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**Rules of**  
**Department of Insurance**  
**Division 600—Statistical Reporting**  
**Chapter 1—Reports Other Than Annual Statement**  
**and Credit Insurance**

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**Title 20—DEPARTMENT OF  
INSURANCE**

**Division 600—Statistical Reporting  
Chapter 1—Reports Other Than Annual  
Statement and Credit Insurance**

**20 CSR 600-1.010 Medicare Supplement  
Data Reporting**

*PURPOSE: This regulation facilitates the collecting of relevant Medicare supplement premium loss data in order to ensure that mandated loss ratios are being met by insurers who sell Medicare supplement insurance.*

(1) Medicare supplement loss data must be reported annually on or before April 1 of each year for the twelve (12) months ending December 31 next preceding on the forms which follow as appendices.

(A) Appendix A shall be used for reports due on or before April 1, 1990.

(B) Appendix B shall be used for reports due after April 1, 1990.

(2) Mass-marketed policies shall be considered to be individual policies.

(3) Group insurance business is to be reported for all certificates issued pursuant to any group policy delivered or issued for delivery in this state. No group insurance business should be reported for group policies delivered or issued for delivery outside this state.

*AUTHORITY: sections 374.045, 374.190 and 376.870, RSMo 1986 and 376.874.2., RSMo Supp. 1989.\* This rule was previously filed as 4 CSR 190-14.117. Original rule filed Feb. 4, 1987, effective July 1, 1987. Amended: Filed Sept. 14, 1989, effective Jan. 1, 1990.*

*\*Original authority: 374.045, RSMo 1967; 374.190, RSMo 1939, amended 1949, 1967; and 376.874.2, RSMo.*



## APPENDIX A

**Reporting Instructions  
Medicare Supplement Insurance Experience Report**

1. Policy Form Number: A report form should be filled out for each Medicare supplement policy. Asterisk any policy that is mass marketed.
2. Year First Issued in Missouri: Self-explanatory.
3. Group or Individual Policy: Use the Roman Numeral “I” if the policy is a group policy or “II” if an individual policy or a mass-marketed form.
4. Renewability Type: Enter a two-digit alphabetic code from the following table:  
  
OR—Optionally Renewable  
CR—Conditionally Renewable or Quasi-Guaranteed  
GO—Guaranteed Renewable  
NC—Non-Cancellable
5. Missouri Inforce Policy Counts: Average count for reporting year, calculated by summing monthly inforce count for year and dividing by 12 or using the inforce count of mid-reporting period. The count for group business is the number of certificate holders residing in this state; the count for individual business is the number of policyholders in the state.  
  
Number insured under this policy for: 1 year, etc. This number should be the number that have been insured for 1 (1 . . . 5 years+) or less, for example, if an individual has been insured for less than two years, report him/her as part of the count for “1 year.”
6. Nationwide Inforce Policy Counts: Average nationwide count for reporting year, calculated the same for Missouri Inforce Policy counts.  
Number insured under this policy for: (Calculate same as Missouri Inforce Counts.)
7. Premium Data:  
Net Premium Written: Premium written less any refund of premium.  
Net Premium Earned: Current year premium earned plus premium from prior year earned in current year.
8. Losses Incurred Data:  
*Note: Losses Paid and Losses Incurred exclude administrative expense and all loss adjustment expense.*
  - a. Losses Incurred and Paid Current Year: Calculate the losses incurred and paid during the current year being reported.
  - b. Incurred Prior Year and Paid Current Year: Calculate losses which were incurred in the prior year and paid in the current year being reported.
  - c. Paid Current Year: Self-explanatory.
  - d. Due and Unpaid Current Year: Calculate losses due and outstanding at the end of the current reporting year, excluding those incurred but not reported.
  - e. Due and Unpaid Current Year: Calculate losses due and outstanding at the end of the prior reporting year, excluding incurred but not reported.
  - f. Change in Reserve: Self-explanatory.
  - g. IBNR Losses Due and Unpaid Current Year: Calculate losses due and incurred but not reported at end of current reporting year.
  - h. IBNR Losses Due and Unpaid Prior Year: Calculate losses due and incurred but not reported at the end of the prior reporting year.
  - i. Change in IBNR Reserve: Self-explanatory.
  - j. Total Losses Incurred Current Year: Self-explanatory.



