TO PLACE AN AD:

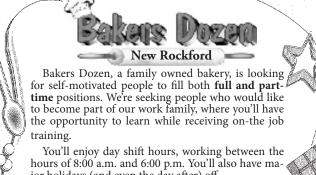
Call (701) 947-2417 or email nrtranscript@gmail.com **CLASSIFIED ADS** (20 words or less)

1st week \$7.00 — 10¢ additional words

Subsequent weeks half price 13-week special: \$25 for 20 words/ 5¢ ea. add'l word

CARDS OF THANKS/MEMORIAMS First 50 words \$10.00 — 10¢ ea. add'l word

Help Wanted



jor holidays (and even the day after) off. If you are interested in working a rewarding job in a

friendly, supportive environment, apply in person or pick up an application.

Lutheran Home of the Good Shepherd

We have the following positions open:

RN/LPN: We have day and night shift positions available. Positions may be part-time or full-time. Weekend and holiday rotation required. Current sign-on incentive for part-time \$3,000, full-time \$5,000.

Dietary Assistant: We have casual and part-time positions available. Flexible schedule. Sign-on Bonus for part-time

CNA: We have part-time and full-time PM and night shift positions available. These positions include weekend and holiday rotation. Current sign-on incentive for PM shift is \$2,000 and Night shift is \$2,500.

Housekeeping Assistant: We have a casual or part-time position available.

Why should you consider a career at LHGS?

We offer competitive pay and benefits, shift differentials, 401k with Company match, opportunity for growth, on-site daycare, and reduced employee rent at Westview Apartments.

If interested please contact Susette Allmaras, Human Resource Coordinator, at (701) 947-2944 or stop in for an application at 1226 1st Ave N, New Rockford, ND. Visit our website for more information. An online application may be completed at www.lhgs.org.



Imagine better health.™

Carrington Medical Center

800 North Fourth Street * Carrington, ND 58421

CHI St. Alexius Health Carrington offers a great atmosphere to work in, competitive wages, excellent benefit packages and valuable opportunities for education and growth. We currently have these positions available.

AMBULANCE DRIVER (PRN)

The Ambulance Driver assists with professional and compassionate care to a variety of patients encountered in a multi-disciplinary prehospital/hospital setting. The Ambulance Driver is responsible for the safe transfer of patients and staff to a different facility or level of care. Responsible for the safety of patients, staff and families.

CERTIFIED NURSING ASSISTANT: (full time)

Under direction of a Registered Nurse, the Certified Nursing Assistant contributes to the basic patient care activities and related non-professional services necessary in caring for the personal needs and comfort of the patient. Actual job tasks may vary depending on the unit or department assigned.

CLINIC OFFICE ASSISTANT (full time)

First impressions are important and, as the Office Assistant, you provide that first, positive response to patient needs; often leave a lasting impression of the organization. Office Assistants greet visitors, answer telephones, route and screen calls, respond to inquiries from the public, schedule patient appointments. Office Assistants are expected to perform a variety of office duties.

We are part of Catholic Health Initiatives, one of the largest not-for-profit health care systems in the country and Carrington Medical Center was named in the Top 100 Critical Access Hospitals 2017. Come join our team!

Applicants must be safety focused and able to interact with patients, families, and fellow employees that contribute to the patient employee experience. Apply for these positions at the link on our website: www.carringtonhealthcenter.org or call Human Resources for assistance at 701-652-7168 or carolrisovi@catholichealth.net.

CATHOLIC HEALTH INITIATIVES IS AN EQUAL OPPORTUNITY EMPLOYER (50)

Looking for good help?

Put a classified ad in the New Rockford Transcript!

Park Board Recreation Manager New Rockford, ND

Full-time management position, responsible for developing and coordinating year-round community sports and recreation programs, managing city swimming pool, tourna-ments, fundraising, etc. Degree in related field and or commensurate experience required.

Position open until filled

Complete position and application information at www.cityofnewrockford.com.

Work Wanted

KNIVES SHARPENED for 75¢ each or three for \$2 at Miller's Fresh Foods, New Rockford.

HOUIM TREE SERVICE: Tree trimming and removal, stump removal, at reasonable rates. Free estimates, 30 years experience. Credit cards accepted. 776-

WORK WANTED: For all your remodeling or repair needs, call Buckmeier Con-0516, ask for LeRoy.

WORK WANTED: Piano tuning and repair. Ringerud Piano Service, John Ringerud, piano technician. Call 701-652-2512, Carrington. 4qs

Real Estate

DRASTIC PRICE REDUCTION



124 8th Street North—Totally remodeled 2 story home with new siding, roof, along with windows. The home has 3 bedrooms 2.5 baths, all new knotty pine cabinets in the large spacious kitchen and dining area. The living room has the beautiful original

Farm

PORTABLE

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Registered - Certified

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Equipment for ALL YOUR

Upgrading & Cleaning Needs

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SUNFLOWERS

and SMALL GRAINS

Auction

STATE OF NORTH DAKOTA

218 Airport Road

Bismarck, ND

Wed., May 23, 2018

11:00 a.m.

For a complete list of vehicles check out our

web site at: www.dot.nd.gov

or call (701) 328-1472

(Hoffman Auction Service - Lic. #1)

To request accommodations for disabilities

and/or language assistance, contact

Civil Rights Division, NDDOT, 701-328-2978 or

lrights@nd.gov or TTY 711 or 1-800-366-6888

vehicle.

CODY HESKIN

New Rockford, ND Cell: 701-302-0653

Business:701-947-5111

SIEVE MILL

INDENT MILL

nas the beautiful original old railing for the open staircase. Main floor laundry, sauna, and a wonderful covered porch. The extra large garage has a loft and is set up to be heated with a forced air natural gas furnace. A real beauty if your looking for a home this must be checked out. ing for a home this must be checked out.

VORLAND LAND COMPANY

Dean Vorland • Alicia Vorland • Ardyce Snyder New Rockford, ND 947-5626 www.vorlandlandcompany.com

For Sale

FOR SALE: Minn-Kota Ter-Pilot Bow Electric Motor with quick release bracket 24 Volt. Used very little. \$1,000. 701-739-8272. John Hovey.

