

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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 ☐ the final return/report ☐ an amended 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 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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.	10/13/2023	TIMOTHY MILIUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	TIMOTHY MILIUS
	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 (2022)
v. 220413

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		5 224
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		6a(1) 187
a(2) Total number of active participants at the end of the plan year		6a(2) 208
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 253
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 241
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 19
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 2G 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)		9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust	(3) ☒ Trust	
(4) ☐ General assets of the sponsor	(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		b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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	253	01/01/2022	12/31/2022

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	3081267

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..... Specify nature of costs ▶	6d	

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.	10b	

Specify nature of costs.

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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)

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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--

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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	90098	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILSHIRE ADVISORS LLC

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 ☐

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 ADVISORS LLC	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
(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

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NODAK INSURANCE COMPANY		
D Employer Identification Number (EIN) 45-0216631		

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP GROWTH I SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1041412
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE II SEP ACCT-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 588058
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-Z		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-120	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1451796
a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PN		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 41-6202499-001	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: PRIN/BR S&P 500 INDEX CIT N		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 94-3224211-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6172768
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR S&P MID INDEX CIT N		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 52-2265235-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 387489
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR AGG BD INDEX CIT N		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 20-5699010-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 433770

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE RETURN PI		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 82-6652363-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 836155
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/BR RUSS 2000 I CIT N		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
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) 219492
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN/FED TOTAL RETURN BD CIT N		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
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) 2312319
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING GROWTH CIT		
b Name of sponsor of entity listed in (a): ALLSPRING		
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) 45137
a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY INTL VALUE		
b Name of sponsor of entity listed in (a): PRINCIPAL		
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) 90947
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING CORE BOND		
b Name of sponsor of entity listed in (a): ALLSPRING		
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) 1403117
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTL EQ IDX		
b Name of sponsor of entity listed in (a): BLACKROCK		
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) 120415
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERM BOND		
b Name of sponsor of entity listed in (a): PRINCIPAL		
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) 1406049
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE		
b Name of sponsor of entity listed in (a): PRINCIPAL		
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) 94630
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-MANAGER SMALL CAP		
b Name of sponsor of entity listed in (a): PRINCIPAL		
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) 113884

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE INST EQ INC MGD

b Name of sponsor of entity listed in (a): PRINCIPAL

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) 100543
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a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE INST LCG MGD

b Name of sponsor of entity listed in (a): PRINCIPAL

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) 89816
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH

b Name of sponsor of entity listed in (a): PRINCIPAL

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) 90800
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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**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 2022 This Form is Open to Public Inspection		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>				
A Name of plan <u>NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 004 </td> </tr> </table>		B Three-digit plan number (PN) ►	004
B Three-digit plan number (PN) ►	004			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NODAK INSURANCE COMPANY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>45-0216631</u> </td> </tr> </table>		D Employer Identification Number (EIN) <u>45-0216631</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)	1663
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	1112338252388
(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)	116866218127194
(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)	3762
(9) Value of interest in common/collective trusts.....		1c(9)	1720271013917329
(10) Value of interest in pooled separate accounts		1c(10)	28961473081267
(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)	2033492318183424
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	53232739	43567027

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12901	3783
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12901	3783

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	53219838	43563244
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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.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1272574	
(B) Participants	2a(1)(B)	1139066	
(C) Others (including rollovers)	2a(1)(C)	81725	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2493365
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4574	
(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)	71	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4645
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	110065	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	291325	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		401390
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5241190	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5749256	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-508066
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2193359	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2193359

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2520512
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-510384
(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)		-4033503
c Other income	2c		17468
d Total income. Add all income amounts in column (b) and enter total	2d		-6848956
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2601957	
(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)		2601957
f Corrective distributions (see instructions)	2f		
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)	90098	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	115583	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		205681
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2807638
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-9656594
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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
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	
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		
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.)	
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	
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		
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.	
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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, 2022 and 2021

(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

We have performed audits 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, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Nodak Insurance 401(k) Profit Sharing Plan's 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 audits 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 December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 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

We conducted our audits 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 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 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 one year after the date the financial statements are available for issuance.

