

NOTICE OF PUBLIC ORGANIZATIONAL MEETING AND ELECTION MERCER COUNTY AMBULANCE SERVICE

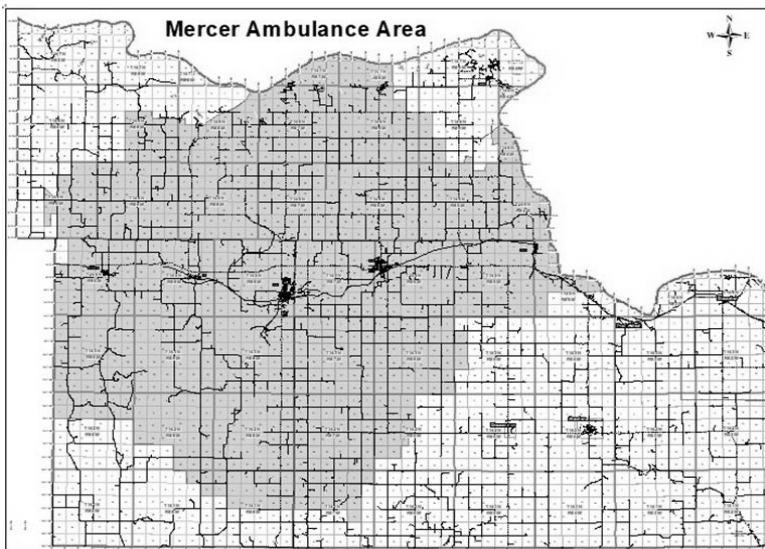
Notice is hereby given to all qualified electors living within the boundaries of the territory described below. On May 21, 2024 at 6:30 p.m. in the Hazen Ambulance Bay Office, 801 4 ST NE, Hazen, ND 58545 an organizational meeting will be held to elect Mercer County Ambulance Service District Board of Directors. Immediately following the organizational meeting, the District's Board of Directors will hold a public meeting with the following agenda.

- 1 Call the Meeting to Order
- 2 Nomination and Election of officers
- 3 Current ambulance service overview to District Board
- 4 Present draft governance bylaws for board review
- 5 Mill Levy authority - consideration and resolution
- 6 Set next meeting date
- 7 Adjourn


TERRITORY OF THE MERCER COUNTY AMBULANCE SERVICE DISTRICT

County	Township/Range	Sections
Mercer	147 87	22-24, 25-28, 32-36
Mercer	147 86	19-20, 27-30, 31-34
Mercer	146 89	16-15, S ½ of 14 & 13, 21-24, 25-28, 33-36
Mercer	146 88	1, 11-12, 15-13, S ½ of 16, SW ¼ of 18, 19-36
Mercer	146 87	
Mercer	146 86	3-6, 7-11, 13-36
Mercer	146 85	18-19, E ½ of 24, NE ¼ of 25, 29-32, SE ¼ of 34
Mercer	146 84	19-20, 29-32
Mercer	145 90	1-2,

10-15, SW ¼ of 16, 21-27, W ½ of 28, 25-27, 34-36	Oliver 143 87	
Mercer 145 89	Oliver 143 86	
Mercer 145 88	Oliver 143 85	7, 18-19
Mercer 145 87	Mercer 142 90	1-12
Mercer 145 86	Mercer 142 89	6-24,
Mercer 145 85	25-27, 34-36	
Mercer 145 84	Mercer 142 88	
Mercer 144 90	Oliver 142 87	
1-5, 8-12, 13-36	Oliver 142 86	4-9, 16-
Mercer 144 89	21, 29-30	
Mercer 144 88	Mercer 141 89	1-2, 12
Mercer 144 87	Mercer 141 88	1-17
Mercer 144 86	Oliver 141 87	1-11,
Mercer 144 85	14-18, 23	
Mercer 144 84	AMercer All cities of Golden Valley, Zap, Beulah, Hazen and Stanton	
Mercer 143 90	(05-09-2024)(05-16-2024)	
Mercer 143 89		
Mercer 143 88		



ABSENTEE BALLOT APPLICATION



ABSENTEE/MAIL BALLOT APPLICATION
SECRETARY OF STATE
SFN 51468 (10-2023)

For Office Use Only
Precinct Part

For reference, see North Dakota Century Code, Chapter 16.1-07.

Application must be for at least one of the following elections: (check all that apply)

June (Primary) election
 City or city special election
 State or county special election

November (General) election
 School or school special election

Applicant Information: (ALL FIELDS REQUIRED)

Voter's name	Date of birth	Daytime telephone number
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North Dakota ID type used: (check one)

Driver's license
 Non-driver's ID
 Long-term care certificate (include with application)
 Tribal ID

Passport (only for voters living outside the United States) or military ID**
 Applicant without ID*

ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)

Residential address	City	State	ZIP code
Ballot delivery address (if different from residential address)	City	State	ZIP code

I do solemnly affirm that I have resided or will reside in the precinct where my residential voting address is located for at least 30 days next preceding the election and will be a qualified elector of the precinct.

Signature (required)	Date
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Applicant Unable to Sign:

If the applicant is unable to sign the applicant's name, the applicant shall mark or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation, "witness to the mark."

<input type="checkbox"/> Voter's Mark	Printed name of person making mark or voter's signature stamp Signature of "witness to the mark"
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***Applicant Without ID:**

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applications in an election.

Printed name of attester	Driver's / non-driver's / tribal ID number
Signature of attester	Date
	Daytime telephone number

****Active Military and Overseas Voter:**

Check **ONE** (if applicable):

Citizen living outside of the United States
 Uniformed service or family member living away from the voter's residence, yet **within** the United States

Uniformed service or family member living away from the voter's residence, yet **outside** the United States

If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:

Mail
 Email (provide email address):
 Fax (provide fax number):

Mail or submit to the auditor of your county of residence or appropriate election officer
(The signature on this affidavit will be compared to the signature on the affidavit on the envelope in which the absentee ballot must be placed.)

