SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1	Address of Report	0	2. Date of Event Requiring Staten (Month/Day/Year 03/13/2017	nent 1		Issuer Name and Ticker or Trading Symbol <u>I Holdings, Inc.</u> [NODK]					
(Last) 1101 FIRST	(Last) (First) (Middle) 1101 FIRST AVENUE NORTH				4. Relationship of Reporting Pers (Check all applicable) X Director		son(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) FARGO ND 58102 (City) (State) (Zip)		-		Officer below)	(give title	Other (spe below)		plicable Line) X Form filed b	t/Group Filing (Check ny One Reporting Person ny More than One rerson		
			Table I - Non	-Derivati	ve Securitie	s Beneficiall	y Owned				
1. Title of Security (Instr. 4)					eneficially Owned (Instr. 4) Fo				Nature of Indirect Beneficial Ownership str. 5)		
Common Stock					9,4	14	D				
			Table II - D (e.g., puts, call			Beneficially , convertible		s)			
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of	f Posnonsos:		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

/s/ Eric K. Asmundstad

** Signature of Reporting Person Date

03/13/2017

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.