PROPERTY FOR SALE:

Honeywell Generator 2010 model, 7500 watts, 420 CC, Like new, comes with 30' cord Recently serviced, \$700

Toro brush cutter (large weed-eater) Good condition, \$50

2005 Toro lawn mower Has been overhauled

Good condition, \$75 Numerous children's bike helmets, \$5 each

Golf pull cart, \$25 60" outdoor pre-lit

Christmas wreath, \$25 TV stand, 45" wide X 20" high, black tempered glass, two open shelves below TV shelf,

All items at listed price or best offer.

Contact for details: Donn Frahm Cell (701) 302-0431 Kristi Frahm Cell (701) 302-0211

For Rent

MENTS: Immediate availability. One or two bedroom apartments for rent in New Rockford. Off-street parking, heat, water, garbage included. Call 701-370-6310, ask for Dylan.

NORTHERN HEIGHTS APARTMENTS: Apartment now available at 434 2nd Ave. N in New Rockford. Two bedroom, ground floor apartment includes attached single garage space. Preference given for ESW. For more information, call Eddy County Housing Authority at 947-5212

ROCKFORD ARMS APART-MENTS FOR RENT: Under new ownership and managestruction at 996-3886 or 302- ment. Heat, water, sewer, garbage paid. Air conditioned, laundry, off-street parking with plug-ins. Call 701-302-0017 or 701-947-5548 and ask for Sharon or Don.

To Buy

NEW ROCKFORD APART- INTERESTED IN BUYING: memorabilia from Hamar, ND up to 1972. Call Tom at 701-351-2596.

Card of Thanks

I wish to sincerely thank everyone for the wishes and prayers, following my recent hospitalization. I know that both have contributed to my continued improvement. I especially want to thank my sister, Kathy, and my daughter, Kris, for taking care of me these last two weeks.

Thank you, thank you, Karen Hovey

NEED EXTRA CASH? Try a Transcript classified ad

Public Notice

AMENDMENT TO
EDDY COUNTY ZONING ORDINANCE
RESOLUTION
WHEREAS, the Eddy County Board of
County Commissioners (hereinafter "the
Board"), pursuant to North Dakota Century Code Chapter 11-33, adopted the 2017
Eddy County Zoning Ordinappe on March Eddy County Zoning Ordinance on March 21, 2017;

WHEREAS, said ordinance, Articles 7 and 8, authorizes the Board to review, approve, modify and deny the recommendations of the Eddy County Zoning Commission;

WHEREAS, on April 24, 2018, the Eddy County Zoning Commission approved a recommendation to add Article 11 Medical Marijuana to the 2017 Eddy County Zoning Ordinance;
WHEREAS, the Eddy County Zoning

VONTEREAS, the Eduty Couliny Zoning Commission recommends that the Board approve the addition of Article 11 Medical Marijuana to the 2017 Eddy County Zoning Ordinance;
WHEREAS, the addition of Article 11 Medical Marijuana includes the process

WHEHEAS, the addition of Article 11 Medical Marijuana includes the process and procedures for the manufacturing and distribution of medical marijuana as well as modifications and corrections to the Zoning Ordinance for Eddy County, ND; WHEREAS, said ordinance is designed to promote the proposetive and protect the genpromote the prosperity and protect the gen-

promote the prosperity and protect the general welfare of Eddy County, ND;
WHEREAS, Commissioner Glenda Collier moved to approve the recommendation of the Eddy County Zoning Commission and Commissioner Jeff Pfau seconded the motion and the motion having passed by unaniform and the motion having passed by unaniform and the motion having passed by the Paragram. imous roll call vote of the Board:

imous roll call vote of the Board;
NOW, THEREFORE, BE IT RESOLVED,
that the County Commission of Eddy County hereby adopts the following Amendment
to the 2017 Eddy County Zoning Ordinance
Resolution this first day of May, 2018:
Addition of Article 11 Medical Marijuana
in Table of Contents

in Table of Contents
Addition of Medical Marijuana Definitions in Section 2.2 Definitions
Addition of Article 11 Medical Marijuana

The amendment approved herein shall be immediately incorporated into the officially adopted text of the 2017 Eddy County Zoning Ordinance and shall be effective this first day of May, 2018. Neal Rud, Chairperson

Patty Williams, Auditor The Amendment to the 2017 Eddy Coun office of the Eddy County Recorder, Monday through Friday, 8:00 A.M. to 4:00 P.M.

Published May 7 & 14, 2018

STATE OF NORTH DAKOTA
IN DISTRICT COURT
COUNTY OF EDDY
SOUTHEAST JUDICIAL DISTRICT

Probate No.: 14-2018-PR-00004 In the Matter of the Estate of William R. Aslakson, as known as William R. Aslakson,

NOTICE TO CREDITORS NOTICE IS HEREBY GIVEN that Kristy

M. Hager has been appointed as person-al representative for the Estate of William R. Aslakson on April 18, 2018. Pursuant to NDCC 30.1-19-01, all persons having claims against the decedent William R. Aslakson must present their claims within three (3) must present their claims within three (3) months after the date of the first publication or mailing of the notice or be forever barred. Claims must be presented to the personal representative Kristy M. Hager at her address: 329 3rd Street NE, PO Box 319, LaMoure, ND 58458, or filed with the Court.

Dated this 23rd day of April, 2018.
PAGEL WEIKUM, PLLP
1715 Burnt Boat Drive Madison Suite Bismarck, ND 58503 Ph. No.: (701) 250-1369 shager@pagelweikum.com

shager@pagelweikum.com By: /s/ Scott A. Hager Scott A. Hager ND Lic. No.: 05913 ATTORNEYS FOR P.R. KRISTY HAGER Published April 30, May 7, & 14, 2018

NOTICE OF NAMES OF PERSONS AP-PEARING TO BE OWNERS OF ABANDONED PROPERTY

ABANDONED PROPERTY
Notice is hereby given that the following
persons, their heirs, executors, administrators, successors or assigns, may be entitled
to property (not real estate) which has been
presumed abandoned under the Unclaimed
Property Act (NDCC Chapter 47-30.1). The Act requires all businesses to file annual reports of unclaimed property. These names are from the most current annual reports. Previously reported properties which have not been claimed can be viewed at https:// land.nd.gov/unclaimed

*= New Rockford

Aardahl Ruth G 20 10th St S *

Allmaras Todd 228 2nd Ave N *

Avann Joan M 16682 N West Point Parkw Apt Sheyenne Brocker Joan 414 3rd Ave N * Bullhead Amorette M 312 Central Ave Carrington Health Ce 1818 1st St Sc * Dgvat Sharon 220 8th Street N * Doll Leland 427 Central Ave * Duckworth David 409 C Woodlake Dr

