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ANNUAL STATEMENT

OF THE

NEZ PERCE FARMERS COUNTY MUTUAL FIRE INSURANCE COMPANY

603 East Main Street

Street Address

Of Kendrick

In the State of IDAHO

TO THE

Insurance Department

OF THE

STATE OF IDAHO

FOR THE YEAR ENDED 2025

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

Nez Perce Farmers' County Mutual Fire Insurance Company

ORGANIZED UNDER THE LAWS OF THE STATE OF Idaho

Made to the

COMMISSIONER OF INSURANCE OF THE STATE OF

Pursuant to the Laws thereof

Home Office 603 East Main Street Kendrick 83537
(Street and Number) (City or Town) (Zip Code)

Mail Address PO Box 140 Kendrick 83537
(Street and Number) (City or Town) (Zip Code)

Main Administrative Office (208)289-3901
(Area Code) (Telephone Number)

Organized 1904 Commenced Business 1905

OFFICERS

President Dennis D. Burgess Vice-President Dale A. Barger

Secretary Christina Kochsmeier Treasurer Christina Kochsmeier

DIRECTORS

<u>Cristina Bales</u>	<u>Dale A. Barger</u>	<u>Dennis D. Burgess</u>
<u>Cornelia M. Burgess</u>	<u>Danean E. Schmidt</u>	<u>Ernest Fred Schultz</u>
<u>Kimberly Wemhoff</u>	<u>Judy M. White</u>	<u>Yvonne J. White</u>

STATE OF Idaho
COUNTY OF Latah

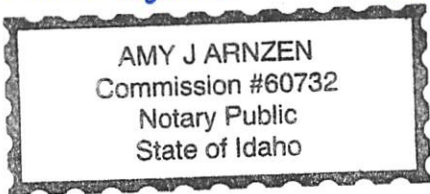
Dennis D. Burgess President, and Christina Kochsmeier Secretary

Nez Perce Farmers' County Mutual Fire Insurance Company, being duly sworn, each for himself deposes and says, that they are the above described Officers of said Company, and that on the thirty-first day of December last all the herein described Assets were the absolute property of the said Company, free and clear from any liens or claims thereon, except as herein stated, and that the foregoing Statement, with the Schedules and explanations herein contained, annexed or referred to, are a full and correct Exhibit of all the Assets, Liabilities, Income and Disbursements, and of the condition and affairs of the said Company on the said thirty-first day of December last, and for the year ending on that day, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me, this 2nd day of March, 2026

Notary Public Amy J. Arzen County Latah
reside in Craigmont exp 12-1-2030

Christina Kochsmeier President
Christina Kochsmeier Secretary
Signature of Person Preparing Statement



ANNUAL STATEMENT OF THE **Nez Perce Farmers County Mutual Fire Insurance Co.**

SECTION IV—QUALIFIED ASSETS—FINANCIAL REQUIREMENTS

1.	Bonds of State				
2.	Bonds of U. S. or guaranteed by U. S. Agency				
3.	First Mortgage Notes Insured by U. S. Government				
4.	Bonds of County or Cities of this State				
5.	Cash on hand, \$ _____; Deposited in banks \$ <u>206,903.33</u>				
6.	Statutory Deposits, State Treasurer				
7.	Total Qualified Assets—(Free Surplus Items)				<u>206,903.33</u>
OTHER LEDGER ASSETS					
8.	Book Value of Real Estate less incumbrances				
9.	Other Mortgage Loans, First Lien				
10.	Assessments in Course of Collection (Including Agents Balances):				
	Under 90 days old \$ _____				
	Over 90 days old \$ _____				
11.	Reinsurance premiums due from other companies				
12.	Furniture, Fixtures, and automobiles				
13.	Bills Receivable				
14.	Other Assets				
15.	Total Ledger Assets (As per balance line 36 Page 2)				<u>206,903.33</u>
NON LEDGER ASSETS					
16.	Interest due and accrued on Mortgage Loans				
17.	Interest due and accrued on Bonds				
18.	Market value of real estate over book value				
19.	Market value of bonds and stocks over book value				
20.	Other Non-ledger Assets (list) Viz: _____				
21.	_____				
22.	Total Non-ledger Assets				
23.	Gross Assets (Line 15 to 22 inclusive)				<u>206,903.33</u>
DEDUCT ASSETS NOT ADMITTED					
24.	Assessments or premiums over 90 days due				
25.	Bills receivable past due				
26.	Furniture, Fixtures and Automobiles				
27.	Printing, Stationery and Supplies				
28.	Bills Receivable (other than for assessments or premiums)				
29.	Book Value of Ledger Assets in excess Market Value				
30.	Other assets not admitted—Viz: _____				
31.	_____				
32.	_____				
33.	Total Assets not admitted				
34.	Total Net Assets Admitted (Line 23 Minus Line 33)				<u>206,903.33</u>
SECTION V—LIABILITIES					
35.	Gross Losses adjusted and unpaid Automobile \$ _____ Fire and all others \$ _____				
36.	Gross claims for losses in process of adjustment, reported and not adjusted:				
	Automobile \$ _____ Fire and all others \$ _____				
37.	Loss and adjustment expenses due and payable				
38.	Total liability for Unpaid Claims and Claims Expense				
39.	Unearned premium reserve for premiums or premium assessments:				
	Automobile \$ _____ Fire and all other \$ _____				
40.	Commissions due and payable to agents				
41.	Compensation due management				
42.	Salaries, rent and other expenses due and accrued				
43.	Borrowed money				
44.	Interest, due and accrued on borrowed money				
45.	All other liabilities, Viz: (List) _____				
46.	_____				
47.	_____				
48.	Total Liabilities (Line 35 to 47 inclusive)				
49.	Surplus to policyholders				
50.	Balance (To equal line 34)				<u>206,903.33</u>

