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DEPT. OF INSURANCE

ANNUAL STATEMENT

OF THE

NEZ PERCE FARMERS'

COUNTY MUTUAL FIRE INSURANCE COMPANY
FARM MUTUAL FIRE INSURANCE COMPANY

603 East Main Street

Street Address

Kendrick

Of

Idaho

In the State of

TO THE

Insurance Department

OF THE

STATE OF IDAHO

FOR THE YEAR ENDED
DECEMBER 31, 2024

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

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 IDAHO

Pursuant to the Laws thereof

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

Mail Address P O 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 Lawrence H. Wemhoff

Secretary Christina H. Kohsmeier Treasurer Christina H. Kochsmeier

DIRECTORS

Dale A. Barger Cristina Bales Dennis D. Burgess

Cornelia M. Burgess Danean E. Schmidt Ernest F. Schultz

Pamela J. Stamper Kathleen Uptmor Kim D. Wemhoff

Lawrence H. Wemhoff Norma D. Wemhoff Judy M. White

STATE OF IDAHO
COUNTY OF LATAH

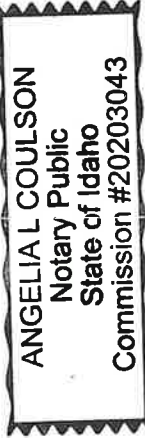
Dennis D. Burgess President, and Christina H. Kochsmeier Secretary

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 all debts, liabilities, claims, taxes, liens, mortgages, judgments, and other encumbrances, 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 26th day of February, 2025

Notary Public, M. L. Latah County, Latah

Christina Kochsmeier President
Christina Kochsmeier Secretary



Nez Perce Farmers County Mutual
Fire Insurance Co.

ANNUAL STATEMENT OF THE

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(Write or print name of Company)

SECTION I—BEGINNING BALANCE

Ledger Assets, December 31 of previous year (*)

SECTION II—INCOME—RECEIVED DURING YEAR

1. Assessments or Premiums collected during current year 20²⁴
- Assessments or premiums previous year collected in current year 20
- Total assessments or premiums from policy holders
- Deduct Premiums for reinsurance ceded to other Companies
- Net assessments or premium income
- Add premiums received for reinsurance assumed from other Companies
- Net income "on writings"
2. Extra Assessments
3. Interest on Mortgage Loans
4. Interest on other Loans (Schedule separately)
5. Interest or Dividends on Stocks and Bonds
6. Gross Rent from Company's property, including \$ for company's occupancy
7. Profit on sale or Maturity of Ledger Assets
8. Money borrowed during year
9. Money advanced by Management during year
10. Subrogation
11. Other income (list)
12. Membership Fees, Expense Constant, Service Charge
13. Interest earned on surplus
14. Total Income Receipts
15. Total Available Funds (Section 1 Plus Line 14)

SECTION III—DISBURSEMENTS—DURING YEAR

16. Gross amount of Losses paid and incurred during current year 20²⁴
- Automobile \$ Fire and all others \$ 58,894.27
- Gross amount of Losses paid and incurred previous year 19
- Automobile \$ Fire and all other \$
- Gross amount of Losses paid during current year 30,000.00
- Deduct: Salvage \$ Reinsurance recovered \$
- Net amount of Losses paid
17. Claims adjustment expense
18. Commissions paid to agents
19. Salaries to officers No. 1
20. Other compensation to officers
21. Salaries to employees
22. Rents, including \$ for company's own occupancy
23. Repairs and Expenses (other than taxes) on Real Estate
24. Taxes on Real Estate
25. Taxes—other:
26. Licenses and Insurance Department fees
27. Legal Fees
28. Loss on sale or maturity of ledger assets
29. Borrowed money repaid
30. Advances by Management repaid
31. Subrogation
32. Other disbursements (list)
33. Training, Meeting, Public Relations
34.
35. Total Funds Disbursed
36. Balance (Line 15 minus Line 35)

*Comprising balance of all Ledger Accounts counted as assets, as shown by books December 31 of previous year.

