



Rules of
Department of Insurance,
Financial Institutions and
Professional Registration
Division 100—Insurer Conduct
Chapter 3—Fraudulent Insurance Claims and Acts

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**Title 20—DEPARTMENT OF
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 100—Insurer Conduct
Chapter 3—Fraudulent Insurance Claims
and Acts**

**20 CSR 100-3.100 Fraud Investigation
Reports**

PURPOSE: This rule sets forth the forms to be used in reporting fraudulent insurance acts to the department under sections 375.991–375.994, RSMo.

(1) Insurers must report any allegation of a fraudulent insurance claim to the Consumer Affairs Division using a Fraud Investigation Report by Insurer form (Form F-I) adopted and approved by the director in 20 CSR 100-4.030. This form also may be used by an insurer seeking the department's assistance in the investigation and prosecution alleged fraudulent insurance claims and other types of fraudulent insurance acts.

(2) Any person other than an insurer reporting a fraudulent insurance act to the Consumer Affairs Division must use a Fraud Investigation Report by Consumer form (Form F-C) adopted and approved by the director in 20 CSR 100-4.030.

AUTHORITY: sections 374.045, 375.992, and 375.993, RSMo 2000 and sections 375.991 and 375.994, RSMo Supp. 2007. Original rule filed Sept. 15, 1992, effective June 7, 1993. Amended: Filed Nov. 1, 2007, effective July 30, 2008.*

**Original authority: 374.045, RSMo 1967, amended 1993, 1995; 375.991, RSMo 1990, amended 1992, 1994, 2005; 375.992, RSMo 1990; 375.993, RSMo 1990; and 375.994, RSMo 1990, amended 1993, 2007.*