



STATE OF MISSOURI  
DEPARTMENT OF COMMERCE AND INSURANCE  
**ANNUAL STATEMENT SUPPLEMENT FOR MISSOURI**

FOR YEAR ENDING **2024**

| PLEASE PRINT – COMPANY REPRESENTATIVE   |                          | NAIC GROUP NO.                                    |  | NAIC COMPANY NO.   |   |
|---|--------------------------|---|--|--|---|
| (1)<br>LINE OF BUSINESS   | (2)<br>NUMBER OF INSURED | (3)<br>DIRECT PREMIUM & ANNUITY<br>CONSIDERATIONS | (4)<br>DIRECT DIVIDENDS TO<br>POLICYHOLDER | (5)<br>DIRECT CLAIMS, BENEFITS &<br>SURRENDER VALUE PAID | (6)<br>LIFE INSURANCE IN FORCE<br>(000) DECEMBER 31 |
| <b>1. INDIVIDUAL LIFE</b>   |                          |   |  |  |   |
| (A) INDUSTRIAL  |                          |   |  |  |   |
| (B) WHOLE   |                          |   |  |  |   |
| (C) TERM  |                          |   |  |  |   |
| (D) INDEXED   |                          |   |  |  |   |
| (E) UNIVERSAL   |                          |   |  |  |   |
| (F) UNIVERSAL WITH SECONDARY GUARANTEES   |                          |   |  |  |   |
| (G) VARIABLE  |                          |   |  |  |   |
| (H) VARIABLE UNIVERSAL  |                          |   |  |  |   |
| (I) CREDIT  |                          |   |  |  |   |
| (J) OTHER INDIVIDUAL LIFE   |                          |   |  |  |   |
| (K) DEPOSIT-TYPE CONTRACT FUNDS<br>(INCLUDING VARIABLE CONTRACTS WITHOUT<br>LIFE CONTINGENCIES) |                          |   |  |  |   |
| (L) OTHER CONSIDERATIONS  |                          |   |  |  |   |
| <b>(M) TOTAL INDIVIDUAL LIFE (EXCLUDING K &amp; L)</b>  |                          |   |  |  |   |
| <b>2. INDIVIDUAL ANNUITIES</b>  |                          |   |  |  |   |
| (A) FIXED   |                          |   |  |  |   |
| (B) INDEXED   |                          |   |  |  |   |
| (C) VARIABLE WITH GUARANTEES  |                          |   |  |  |   |
| (D) VARIABLE WITHOUT GUARANTEES   |                          |   |  |  |   |
| (E) LIFE CONTINGENCIES  |                          |   |  |  |   |
| (F) OTHER INDIVIDUAL ANNUITIES  |                          |   |  |  |   |
| <b>(G) TOTAL INDIVIDUAL ANNUITIES</b>   |                          |   |  |  |   |
| <b>3. TOTAL INDIVIDUAL</b>  |                          |   |  |  |   |
| <b>4. GROUP LIFE</b>  |                          |   |  |  |   |
| (A) WHOLE   |                          |   |  |  |   |
| (B) TERM  |                          |   |  |  |   |
| (C) UNIVERSAL   |                          |   |  |  |   |
| (D) VARIABLE  |                          |   |  |  |   |
| (E) VARIABLE UNIVERSAL  |                          |   |  |  |   |
| (F) CREDIT  |                          |   |  |  |   |
| (G) OTHER GROUP LIFE  |                          |   |  |  |   |
| (H) DEPOSIT-TYPE CONTRACT FUNDS<br>(INCLUDING VARIABLE CONTRACTS<br>WITHOUT LIFE CONTINGENCIES) |                          |   |  |  |   |
| (I) OTHER CONSIDERATIONS  |                          |   |  |  |   |
| <b>(J) TOTAL GROUP LIFE (EXCLUDING H &amp; I)</b>   |                          |   |  |  |   |
| <b>5. GROUP ANNUITIES</b>   |                          |   |  |  |   |
| (A) FIXED   |                          |   |  |  |   |
| (B) INDEXED   |                          |   |  |  |   |
| (C) VARIABLE WITH GUARANTEES  |                          |   |  |  |   |
| (D) VARIABLE WITHOUT GUARANTEES   |                          |   |  |  |   |
| (E) LIFE CONTINGENCIES  |                          |   |  |  |   |
| (F) OTHER GROUP ANNUITIES   |                          |   |  |  |   |
| <b>(G) TOTAL GROUP ANNUITIES</b>  |                          |   |  |  |   |
| <b>6. TOTAL GROUP</b>   |                          |   |  |  |   |
| <b>7. TOTAL LIFE &amp; ANNUITY (TOTAL INDIVIDUAL +<br/>TOTAL GROUP)</b>                         |                          |   |  |  |   |
| COMPANY NAME  | EMAIL ADDRESS            |   | PHONE NUMBER                               |  |   |

