FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-010     |     |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |

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. Name and Address of Reporting Person*  Espegard Duaine  2. Date of Event Requiring Stateme (Month/Day/Year) 03/13/2017 |                    |       |              | nent  | 3. Issuer Name <b>and</b> Ticker or Trading Symbol NI Holdings, Inc. [ NODK ] |  |   |        |  |   |  |
|---|--------------------|-------|--------------|---|---|--|---|--------|--|---|--|
| (Street) FARGO  | (First) AVENUE NOR | 58102 |              |   |   | ationship of Reporting Person<br>call applicable)<br>Director<br>Officer (give title<br>below) | son(s) to Issuer  10% Owner  Other (specify below)                |        | 5. If Amendment, Date of Original Filed (Month/Day/Year)      6. Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |  |
| (City)  | (State)            | (Zip) |              |   |   |  |   |        |  |   |  |
|   |                    | Т     | able I - Non | -Derivati   | ive S   | ecurities Beneficiall  | ly Owned  |        |  |   |  |
| 1. Title of Security (Instr. 4)   |                    |       |              |   |   | ınt of Securities<br>ially Owned (Instr. 4)  | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) |        | 4. Nature of Indirect Beneficial Ownership (Instr. 5)  |   |  |
| Common Stock  |                    |       |              |   |   | 10,000   | D   |        |  |   |  |
|   |                    | (e.ç  |              |   |   | urities Beneficially<br>options, convertible   |   | s)     |  |   |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercis Expiration Dat (Month/Day/Ye                                  |                    |       | ate          | 3. Title and Amount of Secur<br>Underlying Derivative Secur |   | ity (Instr. 4) Conv  |   | ersion | 5.<br>Ownership<br>Form:<br>Direct (D)   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |
|   |                    |       |              |   |   |  |   |        |  |   |  |

Explanation of Responses:

/s/ Duaine C. Espegard

03/13/2017

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

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