Hager Darrell 221 Richter Ave Sheyenne Helm Susan A 319 1st Ave N* Hendrickson Cora 319 1st Ave N* Lake Chevrolet Inc 403 2nd Ave N* Linderman Gerry 310 2nd Ave S* Lindstrom Thelma 215 13th St 105* Martin Melinda 1733 Highway 281 Massy Gene Eddy County Sheriff 1101 1st Ave N *

Mchaney William Marion 124 Central Ave * Miller Larry 111 1st Ave * Nordlinder Roger A 2344 72nd Ave NE Shey-

enne
North American Provision 1658 Hwy 281 *
Olds Dwain 1205 First Ave North Apt 116 *
Retzlaff Doug 630 Central Ave *
Ruppell Jennifer M 413 2nd Avenue South *
Salgado Eddie 18 1/2 9th St N *
Schuster Milo Mr-410 2nd Ave N *
**
**Tocaretation Control N ** Schlüster Millo Mir-4 to Zirld Ave N T1 Construction 403 2nd Ave N * Thomas Harold F 430 10th St S * Walker Frank Edgar 319 2nd St SE * Watson Annette M. 121 1st Ave S * Young Gregory S 609 2nd Ave South *

For information concerning this property, or for ADA auxiliary aids, contact the Unclaimed Property Administrator via e-mail (unclaimed@nd.gov) or on the Website at https://land.nd.gov/unclaimed, or at 1707 N 9th St, PO Box 5523, Bismarck, ND 58506-5523. (701-328-2800). Jodi Smith (4/4/2018)

Published May 14, 2018

IN THE DISTRICT COURT OF
EDDY COUNTY,
STATE OF NORTH DAKOTA
IN THE MATTER OF THE ESTATE OF
CARL RUSSELL MCKAY, SR. DECEASED
NOTICE OF HEARING ON PETITION FOR
FORMAL ADJUCATION OF INTESTACY
AND FORMAL APPOINTMENT OF PERSONAL REPRESENTATIVE

SONAL REPRESENTATIVE
NOTICE IS HEREBY GIVEN that Marnie Lawrence has filed a Petition for Formal Adjucation of Intestacy and Formal Appoint-ment of Marnie Lawrence as the Personal

Representative. This matter is set for hearing on June 25, 2018, at 1:30 p.m. in the City of New Rock-ford, Eddy County, North Dakota, in the chambers of the District Court. Dated this third day of May, 2018

Marnie Lawrence J. Thomas Traynor, Jr (ID #03694) Traynor Law Firm, PC 509-5TH ST, N.E., SUITE 1, P.O. BOX 838 Devils, Lake, ND 58301-0838 tomtraynor@traynorlaw.com (701) 662-4077

Attorneys for: Petitioner Probate No. 14-2018-PR-00006 Published May 14, 21, & 28, 2018



Cash & Carry Lumber New Rockford • 947-5364 Your Complete Building



all those unused items in the **CLASSIFIEDS** Call Transcript Publishing

947-2417

Mon. - Fri. 7:30 a.m. to 5:30

Business & Professional Directory

James River Dentistry Dr. Robert Cudworth · Dr. Amy Ellingson

701-947-2354

Mon. thru Fri. • 7:30 a.m. - 5:00 p.m. Hwy. 281 • New Rockford, ND **WESTSIDE STORAGE**

New 8x12 Units Available 6x12 or 11x24 Self Contained · Private Entry

701-947-2912 · New Rockford

Marlin Weisenburger

Electric Motor Service Repair & Rewind Service • Sale Farm • Industry

JOHN GISI, OWNER Cell: 302-0541

Transcript Publishing 701-947-2417 Your agent with answers in

Your Business Directory ad

could be seen here by over

3,000 people weekly!

Call us for more details!

Eddy and Foster County **FS** Nodak

Insurance Company www.nodakins.com





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Land Clearing · Tree Removal · Demolition

RYAN HAGER • 701-341-0505

General Excavating

Gravel Hauling · Scrap Metal Hauling Sewer System Installation

ASHLEY LIES LAW, P.C.



601 Central Avenue

New Rockford, ND

701-947-LIES

701-650-7097 · Mike Yri, Owner

16 8th St. N · New Rockford 701-947-5101 • 1-800-647-9482

(NAPA)

Evans Juneral Home

AUTO PARTS

Compassionate Funeral Service Monuments and Markers New Rockford | Carrington 701-947-2911 701-652-3003

www.EvansFuneralHomeND.com Drs. Krein, Moen & Enderle Optomertrist

The Eye Clinic Highway 2 East · Devils Lake, ND 701-662-4085

Trenching · Phone Installation Electric Off-Peak Heating

Scott Taverna • Master License #1457 701-947-5809 New Rockford

TAVERNA ELECTRIC

Farm · Residential · Commercial



12 X 30 and 14 X 45 units available

Private storage • Call 701-302-0639 LINDERMAN

CONSTRUCTION Kitchen Remodeling · Cabinet Building Roofing · Siding · New Construction

Sheet Rock Taping & Texturing 701-947-5775 · New Rockford

ARSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| DECEMBER 01, 2017 |
|--------------------------------------|
| of the |
| Maine Employers' Mutual Insurance |
| Company |
| In the state of Maine |
| Total Assets916,717,048 |
| Total Liabilities477,719,972 |
| Aggregate write-ins for |
| Special surplus funds |
| Common Capital Stock |
| Preferred Capital Stock |
| Aggregate write-ins for |
| Other than special surplus1,288,26 |
| Surplus Notes |
| Gross paid in and |
| Contributed surplus3,180,80 |
| Unassigned funds (surplus)434,528,00 |
| Less treasury stock, at cost: |
| # shares common |
| # shares preferred |
| Surplus as regards |
| Policyholders438,997,070 |
| Total Liabilities, Capital |
| And Surplus916,717,04 |
| NORTH DAKOTA BUSINESS ONLY |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned |
| Total Direct Losses |

Incurred.....Total Accident and Health Direct Premiums

Total Accident and Health Direct Losses STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