ANNUAL STATEMENT OF THE

[illegible]

1. In force on the 31st day of December, as per line 5, under this heading in last year's statement.
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
6. Deduct amount re-insured (Schedule required)
7. Net amount in force

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

SECTION VII—Part I

Showing all BONDS owned by the Company, on December 31, of current year

(1) DESCRIPTION Give complete and accurate description of all bonds owned, including the location of all street railway and miscellaneous companies. If bonds are "serial" issues, give amount maturing each year.	(2) FROM WHOM ACQUIRED	(3) Year Acquired	(4) Par Value	(5) Actual Cost	(6) Book Value	(7) Market Value December 31 of Current Year	(8) INTEREST		(9) Rate (%) on bonds not in default	(10) Amount Due and Accrued Dec. 31 of Current Year	(11) Increase, by Adjustment, in Book Value During Year	(12) Decrease, by Adjustment, in Book Value During Year	(13) REMARKS
Totals													

SECTION VII—Part 2

Showing all STOCKS Owned December 31 of Current Year (Include Savings and Loan)

(1) DESCRIPTION Give complete and accurate description of all stocks owned, and location of all street railway, bank, trust and miscellaneous companies.	(2) FROM WHOM ACQUIRED	(3) Year Acquired	(4) No. of Shares	(5) Par Value Per Share	(6) Book Value	(7) Rate Used to Obtain Market Value	(8) Market Value December 31 of Current Year	(9) Actual Cost	(10) DIVIDENDS RECEIVED During Year	(11) DIVIDENDS AMOUNT DUE AND ACCRUED December 31	(12) Increase, by Adj- ustment, in Book Value During Year	(13) Decrease, by Adj- ustment, in Book Value During Year	(14) REMARKS
Totals													

ANNUAL STATEMENT OF THE
**Nez Perce Farmers County Mutual
Fire Insurance Co.**
(a corporation organized in the State of Oregon)

SECTION VII—Part 3

Showing all Bonds and Stocks ACQUIRED During the Current Year

Give complete and accurate description of each bond and stock, including location of all street railway, bank, trust and miscellaneous companies. If bonds are serial issues give amounts maturing each year.						
(1) DESCRIPTION	(2) DATE ACQUIRED	(3) NAME OF VENDOR	(4) No. OF SHARES OF STOCK	(5) COST TO COMPANY (Excluding Accrued Interest on Bonds)	(6) PAR VALUE OF BONDS	(7) PAID FOR ACCRUED INTEREST AND DIVIDENDS
N						
Totals						

Bonds, preferred stocks and common stocks to be grouped separately showing sub-totals for each group.

SECTION VII—Part 4

Showing all Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During the Current Year

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Showing all MORTGAGES OWNED December 31 of Current Year, and all Mortgage Loans Made, Increased, Decreased, Reduced or Disposed of During the Year. (Indicate by symbols FHA and VA if loans are so insured).

[illegible]

Nez Perce Farmers County Mutual
Fire Insurance Co.

ANNUAL STATEMENT OF THE

(Print or Stamp name of Company)

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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	\$	129,347.48	\$		65,449.80			63,897.68
Theft								
Extended coverage, windstorm, tornado, cyclone, hail		10,259.44			5791.28			5768.16
Riot, civil commotion and explosion								
Inland navigation & transportation (marine).								
SUB TOTAL		139,606.92			70,641.08			68,965.84
Auto fire								
Auto theft								
Auto collision								
Auto comprehensive								
Other auto (specify)								
Motor vehicles (Total) ALL OTHER, VIZ:								
GRAND TOTAL	\$	139,606.92	\$		70,641.08			68,965.84

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	\$55,000	00 \$	\$30,000 00	\$25,000 00	\$25,000 00
Theft	3894 27				3,894 27
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	\$58,894. 27 \$		\$30,000 00	\$25,000 00	\$28,894 27

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

Commissions paid to agents, \$5,962.80; compensation, other than commissions, paid to agents, \$4192.35;
other than taxes, commission and compensation paid to agents, including Home Office expenses business, \$91,513.97;
Total, \$101,669.12

Nez Perce Farmers County Mutual
Fire Insurance Co.

