

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3304-02  
Bill No.: HB 1278  
Subject: Insurance - General; Insurance - Property; Insurance Dept.  
Type: Original  
Date: February 3, 2004

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**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
General Revenue	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)
<b>Total Estimated Net Effect on General Revenue Fund</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
Insurance Dedicated	(\$138,990 to \$338,990)	(\$156,329 to \$356,329)	(\$159,034 to \$359,034)
County Foreign Insurance	\$0*	\$0*	\$0*
Insurance Examiners	\$0*	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> State Funds</b>	<b>(\$138,990 to \$11,338,990)</b>	<b>(\$156,329 to \$11,356,329)</b>	<b>(\$159,034 to \$11,359,034)</b>

\* Savings and Losses net to \$0.

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 14 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2005	FY 2006	FY 2007
<b>Local Government</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>

### FISCAL ANALYSIS

#### ASSUMPTION

Officials from the **Department of Public Safety (DPS) - Missouri Water Patrol, Office of Administration (COA) - Division of Design and Construction, COA - Division of Accounting, COA - Division of General Services/Risk Management, Department of Social Services, Office of State Courts Administrator, Department of Mental Health, Department of Labor and Industrial Relations, Missouri Consolidated Health Care Plan, Missouri Department of Conservation and Department of Revenue** assume the proposal will have no fiscal impact on their organizations.

Officials from the **DPS - Missouri State Highway Patrol** defer to the Missouri Department of Transportation for response regarding the potential fiscal impact of this proposal on their organization.

Officials from the **Missouri Department of Transportation (DOT)** state the proposal establishes coverage similar to the Health Insurance Portability Accountability Act (HIPAA) and health pool and small employer coverage. While this legislation places certain eligibility requirements on health insurance issuers, the Highway/Patrol Medical Plan does not fall within the definitions of a health insurance carrier. The Highway and Patrol Medical Plan does however, follow the general HIPAA laws relative to eligibility for allowing coverage for members who were not enrolled but have lost coverage.

ASSUMPTION (continued)

The proposal also makes changes to the Limited Mandate Health Insurance Act and establishes the Mandated Health Benefit Review Commission within the Department of Insurance. The Limited Mandate Health Insurance Act only applies to individual policies and to groups sponsored by an employer who employs fifty or fewer persons and the Benefit Review Commission does not mandate health benefit coverage.

Therefore, this proposal will have no fiscal impact on DOT or the Highway and Patrol medical plan.

Officials from the **Department of Insurance (INS)** provide the following assumptions regarding the fiscal impact of this proposal on their organization:

**Section 374.160** (1) deletes examinations as an expense to be paid by the company. The State could become liable for expenses of an examination if a company refused to pay. Section 374.160(3) limits assessment to insurance companies for the cost of examination to the direct expenses incurred by examiners; requires an itemized report including examiner pay rate and time spent by each examiner whose expenses are included to be included with the assessment. Currently an itemized bill is sent to companies along with assessment. The INS would be required to add examiner pay rate and time spent as the current itemized bill only includes total amount billed. This would require modifications to the Exam Billing System within the INS. The INS estimates that modifications to the exam billing system would required **40 hours of programming time at a cost of \$85.00 per hour for a total of \$3,400.** This would be paid from the Insurance Dedicated Fund as no information system costs are currently funded from the examiners fund. Examiners currently submit to the INS an expense reimbursement form that verifies and attests to the direct expenses incurred by each examiner. The INS assumes that fringe benefits for examiners would be considered a direct expense. If it were not included, an **additional \$1,038,000 (FY03 amount) would be lost in revenue to the Examiners Fund.** If fringes are not included as a direct cost then all 82.00 FTE funded from the Examiners fund would be lost as expenditures would exceed revenues collected and the INS could not continue to operate these programs. Total FY03 direct expenditures were \$5,219,329 including fringe benefits.

