

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>004</u>
1c	Effective date of plan <u>07/01/1993</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NODAK INSURANCE COMPANY</u> <u>1101 1ST AVENUE N.</u> <u>FARGO, ND 58108</u>
2b	Employer Identification Number (EIN) <u>45-0216631</u>
2c	Plan Sponsor's telephone number <u>701-298-4275</u>
2d	Business code (see instructions) <u>524210</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	DAVID KLATT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	DAVID KLATT
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 184 6a(2) 185 6b 1 6c 35 6d 221 6e 0 6f 221 6g 214 6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2H 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NODAK INSURANCE COMPANY	D Employer Identification Number (EIN) 45-0216631

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	325875	221	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2896147

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f****0**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 NODAK INSURANCE COMPANY	D Employer Identification Number (EIN) 45-0216631	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	90880	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

DISCIPLINED GROWTH INVESTORS INC

45-0216631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	61636	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50 60 62 64	RECORDKEEPER /BOOKKEEPER	121883	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ASSOCIATES INCORPORATED	27 72	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NODAK INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>45-0216631</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP GROWTH I SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-070</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1230786</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP VALUE II SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-096</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>542400</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN EQUITY INCOME SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1122961</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE RETRN N FD</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO</u>				
c EIN-PN <u>41-6202499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>854548</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLACKROCK SP 500 N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>94-3224211-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7597570</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLKRCK SP MC IDX N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>52-2265235-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>555383</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO BLKRCK AGG BD ID N</u>				
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>				
c EIN-PN <u>20-5699010-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>379010</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN F FD		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6933767-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLK RK RSL L 2000 IDX N CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265233-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312360
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2010 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745191-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2020 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745217-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2030 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745249-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2040 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745274-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2050 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745297-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET 2060 F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 47-6668828-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO TARGET TODAY F CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 27-6745185-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126443
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/FED TOT RET BD F		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6584317-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2659418

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO GROWTH CIT		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6139057-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68619
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CAUSEWAY INTL VALUE		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 47-6375784-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122297
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 94-3222878-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1904491
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQ IDX		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 52-2265229-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162699
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/DODGE & COX INTERM BOND		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 47-6566265-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1907573
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/MFS VALUE		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648640-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128870
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/MULTI-MANAGER SMALL CAP		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648658-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153637
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/T ROWE PRICE INST EQ INC MGD		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 46-6586666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134792
a Name of MTIA, CCT, PSA, or 103-12 IE: WF/T ROWE PRICE INST LCG MGD		
b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.		
c EIN-PN 45-6648614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135002
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NODAK INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>45-0216631</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	41	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1768502	1112338
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10542758	11686621
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	21982828	17202710
(10) Value of interest in pooled separate accounts	1c(10)		2896147
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13711267	20334923
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	48005396 53232739
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	12901
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 12901
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	48005396 53219838

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1335285
	(B) Participants	2a(1)(B)	1127224
	(C) Others (including rollovers).....	2a(1)(C)	19567
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2482076
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	348
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	348
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	80113
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	220921
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	301034
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3687615
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3151647
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	535968
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	1146710
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1146710

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2235106
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		143579
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1640342
c Other income.....	2c		9359
d Total income. Add all income amounts in column (b) and enter total.....	2d		8494522
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3005032	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3005032
f Corrective distributions (see instructions).....	2f		649
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	90880	
(3) Investment advisory and management fees.....	2i(3)	61636	
(4) Other.....	2i(4)	121883	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		274399
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3280080
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5214442
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MERIWETHER, WILSON & COMPANY, PLLC

(2) EIN: 42-0731256

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 NODAK INSURANCE COMPANY	D Employer Identification Number (EIN) 45-0216631

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**NODAK INSURANCE COMPANY
401(K) PROFIT SHARING PLAN**

Fargo, North Dakota

FINANCIAL STATEMENTS

December 31, 2021 and 2020

(With Independent Auditor's Report Thereon)

NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN

Fargo, North Dakota

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INDEPENDENT AUDITOR'S REPORT

Trustees
Nodak Insurance 401(k) Profit Sharing Plan
Fargo, North Dakota

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Nodak Insurance 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of and for the period ended December 31, 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Nodak Insurance 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nodak Insurance 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nodak Insurance 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nodak Insurance 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at the end of the year as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Nodak Insurance 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 24, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Meriwether Wilson and Company, PLLC
 MERIWETHER, WILSON AND COMPANY, PLLC
 Certified Public Accountants

