

Governor Mike Kehoe
State of Missouri



Missouri Department of
Commerce & Insurance
Angela L. Nelson, Director

INSTRUCTIONS FOR FILING ANNUAL STATEMENT SUPPLEMENT FOR MISSOURI FOR YEAR ENDING DECEMBER 31, 2025

PLEASE READ CAREFULLY.

The Annual Statement Supplement for Missouri form filing, due by March 1, 2026, can be filed electronically. Hard copies of this form will not be mailed.

The Annual Statement Supplement for Missouri form collects 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 must submit an accurate and complete business report for all lines specified 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." A list of edits is included with the instructions to ensure data accuracy.

Before 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 the 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 Missouri Department of Commerce & Insurance will complete and receive the Supplement by March 1, 2026. Each company must file a separate submission. Contact the Business Analytics/Statistics section to discuss filing options if your company cannot submit electronically.

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 submit the Supplement using our online portal, you can print a copy before submitting it. Also, note that the premium tax return is not the same filing as the Supplement, and the two filings go to two different sections. The premium tax return FAQs can be found on the DCI website [here](#).

If you have any questions, please email the Data Analytics Office at Statistics@insurance.mo.gov, or by phone at 573-751-3163.

Missouri Department of Commerce & Insurance
Data Analytics Office
P.O. Box 690
Jefferson City, MO 65102

Missouri Department of Commerce & Insurance Business
Data Analytics Office
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 registering for the portal are 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 clicking 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 | Line # | Column # | Line # | Column # |
|-------------------------------------|--|--------|----------|--------|----------|
| Life Insurance | | | | | |
| Individual | | | | | |
| Industrial | Direct Premium & Annuity Considerations | 1(A) | 2 | 1 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Whole | Direct Premium & Annuity Considerations | 1(B) | 2 | 2 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Term | Direct Premium & Annuity Considerations | 1(C) | 2 | 3 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Indexed | Direct Premium & Annuity Considerations | 1(D) | 2 | 4 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Universal | Direct Premium & Annuity Considerations | 1(E) | 2 | 5 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Universal With Secondary Guarantees | Direct Premium & Annuity Considerations | 1(F) | 2 | 6 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable | Direct Premium & Annuity Considerations | 1(G) | 2 | 7 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable Universal | Direct Premium & Annuity Considerations | 1(H) | 2 | 8 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Credit | Direct Premium & Annuity Considerations | 1(I) | 2 | 9 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Other Individual Life | Direct Premium & Annuity Considerations | 1(J) | 2 | 10 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | | | | |
|------------------------|--|------|---|-------------|------------|
| Deposit-Type Contracts | Deposit-Type Contract Considerations | 1(K) | 3 | Footnote c | Individual |
| Other Considerations | Unallocated Annuity Considerations | 1(L) | 3 | Sum(11, 26) | 2 |
| Total Individual Life | Direct Premium & Annuity Considerations | 1(M) | 2 | 11 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | Supplement | | State Page | |
|------------------------|--|------------|----------|-------------|----------|
| Line of Business | Field Name | Line # | Column # | Line # | Column # |
| Life Insurance | | | | | |
| Group | | | | | |
| Whole | Direct Premium & Annuity Considerations | 4(A) | 2 | 12 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Term | Direct Premium & Annuity Considerations | 4(B) | 2 | 13 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Universal | Direct Premium & Annuity Considerations | 4(C) | 2 | 14 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable | Direct Premium & Annuity Considerations | 4(D) | 2 | 15 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable Universal | Direct Premium & Annuity Considerations | 4(E) | 2 | 16 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Credit | Direct Premium & Annuity Considerations | 4(F) | 2 | 17 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Other Group Life | Direct Premium & Annuity Considerations | 4(G) | 2 | 18 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Deposit-Type Contracts | Deposit-type Contract Considerations | 4(H) | 3 | Footnote c | Group |
| Other Considerations | Unallocated Annuity Considerations | 4(I) | 3 | Sum(19, 33) | 2 |
| Total Group Life | Direct Premium & Annuity Considerations | 4(J) | 2 | 19 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | Supplement | | State Page | |
|-------------------|--|------------|----------|------------|----------|
| Line of Business | Field Name | Line # | Column # | Line # | Column # |
| Annuities | | | | | |
| Individual | | | | | |
| Fixed | Direct Premium & Annuity Considerations | 2(A) | 2 | 20 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | | | | |
|-----------------------------|--|------|---|----|----|
| Indexed | Direct Premium & Annuity Considerations | 2(B) | 2 | 21 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable With Guarantees | Direct Premium & Annuity Considerations | 2(C) | 2 | 22 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable Without Guarantees | Direct Premium & Annuity Considerations | 2(D) | 2 | 23 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Life Contingencies | Direct Premium & Annuity Considerations | 2(E) | 2 | 24 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Other Individual Annuities | Direct Premium & Annuity Considerations | 2(F) | 2 | 25 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Total Individual Annuities | Direct Premium & Annuity Considerations | 2(G) | 2 | 26 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | Supplement | State Page | | |
|-----------------------------|--|------------|------------|--------|----------|
| Line of Business | Field Name | Line # | Column # | Line # | Column # |
| Annuities | | | | | |
| Group | | | | | |
| Fixed | Direct Premium & Annuity Considerations | 5(A) | 2 | 27 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Indexed | Direct Premium & Annuity Considerations | 5(B) | 2 | 28 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable With Guarantees | Direct Premium & Annuity Considerations | 5(C) | 2 | 29 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Variable Without Guarantees | Direct Premium & Annuity Considerations | 5(D) | 2 | 30 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Life Contingencies | Direct Premium & Annuity Considerations | 5(E) | 2 | 31 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Other Group Annuities | Direct Premium & Annuity Considerations | 5(F) | 2 | 32 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