ASSUMPTION (continued)

In addition to the direct costs of examiners salaries, the INS prorates among all companies being examined the following costs:

- The salary, benefits and expenses associated with 4 audit managers
- The salary, benefits and expenses associated with 1 reinsurance examiner required by statute under 374.120 RSMo.
- Vacation and sick leave for all exam fund staff
- Continuing Education costs for all examiners
- Shipping charges
- Telephone charges
- Copier maintenance and repair charges
- Office supplies
- Computer equipment for exam fund staff
- OA cost allocation for exam fund staff

These costs totaled \$1,730,238 in FY03 and would be lost as revenue if only direct costs are billable.

The 15% additional charge for supervision and support is reduced to 5%. In FY03 the 15% amount totaled \$1,042,594. With the changes to allow only direct expenses and reduction to 5%, the supervision and support will be reduced to \$260,966 for a loss of revenue of \$781,628. This will require personal service and expense reductions for the following positions:

5 financial analysts  
1 financial analyst supervisor  
2 examination coordinators (secretaries)  
2 legal counsels  
1 paralegal

A total of 11 central office support staff would be lost leaving only 2 supervisory staff in financial and market conduct examination sections for over 60 examiners. This would also eliminate legal support for these divisions which a key to collecting over \$1.7 million annually in forfeitures (state school book fund) and recoveries (goes to consumers). The entire financial analysis section would be eliminated. This section reviews annual and quarterly statements for company solvency and is a critical element necessary to maintain national accreditation through the National Association of Insurance Commissioners. Without accreditation from the NAIC, Missouri domestic companies (those incorporated under Missouri law) would face financial examinations from other states in which they do business. Currently, each state that is accredited does financial examinations for their domestic companies only and other states accept those

ASSUMPTION (continued)

examinations as “good”. Without the financial analysis section, this benefit to Missouri domestics would be lost and Missouri companies could be impacted by the cost of multiple other states coming in to do financial examinations. Missouri would be the only state in the nation without NAIC accreditation and would probably lose many of their domestic companies as a result.

Without sufficient in-house staff and supervisory staff, examination reports would have to be finalized and negotiated on-site. This would add additional expense to the direct cost of examinations since these functions would have to be performed by the examiners in the field.

**Section 374.160(5)** - Limits the examiners expenses either the actual cost or 80% of the federal per diem rate for Jefferson City, whichever is less. The 80% of the federal per diem would equal \$76 per day for hotel and meal expenses. This would result in a loss of approximately \$417,275 (FY03 actual less estimated total under per diem). This limit conflicts with the state travel policy of using CONUS rate for the city in which the expenses occur. \$76 per day would not cover the cost of a hotel in New York (\$208 Room CONUS), Chicago (\$155 Room CONUS), Tampa (Room \$95), Philadelphia (\$122 Room CONUS), Boston ((\$192 Room CONUS) and numerous other cities in which the examiners must go to perform their exam in addition to meal expenses.

The INS would not be able to perform financial or market conduct examinations on any company located in a city where the CONUS rate was above that of Jefferson City. Most companies the INS exams are in large metropolitan areas. A number of Missouri domiciled companies' headquarters are in Chicago, Tampa, etc. A financial examination could not be performed on those companies subjecting consumers to potential financial losses due to lack of oversight. This proposal would essentially eliminate the exam program for any company not located in Jefferson City or an area with a CONUS rate at that level.

The total loss of revenue and reductions to the INS is expected to total \$2,929,141. If expenses are not realized, then companies are not billed and revenue is lost. This results in a net impact of zero and does not result in savings to the state for reduced expenditures.

The costs of examinations are deductible against premium tax liability. Premium tax is distributed 50/50 to General Revenue (GR) and County Foreign or County Stock Fund. Only 20-25% of examination costs are taken as a credit each year as most companies would be required to pay retaliatory tax if they are not Missouri domestics. Since much of the work currently done by in-house staff and supervisors will now be done by examiners in the field, the INS anticipates an increase in direct costs billed and very little change in premium tax credits taken for examination expenses.