VI—RISKS AND PREMIUMS

	AMOUNT OF INSURANCE IN FORCE		ASSESSMENTS OR PREMIUMS IN FORCE	
	Urban	Rural	Dollars	Cts.
	Dollars	Dollars	Dollars	Cts.
1. In force on the 31st day of December, as per line 5, under this heading in last year's statement			21,230,866	132,052.79
2. Written or renewed during the year, per income No. 1				
3. Total				
4. Deduct those expired and marked off as terminated				
5. In force at the end of the year			N/A	
6. Deduct amount re-insured (Schedule required)				
7. Net amount in force			N/A	

Nez Perce Farmers County Mutual Fire Insurance Co.

ANNUAL STATEMENT OF THE

(Write or stamp name of Company)

SECTION IX—BUSINESS WRITTEN DURING THE YEAR

GROSS PREMIUMS LESS RETURN PREMIUMS

CLASS	(1) DIRECT WRITINGS		(2) REINSURANCE ASSUMED		(3) REINSURANCE CEDED		(4) NET PREMIUMS	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Fire and lightning	\$	\$9162.10	\$	\$	\$	\$26,000.00	\$	(16,837.90)
Theft Extended coverage, windstorm, tornado, cyclone, hail		11662.19						11662.19
Riot, civil commotion and explosion								
Inland navigation & transportation (marine)								
SUB TOTAL		10824.29				26,000.00		(15175.71)
Auto fire								
Auto theft								
Auto collision								
Auto comprehensive								
Other auto (specify)								
Motor vehicles (Total) ALL OTHER, VIZ:								
GRAND TOTAL	\$	\$10824.29	\$	\$	\$	\$26,000.00	\$	(15175.71)

LOSSES PAID AND LOSSES INCURRED

CLASS	(1) Direct Losses Paid (deducting salvage)	(2) Losses Paid on Reinsurance Assumed	(3) Deduct Recoveries on Reinsurance Ceded	(4) Net Losses Paid— Columns (1) and (2), minus column (3)	(5) *Total Losses Incurred for Year (including unpaid)
Fire and lightning	\$	\$	\$	\$	\$
Theft Extended coverage, windstorm, tornado, cyclone, hail					
Riot, civil commotion and explosion					
Earthquake					
Hail Inland navigation and transportation (marine)					
SUB TOTAL					
Auto fire					
Auto theft					
Auto collision					
Auto comprehensive					
Other auto (specify)					
Motor vehicles (Total) ALL OTHER, VIZ:					
GRAND TOTAL	\$	\$	\$	\$	\$

NO LOSSES WERE INCURRED

*Line 39 page 3 plus column 4 should equal column 5.

Commissions paid to agents, \$ 1617.00 ; compensation, other than commissions, paid to agents, \$ 1707.45 ; expenses, other than taxes, commission and compensation paid to agents, including Home Office expenses business, \$ 166538.96
 Total, \$ 168853.41

Nez Perce Farmers County Mutual Fire Insurance Co.

