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|-----------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| <b>ABSTRACT OF STATEMENT<br/>FOR THE YEAR ENDING<br/>DECEMBER 31, 2025<br/>of the<br/>AMERICAN SECURITY INSURANCE<br/>COMPANY</b> |               | <b>42978</b> |
| In the state of DE                                                                                                                |               |              |
| Total Assets                                                                                                                      | 2,041,174,090 |              |
| Total Liabilities                                                                                                                 | 1,474,118,874 |              |
| Aggregate write-ins<br>for special surplus<br>funds                                                                               | 0             |              |
| Common Capital                                                                                                                    | 5,052,500     |              |
| Stock                                                                                                                             |               |              |
| Preferred Capital                                                                                                                 | 0             |              |
| Stock                                                                                                                             |               |              |
| Aggregate Write-ins<br>for Other Than                                                                                             | 0             |              |
| Special Surplus<br>Funds                                                                                                          |               |              |
| Surplus Notes                                                                                                                     | 0             |              |
| Gross Paid in and                                                                                                                 |               |              |
| Contributed Surplus                                                                                                               | 151,367,386   |              |
| Unassigned funds<br>(surplus)                                                                                                     | 410,635,330   |              |
| Total Capital and                                                                                                                 | 567,055,216   |              |
| Surplus                                                                                                                           |               |              |
| Total Liabilities,                                                                                                                |               |              |
| Capital                                                                                                                           | 2,041,174,090 |              |
| And Surplus                                                                                                                       |               |              |

**NORTH DAKOTA BUSINESS ONLY  
FOR THE YEAR 2025**

Total Direct Premiums  
Earned 207,396  
Total Direct Losses  
Incurred 173,476  
Total Accident and  
Health Direct Premi-  
ums Earned 0

Total Accident and  
Health Direct Losses 0  
Incurred

**STATE OF NORTH DAKOTA  
OFFICE OF THE COMMISSIONER  
OF INSURANCE**

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

IN TESTIMONY WHEREOF, I have here-  
unto set my hand and affixed the seal of this  
office at Bismarck, the first day of March,  
A.D. 2026 (SEAL).

**JON GODFREAD**  
Commissioner of Insurance  
**STATE OF NORTH DAKOTA**  
**OFFICE OF THE COMMISSIONER**  
**OF INSURANCE**  
**COMPANY'S CERTIFICATE OF**  
**AUTHORITY**

**WHEREAS**, the above corporation duly  
organized under the laws of its state or  
country of domicile, has filed in this office a  
sworn statement exhibiting its condition and  
business for the year ending December 31,  
2025 conformable to the requirements of the  
laws of this State regarding the business of  
insurance and

**WHEREAS**, the said company has filed  
in this office a duly certified copy of its char-  
ter with certificate of organization in compli-  
ance with the requirements of insurance law  
aforesaid,

**NOW THEREFORE, I, JON GOD-  
FREAD**, Commissioner of Insurance of the  
State of North Dakota, pursuant to the provi-  
sions of said laws, do hereby certify that the  
above named company is fully empowered  
through its authorized agents and represen-  
tatives, to transact its appropriated business  
of authorized insurance in the state accord-  
ing to the laws thereof, until the 30th day of  
April, A.D. 2027.

**IN TESTIMONY WHEREOF**, I have here-  
unto set my hand and seal at Bismarck this  
first day of March, A.D., 2026  
(SEAL)

**JON GODFREAD**  
Commissioner of Insurance  
(8/27/2026, 09/03/2026, 09/10/2026)