ASSUMPTION (continued)

**Sections 375.772 - 375.1220** - If the property casualty guaranty fund should assess at 2% of net premiums rather than 1%, there is a possibility that premium tax deductions would be more than doubled. Prior year premium tax credits for the Property & Casualty (P&C) Guaranty Association was \$22 million. A range of \$0-\$22 million increase to the P&C Guaranty Association Tax Credit is estimated. The tax credit is taken against GR and County Foreign Insurance Fund.

**Sections 376.421-376.986** - Revises laws concerning Missouri Health Pool Coverage. Legislation provides pool coverage to Health Insurance Portability and Accountability Act (HIPAA) eligibles in lieu of the current federal HIPAA alternatives for individual health insurers, which require all individual health insurers to have at least 2 plans available to HIPAA eligible individuals. Passage of the proposal will eliminate this requirement and make the Missouri Health Insurance Pool the sole source of guaranteed issued individual health insurance coverage.

Legislation caps rates for HIPAA eligible individuals at the lesser of the actuarial rate necessary to fund claims for HIPAA eligible individuals or 150% of the standard rate. This section is also revised to set pool rates for all other eligible persons at 150% of the standard rate. Rates at 150% of the standard rate for all eligibles will make the pool attractive for individuals who are now in the competitive market.

**Section 376.975** provides that assessments paid for calendar year 2005 cannot be deducted from premium taxes payable until calendar year 2008, assessments paid for calendar year 2006 cannot be deducted until 2009, and assessments paid for calendar year 2007 cannot be deducted until 2010. This postpones the increased cost to GR from premium tax credits to years outside the fiscal note estimate. The INS has not received an actuarial analysis of legislation from the MO Health Insurance Pool, but assumes that costs in years 2008 - 2010 would be at a minimum \$26.8 million in 2008, \$61.1 million in 2009 and \$72.2 million in 2010. These assessment costs would be taken as a credit against the GR portion of the premium tax paid.

**376.995-376.1600** - The INS would require **one (1) Health Care Economist (Research Analyst IV)** to review and analyze data, work with experts, provide support to commission and prepare required benefit reports. **One (1) Research Analyst I-II** is required to prepare and conduct surveys, collect data, run statistical reports and assist in preparing reports and analysis required under legislation. The INS assumes that the commission will contract with experts in the areas of health research, biostatistics, and actuarial science in conducting the benefit reviews.

ASSUMPTION (continued)

**Contractual costs are estimated from \$50,000-\$250,000 per year** depending on number and type of benefits reviewed. Meeting costs for commission are calculated at \$100 per day for non-governmental members (6 total), 4 meetings per year.

**Oversight** assumes the INS would require one (1) Health Care Economist and one (1) Research Analyst I for the performance of the duties referred to above. **Oversight** has, for fiscal note purposes only, changed the starting salary for the Research Analyst I to correspond to the second step above minimum for comparable positions in the state's merit system pay grid. This decision reflects a study of actual starting salaries for new state employees for a six month period and the policy of the Oversight Subcommittee of the Joint Committee on Legislative Research.

**Oversight** is ranging the contractual costs between \$50,000 and \$250,000 per year.

The INS estimates that 160 insurers and HMOs would choose to change their products to not cover some of the currently required mandated benefits. This would generate form filings to the department which are accompanied by a \$50 filing fee. One-time additional revenues to the Insurance Dedicated Fund are estimated to be \$8,000. Additional staff and expenses are not being requested to cover additional workload created by policy form filings, but if multiple proposals pass during the legislative session, the department may need to request additional resources.

**Section 379.110 and 379.815** will have no fiscal impact to the Department.

**Section 282.210** – No fiscal impact to department

**Section 384.062**– Removal of the bond requirement may impact collection of taxes due from surplus lines brokers. The INS has utilized this requirement 3 or 4 times over the past years and collected taxes that would not otherwise have been paid. The INS hasn't utilized the bonds for payment of taxes in the past year, so minimal fiscal impact is estimated at this time.

**Oversight** notes postponement of assessments applied to premium taxes could increase the cost of premium tax credits to General Revenue in years outside the period of this fiscal note. Increased costs could begin to affect General Revenue for calendar years 2008 through 2010.

