COUNTY MUTUAL ABSTRACT OF STATEMENT

NORTH DAKOTA INSURANCE DEPARTMENT
SFN 4805 (Rev. 11-2012)

ALL INFORMATION MUST BE TYPEWRITTEN.

Name of Company	FOR YEAR ENDING DECEMBER 31, 20 .
City	State
Designated Newspaper	

PLEASE DROP ALL CENTS

DATA TO REPORT	DOLLARS	SOURCE OF DATA
TOTAL ADMITTED ASSETS		Page 3, Line 29
TOTAL AMOUNT OF ALL LIABILITIES		Page 3, Line 42
SURPLUS AS REGARDS POLICYHOLDERS		Page 3, Line 43
TOTAL INCOME		Page 2, Line 13
TOTAL DISBURSEMENTS		Page 2, Line 43

NORTH DAKOTA BUSINESS ONLY	DOLLARS	SOURCE OF DATA
NET PREMIUMS RECEIVED		Page 2, Line 1(e)
NET LOSSES PAID		Page 2, Line 19

Name of Person Completing Form:	Telephone Number (prefer toll-free, if available)
Title	

INSTRUCTIONS

Complete in typewritten form only as all forms must be clear and legible.

Designated Newspaper - Please indicate the newspaper designated for the publication of the abstract of the annual statement. The designated newspaper must be located in the County in which the Company has its principal place of business and be selected by the members of the company at their annual meeting. See N.D.C.C. 26.1-03-10.

One original and one copy is required.

Insert the company name, city, and state where the home office is located in the appropriate space at the top of the form. Do not abbreviate. Do not use the street address.

Please mail on or before March 1:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck ND 58505-0320