| (1)<br>LINE OF BUSINESS   | (2)<br>NUMBER OF INSURED | (3)<br>DIRECT PREMIUMS<br>WRITTEN | (4)<br>DIRECT PREMIUMS<br>EARNED | (5)<br>DIVIDENDS PAID OR<br>CREDITED ON DIRECT<br>BUSINESS | (6)<br>DIRECT LOSSES PAID | (7)<br>DIRECT LOSSES<br>INCURRED |
|---|--------------------------|-----------------------------------|----------------------------------|--|---------------------------|----------------------------------|
| <b>1. INDIVIDUAL BUSINESS</b>   |                          |                                   |                                  |  |                           |                                  |
| (A) COMPREHENSIVE MEDICAL EXPENSE   |                          |                                   |                                  |  |                           |                                  |
| (B) MEDICARE SUPPLEMENT   |                          |                                   |                                  |  |                           |                                  |
| (C) LONG-TERM CARE  |                          |                                   |                                  |  |                           |                                  |
| (D) SPECIFIED DISEASE   |                          |                                   |                                  |  |                           |                                  |
| (E) ACCIDENT ONLY   |                          |                                   |                                  |  |                           |                                  |
| (F) DISABILITY INCOME   |                          |                                   |                                  |  |                           |                                  |
| (G) DENTAL  |                          |                                   |                                  |  |                           |                                  |
| (H) LIMITED BENEFIT   |                          |                                   |                                  |  |                           |                                  |
| (I) SHORT-TERM CREDIT DISABILITY (LESS THAN 10 YEARS)   |                          |                                   |                                  |  |                           |                                  |
| (J) LONG-TERM CREDIT DISABILITY (MORTGAGE)  |                          |                                   |                                  |  |                           |                                  |
| (K) SHORT-TERM LIMITED DURATION   |                          |                                   |                                  |  |                           |                                  |
| (L) STOP LOSS   |                          |                                   |                                  |  |                           |                                  |
| (M) MEDICARE PART D   |                          |                                   |                                  |  |                           |                                  |
| (N) MEDICARE ADVANTAGE/MEDICARE PPO PRODUCT   |                          |                                   |                                  |  |                           |                                  |
| <b>(O) TOTAL INDIVIDUAL</b>   |                          |                                   |                                  |  |                           |                                  |
| <b>2. GROUP BUSINESS</b>  |                          |                                   |                                  |  |                           |                                  |
| (A) COMPREHENSIVE MEDICAL EXPENSE   |                          |                                   |                                  |  |                           |                                  |
| (1) SMALL EMPLOYER (2-50 EMPLOYEES)   |                          |                                   |                                  |  |                           |                                  |
| (2) LARGE EMPLOYER (OVER 50 EMPLOYEES)  |                          |                                   |                                  |  |                           |                                  |
| (3) ASSOCIATION   |                          |                                   |                                  |  |                           |                                  |
| (4) DISCRETIONARY   |                          |                                   |                                  |  |                           |                                  |
| (5) FEDERAL EMPLOYEES (LINE 23.1)   |                          |                                   |                                  |  |                           |                                  |
| (B) MEDICARE SUPPLEMENT   |                          |                                   |                                  |  |                           |                                  |
| (C) LONG-TERM CARE  |                          |                                   |                                  |  |                           |                                  |
| (D) SPECIFIED DISEASE   |                          |                                   |                                  |  |                           |                                  |
| (E) ACCIDENT ONLY   |                          |                                   |                                  |  |                           |                                  |
| (F) DISABILITY INCOME   |                          |                                   |                                  |  |                           |                                  |
| (G) DENTAL  |                          |                                   |                                  |  |                           |                                  |
| (H) LIMITED BENEFIT   |                          |                                   |                                  |  |                           |                                  |
| (I) SHORT-TERM CREDIT DISABILITY (LESS THAN 10 YEARS)   |                          |                                   |                                  |  |                           |                                  |
| (J) LONG-TERM CREDIT DISABILITY (MORTGAGE)  |                          |                                   |                                  |  |                           |                                  |
| (K) STOP LOSS   |                          |                                   |                                  |  |                           |                                  |
| (L) MEDICARE PART D   |                          |                                   |                                  |  |                           |                                  |
| (M) MEDICARE ADVANTAGE/MEDICARE PPO PRODUCT   |                          |                                   |                                  |  |                           |                                  |
| <b>(N) TOTAL GROUP</b>  |                          |                                   |                                  |  |                           |                                  |
| <b>3. ALL ACCIDENT &amp; HEALTH</b>   |                          |                                   |                                  |  |                           |                                  |
| <b>4. ADDITIONAL SMALL EMPLOYER MEDICAL EXPENSE INFORMATION</b>                                       |                          |                                   |                                  |  |                           |                                  |
| (A) SMALL EMPLOYER (3-25 EMPLOYEES)   |                          |                                   |                                  |  |                           |                                  |
| (B) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 2(A)(1)  |                          |                                   |                                  |  |                           |                                  |
| (C) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 4(A)   |                          |                                   |                                  |  |                           |                                  |
| <b>5. ADDITIONAL ASSOCIATION INFORMATION</b>  |                          |                                   |                                  |  |                           |                                  |
| (A) SMALL EMPLOYERS (3-25 EMPLOYEES) IN ASSOCIATIONS WITH RATE DIFFERENTIALS EXCEEDING 20%            |                          |                                   |                                  |  |                           |                                  |
| (B) SMALL EMPLOYERS (3-25 EMPLOYEES) IN ASSOCIATIONS WITH RATE DIFFERENTIALS <b>NOT</b> EXCEEDING 20% |                          |                                   |                                  |  |                           |                                  |
| (C) LARGE EMPLOYERS IN ASSOCIATION PLANS WITH RATE DIFFERENTIALS EXCEEDING 20%                        |                          |                                   |                                  |  |                           |                                  |
| (D) LARGE EMPLOYERS IN ASSOCIATION PLANS WITH RATE DIFFERENTIALS <b>NOT</b> EXCEEDING 20%             |                          |                                   |                                  |  |                           |                                  |