JON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF AUTHORITY

WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

this office a duly certified copy of its charter with certificate of organization in compli-ance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| Meridian Security Insurance Company |
|-------------------------------------|
| In the state of Indiana |
| Total Assets137,660,694 |
| Total Liabilities64,751,03 |
| Aggregate write-ins for |
| Special surplus funds |
| Common Capital Stock5,000,00 |
| Preferred Capital Stock |
| Aggregate write-ins for |
| Other than special surplus |
| Surplus Notes |
| Gross paid in and |
| Contributed surplus25,609,63 |
| Unassigned funds (surplus)42,300,02 |
| Less treasury stock, at cost: |
| # shares common |
| # shares preferred |
| Surplus as regards |
| Policyholders72,909,663 |
| Total Liabilities, Capital |
| And Surplus137,660,69 |
| NORTH DAKOTA BUSINESS ONLY |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned6.497.87 |

Total Direct Losses 3 474 720 Incurred.....3,474,72
Total Accident and Health Direct Premiums ...0 Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby cer-

tify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2018

JON GODFREAD mmissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

ance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bism day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

HELP WANTED

THE CITY OF HILLSBORO, N.D. seeking full-time city auditor. Call 701-636-4620 or email hillsaud@rrv.net for more information. Application deadline is 4pm, Friday, June 1.

NORTHWEST AREA SCHOOLS EDUCATIONAL COOPERATIVE in Isabel, South Dakota, is seeking an Early Childhood Special Education Instructor. South Dakota licensure is required. NWAS offers competitive salary, benefits, transportation and SD Retirement. Position is open until filled. Contact Quinn Lenk, Director, at 605-466-2206, or email quinn.lenk@k12.sd.us.

PARK BOARD RECRE-ATION MANAGER- Develops and coordinates yearround recreation programs, tournaments, and fundraising, and manages city swimming pool. Details and application info at www.cityofnewrockford.com.

ABSTRACT OF STATEMENT

| DECEMBER 31, 2017 |
|---------------------------------------|
| of the |
| Medica Insurance Company |
| In the state of Minnesota |
| Total Assets807,428,287 |
| Total Liabilities386,461,124 |
| Aggregate write-ins for |
| Special surplus funds53,000,000 |
| Common Capital Stock1,000,000 |
| Preferred Capital Stock0 |
| Aggregate write-ins for |
| Other than special surplus0 |
| Surplus Notes0 |
| Gross paid in and |
| Contributed surplus95,100,000 |
| Unassigned funds (surplus)271,867,163 |
| Less treasury stock, at cost: |
| # shares common0 |
| # shares preferred0 |
| Surplus as regards |
| Policyholders420,967,163 |
| Total Liabilities, Capital |
| And Surplus807,428,287 |
| NORTH DAKOTA BUSINESS ONLY |
| FOR THE YEAR 2017 |
| |

Total Direct Premiums ..152,242,084 Total Direct Losses ..118.196.108 Total Accident and Health Direct Pr Incurred.......118,196,108
STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country
of domicile, has filed in this office a sworn
statement exhibiting its condition and business for the year ending December 31, 2017 ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

whereas, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

2019.
IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)
JON GODFREAD
Commissioner of Insurance
Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| OI UIE | 2 |
|----------------------------|--------------|
| Metropolitan Casualty In | |
| In the state of Rhode Isla | |
| Total Assets | |
| Total Liabilities | 166,485,48 |
| Aggregate write-ins for | |
| Special surplus funds | |
| Common Capital Stock | |
| Preferred Capital Stock | |
| Aggregate write-ins for | |
| Other than special surplu | IS |
| Surplus Notes | |
| Gross paid in and | |
| Contributed surplus | 48,329,518 |
| Unassigned funds (surplu | us)17,100,60 |
| Less treasury stock, at c | |
| # shares common | |
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 68,430,122 |
| Total Liabilities, Capital | |
| And Surplus | 234,915,600 |
| NORTH DAKOTA BU | JSINESS ONLY |
| FOR THE YE | AR 2017 |
| Total Direct Premiums | |
| Earned | |
| Total Direct Losses | |
| | |

ent and Health Direct Losses

Incurred......
Total Accident and Health Direct Premiums

Earned.

....0

in this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

JON GODFREAD Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

NURSING INSTRUCTORS LAKE Region State College - Grand Forks. This is a 9-month, benefitted position; MS in Nursing, current North Dakota RN license, and maintains continuing education as required by the ND Board of Nursing. Applicants with BSN working toward MSN will be considered. Go to lrsc.edu for more

WATER MAINTENANCE POSITION open in Tioga ND. Great Benefits/Competitive Salary. Call 701-641-2807 or email resume to auditor@cityoftioga.com.

information.

HELP WANTED: PFEIFLE Chevrolet in Wishek, N.D., is seeking an experienced Service Technician. Up to \$5,000 sign on bonus if GM Trained. Call Dave at 701-452-2375.

RAILROAD VEGETATION CONTROL: Full-time traveling opportunity, 60-80 hours/week, \$13-\$15/hour starting, meal allowance, paid lodging, health/dental, 401(k) & Paid Time Off.

NEW 55+ COMMUNITY - ND FARM LAND Values surge upward. Are you sell-dan! Open Houses Saturday ing or renting? Pifer's Auc-

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| Medicus Insurance Company | |
|-------------------------------|------------|
| in the state of Texas | |
| Total Assets | 38,217,838 |
| Total Liabilities | 4,939,586 |
| Aggregate write-ins for | |
| Special surplus funds | |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | |
| Aggregate write-ins for | |
| Other than special surplus | |
| Surplus Notes | |
| Gross paid in and | |
| Contributed surplus | |
| Unassigned funds (surplus) | 5,028,252 |
| Less treasury stock, at cost: | |
| # shares common | |
| # shares preferred | (|
| Surplus as regards | |
| Policyholders | 33,278,252 |
| Total Liabilities, Capital | |
| And Surplus | |
| NORTH DAKOTA BUSINE | |
| EOD THE VEAD 20 | 117 |

Earned.. Total Direct Losses Total Accident and Health Direct Premiums Earned..... Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby cer-

Incurred.

JON GODFREAD

tify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF AUTHORITY

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above said laws, do ineledy certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D. IN TESTIMONY WHEREOF, I have hereunto

set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

of the

Metropolitan Group Property and Casualty Insurance Company In the state of Rhode Island

And Surplus.......687,025,666
NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2017

Total Accident and Health Direct Premiums

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
, Jon Godfread, Commissioner of Insurance

of the State of North Dakota, do hereby cer-

tify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this office

at Bismarck, the first day of May, A.D. 2018

JON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country
of domicile has filled in this office a sworn

of domicile, has filed in this office a sworn

statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in

this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD,

Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to

transact its appropriated business of autho-

rized insurance in the state according to the

laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)

JON GODFREAD

Published May 7, 14, & 21, 2018

sioner of Insurance

otal Accident and Health Direct Losses

..300,863,464

..3,000,000

.192.546.568

.386,162,202

.1,596,670

...0T

Total Assets..... Total Liabilities.