<u>FISCAL IMPACT - State Government</u>	FY 2005 (10 Mo.)	FY 2006	FY 2007
<b>GENERAL REVENUE</b>			
<u>Loss - Department of Insurance</u>			
Increase in P&C Guaranty Association Premium Tax Credits	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)
<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>	<b>(\$0 to \$11,000,000)</b>
<b>INSURANCE DEDICATED FUND</b>			
<u>Income - Department of Insurance</u>			
Form Filing Fees	\$8,000	\$0	\$0
<u>Costs - Department of Insurance</u>			
Personal Service Costs	(\$55,627)	(\$68,421)	(\$70,131)
Fringe Benefits	(\$23,030)	(\$28,326)	(\$29,034)
Equipment and Expense	(\$18,333)	(\$9,582)	(\$9,869)
Contractual Costs	(\$50,000 to \$250,000)	(\$50,000 to \$250,000)	(\$50,000 to \$250,000)
Total <u>Costs</u> - Department of Insurance	(\$146,990 to \$346,990)	(\$156,329 to \$356,329)	(\$159,034 to \$359,034)
<b>ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND</b>	<b>(\$138,990 to \$338,990)</b>	<b>(\$156,329 to \$356,329)</b>	<b>(\$159,034 to \$359,034)</b>
<b>COUNTY FOREIGN INSURANCE FUND</b>			
<u>Savings- Department of Insurance</u>			
Reduction in Transfer-Out of P&C Guaranty Association Premium Tax Credits to School Districts	\$0 to \$11,000,000	\$0 to \$11,000,000	\$0 to \$11,000,000
<u>Loss - Department of Insurance</u>			
Increase in P&C Guaranty Association Premium Tax Credits	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)	(\$0 to \$11,000,000)
<b>ESTIMATED NET EFFECT ON COUNTY FOREIGN INSURANCE FUND</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



<u>FISCAL IMPACT - State Government</u>	FY 2005 (10 Mo.)	FY 2006	FY 2007
<b>INSURANCE EXAMINERS FUND</b>			
<u>Savings - Department of Insurance</u>			
Costs Saved from Reduction in Exams	\$2,919,141	\$0	\$0
<u>Loss - Department of Insurance</u>			
Reduction in Exam Assessments	<u>(\$2,919,141)</u>	<u>\$0</u>	<u>\$0</u>
<b>ESTIMATED NET EFFECT ON INSURANCE EXAMINERS FUND</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

<u>FISCAL IMPACT - Local Government</u>	FY 2005 (10 Mo.)	FY 2006	FY 2007
<b>SCHOOL DISTRICTS</b>			
<u>Loss - School Districts</u>			
Reduction in Transfer-In from the County Foreign Insurance Fund	<u>(\$0 to \$11,000,000)</u>	<u>(\$0 to \$11,000,000)</u>	<u>(\$0 to \$11,000,000)</u>
<b>ESTIMATED NET EFFECT ON SCHOOL DISTRICTS</b>	<b><u>(\$0 to \$11,000,000)</u></b>	<b><u>(\$0 to \$11,000,000)</u></b>	<b><u>(\$0 to \$11,000,000)</u></b>

FISCAL IMPACT - Small Business

The proposal may have an impact on some small business employers with deductible insurance policies, some self-insured small business employers, and other employers against who a default judgement is entered.

DESCRIPTION

This proposal makes changes to the laws regarding insurance.

DEPARTMENT OF INSURANCE FEES

The proposal changes the way fees are assessed to pay for expenses incurred by the Department of Insurance. The proposal: (1) Limits the expenses that insurance companies must pay for

### DESCRIPTION (continued)

examinations by the department. Current law allows the director to assess fees on each insurer for the examination of that insurer. The proposal limits this assessment to the direct expenses incurred by the examiners. The department must provide an itemized report of expenses which includes the rate of pay for each examiner and the amount of time spent by each examiner. The itemized reports must be verified by the insurance company before the department can issue the assessment; (2) Changes the additional assessment for examiner support staff from 15% to 5% of the total expenses assessed; and (3) Limits the reimbursement of department employees to either 80% of the federal per diem rate or the actual travel expenses incurred in conducting the examinations, whichever is less.