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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits 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 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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of the year 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, are 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, are 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 schedule 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).

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

October 10, 2023
West Des Moines, Iowa

NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31,

	<u>2022</u>	<u>2021</u>
Assets		
Investments at Fair Value		
Cash and Cash Equivalents	\$ 252,388	1,112,338
Mutual Funds	18,183,424	20,334,923
Common Stocks	8,127,194	11,686,621
Pooled Separate Accounts	3,081,267	2,896,147
Common/Collective Funds	13,917,329	17,202,710
Total Investments at Fair Value	<u>43,561,602</u>	<u>53,232,739</u>
Receivables		
Participant Loans	3,762	--
Other Receivables	1,663	--
Total Receivables	<u>5,425</u>	<u>--</u>
Total Assets	<u>43,567,027</u>	<u>53,232,739</u>
Liabilities		
Unsettled Securities	<u>3,783</u>	<u>12,901</u>
Net Assets Available for Benefits	<u><u>\$ 43,563,244</u></u>	<u><u>53,219,838</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>2022</u>	<u>2021</u>
Additions		
Investment Income		
Net Increase in Fair Value	\$ --	5,701,705
Interest Income	4,574	348
Dividend Income	401,390	301,034
Other Income	17,468	9,359
Total Investment Income	<u>423,432</u>	<u>6,012,446</u>
Interest Income on Notes Receivable from Participant Loans	<u>71</u>	<u>--</u>
Contributions		
Contributions by Employer	1,272,574	1,335,285
Contributions by Participants	1,139,066	1,127,224
Contributions by Rollover	81,725	19,567
Total Contributions	<u>2,493,365</u>	<u>2,482,076</u>
Total Additions	<u>2,916,868</u>	<u>8,494,522</u>
Deductions		
Net Decrease in Fair Value	9,765,824	--
Benefits Paid to Participants	2,601,957	3,005,032
Distribution of Excess Contributions	--	649
Administrative Expenses	205,681	274,399
Total Deductions	<u>12,573,462</u>	<u>3,280,080</u>
Net Increase (Decrease) in Net Assets	(9,656,594)	5,214,442
Net Assets Available for Benefits		
Beginning of Year	<u>53,219,838</u>	<u>48,005,396</u>
End of Year	<u>\$ 43,563,244</u>	<u>53,219,838</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, 2022 and 2021

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, 2022 and 2021, unallocated forfeited non-vested accounts were \$-0- and \$10,011, respectively. These accounts will be allocated to participant's accounts. During the years ended December 31, 2022 and 2021, \$33,758 and \$4,562, 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 2021 financial statements may have been made to conform to the 2022 presentation.

C. Certification

The Plan Administrator has obtained certification from 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,

	<u>2022</u>	<u>2021</u>
Cash and Cash Equivalents	\$ 252,388	1,112,338
Mutual Funds	1,618,683	2,186,255
Common Stocks	8,127,194	11,686,621
Common/Collective Funds	<u>5,472,819</u>	<u>7,464,210</u>
Total Net Assets - Non-Participant Directed	<u>\$ 15,471,084</u>	<u>22,449,424</u>
	<u>2022</u>	<u>2021</u>
Investment Transfers	\$ (1,859,235)	--
Interest Income	4,574	307
Dividend Income	158,199	108,801
Other Income	1,834	8,076
Net (Decrease) Increase in Fair Value	(3,968,448)	1,970,353
Benefits Paid to Participants	(1,199,681)	(1,145,663)
Administrative Expenses	<u>(115,583)</u>	<u>(132,365)</u>
Net (Decrease) Increase in Net Assets - Non-Participant Directed	<u>\$ (6,978,340)</u>	<u>809,509</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, 2022 and 2021.