Surplus Notes.

Gross paid in and

shares common.

shares preferred

Surplus as regards

Total Liabilities, Capital

Total Direct Premiums

Earned..... Total Direct Losses

JON GODEREAD

....0

Aggregate write-ins for

Special surplus funds.

Common Capital Stock Preferred Capital Stock

Other than special surplus..

Contributed surplus...... Unassigned funds (surplus). Less treasury stock, at cost:

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| Member Select insurance Cor | прапу |
|-------------------------------|-------------|
| In the state of Michigan | |
| Total Assets | 546.850.864 |
| Total Liabilities | |
| Aggregate write-ins for | |
| Special surplus funds | |
| Common Capital Stock | |
| | |
| Preferred Capital Stock | |
| Aggregate write-ins for | |
| Other than special surplus | |
| Surplus Notes | (|
| Gross paid in and | |
| Contributed surplus | 5,700,000 |
| Unassigned funds (surplus) | 148,798,16 |
| Less treasury stock, at cost: | |
| # shares common | |
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 150 /09 166 |
| Total Liabilities, Capital | 133,430,100 |
| And Surplus | E40 0E0 00 |
| | |
| NORTH DOKOTA BUSIN | |
| FOR THE YEAR 2 | 017 |
| Total Direct Premiums | |

..3,037,512 Earned. Total Direct Losses ..2.340.156 Total Accident and Health Direct Premiums Earned...... Total Accident and Health Direct Losses ...0 STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D.

2018 (SEAL). JON GODFREAD Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. IN TESTIMONY WHEREOF, I have hereunto

set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance
Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

Metropolitan Property & Casualty Insurance

...3,841,902,419

..1,101.058.128

..2,265,527,251

..6,107,429,670

.17.390.607

.3.000.000

Company In the state of Rhode Island

Total Assets..... Total Liabilities..

Surplus Notes..

Gross paid in and

shares common.

shares preferred.

Surplus as regards

Total Liabilities, Capital

Total Direct Premiums

Total Direct Losses

JON GODFREAD

Total Accident and Health Direct Premiums

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
Jon Godfread, Commissioner of Insurance

of the State of North Dakota, do hereby cer-

this date of north Danota, to flereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this office

at Bismarck, the first day of May, A.D. 2018

JON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country
of domicile, has filled in this office a sworn

of domicile, has filed in this office a sworn

statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

whereas, the said company has filed in

this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD,

Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of

said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to

transact its appropriated business of autho-

laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)

JON GODFREAD

Published May 7, 14, & 21, 2018

Commissioner of Insurance

Total Accident and Health Direct Losses

Aggregate write-ins for

Special surplus funds.

Common Capital Stock.
Preferred Capital Stock.
Aggregate write-ins for

Other than special surplus.

Contributed surplus..... Unassigned funds (surplus)... Less treasury stock, at cost:

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the

| | MIC General Insurance Corporat | tion |
|---|--------------------------------|------------|
| | In the state of Michigan | |
| | Total Assets | .57.185.32 |
| | Total Liabilities | |
| | Aggregate write-in for | |
|) | Special surplus funds | |
|) | Common Capital Stock | |
|) | Preferred Capital Stock | |
| | Aggregate write-ins for | |
|) | Other than special surplus | |
|) | Surplus Notes | |
| | Gross paid in and | |
|) | Contributed surplus | |
| 3 | Unassigned funds (surplus) | 8,846,78 |
| | Less treasury stock, at cost: | |
|) | # shares common | |
|) | # shares preferred | |
| | Surplus as regards | |
| ; | Policyholders | .27,346,78 |
| | Total Liabilities, Capital | |
| | And Surplus | .57,185,32 |
| | NORTH DAKOTA BUSINES | |
| | FOR THE YEAR 201 | 7 |
| | | |

Total Direct Premiums Total Direct Losses Total Accident and Health Direct Premiums Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2018 (SEAL). JON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the work and its Document 21 ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D. IN TESTIMONY WHEREOF, I have hereunto

set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD
Commissioner of Insurance
Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the

Earned.... Total Direct Losses .2.694.927 Total Accident and Health Direct Premium Earned.....otal Accident and Health Direct Losses

STATE OF NORTH DAKOTA

STATE OF NORTH DAROTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D 2018 (SEAL). JON GODFREAD Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY

WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I. JON GODFREAD Now Thenerone, I, John Godfread, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the

| Milipank insurance Company |
|---------------------------------------|
| In the state of Iowa |
| Total Assets635,913,929 |
| Total Liabilities481,882,138 |
| Aggregate write-ins for |
| Special surplus funds196,126 |
| Common Capital Stock3,000,000 |
| Preferred Capital Stock0 |
| |
| Aggregate write-ins for |
| Other than special surplus0 |
| Surplus Notes0 |
| Gross paid in and |
| Contributed surplus41,951,226 |
| Unassigned funds (surplus)108,884,439 |
| Less treasury stock, at cost: |
| # shares common0 |
| # shares preferred0 |
| Surplus as regards |
| Policyholders154,031,791 |
| Total Liabilities, Capital |
| And Surplus635,913,929 |
| NORTH DAKOTA BUSINESS ONLY |
| |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned7,435,177 |

otal Accident and Health Direct Losses ..0

Total Direct Losses

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D. 2018 (SEAL). JON GODFREAD

nmissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
OF INSURANCE
OF OF INSURANCE OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country
of domicile, has filed in this office a sworn

statement exhibiting its condition and busi ness for the year ending December 31, 2017 of this State regarding the business of insurance and WHEREAS, the said company has filed in

this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above said laws, do needy certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD Commissioner of Insurance

Published May 7, 14, & 21, 2018

IN TESTIMONY WHEREOF. I have hereunto

tion and Farm Land Management. Bob Pifer 701.371.8538.

AUTOMOBILES FOR SALE

Kevin Pifer 701.238.5810.

Free valuation.