### MANDATED HEALTH BENEFIT REVIEW COMMISSION

The proposal creates the Mandated Health Benefit Review Commission. The commission will review all health insurance coverage mandates currently required by law and any mandates offered by legislators in the future. The commission must file a report with the General Assembly by January 2006 detailing any proposed changes to those mandates currently in law. Any proposal containing a health insurance coverage mandate must be evaluated by the commission before the law can be enacted. The proposal sets an extensive list of issues that the commission must address when it reviews any proposed mandate. The commission will be composed of the directors of the departments of Insurance and Health and Senior Services, two members of the House of Representatives, and two members of the Senate, all of whom serve as ex-officio members. The Governor will appoint six voting members to the commission who will include two individuals representing employers, two employees who pay for a portion of their health insurance, and two individuals who purchase their own health insurance. The proposal also removes all of the mandated coverages from the Limited Mandate Health Insurance Law. Under current law, health insurers may sell a less expensive health insurance policy that does not include many of the coverages that are mandated by law. This limited mandate policy contains nine mandated coverage areas. The proposal removes those nine mandated coverages, which include maternity stays in the hospital, mammograms, immunizations, PKU coverage, and coverage for adopted children. The proposal also removes language that restricts the marketing of limited coverage to people who do not have health insurance.

### PROPERTY AND CASUALTY INSURANCE

The proposal amends the laws governing the Property and Casualty Insurance Guaranty Association Act. The proposal: (1) Expands the guaranty association's obligations for claims arising from bodily injury, sickness, or disease to include damages for pain and suffering; (2) Adds provisions establishing the guaranty association's obligations for insurance products that

### DESCRIPTION (continued)

have been created during the past several years; and (3) Clarifies provisions regarding the administration of the guaranty fund to comply with the recommendations of the National Conference on Insurance Guaranty Funds.

### GROUP HEALTH INSURANCE

The proposal amends the law regarding group health insurance. The proposal: (1) Defines the terms "pre-existing condition exclusions" and "waiting period"; (2) Prohibits group health insurance issuers from establishing enrollment eligibility requirements based on health status-related factors, which include medical history and genetic information; (3) Prohibits health insurance issuers that offer group health insurance coverage from requiring any individual, as a condition of enrollment, to pay a premium or other contribution that is greater than that made by other similarly situated individuals enrolled in the plan on the basis of health status-related factors; (4) Requires health insurance issuers offering large group health plan coverage to renew or continue coverage in force at the option of the plan sponsor; (5) Outlines conditions under which health insurance issuers can non-renew or discontinue group health plan coverage, particular types of large group health insurance coverage, and all large group health insurance coverage; (6) Permits health insurance issuers to modify coverage for a large group health plan at the time of coverage renewal; and (7) Changes the definition of the term "placement" as it pertains to coverage of adopted children. In current law, placement means that the child is in the physical custody of the adoptive parent. The proposal changes it to mean the assumption and retention by the insured of a legal obligation for total or partial support of a child in anticipation of adoption.

### MISSOURI HEALTH INSURANCE POOL

The proposal makes several changes to the laws regarding the Missouri Health Insurance Pool, known as the high-risk pool. The proposal: (1) Adds the term "federal defined eligible individual" as it relates to the health insurance pool; (2) Adds two members to the board of directors; (3) Designates as eligible for pool coverage individuals who are residents of Missouri and who provide evidence of: (a) refusal by one insurer to issue substantially similar insurance for health reasons; or (b) refusal by an insurer to issue insurance except at a rate exceeding 150% of the standard risk rate; (4) Creates a qualified plan that will comply with the federal Trade Adjustment Assistance Reform Act of 2002; (5) Requires insurers to inform a person of the existence of the high-risk pool and how to apply for coverage when the person is affected by a change in the insurer's underwriting, such as the insurer putting new limitations on coverage or increasing premiums; (6) Defers, for three years, the deductions from premium taxes that may be taken for high-risk pool participation assessments, starting in the 2005 tax year; (7) Makes

