#B	1-398	John	Aunold

Abstract of Statement

North Dakota Insurance Department SFN 4802

Select Your Company Type *		Is this an ame	endment? *	
Property and Casualty		r Yes € No		
NAIC Company Code (Enter the company cod	e and tab out. This will auto	matically pop	ulate Name and State of Domic	ile.) *
34592			- John Comme	incr)_
Name of Company *				
Nodak Insurance Company				
State of Domicile *				
ND			Ending December 31, 20 *	न
2 00-		23		. <u> </u>
DATA FROM ANNUAL STATEMENT OF COMPANY				
TOTAL ASSETS (Page 2)			*	
			407,175,192.00	
TOTAL LIABILITIES (Page 3)				
TOTAL LIABILITIES (Fage 3)			*	
			228,521,156.00	
Aggregate write-ins for special surplus funds	*			
	0.00		_	
Common Capital Stock (Page 3)	We the William of the			
common capital Stock (Fage 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		- -	
	10.00			
Surplus Notes (Page 3)	*			
	0.00		_	
Gross Paid in and Contributed Surplus (Page 3)	*			
in the controlled parples (rage 3)	0.00		_	
	10.00			
Jnassigned Funds (Page 3)	*	100	_	
	173,654,036.00			
OTAL CAPITAL AND SURPLUS				
A STATE OF THE STA			178 654 026 00	
			178,654,036.00	
OTAL LIABILITIES, CAPITAL AND SURPLUS			*	
			407,175,192.00	
IORTH DAKOTA BUSINESS ONLY				-

151,779,756.00					
otal Direct Losses Incurred *					
73,635,235.00	Name of the State	_			
Total Accident and Health Direct Premium	s Earned *	_			
0.00					
Total Accident and Health Direct Losses In	ncurred *	_			
0.00					
Name of Person Completing the Form *		Telephone Number (prefer toll-free, if available) *			
Logan Fahnhorst		701 - 298 - 4288 ### ### ###			
Title *		THT TON			
Director of Accounting					
Name of Person to Send Invoice To *		Email Address *			
Logan Fahnhorst		lfahnhorst@nodakins.com			
Division and/or Department *					
Division and/or Department					
Accounting					
Accounting Address for Invoice *	City *	State * ZIP Code *			

From State Page

Abstract of Statement

North Dakota Insurance Department SFN 4802

Select Your Company Type *		Is this an amendment? *			
Property and Casualty		C Yes 6 No			
NAIC Company Code (Enter the company code	e and tab out. This will au	tomatically popul	ate Name and State of D	omicile) *	
32670				<u>Simencij</u>	
Name of Company *					
Agraria Insurance Company					
State of Domicile *					
ND			nding December 31, 20 *		
		23		<u>:</u>	
DATA FROM ANNUAL STATEMENT OF COMPANY					
TOTAL ASSETS (Page 2)			*		
	\$		176,229,704.00		
			27 0722377 0 1.00		
TOTAL LIABILITIES (Page 3)			*		
			94,277,374.00	. (Page - 407 US # 1.74 C 200 - 1	
Aggregate write-ins for special surplus funds	*				
	0.00	The state of the s	•		
2	Far. p				
Common Capital Stock (Page 3)	*				
	1,000.00				
Preferred Capital Stock (Page 3)	*				
	0.00				
	Property and the second				
Aggregate Write-ins for Other Than Special Surplus Funds (Page 3)	*				
	0.00				
curplus Notes (Page 3)	*				
	15,000,000.00				
	177				
ross Paid in and Contributed Surplus (Page 3)	*				
	0.00				
nassigned Funds (Page 3)	*				
	66,951,330.00	-			
	129/22/230100				
OTAL CAPITAL AND SURPLUS			*		
			81,952,330.00		
OTAL LIABILITIES, CAPITAL AND SURPLUS					
Contraction Contraction (Contraction (Contra			176 220 704 00		
			176,229,704.00		

From State Page					
otal Direct Premiums Earned *					
86,253,904.00					
Total Direct Losses Incurred *	graphs in the				
45,384,270.00					
Total Accident and Health Direct Premiums E	arned (Line 13-15.6	<u>)</u> *			
0.00					
Total Accident and Health Direct Losses Incu	rred (Line 13-15.6)	*			
0.00					
Name of Person Completing the Form *		Telephone Number (pref	er toll-free, if	available) *	
Amy Lachenmeier		701			
Title *		W-0			
Financial Reporting and Analysis Manager					
Name of Person to Send Invoice To *		Email Address *			
Amy Lachenmeier		amy.lachenmeier@fumic.com			
Division and/or Department *					
Finance				× 14	
	City *		State *	ZIP Code *	
Address for Invoice *	Jamestown)	ND	58401	