

SIGNATURE PAGE

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2025

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

Property and Casualty Company

Reciprocal Insurance Exchange

Risk Retention Group

Title Insurer

Health Maintenance Organization

Fraternal

Pool

Assessment

Prepaid Dental

Prepaid Legal

Prepaid Health

Captive

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)