

# SIGNATURE PAGE

STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2023

**This document must be attached to all annual tax return filings.**

## COMPANY INFORMATION

Contact Person \_\_\_\_\_

NAIC Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Telephone \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Organized Under the Laws of \_\_\_\_\_

**TYPE OF INSURER (Select One):**

_____ Life and Health Insurer	_____ Pool
_____ Property and Casualty Company	_____ Assessment
_____ Reciprocal Insurance Exchange	_____ Prepaid Dental
_____ Risk Retention Group	_____ Prepaid Legal
_____ Title Insurer	_____ Prepaid Health
_____ Health Maintenance Organization	_____ Captive
_____ Fraternal	

## SIGNATURE OF FISCAL OFFICER OF COMPANY

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )ss

I, \_\_\_\_\_, being duly sworn on oath say that I am \_\_\_\_\_

of the \_\_\_\_\_ Insurance Company of the State of \_\_\_\_\_

and that the tax statement to which this is attached is correctly computed in accordance with the provided instructions.

\_\_\_\_\_  
(Signature)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)