October 10, 2022
 West Des Moines, Iowa

NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31,

	<u>2021</u>	<u>2020</u>
Assets		
Investments at Fair Value		
Cash and Cash Equivalents	\$ 1,112,338	1,768,502
Mutual Funds	20,334,923	13,711,267
Common Stocks	11,686,621	10,542,758
Common/Collective Funds	20,098,857	21,982,828
Total Investments at Fair Value	<u>53,232,739</u>	<u>48,005,355</u>
Receivables		
Accrued Income	<u>--</u>	<u>41</u>
 Total Assets	 <u>53,232,739</u>	 <u>48,005,396</u>
Liabilities		
Unsettled Securities	<u>12,901</u>	<u>--</u>
Net Assets		
 Net Assets Available for Benefits	 <u><u>\$ 53,219,838</u></u>	 <u><u>48,005,396</u></u>

The accompanying notes are an integral part of these financial statements.

NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31,

	<u>2021</u>	<u>2020</u>
Additions		
Investment Income		
Net Increase in Fair Value	\$ 5,701,705	7,030,496
Interest Income	348	1,801
Dividend Income	301,034	154,027
Other Income	9,359	10,412
Total Investment Income	<u>6,012,446</u>	<u>7,196,736</u>
Contributions		
Contributions by Employer	1,335,285	1,239,687
Contributions by Participants	1,127,224	994,808
Contributions by Rollover	19,567	16,864
Total Contributions	<u>2,482,076</u>	<u>2,251,359</u>
Total Additions	<u>8,494,522</u>	<u>9,448,095</u>
Deductions		
Benefits Paid to Participants	3,005,032	2,068,506
Distribution of Excess Contributions	649	280
Administrative Expenses	274,399	82,858
Total Deductions	<u>3,280,080</u>	<u>2,151,644</u>
Net Increase in Net Assets	5,214,442	7,296,451
Net Assets Available for Benefits		
Beginning of Year	<u>48,005,396</u>	<u>40,708,945</u>
End of Year	<u>\$ 53,219,838</u>	<u>48,005,396</u>

The accompanying notes are an integral part of these financial statements.

NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2021 and 2020

A. Description of the Plan

The following description of the Nodak Insurance ("The Company") 401(k) Profit Sharing Plan ("The Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan originally effective July 1, 1993. The Plan has been amended throughout the years to comply with tax legislation. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Advisory Committee is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

2. Eligibility

Employees of the Plan Sponsor, as well as their affiliates, American West Insurance Company, Battle Creek Mutual Insurance Company, Direct Auto Insurance Company, and Tri-State, Ltd., are eligible to participate in the Plan upon completion of 1 hour of service and are 18 years of age. All employees are eligible for employer match and profit-sharing contributions at 21 years of age and have completed twelve months of service, with the exceptions as follows: leased employees and part-time employees not exceeding 1,000 hours of service are excluded from all contributions, and employees of Direct Auto Insurance Company and Tri-State Insurance Division are excluded from receiving non-elective contributions.

3. Contributions

Each year, participants may contribute pretax compensation as defined in the Plan. The Plan also has a Roth 401(k) feature that allows participants to make contributions from after-tax compensation. The aggregate sums of contributions from compensation are subject to an annual limit. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company will contribute a matching contribution equal to 50% of every dollar the employee contributes on the first 6% of compensation and a fixed amount of 3% of compensation, if the participant is employed on the last day of the year and has worked at least 1,000 hours during the plan year. Participants direct the investment of the contributions into various investment options. The Company also will contribute an additional elective amount of the employee's compensation as a profit-sharing contribution that is invested in a portfolio of investments directed by the Company. The participant also must be employed by the Company on the last day of the year to be eligible for the profit-sharing contribution. The plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 4% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Plan also features an auto-escalating feature that increases a participant's deferral rate 1% per year, up to a maximum of 6%, unless the participant makes a contrary election.

4. Participant Accounts

Each participant's account is credited with the participant's contribution and Company matching contributions and allocations of the Company's profit-sharing contributions and Plan earnings and may be charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service. Forfeitures of non-vested benefits may be used to pay plan expenses, allocated as an additional discretionary nonelective contribution, used to reduce any nonelective contribution or used to reduce any matching contribution.