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, 2022	Fair Value			
Cash and Cash Equivalents	\$ 252,388	22,708	229,680	--
Mutual Funds	18,183,424	18,183,424	--	--
Common Stocks	8,127,194	7,642,096	485,098	--
Pooled Separate Accounts	3,081,267	3,081,267	--	--
Common/Collective Funds	13,917,329	11,632,921	2,284,408	--
Total	<u>\$ 43,561,602</u>	<u>40,562,416</u>	<u>2,999,186</u>	<u>--</u>
December 31, 2021				
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>

F. Related Party Transactions

Certain Plan investments with Principal are shares of mutual funds managed by Principal Trust Company. Principal Trust Company is the trustee as defined by the Plan and, therefore, the investment transactions qualified as exempt party-in-interest transactions.

Principal Trust Company provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Principal Trust Company. The Plan receives revenue from mutual fund service providers, including Principal 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 Principal Trust Company 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. Subsequent Events

The Company has evaluated events and transactions occurring after December 31, 2022, for potential items required to be recognized or disclosed in the financial statements. Subsequent events were evaluated through October 10, 2023, 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, 2022

(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
*	Principal Life Insurance Company	Principal Equity Income SA-Z Pooled Separate Account	**	\$ 1,451,797
*	Principal Life Insurance Company	Principal Small Cap Growth I Pooled Separate Account	**	1,041,412
*	Principal Life Insurance Company	Principal Small Cap Value II Pooled Separate Account	**	588,058
	SEI Trust Company	Galliard Stable Return (F) Common/Collective Fund	**	836,155
	SEI Trust Company	Principal Blackrock US Aggregate Bond Index Common/Collective Fund	**	433,770
	SEI Trust Company	Principal Federated Total Return Bond Common/Collective Fund	**	907,258
	SEI Trust Company	Principal Blackrock S&P Midcap Index Common/Collective Fund	**	186,373
	SEI Trust Company	Principal Blackrock S&P 500 Index Common/Collective Fund	**	5,863,127
	SEI Trust Company	Principal Blackrock Russell 2000 Index Common/Collective Fund	**	219,492
	MFS Investment Management	MFS Growth R6 Mutual Fund	**	1,783,117
	Scout Funds	Carillon Scout Mid Cap Fund Mutual Fund	**	3,922,324
	The American Funds	American Funds Europacific Growth (R6) Mutual Fund	**	2,190,455
	Vanguard Group	Vanguard Total Intl Stk Idx ADM Fund Mutual Fund	**	419,066
	Vanguard Group	Vanguard Target Today Mutual Fund	**	213,322
	Vanguard Group	Vanguard Target 2020 Mutual Fund	**	1,110,283
	Vanguard Group	Vanguard Target 2030 Mutual Fund	**	2,510,656
	Vanguard Group	Vanguard Target 2040 Mutual Fund	**	2,704,948
	Vanguard Group	Vanguard Target 2050 Mutual Fund	**	912,475
	Vanguard Group	Vanguard Target 2060 Mutual Fund	**	367,424
	Vanguard Group	Vanguard Target 2070 Mutual Fund	**	7,033
	Vanguard Group	Vanguard ST Inv-Grade ADM Fund Mutual Fund	**	423,638

