

Public Notice

NOTICE OF ABSENTEE/MAIL BALLOT APPLICATION

Applications for absentee/mail ballots were mailed from the office of the County Auditor on April 24, 2024. Persons not receiving an application may obtain one from the office of the County Auditor or at the following website: vote.nd.gov.

IN WITNESS WHEREOF, I have hereunto set my hand and the Seal of Kidder County at Steele, North Dakota, this 25th day of April, 2024.



Jean Schoenhard
Kidder County Auditor

Publish May 1 and May 8, 2024

Insurance Companies Statement of Condition

38512 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the	42706 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the	43044 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the
Rampart Insurance Company In the state of NY	Roche Surety & Casualty Company Inc In the state of FL	Response Insurance Company In the state of IL
TOTAL ASSETS 5,447,619	TOTAL ASSETS 30,240,220	TOTAL ASSETS 29,029,088
TOTAL LIABILITIES 2,054,083	TOTAL LIABILITIES 19,171,847	TOTAL LIABILITIES 210,892
Aggregate write-ins for special surplus funds 0	Aggregate write-ins for special surplus funds 0	Aggregate write-ins for special surplus funds 0
Common Capital Stock 3,000,008	Common Capital Stock 2,500,000	Common Capital Stock 5,000,000
Preferred Capital Stock 0	Preferred Capital Stock 0	Preferred Capital Stock 0
Aggregate Write-ins for Other Than Special Surplus Funds 0	Aggregate Write-ins for Other Than Special Surplus Funds 0	Aggregate Write-ins for Other Than Special Surplus Funds 0
Surplus Notes 0	Surplus Notes 0	Surplus Notes 0
Gross Paid in and Contributed Surplus -113,471,292	Gross Paid in and Contributed Surplus 1,010,046	Gross Paid in and Contributed Surplus 71,483,242
Unassigned Funds 113,077,764	Unassigned Funds 7,558,327	Unassigned Funds -47,665,046
TOTAL CAPITAL AND SURPLUS 2,606,480	TOTAL CAPITAL AND SURPLUS 11,068,373	TOTAL CAPITAL AND SURPLUS 28,818,196
TOTAL LIABILITIES, CAPITAL AND SURPLUS 4,660,563	TOTAL LIABILITIES, CAPITAL AND SURPLUS 30,240,220	TOTAL LIABILITIES, CAPITAL AND SURPLUS 29,029,088
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023
Total Direct Premiums Earned 0	Total Direct Premiums Earned 0	Total Direct Premiums Earned 0
Total Direct Losses Incurred 0	Total Direct Losses Incurred 0	Total Direct Losses Incurred 0
Total Accident and Health Direct Premiums Earned (Line 13-15.6) 0	Total Accident and Health Direct Premiums Earned (Line 13-15.6) 0	Total Accident and Health Direct Premiums Earned (Line 13-15.6) 0
Total Accident and Health Direct Losses Incurred (Line 13-15.6) 0	Total Accident and Health Direct Losses Incurred (Line 13-15.6) 0	Total Accident and Health Direct Losses Incurred (Line 13-15.6) 0
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	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.	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.	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. 2024 (SEAL). JON GODFREAD Commissioner of Insurance	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. 2024 (SEAL). JON GODFREAD Commissioner of Insurance	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. 2024 (SEAL). JON GODFREAD Commissioner of Insurance
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY	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, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and	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, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and	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, 2023 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,	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,	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 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. 2025.	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. 2025.	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. 2025.
IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2024 (SEAL) JON GODFREAD Commissioner of Insurance (May 8, 22, 29)	IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2024 (SEAL) JON GODFREAD Commissioner of Insurance (May 8, 22, 29)	IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of May, A.D., 2024 (SEAL) JON GODFREAD Commissioner of Insurance (May 8, 22, 29)

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

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 _____

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 _____

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."

Printed name of person making mark or voter's signature stamp

 Signature of "witness to the mark"

***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.)

Steele Ozone & Kidder County Press GREENHOUSE

2cu ft
Miracle Grow
Potting Mix
or Potting Mix
w/Moisture
Control
\$16.11

Better Price than Bismarck!!

TA COFFEE CUP
Travel Plazas
EXPRESS

Come in We're HIRING

Hiring event with instant interviews being held May 22nd & May 23rd from 10am - 4pm

FT & PT Availability - Summer Seasonal
 Starting Pay = \$16.00/hour
 + Overnight and Weekend shift differentials
 Multiple Positions Available

Questions?
 Call Talent Acquisition:
 (605) 601-1163

Join the team!