**

(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		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14")	EO	EO	XXX	3/1	NAIC	B(c), G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E30)	EO	EO	XXX	3/1	NAIC	B(c), I, N(a)
	2	Quarterly Financial Statement (8 ½" x 14")	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	B(c), G, H(a), I, L, N(a)
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	EO	EO	XXX	4/1	NAIC	I, M
	12	Actuarial Opinion	EO	EO	XXX	3/1	Company	G, J(a), I, M, N(a), N(d)
	13	Life Supplemental Data due March 1	EO	EO	XXX	3/1	NAIC	I, M
	14	Life Supplemental Data due April 1	EO	EO	XXX	4/1	NAIC	I, M
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	EO	EO	XXX	3/1	Company	I, M
	16	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	EO	EO	XXX	3/1	Company	I, M
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	XXX	4/1	NAIC	I, M
	18	Long-Term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	I, M
	19	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	I, N(a)
	20	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	XXX	3/1	NAIC	I, M
	21	Medicare Part D Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	I, M
	22	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	I, M
	23	Risk-Based Capital Report	EO	EO	XXX	3/1	NAIC	B(c), G, H(a), I, L, N(a), X
	24	Schedule SIS	EO	N/A	N/A	3/1	NAIC	I, M
	25	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	B(c), I, X
	26	Supplemental Health Care Exhibit (Parts 1 and 2)	EO	EO	XXX	4/1	NAIC	I, M
	27	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	I, M
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	62	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	66	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	

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			Domestic		Foreign			
			State	NAIC	State			
	67	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	69	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	J, N(a)
	82	Audited Financial Reports	EO	EO	XXX	6/1	Company	I, J, N(a), N(c)
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	5/1	Company	H(a), J
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	R
	85	Independent CPA (change)	EO	N/A	N/A	12/01/2 1	Company	N(a), N(c)
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	R
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	Within 5 business days of finding	Company	B(c)
	88	Relief from the five-year rotation requirement for lead audit partner	EO	EO	XXX	3/1	Company	B(c), J(b)
	89	Relief from the one-year cooling off period for independent CPA	EO	EO	XXX	3/1	Company	B(c), J(a)
	90	Relief from the Requirements for Audit Committees	EO	EO	XXX	3/1	Company	B(c), J(a)
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	7/1	Company	B(c), J(a)
		V. STATE REQUIRED FILINGS						
	101	Form 2 with Fees – Monthly	EO	N/A	XXX	10 th of each month	State	376.1030 B(c)
	102	Application for Renewal of C of A	EO	N/A	XXX	3/1	State	G, H(a), N(b)(e), 20 CSR 200- 14.200(1)
	103	Signed Jurat – Annual	1	N/A	XXX	3/1	NAIC	B(c), G, H(a), I, L
	104	State Filing Fees	EO	N/A	XXX	3/1	State	N(e) 376.1005.2, 20 CSR 200- 14.200(1)
	105	Affidavit regarding Third Party Administrator	EO	N/A	XXX	3/1	State	B(c), G, H(a), M
	106	Statement of Basket Clause (MO 375-0076)	EO	N/A	XXX	3/1	State	B(c), M, T
	107	Itemized Collections from Participating Employers	EO	N/A	XXX	3/1	Company	B(c), 376.1012(4)
	108	Premium Tax	1	N/A	XXX	3/1	State	A, Q, 376.1037
	110	Signed Jurat – Quarterly	1	N/A	XXX	5/15, 8/15/ 11/15	NAIC	B(c), G, H(a), I, L
	111	Updated Biographical Affidavits	EO	N/A	XXX	3/1, 5/15, 8/15, 11/15	NAIC	B(c), G, H(a), I, V, X

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

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

*****For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.**

******For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**

*******For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**