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, 2022

(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
	Allspring	Allspring Government Money Market Fund Cash	22,708	22,708
	Blackrock	Blackrock ST Investment Fund Cash	229,680	229,680
	Principal	Federated Total Return Bond Common/Collective Fund	1,338,061	1,405,060
	Principal	Causeway International Value Common/Collective Fund	76,115	90,947
	Principal	American Funds Europacific Growth (R6) Mutual Fund	97,154	87,880
	Principal	Acadian Emerging Markets Mutual Fund	41,367	39,068
	Principal	Oppenheimer Developing Markets Fund Mutual Fund	40,926	38,920
	Wells Fargo Bank, N.A.	Metropolitan West Total Return Bond Fund Mutual Fund	1,618,447	1,402,256
	Principal	Dodge & Cox Stock Fund Mutual Fund	44,263	50,559
	Allspring	Allspring Core Bond Common/Collective Fund	1,381,486	1,403,116
	SEI Trust Company	Principal Blackrock S&P Midcap Index Common/Collective Fund	140,868	201,117
	Principal	Principal Dodge & Cox Intermediate Bond Common/Collective Fund	1,325,470	1,406,048
	Blackrock	Blackrock S&P 500 Index Common/Collective Fund	205,720	309,641
	Principal	Principal Multi-Manager Small Cap Common/Collective Fund	85,021	113,884
	Blackrock	Blackrock International Equity Index Common/Collective Fund	116,760	120,415
	Principal	MFS Value Common/Collective Fund	58,090	94,630
	Principal	T Rowe Price Inst Eq Income Managed Common/Collective Fund	64,165	100,543
	Principal	T Rowe Price Institutional Large Cap Growth Common/Collective Fund	59,980	89,816
	Allspring	Allspring Growth Common/Collective Fund	30,578	45,137
	Principal	Voya Large Cap Growth Common/Collective Fund	73,287	90,800
	Principal	Akamai Technologies Common Stock	242,380	347,570
	Wells Fargo Bank, N.A.	Alarm.Com Holdings Inc Common Stock	257,719	220,979
	Wells Fargo Bank, N.A.	Align Technology Inc Common Stock	88,910	223,765

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, 2022

(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
	Principal	Arista Networks Inc Common Stock	133,615	249,738
	Wells Fargo Bank, N.A.	Autodesk Inc Common Stock	31,440	234,896
	Principal	Cognex Corp Common Stock	274,793	305,179
	Principal	Core Laboratories N V Common Stock	74,987	22,094
	Principal	Corterra Energy Inc Common Stock	223,236	309,189
	Principal	Dolby Laboratories Inc Common Stock	240,380	270,662
	Principal	Floor & Decor Holdings Inc Common Stock	84,874	77,986
	Wells Fargo Bank, N.A.	Garmin LTD Common Stock	180,325	275,947
	Principal	Genrac Holdings Common Stock	80,869	45,498
	Principal	Gentex Corp Common Stock	247,108	339,402
	Principal	Gentherm Corp Common Stock	55,818	98,914
	Principal	Graco Inc Common Stock	23,073	102,773
	Principal	IPG Photonics Corp Common Stock	83,301	61,251
	Principal	Interdigital Inc Common Stock	99,140	75,605
	Principal	Intuit Com Common Stock	15,186	243,262
	Principal	Intuitive Surgical Inc Common Stock	19,608	245,714
	Wells Fargo Bank, N.A.	Landstar Sys Inc Com Common Stock	61,122	212,259
	Principal	LGI Homes Inc Common Stock	190,849	115,565
	Principal	Microchip Technology Inc Com Common Stock	260,545	396,140
	Wells Fargo Bank, N.A.	MSC Industrial Direct Inc. Common Stock	68,774	67,893
	Principal	Myriad Genetic Inc Company Common Stock	139,676	58,736

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, 2022

(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
	Principal	Nordstrom Inc. Common Stock	101,117	43,626
	Wells Fargo Bank, N.A.	Open Text Corp Common Stock	25,475	75,493
	Wells Fargo Bank, N.A.	Paychex Inc Common Stock	42,387	80,199
	Principal	Plexus Corp Common Stock	172,916	485,521
	Principal	Power Intergrations Inc Com Common Stock	262,528	428,957
	Principal	Proto Labs Inc Common Stock	272,196	95,942
	Principal	Pure Storage Inc Common Stock	157,874	248,038
	Principal	Royal Carribean Cruise Common Stock	124,984	111,564
	Principal	Semtech Corp Common Stock	83,972	44,211
	Principal	Sleep Number Corporation Common Stock	62,907	86,565
	Principal	Snap On Inc Common Stock	215,987	258,879
	Principal	Southwestern Energy Co Com Common Stock	236,277	280,209
	Principal	Stitch Fix Inc Common Stock	105,837	12,711
	Principal	Strategic Education Inc Common Stock	113,254	84,664
	Principal	Super Micro Computer Inc Common Stock	268,257	715,173
	Principal	Take-Two Interactive Software Common Stock	57,183	36,654
	Principal	TJX Cos Inc New Common Stock	7,293	95,838
	Principal	Under Armour Inc. Common Stock	242,619	166,624
	Principal	Viasat Inc Common Stock	240,464	175,309
*	Participant Loans	5.50%		3,762
*	Party in Interest			\$ 43,565,364
**	Omitted for Participant Directed Investments			

