



Appendix B

STATE OF MISSOURI
DEPARTMENT OF INSURANCE
MISSOURI ZIP REPORTING TRANSMITTAL

Transmittal Instructions

Please fill out all data to expedite processing of your tape. This transmittal must accompany every tape submitted to our office. All lines are to be filled out.

Send to: Statistical Section
Missouri Department of Insurance
PO Box 690
301 W High Street, Room 630
Jefferson City MO 65102-0690

NAIC 9-digit CODE _____
Contact/Person Responsible for Data _____ Telephone: _____
Company or Group Name _____
Address _____

If multiple companies are listed on the tape, list their names and their nine-digit NAIC codes below in order as on the tape.

Company Name	NAIC 9-digit Code
_____	_____
_____	_____
_____	_____

Data Year _____ Your Tape ID Number _____
Block Size _____ Record Length _____ 100 _____
Storage Medium/Device _____ BPI

Show total amounts of each coverage type reported. If no data is to be reported, leave blank.

	Written Exposures	Written Premium	Paid Counts	Paid Loss Amounts
Homeowners/Dwelling Fire				
Farmowners				
Mobilehomes				
Earthquake (Endorsement)				
Private Passenger Automobile				
Liability (Bodily Injury & Property Damage)				
Comprehensive				
Collision				

No tape will be returned unless sufficient return postage is provided. Form of return (please check appropriate item):

First Class Mail _____ Overnight _____ Other _____