

TITLE COMPANIES

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **MISSOURI** Filings Made During the Year 2025

(1) Checklist	(2) Line #	(3) REQUIRED FILING 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" x 14")	EO	EO	XXX	3/1	NAIC	B(c), G, H(a), I, L, N(a)
	1.1	Printed Investment Schedule detail (Pages E01-E29)	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	Actuarial Opinion	EO	EO	XXX	3/1	Company	G, I, J(a), N(a), N(d)
	12	Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	I, M
	13	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	I, N(a)
	14	Schedule SIS	EO	N/A	N/A	3/1	NAIC	I, M
	15	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	B(c), I, X
	16	Supplemental Schedule of Business Written By Agency	EO	N/A	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	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	64	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	65	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	66	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	67	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		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		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		Company	B(c)
	88	Request for Exemption to File	EO	N/A	N/A		Company	B(c), J
	89	Relief from the five-year rotation requirement for lead audit partner	EO	EO	N/A	3/1	Company	B(c), J(b)

(1) Checklist	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	90	Relief from the one-year cooling off period for independent CPA	EO	EO	N/A	3/1	Company	B(c), J(a)
	91	Relief from the Requirements for Audit Committees	EO	EO	N/A	3/1	Company	B(c), J(a)
		V. STATE REQUIRED FILINGS***						
	101	Filings Checklist (with Column 1 completed)	0	0	0		State	
	102	Signed Jurat – Annual	1	0	XXX	3/1	NAIC	B(c), G, H(a), I, L
	103	Premium Tax Return	1	0	1	3/1	State	A, Q
	104	Title Premium Reserve	EO	N/A	1	3/1	State	G, H(a), I
	105	Supplement to page 19 of the Annual Statement	EO	N/A	1	3/1	State	W
	106	Statement of Basket Clause (MO 375-0097)	EO	N/A	N/A	3/1	State	B(c), M, T,
	107	Updated Biographical Affidavits	EO	N/A	N/A	3/1	NAIC	B(c), G, H(a), I, V, X, Domestic Only
	108	Form B Supplement Fees Between Insurers and Affiliates	EO	N/A	N/A	5/1	State	B(c), G, H(b), I, S, X
	109	Form B Holding Company Registration	EO	N/A	N/A	5/1	Company	B(c), I, X
	110	Form C Summary of Registration	EO	N/A	N/A	5/1	Company	B(c), G, H(b), I, S, X
	111	Form F – Enterprise Risk Report ****	EO	N/A	XXX	5/1	State	B(c), G, H(a), I, S, X
	112	Signed Jurat – Quarterly	1	0	XXX	5/15, 8/15, 11/15	NAIC	B(c), G, H(a), I, L
	113	Corporate Governance Annual Disclosure***	EO	N/A	N/A	6/1	Company	B(c), G, H(b), X
	114	State Filing Fees	EO	0	1	7/1	State	C, O
	115	Application for Renewal of C of A	EO	N/A	1	7/1	Company	G, H(a), N(b)
	116	ORSA *****	1	N/A	N/A	2022	Company	B(c), G, H(b), X
	117	Group Capital Calculation (Filed with Lead State Only)	EO	0	N/A	8/1	NAIC	G, I, J(a), N(f), 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