TITLE COMPANY ABSTRACT OF STATEMENT

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 14755 (Rev. 4-2007)

INSTRUCTIONS ON REVERSE

147550505

ALL INFORMATION MUST BE TYPEWRITTEN.

Name of Company	NAIC Company Code	FOR YEAR ENDING DECEMBER 31, 20 .
State of Domicile		

PLEASE DROP ALL CENTS

DATA FROM ANNUAL STATEMENT OF COMPANY			SOURCE OF DATA
TOTAL ASSETS		$	Page 2
TOTAL LIABILITIES		$	Page 3
Aggregate write-ins for special surplus funds			Page 3
Common capital stock			Page 3
Preferred capital stock			Page 3
Aggregate write-ins for other than special surplus funds			Page 3
Surplus notes			Page 3
Gross paid in and contributed surplus			Page 3
Unassigned Funds			Page 3
LESS treasury stock, at cost:			Page 3
(1) _____ shares common (common capital paid up) $			Page 3
(2) _____ shares preferred (preferred capital paid up) $			Page 3
SURPLUS AS REGARDS POLICYHOLDERS		$	Page 3
TOTALS		$	Page 3

MUTUAL COMPANY: Delete reference to capital

NORTH DAKOTA BUSINESS ONLY	DOLLARS	SOURCE OF DATA Schedule T, Line 35
TOTAL DIRECT PREMIUMS EARNED	$	**Column 6**
TOTAL DIRECT LOSSES INCURRED	$	**Column 8**

Name of Person Completing Form:	Telephone Number (prefer toll-free, if available)	
Title		
Name of Person to Send Invoice To		
Division and/or Department		
Address for Invoice		
City	State	Zip Code

INSTRUCTIONS

Complete in typewritten form only as all forms must be clear and legible.

One original and one copy is required. You must submit one original abstract of statement plus one copy for the North Dakota Advertising Service Inc.'s use.

Insert the company name and state of domicile where the home office is located in the appropriate space at the top of the form. Do not abbreviate. Do not use the street address. An alien company may insert the city and state where their principal United States branch office is located.

Please mail on or before March 1:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck ND 58505-0320