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 01/01/2022 TO 12/31/2022

(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
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	\$ 0.00	\$ 2,190,455.02
	PRINCIPAL	Registered Investment Company ACADIAN EMERGING MARKETS	\$ 0.00	\$ 39,067.96
	PRINCIPAL	Corporate Stock - Common AKAMAI TEC	\$ 0.00	\$ 347,568.90
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ALARM.COM HOLDINGS INC	\$ 0.00	\$ 220,977.68
	WELLS FARGO BANK, N.A.	Corporate Stock - Common ALIGN TECHNOLOGY INC	\$ 0.00	\$ 223,764.90
	ALLSPRING	Common/Collective Trust ALLSPRING CORE BOND	\$ 0.00	\$ 1,403,116.65
	ALLSPRING	Interest Bearing Cash ALLSPRING GOVERNMENT MONEY MARKET FUND	\$ 0.00	\$ 22,708.36
	ALLSPRING	Common/Collective Trust ALLSPRING GROWTH CIT	\$ 0.00	\$ 45,136.83
	PRINCIPAL	Registered Investment Company AMERICAN FUNDS EUROPACIFIC GROWTH	\$ 0.00	\$ 87,880.24
	PRINCIPAL	Corporate Stock - Common ARISTA NETWORKS INC	\$ 0.00	\$ 249,738.30
	WELLS FARGO BANK, N.A.	Corporate Stock - Common AUTODESK INC	\$ 0.00	\$ 234,895.59
	BLACKROCK	Common/Collective Trust BLACKROCK INTL EQ IDX	\$ 0.00	\$ 120,415.11
	BLACKROCK	Common/Collective Trust BLACKROCK S&P MIDCAP IDX	\$ 0.00	\$ 201,116.62
	BLACKROCK	Common/Collective Trust BLACKROCK S&P 500 INDEX	\$ 0.00	\$ 309,640.85
	BLACKROCK	Interest Bearing Cash BLACKROCK SHORT TERM INV	\$ 0.00	\$ 229,679.89

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 01/01/2022 TO 12/31/2022

(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
	Scout Funds	Registered Investment Company Carillon Scout Mid Cap Fund	\$ 0.00	\$ 3,922,324.36
	PRINCIPAL	Common/Collective Trust CAUSEWAY INTL VALUE	\$ 0.00	\$ 90,947.12
	PRINCIPAL	Corporate Stock - Common COGNEX CORP	\$ 0.00	\$ 305,178.58
	PRINCIPAL	Corporate Stock - Common CORE LABORATORIES NV CO	\$ 0.00	\$ 22,094.30
	PRINCIPAL	Corporate Stock - Common COTERRA ENERGY INC	\$ 0.00	\$ 309,188.88
	PRINCIPAL	Common/Collective Trust DODGE & COX INTERM BOND	\$ 0.00	\$ 1,406,048.93
	PRINCIPAL	Registered Investment Company DODGE & COX STOCK FUND	\$ 0.00	\$ 50,558.54
	PRINCIPAL	Corporate Stock - Common DOLBY LABORATORIES INC	\$ 0.00	\$ 270,661.98
	PRINCIPAL	Common/Collective Trust FEDERATED TOTAL RETURN BD	\$ 0.00	\$ 1,405,061.15
	PRINCIPAL	Corporate Stock - Common FLOOR & DECOR HOLDINGS INC	\$ 0.00	\$ 77,985.60
	SEI TRUST COMPANY	Common/Collective Trust GALLIARD STABLE RETURN PI	\$ 0.00	\$ 836,155.00
	WELLS FARGO BANK, N.A.	Corporate Stock - Common GARMIN	\$ 0.00	\$ 275,947.10
	PRINCIPAL	Corporate Stock - Common GENERAC HOLDINGS INC	\$ 0.00	\$ 45,498.32
	PRINCIPAL	Corporate Stock - Common GENTEX CORP	\$ 0.00	\$ 339,402.42
	PRINCIPAL	Corporate Stock - Common GENTHERM INC	\$ 0.00	\$ 98,914.35