(05-02-2024)(05-09-2024)

INSURANCE FINANCIAL STATEMENTS

11371

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

Great West Casualty Company
In the state of Nebraska

TOTAL ASSETS	2,872,645,882.00
TOTAL LIABILITIES	2,063,677,708.00
Aggregate write-ins for special surplus funds	2,865,362.00
Common Capital Stock	2,500,000.00
Preferred Capital Stock	0.00
Aggregate Write-ins for Other Than Special Surplus Funds	0.00
Surplus Notes	0.00
Gross Paid in and Contributed Surplus	56,130,928.00
Unassigned Funds	747,471,884.00
TOTAL CAPITAL AND SURPLUS	808,968,174.00
TOTAL LIABILITIES, CAPITAL AND SURPLUS	2,872,645,882.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Property and Casualty Companies
From State Page

Total Direct Premiums Earned	21,947,032.00
Total Direct Losses Incurred	11,706,111.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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

WHEREAS, the above corporation duty 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, 2021 conformable to the requirements of the laws 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 aforesaid,

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State or 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 or April, A.O. 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seat at Bismarck this first day of May, A.O., 2022 (SEAL)

JON GODFREAD
Commissioner of Insurance
(5-9-2024) (5-16-2024) (5-23-2024)

12536

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

Homeowners of America Insurance Company
In the state of Texas

TOTAL ASSETS	333,147,977.00
TOTAL LIABILITIES	281,451,543.00
Aggregate write-ins for special surplus funds	0.00
Common Capital Stock	3,000,000.00
Preferred Capital Stock	0.00
Aggregate Write-ins for Other Than Special Surplus Funds	0.00
Surplus Notes	49,000,000.00
Gross Paid in and Contributed Surplus	98,907,056.00
Unassigned Funds	-99,210,622.00
TOTAL CAPITAL AND SURPLUS	51,696,434.00
TOTAL LIABILITIES, CAPITAL AND SURPLUS	333,147,977.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Property and Casualty Companies
From State Page

Total Direct Premiums Earned	0.00
Total Direct Losses Incurred	0.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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

WHEREAS, the above corporation duty 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, 2021 conformable to the requirements of the laws 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 aforesaid,

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State or 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 or April, A.O. 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seat at Bismarck this first day of May, A.O., 2022 (SEAL)

JON GODFREAD
Commissioner of Insurance
(5-9-2024) (5-16-2024) (5-23-2024)

13927

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

Homesite Insurance Company of the Midwest
In the state of Wisconsin

TOTAL ASSETS	1,354,957,366.00
TOTAL LIABILITIES	1,248,696,876.00
Aggregate write-ins for special surplus funds	0.00
Common Capital Stock	3,500,200.00
Preferred Capital Stock	0.00
Aggregate Write-ins for Other Than Special Surplus Funds	0.00
Surplus Notes	0.00
Gross Paid in and Contributed Surplus	64,591,916.00
Unassigned Funds	38,168,374.00
TOTAL CAPITAL AND SURPLUS	106,260,490.00
TOTAL LIABILITIES, CAPITAL AND SURPLUS	1,354,957,366.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Property and Casualty Companies
From State Page

Total Direct Premiums Earned	1,328,208.00
Total Direct Losses Incurred	66,461.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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

WHEREAS, the above corporation duty 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, 2021 conformable to the requirements of the laws 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 aforesaid,

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State or 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 or April, A.O. 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seat at Bismarck this first day of May, A.O., 2022 (SEAL)

JON GODFREAD
Commissioner of Insurance
(5-9-2024) (5-16-2024) (5-23-2024)

15831

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

Grinnell Compass Inc
In the state of Iowa

TOTAL ASSETS	21,475,813.00
TOTAL LIABILITIES	11,351,744.00
Aggregate write-ins for special surplus funds	2,500,000.00
Common Capital Stock	0.00
Preferred Capital Stock	0.00
Aggregate Write-ins for Other Than Special Surplus Funds	0.00
Surplus Notes	0.00
Gross Paid in and Contributed Surplus	7,500,000.00
Unassigned Funds	124,069.00
TOTAL CAPITAL AND SURPLUS	10,124,069.00
TOTAL LIABILITIES, CAPITAL AND SURPLUS	21,475,813.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Property and Casualty Companies
From State Page

Total Direct Premiums Earned	4,236,498.00
Total Direct Losses Incurred	4,213,060.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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

WHEREAS, the above corporation duty 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, 2021 conformable to the requirements of the laws of this State regarding the business of insurance and

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JON GODFREAD
Commissioner of Insurance
(5-9-2024) (5-16-2024) (5-23-2024)

17221

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

Homesite Insurance Company
In the state of Wisconsin

TOTAL ASSETS	490,764,438.00
TOTAL LIABILITIES	412,706,300.00
Aggregate write-ins for special surplus funds	0.00
Common Capital Stock	4,540,000.00
Preferred Capital Stock	0.00
Aggregate Write-ins for Other Than Special Surplus Funds	0.00
Surplus Notes	0.00
Gross Paid in and Contributed Surplus	55,210,000.00
Unassigned Funds	18,308,138.00
TOTAL CAPITAL AND SURPLUS	78,058,138.00
TOTAL LIABILITIES, CAPITAL AND SURPLUS	490,764,438.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Property and Casualty Companies
From State Page

Total Direct Premiums Earned	5,869,601.00
Total Direct Losses Incurred	3,349,729.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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

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JON GODFREAD
Commissioner of Insurance
(5-9-2024) (5-16-2024) (5-23-2024)