71854 ABSTRACT OF STATEMENT FOR THE YEAR ENDING

AAA Life Insurance Company In the state of Michigan Total Assets Total Liabilities Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 2,500,000 87,258,905 124,087,778 213,846,683 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus 826,888,132

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Annuity Premiums Written 1,912,182 Total Life and Annuity Direct Losses Paid 1,123,384
Total Accident and Health Direct Premiums Written Total Accident and Health Direct Losses Paid 82.031

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March A. D. 2025 (SELL)

March, A.D. 2025 (SEAL). JON GODFREAD

DIFFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

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 sworm statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable ness for the year chain governments 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 charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, L. JON GODEREAD, Commis NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL).

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT of the

AMCO Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital

560,196,398 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 5,977,388 Earned Total Direct Losses 810,630 Incurred Total Accident and Health Direct Premiums Total Accident and Health Direct Losses

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 IN TESTIMONY WHEREOF, I have hereunto set my hand

and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

ner of Insurance STATE OF NORTH DAKOTA 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, 2024 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 charter with certificate of organization in compliance with the requirements of insurance and company that the contraction of the company of the co

in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

(4/23, 30, 5/7)

19283 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

American Standard Insurance Company Of Wisconsin In the state of Wisconsir Total Assets Total Liabilities Aggregate write-in for special surplus funds Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 3,000,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

404,231,394 NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses 480,838 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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 the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 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 charter with certificate of organization

in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

(4/23, 30, 5/7)

14184 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Acuity, A Mutual Insurance Company In the state of Wisconsin Total Assets Total Liabilities Aggregate write-ins Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus
Total Capital and Surplus
Total Capital and Surplus
Total Capital and Surplus
Total Capital and Surplus 17,764,000 3,211,416,194 3.229.180.194

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

7.426.420.819

Total Direct Premiums 40.011.227 Earned Total Direct Losses 12,644,053 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

OF INSURANCE

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

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 sworm statement exhibiting its condition and business for the year ending December 31, 2024 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 charter with certificate of organization in compliance with the requirements of insurance law aforesaid.

NOW THEREFORE, I. JON GODFREAD, Commi NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the liess of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

hand and seal at Bisn (SEAL) JON GODFREAD

(4/23, 30, 5/7)

19100

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Allied Property & Casualty Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins 3,000,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 159,617,351 NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

Total Direct Premiums Farned	75 109
Total Direct Losses	75,198
Incurred Total Accident and	22,718
Health Direct Premiums Earned	0
Total Accident and	
Health Direct Losses Incurred	0

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 hereunto set my hand

and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

oner of Insurance STATE OF NORTH DAKOTA 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, 2024 conformable to the requirements of the laws of this State regarding the

where As, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commis NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFAL)

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the American West Insurance Company In the state of North Dakota Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes 3,000,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 55,551,360

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums 37,275,393 Earned Total Direct Losses 21,894,994 ncurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD

oner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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, 2024 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 charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above amed company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) (SEAL)
JON GODFREAD

(4/23, 30, 5/7)

19186 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Alliance Insurance Company, Inc In the state of Kansas Total Assets Total Liabilities Aggregate write-ir Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Capital and Surplus
Total Capital and Surplus
And Surplus 1,516,466 758,660 11,542,053 13,817,179 35.899.156

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 1.348.829 Earned Total Direct Losses 978,622 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

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 sworm statement exhibiting its condition and business for the year ending December 31, 2024 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 charter with certificate of organization
in compliance with the requirements of insurance law aforesaid,

NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

42579

10386 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

American Family Insurance Company In the state of Wisconsin Total Assets Total Liabilities Aggregate write-ins Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplus
Total Capital and Surplus
Total Capital and Surplus
Total Liabilities, Capital 3,000,000 71,668,906

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums	
Earned	54,478,145
Total Direct Losses	
Incurred	30,081,739
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	
Health Direct Losses	0
Incurred	

