(Prepare in triplicate)

Senate Bill No. 2543  (List bill or resolution and number, if available, or subject)  Amendment to:  (List bill or resolution and number)  Requested by: Legislative Council Date of receipt: 1-28 19 7  In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)  here will be no additional cost to administer this Act over and above urrent cost of administering current law.
(List bill or resolution and number, if available, or subject)  Amendment to:  (List bill or resolution and number)  Requested by: Legislative Council Date of receipt: 1-28 19 7  In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)  here will be no additional cost to administer this Act over and above
Amendment to:  (List bill or resolution and number)  Requested by: Legislative Council Date of receipt: 1-28 19 77  In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)  here will be no additional cost to administer this Act over and above
(List bill or resolution and number)  Requested by: Legislative Council Date of receipt: 1-28 19 77  In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)  here will be no additional cost to administer this Act over and above
Requested by: Legislative Council Date of receipt: 1-28 19 7  In the following space note the fiscal effect in dollars of the legislative proposal. If additional space is needed, attach a supplementary sheet. (Please type)  mere will be no additional cost to administer this Act over and above
In the following space note the fiscal effect in dollars of the legis- lative proposal. If additional space is needed, attach a supplementary sheet. (Please type)
<pre>lative proposal. If additional space is needed, attach a supplementary sheet. (Please type) here will be no additional cost to administer this Act over and above</pre>
urrent cost of administering current law.

Typed Name Byron Knutson

Department ND Insurance Department