SIGNATURE PAGE

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2019

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 _____)
)ss
County of _____)

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)