NEW CARRYOVER CARS. Full warranty. 2015 Taurus, 2017 Taurus, 2015 Focus, 2015 F150, 2015 Focus, 2016 Fiesta, 2016 Transit Van. Great prices! Hatton Ford. (888)621-9033.

EQUIPMENT

BUYING VALMAR, GAN-DY applicators used. Call Melissa at Daily Bread Machinery, 320-679-8483 or 763-286-9693.

HUGE ANTIQUES FLEA Market, Saturday, May 19, from 9 am to 4 pm inside the Grand Cities Mall, 1726 tion: Plain and Fancy An-

20362 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the Mitsui Sumitomo Insurance Company of

America
In the state of New York
Total Assets......
Total Liabilities..... 975,820,646 ..603,959,624 Aggregate write-ins for Special surplus funds Common Capital Stock Preferred Capital Stock .5,000,000 Other than special surplus Surplus Notes... Gross paid in and Contributed surplus...... Unassigned funds (surplus). Less treasury stock, at cost: 176.139.661 # shares common.. # shares preferred. Surplus as regards Policyholders .371,861,022 FOR THE YEAR 2017 Total Direct Premiums

Total Direct Losses Incurred.......Total Accident and Health Direct Premiums otal Accident and Health Direct Losses

.267.453

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby cer Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2018 JON GODFREAD

JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filled in this office a sworn

of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

ance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized in the same of the same propriated business of authorized in the same propriated business of authorized business of auth rized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)

JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

MISCELLANEOUS

FOR SALE

tique Mall, 701-775-0714.

FOR SALE: BEST Bath Escape Brand walk-in shower with wall surround, must sell, new never used. Can be seen at St. Alexius Rehab, Bismarck. Call 701-663-0630 or 909 Poplar Street, Wildwood Trailer Court, Mandan, ND 58554.

LOOKING FOR THE most complete listing of ND Media? ND Media Guide. Only \$25! Call 701-223-6397, ND Newspaper Association.

MISCELLANEOUS

WE MAKE IT easy to place an ad in one or all 90 North Dakota newspapers. One order, one bill, one check. We provide the ad design and tear sheets. Call the North Dakota Newspaper Association, 701-223-6397.

Place your classified ad in every North Dakota Newspaper for as low as \$160 Contact this newspaper for details.

RAW, Inc. in Cooperstown, ND - 888.700.0292 | www. rawapplicators.com | info@ rawapplicators.com

DAHL TRUCKING: SEEK-ING drivers, Class A CDL & 2 years experience. Canada qualified. Hopper/Reefer jobs. Benefits package, sign on bonus. Contact Ted, 800-624-8680, ext 212..

CLASS A OTR DRIVER WANTED. Reefer/drive in. Home weekly. Starting .41 to .42/mile, DOE. Benefits: Health Insurance, Sign-On Bonus, Paid Vacation. Bill (701) 527-7215.

A 25-WORD AD costs only \$160. Runs in every North Dakota newspaper. What a deal! Contact your newspaper to place your ad.

HOUSING

10am-4pm & Sunday 1-4pm, close to healthcare / retail; call 701-712-1353 or visit www. meadowlandspark.com

BUSINESSES FOR SALE

F/S: CITY CENTER MOTEL. Devils Lake, ND. 24 units, attached apartment. In busy tourism area. Selling due to health. 701-662-4918. Serious inquiries only! PRICE RE-DÚCED!

REAL ESTATE FOR SALE

LAND AUCTION: 240 Acres Burke Co ND Tillables, CRP, 60x100 Shop, Grain Bins w air, good access 11am, Thurs, June 7, 2018, Holiday Inn-Riverside, Minot, ND, Contact Nikolaisen Land Company, 844-872-4289, www.nikolaisenlandcompany.com Amy Nikolaisen, Auctioneer, Broker

PLANTERS/SEEDING

ANTIQUES & **FLEA MARKET**

South Washington Street, Grand Forks. More informa-

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| of the | |
|---------------------------------------|---------------|
| Municipal Assurance Corp. | |
| In the state of New York | |
| Total Assets | |
| Total Liabilities | 553,193,154 |
| Aggregate write-ins for | |
| Special surplus funds | (|
| Common Capital Stock | |
| Preferred Capital Stock | (|
| Aggregate write-ins for | , |
| Other than special surplus | |
| Surplus Notes | |
| Gross paid in and Contributed surplus | 102 670 001 |
| Unassigned funds (surplus) | |
| Less treasury stock, at cost: | 101,120,900 |
| # shares common | (|
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 270.394.027 |
| Total Liabilities, Capital | |
| And Surplus | |
| NORTH DAKOTA BUSIN | IESS ONLY |
| FOR THE YEAR 2 | 2017 |
| Total Direct Premiums | |
| Earned | 1,487 |
| Total Direct Losses | |
| Incurred | |
| Total Accident and Health Dir | rect Premiums |

STATE OF NORTH DAKOTA

Earned.....otal Accident and Health Direct Losses

STATE OF NORTH DAROTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of
Statement, as officially filed by the Company
is this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D. 2018 (SEAL). JON GODFREAD

M GODFREAD missioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY IEDEAS: the observation didney.

WHEREAS, the above corporation duly or-ganized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

aroresalo, NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD Commissioner of I

nmissioner of Insurance
Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the Nationwide Affinity Insurance Company of

| America |
|---|
| In the state of Ohio |
| Total Assets296,712,795 |
| Total Liabilities284,696,733 |
| Aggregate write-ins for |
| Special surplus funds |
| Common Capital Stock5,000,000 |
| Preferred Capital Stock |
| Aggregate write-ins for |
| Other than special surplus |
| Surplus Notes |
| Gross paid in and |
| Contributed surplus6,372,729 |
| Unassigned funds (surplus)643,333 |
| Less treasury stock, at cost: |
| # shares common |
| # shares preferred |
| Surplus as regards |
| Policyholders12,016,062 |
| Total Liabilities, Capital |
| And Surplus296,712,795 |
| NORTH DAKOTA BUSINESS ONLY |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned |
| Total Direct Losses |
| Incurred |
| Total Accident and Health Direct Premiums |
| Total Accident and Health Direct Losses |
| lotal Accident and Health Direct Losses |