|   |  |
|---|--|
| (E) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 5(A)           |  |
| (F) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 5(B)           |  |
| (G) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 5(C)           |  |
| (H) NUMBER OF INSURED EMPLOYERS REPORTED ON LINE 5(D)           |  |
| <b>6. EXPLANATION IF PREMIUMS ARE REPORTED, BUT NO INSUREDS</b> |  |

**DEFINITIONS FOR SPECIFIC LINES OF BUSINESS**

**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.

**COMPREHENSIVE MEDICAL EXPENSE:**

This category includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured person's primary health benefit coverage. Do not include plans covering less than 50% of incurred expenses.

**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.

**SMALL EMPLOYER:**

(2-50 employees) (Line 2(A)(1)): 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).

**ASSOCIATION:**

(Line 2(A)(3)): 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).

**SMALL EMPLOYER:**

(3-25 employees) (Line 4(A)): This term means major medical or comprehensive group medical expense coverage that is subject to The Missouri Small Employer Health Insurance Availability Act.

**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.

**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 1(M) and/or 2(L).

**MEDICARE ADVANTAGE:**

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.

**ADDITIONAL ASSOCIATION INFORMATION (LINES 5(A) THROUGH 5(H)):**

Report only business that offers coverage to associations that include **both** small (3-25 employees) and large employers. **Please refer to the instructions that were included in your packet for additional information.**

If additional definitions are needed for detail lines of business, please send a self-addressed stamped envelope to this office (no phone calls please).