



STATE OF MISSOURI
 DEPARTMENT OF COMMERCE AND INSURANCE
**SUPPLEMENT TO PAGE 19 OF ANNUAL
 STATEMENT FOR YEAR ENDING
 DECEMBER 31, 2024**

MAIL TO: STATISTICS SECTION
 P.O. BOX 690
 JEFFERSON CITY, MISSOURI 65102-0690

PLEASE PRINT - COMPANY REPRESENTATIVE	NAIC GROUP NO.			NAIC COMPANY NO.	
(1) LINE OF BUSINESS	(2) DIRECT PREMIUMS WRITTEN	(3) DIRECT PREMIUMS EARNED	(4) DIRECT DEFENSE & COST CONTAINMENT EXPENSE INCURRED	(5) DIRECT LOSSES PAID	(6) DIRECT LOSSES INCURRED
1. & 2. FIRE & ALLIED LINES					
(A) DWELLING					
(B) COMMERCIAL					
(C) FARM					
3. CROP COVERAGE					
(A) FEDERAL CROP INSURANCE CORPORATION					
(B) GROWING CROPS & PRIVATE CROP					
4. FLOOD COVERAGE					
(A) NATIONAL FLOOD INSURANCE PROGRAM					
(B) PRIVATE FLOOD					
5. FARMOWNERS MULTI-PERIL					
6. HOMEOWNERS					
(A) HOME OWNERS MULTI-PERIL					
(B) DWELLING OWNERS MULTI-PERIL (ACV)					
(C) MOBILE HOMES					
7. COMMERCIAL MULTI-PERIL					
8. MORTGAGE GUARANTY					
9. OCEAN MARINE					
10. INLAND MARINE (INCLUDING AUTO CARGO, EXCLUDING A & B)					
(A) TRAVEL COVERAGE					
(B) PET INSURANCE PLANS					
11. FINANCIAL GUARANTY					
12. MEDICAL MALPRACTICE LIABILITY					
(A) PHYSICIANS AND SURGEONS					
(B) DENTISTS					
(C) NURSES					
(D) HOSPITALS					
(E) MANAGED CARE ORGANIZATION - ERRORS & OMMISSIONS					
(F) OTHER					
13. EARTHQUAKE					
14. ALL ACCIDENT & HEALTH (SEE REVERSE SIDE)					
15. DIRECT WORKERS COMPENSATION					
16. OTHER LIABILITY					
(A) BODILY INJURY & PROPERTY DAMAGE					
(B) WARRANTY PROGRAMS/SERVICE CONTRACTS					
(C) EXCESS WORKERS COMPENSATION					
(D) LIQUOR LIABILITY					
17. PRODUCT LIABILITY - BODILY INJURY & PROPERTY DAMAGE					
18. AUTOMOBILE - LIABILITY					
(A) PRIVATE PASSENGER					
(1) LIABILITY - BODILY INJURY					
(2) LIABILITY - PROPERTY DAMAGE					
(3) MEDICAL PAYMENTS					
(4) UNINSURED MOTORIST					
(5) UNDERINSURED MOTORIST					
(6) ACCIDENTAL DEATH & DISABILITY/ DISMEMBERMENT					
(B) COMMERCIAL					
(1) LIABILITY - BODILY INJURY					
(2) LIABILITY - PROPERTY DAMAGE					
(3) MEDICAL PAYMENTS					
(4) UNINSURED/UNDERINSURED MOTORIST					
19. AUTOMOBILE - COMPREHENSIVE & COLLISION					
(A) PRIVATE PASSENGER					
(1) COMPREHENSIVE					
(2) COLLISION					
(B) COMMERCIAL					
(1) COMPREHENSIVE					
(2) COLLISION					
20. AIRCRAFT					
21. FIDELITY					
22. SURETY					
23. BURGLARY & THEFT					

(1) LINE OF BUSINESS	(2) DIRECT PREMIUMS WRITTEN	(3) DIRECT PREMIUMS EARNED	(4) DIRECT DEFENSE & COST CONTAINMENT EXPENSE INCURRED	(5) DIRECT LOSSES PAID	(6) DIRECT LOSSES INCURRED
24. BOILER & MACHINERY					
25. CREDIT					
(A) CREDIT PROPERTY (EXCLUDING V.S.I.)					
(B) CREDIT CASUALTY					
(C) CREDIT UNEMPLOYMENT					
(D) VENDOR/LENDERS SINGLE INTEREST, COLLATERAL PROT., ETC.					
26. GLASS					
27. TITLE					
28. PROFESSIONAL LIABILITY (EXCLUDING A & B)					
(A) LAWYER'S MALPRACTICE					
(B) REAL ESTATE MALPRACTICE					
29. UMBRELLA					
30. OTHER SPECIFIC (SPECIFY)					
TOTALS ALL BUSINESS IN MISSOURI					
COMPANY NAME	EMAIL ADDRESS		PHONE NUMBER		

(1) LINE OF BUSINESS	(2) NUMBER OF INSURED	(3) DIRECT PREMIUMS WRITTEN	(4) DIRECT PREMIUMS EARNED	(5) DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS	(6) DIRECT LOSSES PAID	(7) DIRECT LOSSES INCURRED
1. INDIVIDUAL BUSINESS						
(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						
(O) TOTAL INDIVIDUAL						
2. GROUP BUSINESS						
(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						
(N) TOTAL GROUP						
3. ALL ACCIDENT & HEALTH						
4. ADDITIONAL SMALL EMPLOYER MEDICAL EXPENSE INFORMATION						
(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)						
5. ADDITIONAL ASSOCIATION INFORMATION						
(A) SMALL EMPLOYERS (3-25 EMPLOYEES) IN ASSOCIATIONS WITH RATE DIFFERENTIALS EXCEEDING 20%						
(B) SMALL EMPLOYERS (3-25 EMPLOYEES) IN ASSOCIATIONS WITH RATE DIFFERENTIALS NOT EXCEEDING 20%						
(C) LARGE EMPLOYERS IN ASSOCIATION PLANS WITH RATE DIFFERENTIALS EXCEEDING 20%						

(1) LINE OF BUSINESS	(2) NUMBER OF INSUREDS	(3) DIRECT PREMIUMS WRITTEN	(4) DIRECT PREMIUMS EARNED	(5) DIVIDENDS PAID OR CREDITED ON DIRECT BUSINESS	(6) DIRECT LOSSES PAID	(7) DIRECT LOSSES INCURRED
(D) LARGE EMPLOYERS IN ASSOCIATION PLANS WITH RATE DIFFERENTIALS NOT 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)						
6. EXPLANATION IF PREMIUMS ARE REPORTED, BUT NO INSUREDS						

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).