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

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

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EIN 45 0216631
 PLAN NUMBER 004
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(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
	PRINCIPAL	Corporate Stock - Common GRACO INC	\$ 0.00	\$ 102,773.28
	PRINCIPAL	Corporate Stock - Common INTERDIGITAL INC	\$ 0.00	\$ 75,605.44
	PRINCIPAL	Corporate Stock - Common INTUIT COMPANY	\$ 0.00	\$ 243,262.50
	PRINCIPAL	Corporate Stock - Common INTUITIVE SURGICAL INC	\$ 0.00	\$ 245,714.10
	PRINCIPAL	Registered Investment Company INV OPPENHEIMER DEVELOPING MKTS FD	\$ 0.00	\$ 38,920.30
	PRINCIPAL	Corporate Stock - Common IPG PHOTONICS CORP	\$ 0.00	\$ 61,251.49
	WELLS FARGO BANK, N.A.	Corporate Stock - Common LANDSTAR SYSTEMS INC	\$ 0.00	\$ 212,258.70
	PRINCIPAL	Corporate Stock - Common LGI HOMES INC	\$ 0.00	\$ 115,564.80
	WELLS FARGO BANK, N.A.	Registered Investment Company METROMEST TOTAL RET BD FD	\$ 0.00	\$ 1,402,255.89
	MFS Investment Management	Registered Investment Company MFS Growth R6 Fund	\$ 0.00	\$ 1,783,116.76
	PRINCIPAL	Common/Collective Trust MFS VALUE	\$ 0.00	\$ 94,630.48
	PRINCIPAL	Corporate Stock - Common MICROCHIP TECHNOLOGY INC	\$ 0.00	\$ 396,139.75
	WELLS FARGO BANK, N.A.	Corporate Stock - Common MSC INDUSTRIAL DIRECT INC	\$ 0.00	\$ 67,892.70
	PRINCIPAL	Common/Collective Trust MULTI-MANAGER SMALL CAP	\$ 0.00	\$ 113,883.55
	PRINCIPAL	Corporate Stock - Common MYRIAD GENETICS INC	\$ 0.00	\$ 58,736.48

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

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 EIN 45 0216631
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 PLAN YEAR 01/01/2022 TO 12/31/2022

