

ASSESSMENT

ASSOCIATION 2024

ANNUAL STATEMENT

For the Year Ending December 31, _____

NAIC Company # _____

(Name of Association)

(Address)

(City, State, Zip Code)

(Contact Person)

(Contact Email)

() _____
(Telephone Number)

Date Organized _____

Mail to the Department at:

Using USPS:
Nebraska Department of
Insurance PO Box 95087
Lincoln, NE 68509-5087

Sending overnight, FEDEX, UPS:
Nebraska Department of Insurance
1526 "K" St., Suite 200
Lincoln, NE 68508

See Instructions on Page Two

INSTRUCTIONS – READ CAREFULLY

This statement must be filed on or before March 1st of the year following that for which it is completed.

When money is borrowed, it must be shown as income at line 11, page 3, when repaid it must be shown as a disbursement at line 26, page 4.

Any borrowed money unpaid on the date of this statement must be shown as a liability at line 33, page 5.

OFFICERS

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
Pres. _____	_____	() _____
VP _____	_____	() _____
Sec. _____	_____	() _____
Treas. _____	_____	() _____

DIRECTORS

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Term Expires</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL STATEMENT

<p>1. Amount of ledger assets per line 12, page 5, last year's statement . .</p>			
INCOME			
2. Gross receipts from assessments			
3. Gross membership, cancellation and policy Fees			
4. Assessments paid in advance			
5. Total assessments and fees (Lines 2, 3, & 4)			
6. Return on cancellations			
7. Net amount received from members (Line 5 minus Line 6)			
8. Interest on investment			
9. Other interest			
10. Rents (including \$_____ for own occupancy)			
11. Borrowed money			
12. Liability Premiums.....			
From all other sources. (Itemize).			
12.			
13.			
14.			
15.			
16.			
17. Total Income (Lines 7 through 16)			
18. Total (Line 1 plus Line 17)			

DISBURSEMENTS

1. Amount brought forward from line 18, page 3			
2. Gross losses paid			
3. Less discount and salvage			
4. Less recovered from reinsurance			
5. Net losses paid (Line 2 minus total of lines 3 and 4)			
6. Adjusting expense			
7. Legal expenses on losses			
8. Commissions paid to agents			
9. Fees retained by agents			
10. Salaries of agents			
11. Expenses of agents			
12. Salaries and expenses of directors & officers ..			
13. Salaries of office employees			
14. Rent			
15. Repair on real estate			
16. Taxes on real estate			
17. Insurance department licenses & fees			
18. All other taxes			
19. Advertising, printing & stationery			
20. Telephone & postage			
21. Reinsurance premiums paid			
22. Interest on borrowed money			
23. Liability Premiums.....			
Other Expenses (Itemize)			
23.....			
24.....			
25. Total expenses (Lines 6 through 24)			
26. Borrowed money repaid			
27. Agents' balances charged off			
28. Other disbursements (Itemize)			
29.....			
30. Total disbursements (Total of line 5 plus lines 25 through 29)			
31. Balance (Line 1 minus line 30). See footnote			

IMPORTANT: This statement cannot be correct unless amounts shown at line 31, page 4, and line 12, page 5 are equal.

GENERAL INTERROGATORIES

1. Were all the transactions of which notice had been received at the home office at the close of business December 31st truthfully and accurately entered on its books for and during the year ending upon that date?

2. Do the Articles of Incorporation or By-Laws provide for additional assessments?_____, for unlimited assessments?_____ ; for pro-rating losses?_____
3. State loss ratio % for each of the latest five years (page 4, line 5 ÷ (page 3, line 7 – page 4, line 21)).
Yr.____, ____%; Yr.____, ____%; Yr.____, ____%; Yr.____, ____%; Yr.____, ____%
4. What commissions, if any, are paid to the officers in addition to their salaries?_____
5. Provide a list of every county in which the Association wrote business during the year. Do not include counties where the sole policy type issued is a liability policy that is issued by another insurer and sold by the Association. _____
6. Does the Association have a net exposure in any one risk, after reinsurance, greater than 1/8th of 1% of its insurance in-force? Yes_____, No_____
7. State largest amount insured in any one risk “after” deducting for reinsurance. \$_____
8. State largest amount insured in any one risk “before” deducting for reinsurance. \$_____
9. State the aggregate risk limit “after” reinsurance for all businesses. \$_____
10. Identify all reinsurers and the coverage provided (Excess of Loss, Facultative, Quota Share, etc.) _____
11. Identify security custodian(s) if your securities are not held directly by your association. _____
12. Identify all investment managers or brokers to manage investments. _____
13. Are annual meetings of the members held on or before June 30th of each year as required by law? _____
14. Have the books been kept open after the close of business December 31st last for the purpose of making any entry affecting this statement?_____

15. Show below the cost per \$1,000.00 for each of the preceding years for the following coverage if written.

<u>Year</u>	<u>Fire, Lightning & Windstorm</u>	<u>Fire & Lightning</u>	<u>Windstorm</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

16. Has the policy now used by the company been approved by the Director of Insurance? _____

17. What kinds of property does the association insure? _____

18. What kind of risks does the association cover? (Fire, Hail, Etc.) _____

19. Give date of latest examination by Department of Insurance _____

20. On what terms are expired policies renewed? _____

21. Are policies perpetual or limited term? _____

INSURANCE EXHIBIT

1. In force January 1st of the year for which this report is made (Must correspond with previous report) \$ _____
2. Written during the year. (Itemize)

	New	Renewal
3. Fire, lightning & windstorm	\$ _____	\$ _____
4. Fire & lightning only	\$ _____	\$ _____
5. Hail on growing crops	\$ _____	\$ _____
6.	\$ _____	\$ _____
7.	\$ _____	\$ _____
8.	\$ _____	\$ _____
9. Total written and renewed during the year (Lines 2 through 8) . .		\$ _____
10. Total (Line 1 plus Line 9)		\$ _____
11. Deduct expirations & terminations during the year (Itemized)		
12. Fire, lightning and windstorm	\$ _____	
13. Fire and lightning only	\$ _____	
14. Hail on growing crops	\$ _____	
15.	\$ _____	
16.	\$ _____	
17.	\$ _____	
18. Total deducted as expired and terminated (Lines 11 through 17) . .		\$ _____
19. In force at the end of the year (Line 10 minus 18)		\$ _____

STATE OF NEBRASKA)
) ss
 _____ County)

 President and _____
 Secretary of the within named association, being duly sworn, depose and say, and each for himself says, that they are the above described officers of the said association and that the within and foregoing statement is a correct exhibit of the business of said association for the year ending on the 31st day of December last, according to the best of their information, knowledge and belief respectively.

 President

 Secretary

Subscribed in my presence and sworn to before me, by _____, as President and _____, as Secretary of the above named association this ___ day of _____.

WITNESS my hand and Notarial Seal

 NOTARY PUBLIC