6. Investment Options

Upon enrollment in the Plan, a participant may direct 401(k) contributions to any of the investment options with Principal Life Insurance Company, which includes a variety of mutual funds. Profit sharing contributions are invested in a variety of common stocks, mutual funds, and common/collective trusts, within guidelines and restrictions established by the investment committee. Participants may change their investment options as often as they choose.

7. Loans to Participants

Participants may borrow from their fund accounts when there are hardship circumstances. Hardship loans are for a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate plus 1%. Principal and interest is paid ratably through monthly payroll deductions.

8. Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or an annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

9. Forfeited Accounts

At December 31, 2021 and 2020, unallocated forfeited non-vested accounts were \$10,011 and \$15,007, respectively. These accounts will be allocated to participant's accounts. During the years ended December 31, 2021 and 2020, \$4,562 and \$7,377, respectively, of forfeitures were allocated to participant accounts.

B. Summary of Accounting Policies**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. The value of each security is based on the quoted share price or net asset value of the shares invested in each fund. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net earnings on investments include realized and unrealized gains and losses and interest and dividends recorded on an accrual basis. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recognized when earned. Unsettled securities transactions are reflected as a liability on the Statement of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

Loans to Participants

Loans to participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans to participants are reclassified as distributions based upon the terms of the plan document.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan's document. Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits.

Reclassifications

Certain reclassifications to the 2020 financial statements may have been made to conform to the 2021 presentation.

C. Certification

The Plan Administrator has obtained certification from Wells Fargo Bank, N.A. and Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), that the following information is complete and accurate:

Earnings from Investments
Investment Valuation
Participant Loans

D. Non-Participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows for the years ended December 31,

	2021	2020
Cash and Cash Equivalents	\$ 1,112,338	1,215,911
Accrued Income	--	41
Mutual Funds	2,186,255	2,214,749
Common Stocks	11,686,621	10,542,758
Common/Collective Funds	7,464,210	7,666,456
Total Net Assets - Non-Participant Directed	<u>\$ 22,449,424</u>	<u>21,639,915</u>
	2021	2020
Contributions by Employer		
Interest Income	\$ --	648,642
Dividend Income	307	1,801
Other Income	108,801	111,382
Net Increase in Fair Value	8,076	1,926
Benefits Paid to Participants	1,970,353	3,228,478
Administrative Expenses	(1,145,663)	(608,758)
	<u>(132,365)</u>	<u>(102)</u>
Net Increase in Net Assets - Non-Participant Directed	<u>\$ 809,509</u>	<u>3,383,369</u>

E. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair values hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

Cash and Cash Equivalent: Valued at the daily closing price as reported by the fund.

Mutual Funds: Valued at the daily closing price as reported by the fund. These funds are actively traded and are required to publish their daily net asset value and to transact at that price.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled Separate Accounts: Valued based on the fund's daily net asset value, which is considered by Plan management to be the best approximation of fair value. The unit value of the fund is calculated daily.

Common/Collective Funds: The common collective trust funds are valued at net asset value of the units of the individual collective trust. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities calculated daily, which is considered by management the readily determinable value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2021	Fair Value			
Cash and Cash Equivalents	\$ 1,112,338	834,208	278,130	--
Mutual Funds	20,334,923	20,334,923	--	--
Common Stocks	11,686,621	10,623,413	1,063,208	--
Pooled Separate Accounts	2,896,147	2,896,147	--	--
Common/Collective Funds	17,202,710	14,375,053	2,827,657	--
Total	<u>\$ 53,232,739</u>	<u>49,063,744</u>	<u>4,168,995</u>	<u>--</u>
December 31, 2020				
Cash and Cash Equivalents	\$ 1,768,502	1,500,030	268,472	--
Mutual Funds	13,711,267	13,711,267	--	--
Common Stocks	10,542,758	9,600,798	941,960	--
Common/Collective Funds	21,982,828	--	21,982,828	--
Total	<u>\$ 48,005,355</u>	<u>24,812,095</u>	<u>23,193,260</u>	<u>--</u>

F. Related Party Transactions

Certain Plan investments with Wells Fargo are shares of mutual funds managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee as defined by the Plan and, therefore, the investment transactions qualified as exempt party-in-interest transactions.

Wells Fargo Bank, N.A. provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Wells Fargo Bank, N.A. The Plan receives revenue from mutual fund service providers, including Wells Fargo mutual funds. This revenue is classified as other income. Mutual funds remit fees to the Plan on a monthly basis. The Plan is charged by Wells Fargo Bank, N.A. for administrative expenses. The Plan sponsor may also pay expenses related to the administration of the Plan.