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby cer-tify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. JON GODFREAD

mmissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in with certificate of organization in compli-ance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized incursors in the state of rized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

sioner of Insurance Published May 7, 14, & 21, 2018 ABSTRACT OF STATEMENT **DECEMBER 31, 2017**

| of the |
|--|
| National Farmers Union Property & Casualty |
| Company |
| In the state of Wisconsin |
| Total Assets134,145,686 |
| Total Liabilities92,014,471 |
| Aggregate write-ins for |
| Special surplus funds0 |
| Common Capital Stock4,200,000 |
| Preferred Capital Stock0 |
| Aggregate write-ins for |
| Other than special surplus0 |
| Surplus Notes0 |
| Gross paid in and |
| Contributed surplus34,454,297 |
| Unassigned funds (surplus)3,476,919 |
| Less treasury stock, at cost: |
| # shares common0 |
| # shares preferred0 |
| Surplus as regards |
| Policyholders42,131,216 |
| Total Liabilities, Capital |
| And Surplus |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned43,868,263 |
| |

.29.191.229 otal Accident and Health Direct Losses STATE OF NORTH DAKOTA

Total Direct Losses

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

JON GODEREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY

WHEREAS, the above corporation duly or-ganized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD Commissioner of Insurance

Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| of the | |
|--|--|
| Nationwide Agribusiness Insurance | |
| Company | |
| In the state of Iowa | |
| Total Assets758,583,327 | |
| Total Liabilities566,950,295 | |
| Aggregate write-ins for | |
| Special surplus funds0 | |
| Common Capital Stock5,689,976 | |
| Preferred Capital Stock0 | |
| Aggregate write-ins for | |
| Other than special surplus0 | |
| Surplus Notes0 | |
| Gross paid in and | |
| Contributed surplus145,250,018 Unassigned funds (surplus)40,693,038 | |
| Less treasury stock, at cost: | |
| | |
| # shares common | |
| Surplus as regards | |
| Policyholders191,633,032 | |
| Total Liabilities, Capital | |
| And Surplus758,583,327 | |
| NORTH DAKOTA BUSINESS ONLY | |
| FOR THE YEAR 2017 | |
| Total Direct Premiums | |
| Earned12,622,300 | |

Incurred......7,763,43i
Total Accident and Health Direct Premiums0 cident and Health Direct Losses STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER
OF INSURANCE I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby cer-

7 763 /38

Total Direct Losses

...0

tify that the foregoing is a true Abstract of Statement, as officially filed by the Company

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. JON GODFREAD

1 GOUPTILGO missioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bism day of May, A.D., 2018 (SEAL) JON GODFREAD

Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT DECEMBER 31, 2017 of the

| National Insurance Association in the state of Indiana | |
|--|------------|
| Total Assets | 13 755 336 |
| Total Liabilities | |
| Aggregate write-ins for | |
| Special surplus funds | |
| Common Capital Stock | |
| Preferred Capital Stock | |
| Aggregate write-ins for | |
| Other than special surplus | 0 |
| Surplus Notes | 10,000,000 |
| Gross paid in and | |
| Contributed surplus | |
| Unassigned funds (surplus) | 3,753,307 |
| Less treasury stock, at cost: | |
| # shares common | |
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 13,753,307 |
| Total Liabilities, Capital | |
| And Surplus | |
| NORTH DAKOTA BUSINES | |
| FOR THE YEAR 201 | / |
| Total Direct Premiums | _ |
| Farned | |

Earned.....otal Accident and Health Direct Losses0 STATE OF NORTH DAKOTA

Total Accident and Health Direct Premiums

Total Direct Losses

Incurred.

STATE OF NORTH DAROTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of
Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D.

JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country
of domicile, has filed in this office a sworn
statement exhibiting its condition and business for the year ending December 31, 2017
conformable to the requirements of the laws conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above said laws, do inereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

missioner of Insurance
Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| Mation Wide Widthair He Insul | ance company |
|-------------------------------|----------------|
| In the state of Ohio | |
| Total Assets | 8 598 084 549 |
| Total Liabilities | |
| Aggregate write-ins for | .0,217,000,001 |
| | |
| Special surplus funds | |
| Common Capital Stock | |
| Preferred Capital Stock | C |
| Aggregate write-ins for | |
| Other than special surplus | |
| Surplus Notes | |
| | |
| Gross paid in and | |
| Contributed surplus | |
| Unassigned funds (surplus) | 2,380,280,688 |
| Less treasury stock, at cost: | |
| # shares common | C |
| # shares preferred | Ċ |
| Surplus as regards | |
| Policyholders | 0 000 000 000 |
| | 2,300,200,000 |
| Total Liabilities, Capital | |
| And Surplus | 8,598,084,549 |
| NORTH DAKOTA BUSIN | IESS ONLY |
| FOR THE YEAR 2 | 2017 |
| Total Direct Premiums | |
| - Clar Billock F. Tolling III | 40 40 |

Total Direct Losses Total Accident and Health Direct Premiums

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D.

JON GODFREAD

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY WHEREAS, the above corporation duly or-ganized under the laws of its state or coun-try of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the

| oi tile | |
|--------------------------------|------------|
| National Specialty Insurance C | ompany |
| in the state of Texas | |
| Total Assets | |
| Total Liabilities | 37,388,73 |
| Aggregate write-ins for | |
| Special surplus funds | (|
| Common Capital Stock | |
| Preferred Capital Stock | (|
| Aggregate write-ins for | |
| Other than special surplus | (|
| Surplus Notes | 0 |
| Gross paid in and | |
| Contributed surplus | |
| Unassigned funds (surplus) | 18,356,648 |
| Less treasury stock, at cost: | |
| # shares common | |
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 50,706,648 |
| Total Liabilities, Capital | 00 005 070 |
| And Surplus | |
| NORTH DAKOTA BUSINE | |
| FOR THE YEAR 20 | 17 |
| Total Direct Premiums | 050.05 |
| Earned | 250,959 |
| Total Direct Losses | |

Earned.....otal Accident and Health Direct Losses STATE OF NORTH DAKOTA

Total Accident and Health Direct Premiums

STATE OF NORTH DAROTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D. 2018 (SEAL). JON GODFREAD

