# Rules of
**Department of Insurance**
**Division 200—Financial Examination**
**Chapter 4—Record Retention for Financial Audits**

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[Roy D. Blunt](10/21/91)  
Secretary of State
Chapter 4—Record Retention for Financial Audits

Title 20—DEPARTMENT OF INSURANCE
Division 200—Financial Examination
Chapter 4—Record Retention for Financial Audits

20 CSR 200-4.010 Books, Records, Accounts and Vouchers


(1) Records Required for Purposes of Financial Examinations. Every insurer, which term shall include every domestic insurer, foreign insurer, health services corporation, health maintenance organization, prepaid dental plan, managing general agent and third-party administrator licensed to do business in this state shall maintain its books, records, documents and other business records in an order that the insurer's financial condition may be readily ascertained by the Department of Insurance, taking into consideration other record retention requirements. All records must be maintained for not less than three (3) years.

(2) Form of Record. Photographs, microfilms or other image-processing reproductions of records shall be equivalent to the originals and may be certified as same in actions or proceedings before the Department of Insurance unless inconsistent with 20 CSR 500-1.100. However, the maintenance or records in a computer-based format shall be archival in nature only, so as to preclude the possibility of alteration of the contents of the record by computer after the initial transfer of the record to this format. In addition, all records must be capable of duplication to hard copy upon the request of a financial examiner.

(3) Location of Files. All financial books, records and accounts necessary for the annual statement of a Missouri insurer must be kept in a central location.

(4) Time Limits. The insurer shall provide, within five (5) working days, any record requested by any duly appointed financial examiner of the director conducting an on-site financial examination. When the requested record is not or cannot be produced by the insurer within five (5) working days, the nonproduction shall be deemed a violation of this rule, unless the insurer can demonstrate to the satisfaction of the director that there is a reasonable justification for that delay.