| | | | | | |
|-----------------------|--|-----|---|---------------------|----|
| Total Group Annuities | Direct Premium & Annuity Considerations | 5G) | 2 | 33 | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Total Individual | Direct Premium & Annuity Considerations | 3 | 2 | Sum(11, 26) | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Total Group | Direct Premium & Annuity Considerations | 6 | 2 | Sum(19, 33) | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |
| Total Life & Annuity | Direct Premium & Annuity Considerations | 7 | 2 | Sum(11, 26, 19, 33) | 1 |
| | Direct Dividends to Policyholders | | 3 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 4 | | 12 |

Short-Term Limited-Duration Insurance (Line 1(k))- Health coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract. (state and federal government guidelines may have renewal duration limitations)

| Line of Business | Field Name | Supplement | | State Page | |
|--|--|------------------------|----------|------------|----------|
| | | Line # | Column # | Line # | Column # |
| Accident & Health | | | | | |
| Comprehensive Individual | Direct Premium & Annuity Considerations | 1(A) | 2 | 34 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Comprehensive Group | Direct Premium & Annuity Considerations | Sum(2(A)(1) - 2(A)(5)) | 2 | 35 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Medicare Supplement | Direct Premium & Annuity Considerations | Sum(1(B), 2(B)) | 2 | 36 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Dental | Direct Premium & Annuity Considerations | Sum(1(G), 2(G)) | 2 | 38 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Federal Employees Health Benefits Plan | Direct Premium & Annuity Considerations | 2(A)(5) | 2 | 39 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Disability Income | Direct Premium & Annuity Considerations | Sum(1(F), 2(F)) | 2 | 43 | 1 |
| | Direct Dividends to Policyholders | | 4 | | 7 |
| | Direct Claims, Benefits, & Surrender Values Paid | | 5 | | 12 |
| Long-Term Care | Direct Premium & Annuity Considerations | Sum(1(C), 2(C)) | 2 | 44 | 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 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).
- e. 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).
- f. Small Employer (3-25 employees) (line 5(a)): 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 1(m) and/or 2(l).
- i. Medicare Advantage (lines 1(n) and 2(m)): 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 5(a)– 5(h)): Report only business that offers coverage to associations that include both small (3-25 employees) and large employers.
- k. Short-Term Limited-Duration Insurance (Line 1(k))- Health coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract. (state and federal government guidelines may have renewal duration limitations)