M GOPREAD minisioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

WHEREAS, the above corporation duly or-ganized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

missioner of Insurance Published May 7, 14, & 21, 2018

Nationwide Mutual Insurance Company

23787 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the

| In the state of Ohio |
|--|
| Total Assets35,425,425,127 |
| Total Liabilities23,232,091,805 |
| |
| Aggregate write-ins for |
| Special surplus funds |
| Common Capital Stock |
| Preferred Capital Stock |
| Aggregate write-ins for |
| Other than special surplus |
| Surplus Notes2,192,136,159 |
| Gross paid in and |
| Contributed surplus |
| Unassigned funds (surplus)10,001,197,163 |
| Less treasury stock, at cost: |
| # shares common |
| # shares preferred |
| Surplus as regards |
| Policyholders12,193,333,322 |
| Total Liabilities, Capital |
| And Surplus35,425,425,127 |
| |
| NORTH DAKOTA BUSINESS ONLY |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| Earned4,475,178 |

Total Direct Losses Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of
Statement, as officially filed by the Company
in this office. IN TESTIMONY WHEREOF, I have hereunto

set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2018 JON GODFREAD

mmissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)

nmissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| or the | |
|--------------------------------------|------------|
| National Surety Corporation | |
| In the state of Illinois | |
| Total Assets | 112,650,76 |
| Total Liabilities | 45,978,08 |
| Aggregate write-ins for | |
| Special surplus funds | |
| Common Capital Stock | |
| Preferred Capital Stock | |
| Aggregate write-ins for | |
| Other than special surplus | |
| Surplus Notes | |
| Gross paid in and | |
| Contributed surplus | |
| Unassigned funds (surplus) | 4,425,37 |
| Less treasury stock, at cost: | |
| # shares common | |
| # shares preferred | |
| Surplus as regards | |
| Policyholders | 66,672,68 |
| Total Liabilities, Capital | 440.050.70 |
| And Surplus | |
| NORTH DAKOTA BUSIN FOR THE YEAR 2 | |
| | 2017 |
| Total Direct Premiums | 004 411 00 |
| Earned | 204,411,00 |

Total Direct Losses Total Accident and Health Direct Losses Incurred. STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance
of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D. IN TESTIMONY WHEREOF. I have hereunto

set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

| NAU Country insurance Company |
|---------------------------------------|
| In the state of Minnesota |
| Total Assets966,889,745 |
| |
| Total Liabilities684,301,276 |
| Aggregate write-ins for |
| Special surplus funds0 |
| Common Capital Stock3,000,000 |
| |
| Preferred Capital Stock0 |
| Aggregate write-ins for |
| Other than special surplus0 |
| Surplus Notes0 |
| Gross paid in and |
| |
| Contributed surplus178,120,000 |
| Unassigned funds (surplus)101,468,469 |
| Less treasury stock, at cost: |
| #shares.common0 |
| |
| # shares preferred0 |
| Surplus as regards |
| Policyholders282,588,469 |
| Total Liabilities, Capital |
| And Surplus966,889,745 |
| NORTH DAKOTA BUSINESS ONLY |
| |
| FOR THE YEAR 2017 |
| Total Direct Premiums |
| |

Earned. .244.625.482 Total Direct Losses Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby cer-tify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this of-fice at Bismarck, the first day of May, A.D.

JON GODFREAD

mmissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

whereas, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of autho-rized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD sioner of Insurance

Published May 7, 14, & 21, 2018

Sep. 5

June 16

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017 of the National Union Fire Insurance Company of

Pittsburgh PA In the state of Pennsylvania ..25.661.135.840 Total Assets. Total Liabilities Common Capital Stock Preferred Capital Stock Aggregate write-ins for ..6,010,516,472 Contributed surplus.. Unassigned funds (surplus)......13,417,155 Less treasury stock, at cost: #shares common..... # snares common... # shares preferred.. Surplus as regards .6,431,157,964 Policyholders. Total Liabilities, Capital25.661.135.840

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2017 Total Direct Premiums Earned...... Total Direct Losses ..4.564.311 Earned.....
Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company

in this office IN TESTIMONY WHEREOF I have hereunto IN TESTIMONY WHEREUT, I have nereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2018 (SEAL).

JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2017 ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur-

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL) JON GODFREAD

Commissioner of Insurance Published May 7, 14, & 21, 2018

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2017

of the NCMIC Insurance Company In the state of Iowa Total Assets..... Total Liabilities..... .782,763,186 .483,306,169 Aggregate write-ins for Special surplus funds. .1,000,000 Common Capital Stock Preferred Capital Stock..... Aggregate write-ins for Other than special surplus Surplus Notes. Gross paid in and Contributed surplus ..8.000.000 Unassigned funds (surplus)... Less treasury stock, at cost: # shares common.... ..285,457,017 # shares preferred. Surplus as regards 299 457 017 Policyholders Total Liabilities, Capital Iotal Liabilities, capital
And Surplus.......782,763,186
NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2017
Total Direct Premiums

.334.784 Total Direct Losses ncurred......275,76
Total Accident and Health Direct Premiums

Total Accident and Health Direct Losses STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER
OF INSURANCE
Jon Godfread, Commissioner of Insurance

tify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of May, A.D.

of the State of North Dakota, do hereby cer-

JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2017 conformable to the requirements of the laws of this State regarding the business of insur

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law

NOW THEREFORE, I, JON GODFREAD, North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2018 (SEAL)

JON GODFREAD

missioner of Insurance Published May 7, 14, & 21, 2018

COMPANY

Is now offering custom fertilizer application for your spring needs!

We are now offering dry custom fertilizer application for Oberon,

Sheyenne, New Rockford and surrounding areas.

For all your dry fertilizer needs please call Brandon

701-650-7617 to get your acres lined up today!

Very competitive fertilizer pricing. Also have fertilizer and fertilizer delivery for those who spread themselves.

-Delivered to your farm or field. -Liquid 10-34-0 or 6-24-6 delivery available

-Fast prompt service -Fertilizer rec's available

Public Notices



"Because the



CONNECT WIT

Find and like us on Facebook! www.facebook.com/NewRockfordTranscript



!CITY OF NEW ROCKFORD! SUMMER LANDFILL HOURS June through October

Summer Landfill Hours starting June 1st

· Ist Wednesday of the month

July I I June 6 Aug. I Oct. 3

6:30 PM to 8:00 PM • 3rd Saturday of the month

Aug. 18

Sep. 15 Oct. 20

July 21

9:00 AM to 11:00 AM Free for New Rockford City **Household Residents Only**

Refrigerators and freezers must have freon removed. NO PESTICIDE CONTAINERS, ASBESTOS, PAINT, ELECTRONICS, PROPANE TANKS, OIL FILTERS, BATTERIES OR HAZARDOUS WASTE

_ _ CLIP AND SAVE _ _ _ _