



PROPERTY AND CASUALTY COMPANY ABSTRACT OF STATEMENT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 4802 (Rev. 4-2007)

* 48020505 *

INSTRUCTIONS ON REVERSE

**TWO forms must be returned
(1 completed original plus 1 copy of original)**

ALL INFORMATION MUST BE TYPEWRITTEN.

Name	NAIC Company Code	FOR YEAR ENDING DECEMBER 31, 20 .
State of Domicile		

MUTUAL COMPANY: Delete reference to capital

PLEASE DROP ALL CENTS

DATA FROM ANNUAL STATEMENT OF COMPANY		SOURCE OF DATA
ALL INFORMATION MUST BE CORRECT; SUBJECT TO PENALTY.		
TOTAL ASSETS	\$	Page 2
TOTAL LIABILITIES	\$	Page 3
Aggregate write-ins for special surplus funds		Page 3
Common capital stock		Page 3
Preferred capital stock		Page 3
Aggregate write-ins for other than special surplus		Page 3
Surplus Notes		Page 3
Gross paid in and contributed surplus		Page 3
Unassigned funds (surplus)		Page 3
LESS treasury stock, at cost:		Page 3
(1) _____ shares common (value included in \$ _____ common capital stock)		Page 3
(2) _____ shares preferred (value included in \$ _____ common capital stock)		Page 3
SURPLUS AS REGARDS POLICYHOLDERS	\$	Page 3
TOTAL LIABILITIES, CAPITAL AND SURPLUS	\$	Page 3

NORTH DAKOTA BUSINESS ONLY

	DOLLARS	SOURCE OF DATA
TOTAL DIRECT PREMIUMS EARNED	\$	State Page
TOTAL DIRECT LOSSES INCURRED	\$	State Page
	DOLLARS	SOURCE OF DATA
TOTAL ACCIDENT AND HEALTH DIRECT PREMIUMS EARNED	\$	State Page, Line 13 - Line 15.6
TOTAL ACCIDENT AND HEALTH DIRECT LOSSES INCURRED	\$	State Page, Line 13 - Line 15.6

Name of Person Completing Form	Telephone Number (prefer toll-free, if available)	
Title		
Name of Person to Send Invoice To		
Division and/or Department		
Address for Billing		
City	State	Zip Code

INSTRUCTIONS

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

One original and one copy is required. You must submit one original abstract of statement plus one copy for the North Dakota Advertising Service Inc.'s use.

Insert the company name and state of domicile 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. An alien company may insert the city and state where their principal United States branch office is located.

Please mail on or before March 1:

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