**State of Missouri**  
**Medicare Supplement of Insurance Experience Report**  
 For Calendar Year \_\_\_\_\_

1. Policy Form No. \_\_\_\_\_ 2. Year First Issued in Missouri \_\_\_\_\_

3. This is a Group (I)/Individual or Mass-Marketed (II) Policy \_\_\_\_\_

4. Renewability Type (Use two-digit alphabetic code from instructions): \_\_\_\_\_

5. Current Missouri Inforce Policy Counts \_\_\_\_\_  
 Number insured under this policy for:

1 Year	2 Years	3 Years	4 Years	5 Years +
_____	_____	_____	_____	_____

6. Current National Inforce Policy Counts \_\_\_\_\_  
 Number insured under this policy for:

1 Year	2 Years	3 Years	4 Years	5 Years +
_____	_____	_____	_____	_____

7. Net Premium Written \_\_\_\_\_ Net Premium Earned \_\_\_\_\_

8. Losses Incurred:

a. Losses incurred and paid current year	\$ _____	
b. Losses incurred prior year, paid current year	\$ _____	
c. Total losses paid current year		\$ _____
d. Outstanding losses due and unpaid current year	\$ _____	
e. Outstanding losses due and unpaid prior year	\$ _____	
f. Change in reserve (d ... e)		\$ _____
g. IBNR losses due and unpaid current year	\$ _____	
h. IBNR losses due and unpaid prior year	\$ _____	
i. Change in IBNR reserve (g ... h)		\$ _____
j. TOTAL LOSSES INCURRED CURRENT YEAR (c+f+i)		\$ _____

\_\_\_\_\_  
 Signature of Person Preparing Report/Title

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 NAIC Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

NOTE: Missouri experience only except as indicated.

**Appendix B****Reporting Instructions  
Medicare Supplement Insurance Experience Report**

1. **Policy Form Number:** A report form should be filled out for each Medicare Supplement policy form. Policy forms are not to be grouped unless they are nearly identical in Coverage & Premium. Do not include any experience for optional riders that may be attached to the policy form being reported.
2. **Year First Issued in Missouri:** Self-explanatory.
3. **Is the same rate charged Countrywide for this policy form?** Enter “Y” for Yes or “N” for No.
4. **Is this a Group Policy or an Individual Policy?** Enter the appropriate code as follows:  
I=Group  
II=Individual Policy  
III=Mass Marketed or Direct Response
5. **Is the policy form Mass Marketed?** Enter “Y” for Yes and “N” for No. Direct Response policies are to be considered Mass Marketed.
6. **Renewability Type:** Enter a two-digit alphabetic code from the following table:  
OR=Optionally Renewable  
CR=Conditionally Renewable or Quasi-Guaranteed  
GR=Guaranteed Renewable  
NC=Non-Cancellable
7. **Missouri Experience:** Enter experience in the following categories by policy duration as displayed in the report form for Missouri only:  
Duration—The number of years a policy has been in force. Round down to the nearest year when reporting experience.  
Number of Policies in Force  
Written Premium  
Earned Premium  
Paid Claim Count—Enter number of claims paid  
Paid Losses—Enter dollars paid for claims excluding loss adjustment expense  
Total Loss Reserves—Enter all reserves used to adjust paid losses to incurred losses  
Incurred Claim Counts—Enter the number of incurred claims  
Incurred Losses—Enter the dollars incurred Exclude all Administrative and Loss Adjustment Expenses. (Paid  $\pm$  Loss Reserve)  
Loss Ratio—Incurred Losses divided by Earned Premium
8. **Missouri Loss Reserves—**Use Missouri data only.
  - a. Unpaid Claim Reserves
    - 1) Claim Reserves, current year: Enter the current year ending amount set aside to pay all claims outstanding no matter what year the loss was incurred.
    - 2) Claim Reserves, prior year: Enter the prior year ending amount that was set aside to pay all claims outstanding no matter what year the loss was incurred.
    - 3) Change in Unpaid Claim Reserves: Current Year Reserve—Prior Year Reserve
  - b. Incurred but no Reported Reserves
    - 1) IBNR Reserves, current year: Enter the current year ending amount set aside as IBNR reserve.
    - 2) IBNR Reserves, prior year: Enter the prior year ending amount set aside as IBNR reserve.
    - 3) Change in IBNR Reserves: Current Year Reserve—Prior Year Reserve
  - c. Total Reserves added for Missouri this Calendar Year: Change in Unpaid Claim Reserves + Change in IBNR Reserves. This number must equal the total for all loss reserves by duration (line 6).
9. List all Riders Attached to this Policy Form and Included in the Experience Above—Provide the rider number and a brief description of all riders included in the experience reported. Do not include optional riders in the experience reported.