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ANNUAL STATEMENT OF THE

(Write 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 Coded	REMARKS
General Reinsurance	Stamford, CT				

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		
Director	Cristina Bales	Comm/Fees/Expense	38	20	11/2/24	Board of Directors
Director	Dale A. Barger	Comm/Fees/Expense	75	25	11/2/24	Board of Directors
Director	Dennis D. Burgess	Comm/Fees/Expense	1209	80	5/3/24	Board of Directors
Director	Dennis D. Burgess	Comm/Fees/Expense	92	80	11/2/24	Board of Directors
President	Dennis D. Burgess	President Fees	577	00	5/3/24	Board of Directors
President	Dennis D. Burgess	President Fees	502	60	11/2/24	Board of Directors
Director	Cornelia M. Burgess	Comm/Fees/Expense	220	00	5/3/24	Board of Directors
Director	Cornelia M. Burgess	Comm/Fees/Expense	20	00	11/2/24	Board of Directors
Agent	Christina Kochsmeier	Comm/Fees/Expense	2995	30	5/3/24	Board of Directors
Agent	Christina Kochsmeier	Comm/Fees/Expense	977	80	11/2/24	Board of Directors
Sec/Treas.	Christina Kochsmeier	Wages	37517	25	1/12 M0	Board of Directors
Director	Pamela J. Stamper	Comm/Fees/Expense	51	85	11/2/24	Board of Directors
Director	Kathleen Uptmor	Comm/Fees/Expense	448	40	5/3/24	Board of Directors
Director	Kathleen Uptmor	Comm/Fees/Expense	1000	00	11/2/24	Board of Directors

SECTION XII—GENERAL INTERROGATORIES

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

- What is largest risk assumed and retained? \$25,000.00
- Have the by-laws been amended during the current year? NO If so, were such amendments filed in the Department of Insurance? N/A
- Does the Company qualify as an exempt industrial county mutual under the provisions of Article 17.02 of the Texas Insurance Code? N/A
- 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
- Does the Company write insurance on risks in states other than Texas? Yes XX No
- (For County Mutuals only) State amount of Statutory Deposit: \$ State amount of largest risk on books: 250,000.00
- (For County Mutuals only) Name of Principal Officer and amount of bond.
Christina Kochsmeier, Secretary/Treasurer - \$50,000.00
- (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.
- Does the Company have a charter? NO Give date of charter When does charter expire?
- State number of members holding policies in the Company. 166
- What is the amount of policyholders contingent liability as provided in the by-laws? \$ N/A Per \$100 in force.
- (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
- State as of what date the latest examination of the Association or Company was made by the State Board of Insurance IN PROCESS - 12/31/2018
- 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.

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.

[illegible]

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 20 24
(To Be Filed by March 1)

PART 1 – INTERROGATORIES

1. The reporting Insurer is a member of a group of insurers or other holding company system __ Yes __ 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 []
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 []

PART 2 -- OFFICER AND EMPLOYERS COMPENSATION

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 All Other Compensation	6 Totals
Chief Executive Officer	20 24	1,000.00		79.60	1,079.60
Dennis D. Burgess President	20 23	1,000.00		3.90	1,003.90
	20 22	1,000.00		109.60	1,109.60
1. Christina Kochsmeier Secretary/Treasurer	20 24	37,517.25		3,973.10	41,490.35
	20 23	35,889.49		2,902.18	38,801.67
	20 22	32,817.26		3,244.45	36,061.71
2. Danean E. Schmidt Office Clerk	20 24	4,480.50		1,900.00	6,380.50
	20 23				
	20 22				
3.	20				
	20				
	20				
4.	20				
	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 Bailes, Director/Agent	38.20		38.20
Dale A. Barger, Director	75.25		75.25
Dennis D. Burgess, Director/Agent	185.60	1,117.00	1,302.60
Cornelia M. Burgess, Director/Agent	40.00	200.00	240.00
Pamela J. Stamper, Director	51.85		51.85
Kathleen Uptmor, Director/Agent	81.75	1,366.65	1,448.40
Lawrence H. Wemhoff, Director/Agent	20.00	387.60	407.60
Norma D. Wemhoff, Director/Agent	116.20	491.30	607.50
Judy M. White, Director/Agent	43.65	386.90	430.55

SUPPLEMENT FOR THE YEAR 20 OF THE NEZ PERCE FARMERS COUNTY MUTUAL FIRE INSURANCE COMPANY

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
Yvonne J. White, Director/Agent	100.45	300.25	400.70
Kimberly D. Wemhoff, Director	38.20		38.20
Ernest F. Schultz, Director	20.00		20.00
Danean E. Schmidt, Director/Agent	32.35		32.35