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 | 1(A) | 2 | 12 | 2 |
| | Direct Premiums Earned | | 3 | 15 | |
| | Direct Losses Paid | | 5 | 17 | |
| | Direct Losses Incurred | | 6 | 18 | |

| | | | | | |
|----------------------|-------------------------|------------------------|---|----|----|
| Medicare Supplement | Direct Premiums Written | Sum(1(B), 2(B)) | 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(1(C), 2(C)) | 2 | 12 | 12 |
| | Direct Premiums Earned | | 3 | 15 | |
| | Direct Losses Paid | | 5 | 17 | |
| | Direct Losses Incurred | | 6 | 18 | |
| Disability Income | Direct Premiums Written | Sum(1(F), 2(F)) | 2 | 12 | 11 |
| | Direct Premiums Earned | | 3 | 15 | |
| | Direct Losses Paid | | 5 | 17 | |
| | Direct Losses Incurred | | 6 | 18 | |
| Dental | Direct Premiums Written | Sum(1(G), 2(G)) | 2 | 12 | 6 |
| | Direct Premiums Earned | | 3 | 15 | |
| | Direct Losses Paid | | 5 | 17 | |
| | Direct Losses Incurred | | 6 | 18 | |
| Comprehensive: Group | Direct Premiums Written | Sum(2(A)(1) – 2(A)(5)) | 2 | 12 | 3 |
| | Direct Premiums Earned | | 3 | 15 | |
| | Direct Losses Paid | | 5 | 17 | |
| | Direct Losses Incurred | | 6 | 18 | |
| Federal Employees | Direct Premiums Written | 2(A)(5) | 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: | <input type="text"/> |
| Email: | <input type="text"/> |
| Password: | <input type="password"/> Help |
| Confirmation Password: | <input type="password"/> |
| Contact First Name: | <input type="text"/> |
| Contact Last Name: | <input type="text"/> |
| Contact Title: | <input type="text"/> |
| Contact Phone Number: | <input type="text"/> |
| Contact Street Address: | <input type="text"/> |
| Contact City: | <input type="text"/> |
| Contact State: | <input type="text"/> |
| Contact Zip Code: | <input type="text"/> |
| <input type="button" value="Register"/> | |

 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.

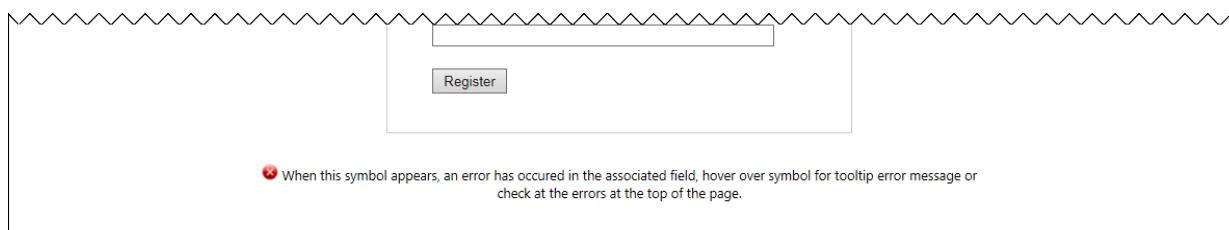
Contact Street Address: In the text box provided, enter the street address for which the account will be register.