DESCRIPTION (continued)

eligible for pool coverage persons who terminated coverage in the pool less than 12 months prior, persons on whose behalf the pool has paid out \$1 million in benefits, and persons receiving treatment for drug or alcohol abuse. Under current law, these persons are ineligible for pool coverage; (8) Allows persons who do not maintain residency in Missouri to be terminated at the end of the policy period; (9) Changes the percentage limit on pool rates from 200% to 150% of the rates applicable to individual standard risks; and (10) Changes the time within which a person has to apply for pool coverage (in order to have a waiver of pre-existing condition exclusions) from 60 days to 63 days.

SMALL EMPLOYER HEALTH INSURANCE

The proposal amends the laws regarding the Small Employer Health Insurance Availability Act. The proposal: (1) Adds the terms "creditable coverage," "excepted benefits," "health status-related factor," and "medical care" for the Small Employer Health Insurance Availability Act; (2) Modifies the definition of "small employer" as it pertains to a group health plan to include political subdivisions. A small employer is one who employs two to 50 eligible employees. Under current law, a small employer has three to 25 employees; (3) Modifies conditions under which small employer health benefit plans are not renewable; (4) Lists conditions under which small employer carriers can discontinue a particular type of small group health benefit plan and discontinue all small employer health insurance coverage; (5) Repeals the requirement for small employer carriers electing to non-renew all of its small employer health plans in the state to provide certain types of notice; (6) Allows small employer carriers offering coverage through a network plan not to offer coverage to an eligible person who no longer lives or works in the service area or to a small employer who no longer has an enrollee in the plan who lives or works in the service area; (7) Requires small employer carriers to offer all health benefit plans they actively market to small employers in the state. Current law requires small employer carriers to offer at least two health benefit plans: a basic and a standard health benefit plan; (8) Changes the way small employer health benefit plans can define pre-existing conditions. The proposal specifies that a pregnancy existing on the effective date of coverage is not considered a pre-existing condition; (9) Changes the requirement that creditable coverage be continuous from 30 days prior to the effective date of new coverage to a date not less than 63 days prior to application for new coverage; (10) Establishes cases where small employer carriers are prohibited from imposing any pre-existing condition exclusion; and (11) Abolishes the Missouri Small Employer Reinsurance Program on December 31, 2005. The program will not take on any risk after October 1, 2004.

DESCRIPTION (continued)

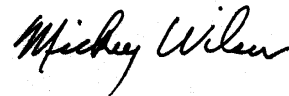
OTHER PROVISIONS

In other provisions regarding insurance, the proposal: (1) Repeals the sunset clause on a section of law governing the liquidation of insurance companies. This provision is currently set to expire on December 31, 2005. The provision allows an estimation of contingent liabilities to be used to fix creditors' claims during the liquidation process. It also requires a reinsurer's payment to be made directly to the liquidator, except where the contract specifically provides for another payee or where another insurer assumes the ceding insurer's policy obligations; (2) Changes the definition of "renewal" as it applies to automobile insurance. Any automobile insurance policy with a term of less than six months or with no fixed expiration date will be considered a six-month policy. Under current law, the default term is 12 months; (3) Repeals the bond requirement for acquiring a license to sell surplus lines of insurance; and (4) Amends the formula used to determine extraordinary dividends for shareholders in insurance holding companies.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Administration -  
    Division of Accounting  
    Division of Design and Construction  
    Division of General Services/Risk Management  
Office of State Courts Administrator  
Department of Mental Health  
Department of Labor and Industrial Relations  
Department of Revenue  
Department of Social Services  
Missouri Department of Transportation  
Department of Public Safety -  
    Missouri State Highway Patrol  
    Missouri Water Patrol  
Missouri Consolidated Health Care Plan  
Department of Insurance  
Missouri Department of Conservation



Mickey Wilson, CPA  
Director  
February 3, 2004