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ANNUAL STATEMENT OF THE

(Print or stamp name of Company)

SECTION X—REINSURANCE SCHEDULE Reinsurance Ceded

NAME OF COMPANY	LOCATION OF COMPANY	Total Amount Reinsured		Total Premiums on Same		Largest Risk Ceded		REMARKS
General Reinsurance	Stamford, CT			26000	00	250000	00	

Reinsurance Assumed

NAME OF COMPANY	LOCATION OF COMPANY	Total Assumed		Largest Risk Assumed		Total Premiums	

SECTION XI

Show all salaries, compensation, commissions, and allowances paid in the current year to officers, directors, managers and employees. Include all items except reimbursements for actual travel expenses. Travel or car allowances, if paid, are to be included. Payments to agents who were not officers, directors, managers or employees during the year need not be reported unless such payments were in excess of \$1,000.00. Attach additional sheets if necessary.

(1) TITLE	(2) NAME OF PAYEE	(3) NATURE OF PAYMENT	(4) AMOUNT PAID		(5) DATE	(6) BY WHOM AUTHORIZED
			Dollars	Cents		
	SEE ATTACHED SHEET					

SECTION XII—GENERAL INTERROGATORIES

(Answer all pertinent questions and attach additional sheets if necessary.)

1. What is largest risk assumed and retained? \$25,000.00
2. Have the by-laws been amended during the current year? NO If so, were such amendments filed in the Department of Insurance? N/A
3. Does the Company qualify as an exempt industrial county mutual under the provisions of Article 17.02 of the Texas Insurance Code? N/A
4. In what territory does the Company operate? (Check one.) (1) County of its domicile only..... (2) County of its domicile and adjoining counties only. XX (3) Statewide.....
5. Does the Company write insurance on risks in states other than Texas? Yes XX No.....
6. (For County Mutuals only) State amount of Statutory Deposit: \$..... State amount of largest risk on books: 250,000.00
7. (For County Mutuals only) Name of Principal Officer and amount of bond Christina Kochsmeier
Secretary/Treasurer, \$50,000.00
8. (For County Mutuals only) Are all the persons who handle funds of the Company bonded? Yes XX No..... State the name and the amount of bond on each, except person named in Item 7 above.
9. Does the Company have a charter? NO Give date of charter When does charter expire?
10. State number of members holding policies in the Company. 0
11. What is the amount of policyholders contingent liability as provided in the by-laws? \$ N/A Per \$100 in force.....
12. (For Farm Mutuals only) Was an annual report of the Company sent to each policyholder? YES If so, did such report agree with the annual statement filed with the State Board of Insurance? YES Did such report show: (a) the rate and total amount of assessments paid during the year? YES (b) total operating expenses? YES (c) the names of claimants and amounts paid each for losses? YES
13. State as of what date the latest examination of the Association or Company was made by the State Board of Insurance. 12/31/2023
14. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Association which is Not included in the liabilities on page 3 of this statement? Yes..... No XX If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 3 of this statement.

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2025

(To Be Filed by March 1)

PART 1 – INTERROGATOIRES

1. The reporting Insurer is a member of a group of insurers or other holding company system Yes X No. If yes, do the amounts below represent 1) total gross compensation paid to each individual by or on behalf of all companies that are part of the group: Yes [] or 2) allocation to each insurer: Yes [].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [] No [X]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes [] No [X]

PART 2 – OFFICER AND EMPLOYERS COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 All Other Compensation	6 Totals
1. Chief Executive Officer Dennis D. Burgess President	2025	1000.00		73.40	1073.40
	2024	1000.00		79.60	1079.60
	2023	1000.00		3.90	1003.90
1. Christina Kochsmeier Secretary/Treasurer	2025	38403.77		244.00	38647.77
	2024	37517.25		3973.10	41490.35
	2023	35899.49		2902.18	38801.67
2. Danean E. Schmidt Office employee	2025	453.71		1145.14	1598.86
	2024	4480.50		1932.35	6412.85
	20				
3.	20				
	20				
	20				
4.	20				
	20				
	20				
5.	20				
	20				
	20				

PART 3 – DIRECTOR COMPENSATION

1 Name and Principal Position or Occupation	2 Compensation Paid or Deferred for Services as Director	3 All Other Compensation Paid or Deferred	4 Totals
Cristina Bales Director/Agent	76.40	200.00	276.40
Dale A. Barger Director	150.50		150.50
Dennis D. Burgess Director/Agent	40.00	200.00	240.00
Cornelia M. Burgess Director/Agent	167.40	200.00	367.40
Ernest Fred Schultz Director	58.20		58.20
Pamela Stamper Director	DID NOT ATTEND ANY MEETINGS IN 2025		
Kimberly D. Wemhoff Director	58.20		58.20
Judy M. White Director/Agent	67.30	200.00	267.30
Yvonne J. White Director/Agent	40.00	200.00	240.00