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.*

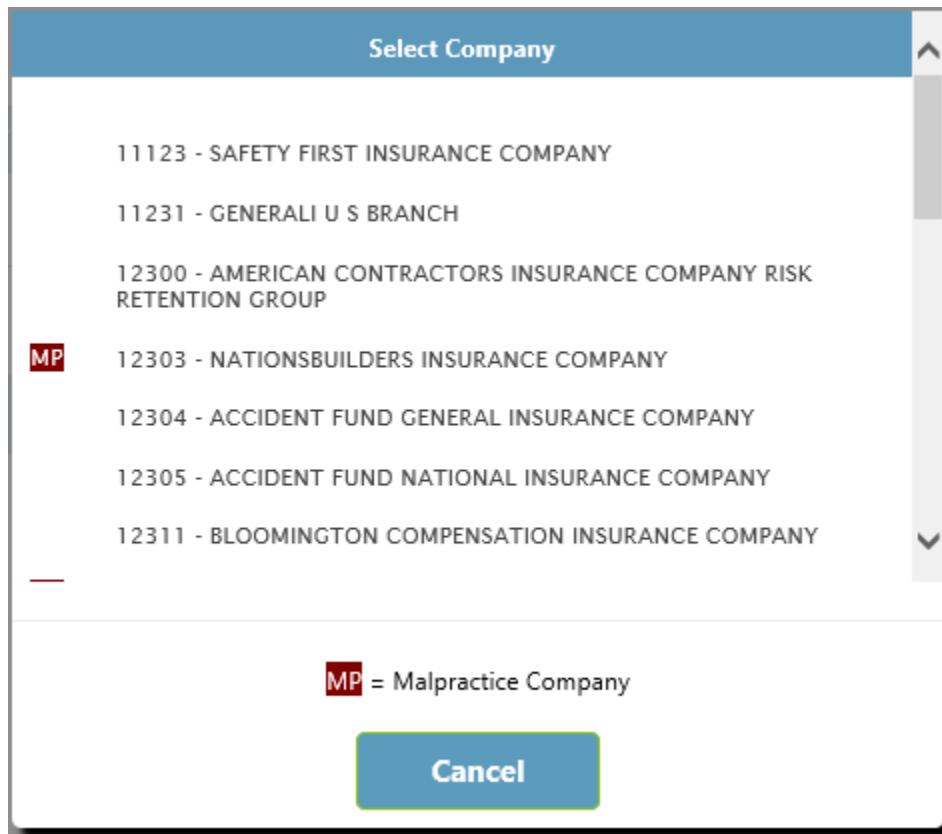


After successful completing of part 1 on the registration form you will be directed to company and forms pages. Here you will select all company(s) associated with your account. You will also select which forms are associated with each company you register for.



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.

Search for Companies by NAIC Code:

1 5 FIND COMPANY

You have selected 1 company(s)

12315 - **ANCE COMPANY OF MISSOURI** 

Commercial Liability Legal Malpractice Medicare Supplement Mortgage Guaranty Product Liability Real Estate Malpractice Dram Shop

Review MP = Malpractice 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.

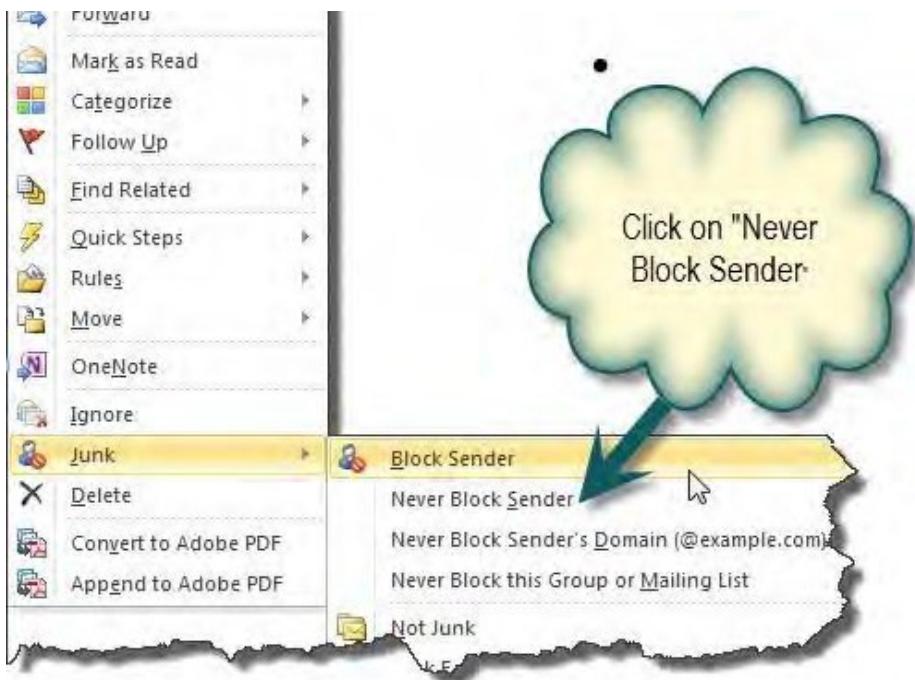
After selecting the **Register** button, the webpage redirects to the **Registration Complete** page. You will also receive an email notification verifying your registration.



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 of the Statistics Claims Reporting Registration system. At the top, there is a logo for the Missouri Department of Insurance and the text 'STATISTICS CLAIMS REPORTING REGISTRATION'. Below this, a 'SIGN IN' button is visible. A 'Account Information' section contains fields for 'Username' and 'Password', a 'Sign in' button, and links for 'User Guide', 'Can't access your account?', '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.

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.



301 West High Street, Room 530 • Jefferson City, Missouri 65101
Telephone 573/751-4126 • RelayMo TTY Dial 711 or 1-800-735-2966

DCI.MO.GOV