

SIGNATURE PAGE

STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
ANNUAL TAX RETURN FOR YEAR ENDING DECEMBER 31, 2020

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)