Certain Plan investments are managed by Principal Life Insurance Company and Delaware Charter Guaranteed and Trust Company (d/b/a Principal Trust Company) and qualify as party-in-interest transactions. The Plan also has a service agreement with Principal Financial Group, who also receives revenue from mutual funds for services they provide to the funds. Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company) is the Plan custodian, and therefore, these transactions qualify as party-in-interest. These transactions are exempt from the prohibited transaction rules of ERISA.

G. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

H. Tax Status

The Plan adopted a volume submitter plan sponsored by Principal Life Insurance Company that has obtained its latest determination letter from the Internal Revenue Service dated March 31, 2014. In this letter, the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has not applied for its own determination letter. The prototype plan has been amended since receiving the determination letter. However, the Plan sponsor's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes the Plan is qualified and tax-exempt.

I. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

J. Plan Changes

During the year, Principal Financial Group completed its acquisition and integration of the Wells Fargo Institutional Retirement business. As a result, the participant directed plan assets and recordkeeping services were transferred from Wells Fargo Bank, N.A. to Principal Life Insurance Company in June 2021.

K. Subsequent Events

The Company has evaluated events and transactions occurring after December 31, 2021, for potential items required to be recognized or disclosed in the financial statements. Subsequent events were evaluated through October 10, 2022, the date the financial statements were issued.

NODAK INSURANCE CO. 401(K) PROFIT SHARING PLAN
EIN 45-0216631 PN 004
Schedule of Assets Held at End of Year
Schedule H, Line 4i
December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo Bank, N.A.	Cash	**	\$ 2,290
*	Wells Fargo Bank, N.A.	WF Stable Return (F) Common/Collective Fund	**	854,548
*	Wells Fargo Bank, N.A.	MFS Growth R6 Mutual Fund	**	2,131,881
*	Principal Life Insurance Company	Principal Equity Income SA-Z Pooled Separate Account	**	1,122,961
*	Principal Life Insurance Company	Principal Small Cap Growth I Pooled Separate Account	**	1,230,786
*	Principal Life Insurance Company	Principal Small Cap Value II Pooled Separate Account	**	542,400
*	Wells Fargo Bank, N.A.	Carillon Scout Mid Cap Fund Mutual Fund	**	4,549,962
*	Wells Fargo Bank, N.A.	American Funds Europacific Growth (R6) Mutual Fund	**	2,611,974
*	Wells Fargo Bank, N.A.	WF Blackrock US Aggregate Bond Index Common/Collective Fund	**	379,010
*	Wells Fargo Bank, N.A.	WF Federated Total Return Bond Common/Collective Fund	**	752,766
	Vanguard Group	Vanguard Total Intl Stk Idx ADM Fund Mutual Fund	**	190,964
*	Wells Fargo Bank, N.A.	WF Blackrock S&P Midcap Index Common/Collective Fund	**	270,681
*	Wells Fargo Bank, N.A.	WF Blackrock S&P 500 Index Common/Collective Fund	**	7,169,136
*	Wells Fargo Bank, N.A.	WF Blackrock Russell 2000 Index Common/Collective Fund	**	312,360
	Vanguard Group	Vanguard Target Today Mutual Fund	**	266,960
	Vanguard Group	Vanguard Target 2020 Mutual Fund	**	1,707,292
	Vanguard Group	Vanguard Target 2030 Mutual Fund	**	2,490,740
	Vanguard Group	Vanguard Target 2040 Mutual Fund	**	2,572,384
	Vanguard Group	Vanguard Target 2050 Mutual Fund	**	879,142
	Vanguard Group	Vanguard Target 2060 Mutual Fund	**	319,105
	Vanguard Group	Vanguard ST Inv-Grade ADM Fund Mutual Fund	**	428,264