- (10) Countrywide Experience: Please enter total countrywide experience for this policy form by duration for the following:
- Duration—The number of years a policy has been in force. Round down to the nearest year when reporting experience.
  - Number of Policies in Force
  - Written Premium
  - Earned Premium
  - Paid Claim Count—Enter number of claims paid
  - Paid Losses—Enter dollars paid for claims excluding loss adjustment expense
  - Total Loss Reserves—Enter all reserves used to adjust paid losses to incurred losses
  - Incurred Claim Counts—Enter the number of incurred claims
  - Incurred Losses—Enter the dollars incurred. Exclude all Administrative and Loss Adjustment Expenses.  
(Paid + Loss Reserve)
  - Loss Ratio—Incurred Losses divided by Earned Premium



State of Missouri
Medicare Supplement Insurance Experience Report
For Calendar Year: \_\_\_\_\_

- 1. Policy Form No. \_\_\_\_\_ 2. Year First Issued in Missouri \_\_\_\_\_
3. Is the same rate charged countrywide for this policy form? \_\_\_\_\_
4. Group (I) or Individual (II) Policy? \_\_\_\_\_
5. Is this policy Mass-Marketed? ("Y" or "N")? \_\_\_\_\_
6. Renewability Type (Use two-digit alphabetic code from instructions): \_\_\_\_\_

7. Missouri Experience:

Table with 10 columns: Duration (Policy Year), Number of Policies in Force, Written Premium, Earned Premium, Paid Claim Count, Paid Losses, Total Loss Reserves, Incurred Claim Counts, Incurred Losses, Loss Ratio. Rows for 5±, 4, 3, 2, 1, 0.

Total

8. Missouri Loss Reserves:

A. Unpaid Claim Reserves

- 1) Claim Reserves, current year: \_\_\_\_\_
2) Claim Reserves, prior year \_\_\_\_\_
3) Change in Unpaid Claim Reserves (1 - 2) \_\_\_\_\_

B. IBNR Reserves

- 1) IBNR Reserves, current year: \_\_\_\_\_
2) IBNR Reserves, prior year \_\_\_\_\_
3) Change in IBNR Reserves (1 - 2) 0 \_\_\_\_\_

C. Total Loss Reserves Added for Missouri This Calendar Year ((A.3) + B.3) \_\_\_\_\_



9. List All Riders Attached to This Policy Form and Included in the Experience Above:

<u>Rider Form Number</u>	<u>Description</u>
A.	
B.	
C.	
D.	
E.	
F.	

10. Countrywide Experience:

Duration (Policy Year)	Number of Policies in Force	Written Premium	Earned Premium	Paid Claim Count	Paid Losses	Total Loss Reserves	Incurred Claim Counts	Incurred Losses	Loss Ratio
5+									
4									
3									
2									
1									
0									
Total									

\_\_\_\_\_  
Signature of an Officer of the Company/Title

\_\_\_\_\_  
Signature of Person Preparing Report/Title

\_\_\_\_\_  
Print Name of Person Preparing Report

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
NAIC Group and Company Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number



**20 CSR 600-1.020 Dram Shop Cost Data Reporting**

*PURPOSE:* This rule interprets section 375.1730, RSMo Supp. 2002, and sets forth the types of cost data required to be reported to the department from insurers issuing coverage for dram shop liquor liability and provides for the form referred to in section (3) of this rule to be available on the department's website.

*AUTHORITY:* sections 374.045 and 536.016, RSMo 2000 and 375.1730, RSMo Supp. 2003.\* Original rule filed Oct. 1, 2002, effective March 30, 2003. Amended: Filed Dec. 19, 2003, effective June 30, 2004.

\*Original authority: 374.045, RSMo 1967, amended 1993, 1995; 375.1730, RSMo 2002; and 536.016, RSMo 1997, amended 1999.

(1) Definitions. When used in this regulation—

(A) Costs associated with coverage means those expenses and fees incurred by insurers relating to dram shop liability coverage that are required to be reported to the director as outlined in the data reporting form required by section (2) of this regulation;

(B) Data elements include premium written and earned, losses paid and incurred, exposures, loss adjustment expenses and defense costs, and other administrative and underwriting expenses included on the statutory state page of the annual statement;

(C) Director means the director of the Department of Insurance;

(D) Dram shop liability coverage means property and casualty liability insurance covering risk associated with commercial vendors licensed to sell intoxicating liquor by the drink for consumption on the premises; and

(E) Insurer means every insurance company authorized to transact insurance business in this state, every unauthorized insurance company transacting business pursuant to Chapter 384, RSMo, every risk retention group, every insurance company issuing insurance to or through a purchasing group, and any other person providing insurance coverage in this state.

(2) Report.

(A) Every insurer providing dram shop liability coverage within the state shall submit to the director a report of all costs associated with coverage of its dram shop liability policies during the preceding year.

(B) The initial report shall be in writing and shall be made to the director by April 30, 2003, for the twelve (12) months ending December 31, 2002, on the form provided by the department. Every subsequent report shall also be in writing and shall be made to the director annually on or before March 31 of each year beginning March 31, 2004, for the twelve (12) months ending December 31 next preceding on the form provided by the department.

(3) Forms. The data reporting form required by section (2) of this regulation can be accessed at the department's website at [www.insurance.state.mo.us](http://www.insurance.state.mo.us).