

#B 1-398 John Arnold

Abstract of Statement

North Dakota Insurance Department
SFN 4802

Select Your Company Type *

Property and Casualty

Is this an amendment? *

Yes No

NAIC Company Code (Enter the company code and tab out. This will automatically populate Name and State of Domicile.) *

34592

Name of Company *

Nodak Insurance Company

State of Domicile *

ND

For Year Ending December 31, 20 *

23

DATA FROM ANNUAL STATEMENT OF COMPANY

TOTAL ASSETS (Page 2)

*

407,175,192.00

TOTAL LIABILITIES (Page 3)

*

228,521,156.00

Aggregate write-ins for special surplus funds

*

0.00

Common Capital Stock (Page 3)

*

5,000,000.00

Preferred Capital Stock (Page 3)

*

0.00

Aggregate Write-ins for Other Than Special Surplus Funds (Page 3)

*

0.00

Surplus Notes (Page 3)

*

0.00

Gross Paid in and Contributed Surplus (Page 3)

*

0.00

Unassigned Funds (Page 3)

*

173,654,036.00

TOTAL CAPITAL AND SURPLUS

*

178,654,036.00

TOTAL LIABILITIES, CAPITAL AND SURPLUS

*

407,175,192.00

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums Earned *

151,779,756.00

Total Direct Losses Incurred *

73,635,235.00

Total Accident and Health Direct Premiums Earned *

0.00

Total Accident and Health Direct Losses Incurred *

0.00

Name of Person Completing the Form *

Logan Fahnhorst

Telephone Number (prefer toll-free, if available) *

701 - 298 - 4288
####

Title *

Director of Accounting

Name of Person to Send Invoice To *

Logan Fahnhorst

Email Address *

lfahnhorst@nodakins.com

Division and/or Department *

Accounting

Address for Invoice *

1101 1st Ave N

City *

Fargo

State *

ND

ZIP Code *

58102

Abstract of Statement

North Dakota Insurance Department
SFN 4802

Select Your Company Type *

Property and Casualty

Is this an amendment? *

Yes No

NAIC Company Code (Enter the company code and tab out. This will automatically populate Name and State of Domicile.) *

32670

Name of Company *

Agraria Insurance Company

State of Domicile *

ND

For Year Ending December 31, 20 *

23

DATA FROM ANNUAL STATEMENT OF COMPANY

TOTAL ASSETS (Page 2)

*

176,229,704.00

TOTAL LIABILITIES (Page 3)

*

94,277,374.00

Aggregate write-ins for special surplus funds

*

0.00

Common Capital Stock (Page 3)

*

1,000.00

Preferred Capital Stock (Page 3)

*

0.00

Aggregate Write-ins for Other Than Special Surplus Funds (Page 3)

*

0.00

Surplus Notes (Page 3)

*

15,000,000.00

Gross Paid in and Contributed Surplus (Page 3)

*

0.00

Unassigned Funds (Page 3)

*

66,951,330.00

TOTAL CAPITAL AND SURPLUS

*

81,952,330.00

TOTAL LIABILITIES, CAPITAL AND SURPLUS

*

176,229,704.00

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums Earned *

86,253,904.00

Total Direct Losses Incurred *

45,384,270.00

Total Accident and Health Direct Premiums Earned (Line 13-15.6) *

0.00

Total Accident and Health Direct Losses Incurred (Line 13-15.6) *

0.00

Name of Person Completing the Form *

Amy Lachenmeier

Telephone Number (prefer toll-free, if available) *

701 952 0190
####

Title *

Financial Reporting and Analysis Manager

Name of Person to Send Invoice To *

Amy Lachenmeier

Email Address *

amy.lachenmeier@fumic.com

Division and/or Department *

Finance

Address for Invoice *

PO Box 2020

City *

Jamestown

State *

ND

ZIP Code *

58401