NODAK INSURANCE CO. 401(K) PROFIT SHARING PLAN
EIN 45-0216631 PN 004

Schedule of Assets Held at End of Year - Continued

Schedule H, Line 4i

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Wells Fargo Bank, N.A.	WF Investment Money Market Service Money Market Fund	831,918	831,918
*	Wells Fargo Bank, N.A.	WF Blackrock ST Investment Fund Money Market Fund	278,130	278,130
*	Wells Fargo Bank, N.A.	WF Federated Total Return Bond Common/Collective Fund	1,573,742	1,906,651
*	Wells Fargo Bank, N.A.	WF Causeway International Value Common/Collective Fund	92,605	122,296
	Wells Fargo Bank, N.A.	American Funds Europacific Growth (R6) Mutual Fund	105,148	121,636
	Wells Fargo Bank, N.A.	Acadian Emerging Markets Mutual Fund	41,027	52,209
	Wells Fargo Bank, N.A.	Oppenheimer Developing Markets Fund Mutual Fund	35,597	45,573
	Wells Fargo Bank, N.A.	Metropolitan West Total Return Bond Fund Mutual Fund	1,880,172	1,903,310
	Wells Fargo Bank, N.A.	Dodge & Cox Stock Fund Mutual Fund	46,526	63,527
*	Wells Fargo Bank, N.A.	WF Core Bond Common/Collective Fund	1,619,504	1,904,491
*	Wells Fargo Bank, N.A.	WF Blackrock S&P Midcap Index Common/Collective Fund	152,243	284,702
*	Wells Fargo Bank, N.A.	WF Dodge & Cox Intermediate Bond Common/Collective Fund	1,582,242	1,907,573
*	Wells Fargo Bank, N.A.	WF Blackrock S&P 500 Index Common/Collective Fund	191,622	428,434
*	Wells Fargo Bank, N.A.	WF Multi-Manager Small Cap Common/Collective Fund	76,015	153,637
*	Wells Fargo Bank, N.A.	WF Blackrock International Equity Index Common/Collective Fund	138,004	162,699
*	Wells Fargo Bank, N.A.	WF MFS Value Common/Collective Fund	64,785	128,870
*	Wells Fargo Bank, N.A.	WF T Rowe Price Inst Eq Income Managed Common/Collective Fund	72,450	134,792
*	Wells Fargo Bank, N.A.	WF T Rowe Price Institutional Large Cap Growth Common/Collective Fund	46,283	135,002
*	Wells Fargo Bank, N.A.	WF Growth Common/Collective Fund	25,059	68,619
*	Wells Fargo Bank, N.A.	WF Voya Large Cap Growth Common/Collective Fund	61,088	126,443
	Wells Fargo Bank, N.A.	Akamai Technologies Common Stock	252,669	544,470
	Wells Fargo Bank, N.A.	Alarm.Com Holdings Inc Common Stock	164,182	253,073
	Wells Fargo Bank, N.A.	Align Technology Inc Common Stock	24,097	597,377

NODAK INSURANCE CO. 401(K) PROFIT SHARING PLAN
EIN 45-0216631 PN 004

Schedule of Assets Held at End of Year - Continued

Schedule H, Line 4i

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo Bank, N.A.	Arista Networks Inc Common Stock	150,885	334,075
	Wells Fargo Bank, N.A.	Autodesk Inc Common Stock	35,392	397,884
	Wells Fargo Bank, N.A.	Cognex Corp Common Stock	119,936	256,375
	Wells Fargo Bank, N.A.	Core Laboratories N V Common Stock	89,169	27,731
	Wells Fargo Bank, N.A.	Corterra Energy Inc Common Stock	249,981	272,061
	Wells Fargo Bank, N.A.	Deluxe Corp Common Stock	86,048	62,871
	Wells Fargo Bank, N.A.	Dolby Laboratories Inc Common Stock	263,087	412,874
	Wells Fargo Bank, N.A.	Garmin LTD Common Stock	186,912	460,118
	Wells Fargo Bank, N.A.	Gentex Corp Common Stock	266,464	489,747
	Wells Fargo Bank, N.A.	Gentherm Corp Common Stock	63,739	150,337
	Wells Fargo Bank, N.A.	Graco Inc Common Stock	27,939	149,147
	Wells Fargo Bank, N.A.	IHS Inc Common Stock	42,974	173,726
	Wells Fargo Bank, N.A.	IPG Photonics Corp Common Stock	76,853	97,603
	Wells Fargo Bank, N.A.	Interdigital Inc Common Stock	111,462	123,562
	Wells Fargo Bank, N.A.	Intuit Com Common Stock	20,652	546,737
	Wells Fargo Bank, N.A.	Intuitive Surgical Inc Common Stock	22,170	376,187
	Wells Fargo Bank, N.A.	Jetblue Awys Corp Common Stock	99,358	119,388
	Wells Fargo Bank, N.A.	Landstar Sys Inc Com Common Stock	60,420	268,530
	Wells Fargo Bank, N.A.	LGI Homes Inc Common Stock	217,560	216,118
	Wells Fargo Bank, N.A.	Microchip Technology Inc Com Common Stock	194,244	437,041
	Wells Fargo Bank, N.A.	MSC Industrial Direct Inc. Common Stock	77,434	78,512
	Wells Fargo Bank, N.A.	Myriad Genetic Inc Company Common Stock	161,648	127,015