(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
	PRINCIPAL	Corporate Stock - Common NORDSTROM INC	\$ 0.00	\$ 43,626.42
	WELLS FARGO BANK, N.A.	Corporate Stock - Common OPEN TEXT CORPORATION	\$ 0.00	\$ 75,493.08
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Equity Income SA-Z	\$ 0.00	\$ 1,451,796.26
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap Growth I Sep Acct-Z	\$ 0.00	\$ 1,041,412.42
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap Value II Sep Acct-Z	\$ 0.00	\$ 588,058.37
	SEI TRUST COMPANY	Common/Collective Trust Prin/BR Agg Bd Index CIT N	\$ 0.00	\$ 433,770.43
	SEI TRUST COMPANY	Common/Collective Trust Prin/BR Russ 2000 I CIT N	\$ 0.00	\$ 219,491.60
	SEI TRUST COMPANY	Common/Collective Trust Prin/BR S&P Mid Index CIT N	\$ 0.00	\$ 186,372.68
	SEI TRUST COMPANY	Common/Collective Trust Prin/BR S&P 500 Index CIT N	\$ 0.00	\$ 5,863,126.78
	SEI TRUST COMPANY	Common/Collective Trust Prin/Fed Total Return Bd CIT N	\$ 0.00	\$ 907,257.66
	WELLS FARGO BANK, N.A.	Corporate Stock - Common PAYCHEX INC	\$ 0.00	\$ 80,198.64
	PRINCIPAL	Corporate Stock - Common PLEXUS CORP	\$ 0.00	\$ 485,520.81
	PRINCIPAL	Corporate Stock - Common POWER INTEGRATIONS INC	\$ 0.00	\$ 428,957.32
	PRINCIPAL	Corporate Stock - Common PROTO LABS INC	\$ 0.00	\$ 95,941.74
	PRINCIPAL	Corporate Stock - Common PURE STORAGE INC	\$ 0.00	\$ 248,038.44

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

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	PRINCIPAL	Corporate Stock - Common ROYAL CARRIBEAN	\$ 0.00	\$ 111,563.51
	PRINCIPAL	Corporate Stock - Common SEMTECH CORP	\$ 0.00	\$ 44,211.29
	PRINCIPAL	Corporate Stock - Common SLEEP NUMBER CORP	\$ 0.00	\$ 86,565.36
	PRINCIPAL	Corporate Stock - Common SNAP ON INC	\$ 0.00	\$ 258,879.17
	PRINCIPAL	Corporate Stock - Common SOUTHWESTERN ENERGY CO	\$ 0.00	\$ 280,209.15
	PRINCIPAL	Corporate Stock - Common STITCH FIX INC	\$ 0.00	\$ 12,710.57
	PRINCIPAL	Corporate Stock - Common STRATEGIC EDUCATION INC	\$ 0.00	\$ 84,663.92
	PRINCIPAL	Corporate Stock - Common SUPER MICRO COMPUTER INC	\$ 0.00	\$ 715,173.10
	PRINCIPAL	Common/Collective Trust T ROME PRICE INST EQ INC MGD	\$ 0.00	\$ 100,542.71
	PRINCIPAL	Common/Collective Trust T ROME PRICE INST LCG MGD	\$ 0.00	\$ 89,815.51
	PRINCIPAL	Corporate Stock - Common TAKE-TWO INTERACTIVE SOFTWARE	\$ 0.00	\$ 36,653.76
	PRINCIPAL	Corporate Stock - Common TJX COMPANIES INC	\$ 0.00	\$ 95,838.40
	PRINCIPAL	Corporate Stock - Common UNDER ARMOUR INC	\$ 0.00	\$ 166,624.00
	Vanguard Group	Registered Investment Company Vanguard ST Inv-Grade Adm Fd	\$ 0.00	\$ 423,637.81
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Adm Fd	\$ 0.00	\$ 419,066.18

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

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(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 VANGUARD TGT RMT INC INV FUND	\$ 0.00	\$ 213,321.52
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2020 INV FUND	\$ 0.00	\$ 1,110,282.50
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2030 INV FUND	\$ 0.00	\$ 2,510,656.36
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2040 INV FUND	\$ 0.00	\$ 2,704,948.39
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2050 INV FUND	\$ 0.00	\$ 912,474.76
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2060 INV FUND	\$ 0.00	\$ 367,423.91
	Vanguard Group	Registered Investment Company VANGUARD TGT RMT 2070 INV FUND	\$ 0.00	\$ 7,033.10
	PRINCIPAL	Corporate Stock - Common VIASAT INC	\$ 0.00	\$ 175,309.35
	PRINCIPAL	Common/Collective Trust VOYA LARGE CAP GROWTH	\$ 0.00	\$ 90,799.78
*	Participant Loans	Range of Interest Rates Rates Range From 5.50% To 5.50%	\$ 0.00	\$ 3,762.00