NODAK INSURANCE CO. 401(K) PROFIT SHARING PLAN
EIN 45-0216631 PN 004

Schedule of Assets Held at End of Year

Schedule H, Line 4i

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo Bank, N.A.	Nordstrom Inc. Common Stock	118,505	69,715
	Wells Fargo Bank, N.A.	Open Text Corp Common Stock	30,155	204,306
	Wells Fargo Bank, N.A.	Paychex Inc Common Stock	120,077	268,359
	Wells Fargo Bank, N.A.	Plantronics Inc Common Stock	145,552	156,030
	Wells Fargo Bank, N.A.	Plexus Corp Common Stock	177,887	510,710
	Wells Fargo Bank, N.A.	Power Intergrations Inc Com Common Stock	109,846	397,848
	Wells Fargo Bank, N.A.	Proto Labs Inc Common Stock	314,017	216,800
	Wells Fargo Bank, N.A.	Pure Storage Inc Common Stock	171,201	341,287
	Wells Fargo Bank, N.A.	Royal Carribean Cruise Common Stock	138,154	197,325
	Wells Fargo Bank, N.A.	Sleep Number Corporation Common Stock	55,067	287,939
	Wells Fargo Bank, N.A.	Snap On Inc Common Stock	240,230	273,533
	Wells Fargo Bank, N.A.	Southwestern Energy Co Com Common Stock	203,707	196,852
	Wells Fargo Bank, N.A.	Stitch Fix Inc Common Stock	123,031	87,278
	Wells Fargo Bank, N.A.	Strategic Education Inc Common Stock	179,339	95,725
	Wells Fargo Bank, N.A.	Super Micro Computer Inc Common Stock	295,354	432,160
	Wells Fargo Bank, N.A.	Take-Two Interactive Software Common Stock	64,132	70,199
	Wells Fargo Bank, N.A.	TJX Cos Inc New Common Stock	31,157	390,533
	Wells Fargo Bank, N.A.	Under Armour Inc. Common Stock	186,543	239,978
	Wells Fargo Bank, N.A.	Viasat Inc Common Stock	269,750	277,485

* Party in Interest

** Omitted for Participant Directed Investments

\$ 53,232,739

SEE INDEPENDENT AUDITOR'S REPORT

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N I C 401() P S

EIN 45 0216631
 PLAN NUMBER 004
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Registered Investment Company ACADIAN EMERGING MARKETS	\$ 0.00	\$ 52,208.70
	WELLS FARGO BANK, N.A.	Corporate Stock - Common AKAMAI TEC	\$ 0.00	\$ 544,470.08
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ALARM.COM HOLDINGS INC	\$ 0.00	\$ 253,073.04
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ALIGN TECHNOLOGY INC	\$ 0.00	\$ 597,376.62
	The American Funds	Registered Investment Company AM FDS EUROPACIFIC GRTH R6 FD	\$ 0.00	\$ 2,611,974.14
	WELLS FARGO BANK, N.A.	Registered Investment Company AMER FDS EUROPACIFIC GROWTH FD	\$ 0.00	\$ 121,636.41
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ARISTA NETWORKS INC	\$ 0.00	\$ 334,075.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common AUTODESK INC	\$ 0.00	\$ 397,883.85
	Scout Funds	Registered Investment Company CARILLON SCOUT MID CAP FUND	\$ 0.00	\$ 4,549,962.33
	WELLS FARGO BANK, N.A.	Interest Bearing Cash CASH ACCOUNT	\$ 0.00	\$ 2,290.10
	WELLS FARGO BANK, N.A.	Corporate Stock - Common COGNEX CORP	\$ 0.00	\$ 256,374.72
	WELLS FARGO BANK, N.A.	Corporate Stock - Common CORE LABORATORIES NV CO	\$ 0.00	\$ 27,731.33
	WELLS FARGO BANK, N.A.	Corporate Stock - Common COTERRA ENERGY INC	\$ 0.00	\$ 272,061.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common CRACO INC	\$ 0.00	\$ 149,147.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common DELUXE CORPT	\$ 0.00	\$ 62,871.38

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N I C 401() P S
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 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Registered Investment Company DODGE & COX STOCK FUND	\$ 0.00	\$ 63,526.75
	WELLS FARGO BANK, N.A.	Corporate Stock - Common DOLBY LABORATORIES INC	\$ 0.00	\$ 412,873.92
	WELLS FARGO BANK, N.A.	Corporate Stock - Common GARMIN	\$ 0.00	\$ 460,118.43
	WELLS FARGO BANK, N.A.	Corporate Stock - Common GENTEX CORP	\$ 0.00	\$ 489,747.05
	WELLS FARGO BANK, N.A.	Corporate Stock - Common GENTHERM INC	\$ 0.00	\$ 150,337.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common IHS MARKIT LTD	\$ 0.00	\$ 173,726.44
	WELLS FARGO BANK, N.A.	Corporate Stock - Common INTERDIGITAL INC	\$ 0.00	\$ 123,561.75
	WELLS FARGO BANK, N.A.	Corporate Stock - Common INTUIT COMPANY	\$ 0.00	\$ 546,737.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common INTUITIVE SURGICAL INC	\$ 0.00	\$ 376,187.10
	WELLS FARGO BANK, N.A.	Corporate Stock - Common IPG PHOTONICS CORP	\$ 0.00	\$ 97,603.38
	WELLS FARGO BANK, N.A.	Corporate Stock - Common JETBLUE AIRWAYS CORP	\$ 0.00	\$ 119,388.16
	WELLS FARGO BANK, N.A.	Corporate Stock - Common LANDSTAR SYSTEMS INC	\$ 0.00	\$ 268,530.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common LGI HOMES INC	\$ 0.00	\$ 216,117.52
	WELLS FARGO BANK, N.A.	Registered Investment Company METROMEST TOTAL RET BD FD	\$ 0.00	\$ 1,903,309.63
	MFS Investment Management	Registered Investment Company MFS GROWTH R6 FUND	\$ 0.00	\$ 2,131,882.42

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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N I C 401() P S

EIN 45 0216631
 PLAN NUMBER 004
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Corporate Stock - Common MICROCHIP TECHNOLOGY INC	\$ 0.00	\$ 437,041.20
	WELLS FARGO BANK, N.A.	Corporate Stock - Common MSC INDUSTRIAL DIRECT INC	\$ 0.00	\$ 78,512.04
	WELLS FARGO BANK, N.A.	Corporate Stock - Common MYRIAD GENETICS INC	\$ 0.00	\$ 127,015.20
	WELLS FARGO BANK, N.A.	Corporate Stock - Common NORDSTROM INC	\$ 0.00	\$ 69,714.84
	WELLS FARGO BANK, N.A.	Corporate Stock - Common OPEN TEXT CORPORATION	\$ 0.00	\$ 204,306.44
	WELLS FARGO BANK, N.A.	Registered Investment Company OPPENHEIMER DEVELOPING MKTS FD	\$ 0.00	\$ 45,573.22
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PAYCHEX INC	\$ 0.00	\$ 268,359.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PLANTRONICS INC	\$ 0.00	\$ 156,030.12
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PLEXUS CORP	\$ 0.00	\$ 510,710.14
	WELLS FARGO BANK, N.A.	Corporate Stock - Common POWER INTEGRATIONS INC	\$ 0.00	\$ 397,847.87
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN EQUITY INCOME SA-Z	\$ 0.00	\$ 1,122,960.71
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP GROWTH I SEP ACCT-Z	\$ 0.00	\$ 1,230,786.20
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP VALUE II SEP ACCT-Z	\$ 0.00	\$ 542,399.77
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PROTO LABS INC	\$ 0.00	\$ 216,799.70
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PURE STORAGE INC	\$ 0.00	\$ 341,286.75

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N I C 401() P S
 EIN 45 0216631
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 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ROYAL CARRIBEAN	\$ 0.00	\$ 197,325.40
	WELLS FARGO BANK, N.A.	Corporate Stock - Common SLEEP NUMBER CORP	\$ 0.00	\$ 287,939.40
	WELLS FARGO BANK, N.A.	Corporate Stock - Common SNAP ON INC	\$ 0.00	\$ 273,532.60
	WELLS FARGO BANK, N.A.	Corporate Stock - Common SOUTHWESTERN ENERGY CO	\$ 0.00	\$ 196,852.38
	WELLS FARGO BANK, N.A.	Corporate Stock - Common STITCH FIX INC	\$ 0.00	\$ 87,277.96
	WELLS FARGO BANK, N.A.	Corporate Stock - Common STRATEGIC EDUCATION INC	\$ 0.00	\$ 95,725.20
	WELLS FARGO BANK, N.A.	Corporate Stock - Common SUPER MICRO COMPUTER INC	\$ 0.00	\$ 432,160.35
	WELLS FARGO BANK, N.A.	Corporate Stock - Common TAKE-TWO INTERACTIVE SOFTWARE	\$ 0.00	\$ 70,199.40
	WELLS FARGO BANK, N.A.	Corporate Stock - Common TJX COMPANIES INC	\$ 0.00	\$ 390,532.48
	WELLS FARGO BANK, N.A.	Corporate Stock - Common UNDER ARMOUR INC	\$ 0.00	\$ 239,976.75
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT INC I FD	\$ 0.00	\$ 266,959.66
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT 2020 I FD	\$ 0.00	\$ 1,707,291.60
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT 2030 I FD	\$ 0.00	\$ 2,490,739.98
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT 2040 I FD	\$ 0.00	\$ 2,572,383.75
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT 2050 I FD	\$ 0.00	\$ 879,142.13

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N I C 401() P S

EIN 45 0216631
 PLAN NUMBER 004
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company VANG INST TRGT RTMT 2060 I FD	\$ 0.00	\$ 319,104.70
	Vanguard Group	Registered Investment Company VANGUARD ST INV-GRADE ADM FD	\$ 0.00	\$ 428,263.91
	Vanguard Group	Registered Investment Company VGD TTL INTL STK IDX ADM FD	\$ 0.00	\$ 190,964.15
	WELLS FARGO BANK, N.A.	Corporate Stock - Common VIASAT INC	\$ 0.00	\$ 277,484.20
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO BLACKROCK SP 500 N	\$ 0.00	\$ 7,169,135.73
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO BLKROCK AGG BD ID N	\$ 0.00	\$ 379,009.61
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO BLKROCK SP MC IDX N	\$ 0.00	\$ 270,680.78
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO CAUSEWAY INTL VALUE	\$ 0.00	\$ 122,297.29
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO CORE BOND	\$ 0.00	\$ 1,904,490.86
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO GROWTH CIT	\$ 0.00	\$ 68,618.50
	Wells Fargo	Common/Collective Trust WELLS FARGO STABLE RETRN N FD	\$ 0.00	\$ 854,548.00
	WELLS FARGO BANK, N.A.	Common/Collective Trust WELLS FARGO/FED TOT RET BD N	\$ 0.00	\$ 752,766.03
	WELLS FARGO BANK, N.A.	Common/Collective Trust W/F/BLACKROCK INTL EQ IDX	\$ 0.00	\$ 162,699.31
	WELLS FARGO BANK, N.A.	Common/Collective Trust W/F/BLACKROCK S&P MIDCAP IDX	\$ 0.00	\$ 284,702.20
	WELLS FARGO BANK, N.A.	Common/Collective Trust W/F/BLACKROCK S&P 500 INDEX	\$ 0.00	\$ 428,433.77

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

N I C 401() P S
 EIN 45 0216631
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 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	WELLS FARGO BANK, N.A.	Interest Bearing Cash WF/BLACKROCK SHORT TERM INV	\$ 0.00	\$ 1,110,048.26
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/BLK RK RSLL 2000 IDX N CIT	\$ 0.00	\$ 312,360.24
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/DODGE & COX INTERM BOND	\$ 0.00	\$ 1,907,572.51
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/FEDERATED TOTAL RETURN BD	\$ 0.00	\$ 1,906,651.77
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/MFS VALUE	\$ 0.00	\$ 128,869.58
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/MULTI-MANAGER SMALL CAP	\$ 0.00	\$ 153,637.23
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/T ROME PRICE INST EQ INC MGD	\$ 0.00	\$ 134,791.65
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/T ROME PRICE INST LCG MGD	\$ 0.00	\$ 135,002.11
	WELLS FARGO BANK, N.A.	Common/Collective Trust WF/VOYA LARGE CAP GROWTH	\$ 0.00	\$ 126,442.72