OFFICE OF THE COMMISSIONER 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

STATE OF NORTH DAKOTA

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

STATE OF NORTH DAKOTA 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, 2024 conformable to the requirements of the laws of this State regarding the

where As, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commis the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

44270

ABSTRACT OF STATEMENT DECEMBER 31, 2024

American Zurich Insurance Company In the state of Illinois Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for 5,000,000 Aggregate Write-ins fo Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 192,140,590 5,342,590 202,483,180 257,117,686 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Earned Total Direct Losses 6,007,320 ncurred Total Accident and Health Direct Premiums Total Accident and Health Direct Losses Incurred

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of 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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD sioner 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, 2024 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 charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis-NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

64190

Allianz Life Insurance Company Of New York In the state of New York Total Assets Total Liabilities Aggregate write-ins Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus 192,500,000 52,741,357 255,816,154

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

7.047.945.588

Annuity Premiums Written Total Life and Annuity Direct Losses Paid 0
Total Accident and Health Direct Premiums Total Accident and Health Direct Losses Paid 0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD
Commissioner of Insurance.

DIFICAD
sioner 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, 2024 conformable to the product of the control of the to the requirements of the laws of this State regarding the

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 charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis

NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

American Family Life Insurar In the state of Wisconsin Total Assets Total Liabilities 5,172,227,728 4,723,427,104 Aggregate write-ins Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,500,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 5,133,571,024

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 9,087,013 Total Life and Annuity Direct Losses Paid 6,695,535 Total Accident and Health Direct Premiums Written Total Accident and Health Direct Losses Paid 0

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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD

sioner 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, 2024 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 charter with certificate of organization

certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Com sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above the provisions of sala laws, on hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT **DECEMBER 31, 2024**

of the Attorneys Title Guaranty Fund, Inc In the state of Colorado In the state of Colorado
Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and 3,852,093 324,990 Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital And Surplus

21,674,381

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned Health Direct Losses

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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

ioner 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, 2024 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 charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

AMERICA ABSTRACT OF STATEMENT FOR THE YEAR ENDING

ALLIANZ LIFE INSURANCE OF NORTH

DECEMBER 31, 2024
of the
Allianz Life Insurance Of North America
In the state of Minnesota Total Assets Total Liabilities

Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 373,131,914 20,000,001 18,903,484 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 3,675,689,822 3,077,274,962 7,165,000,183

185,466,752,560 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Health Direct Losses Paid 2,242,356

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSUKANCE.

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 Into otnee:
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (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, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and

business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis-NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

(SEAL)
JON GODFREAD

(4/23, 30, 5/7)

American Family Mutual In

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

Total Assets Total Liabilities 33,872,933,415 23,847,004,175 Aggregate write-ins Aggregate Write-Ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3,000,000 Special Surplus Funds Surplus Notes Gross Paid in and 1,884,238,092 8,116,966,628 10,025,929,240 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 33,872,933,415 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premium 49,736,977 Earned Total Direct Losses 20,102,294 Total Accident and Health Direct Premi Earned Total Accident and Health Direct Losses

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 IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD

STATE OF NORTH DAKOTA

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
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, 2024 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

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above

the provisions of sala laws, on hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my and and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

51560

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the
Austin Mutual Insurance Company In the state of Minnesota Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for 1,500,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital

84,612,286

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses 1,182,240 Incurred Fotal Accident and Health Direct Premiums Health Direct Losses 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 hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

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, 2024 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 charter with certificate of organization

in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis-

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)
JON GODFREAD ner of Insurance

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Allied Insurance Company Of America In the state of Ohio Total Assets Total Liabilities Aggregate write-in Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus Total Capital and Surplus Total Capital and Surplus Total Liabilities, Capital And Surplus 200,000 10,000,000 3,345,320 13,545,320

23,399,513

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 54.218 Earned Total Direct Losses 54,230 Incurred Total Accident and Health Direct Premiums Earned Fotal Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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 hereunto set my hand

and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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, 2024 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 charter with certificate of organization
in compliance with the requirements of insurance law aforesaid.

NOW THEREFORE, I. JON GODFREAD, Commi

of the
American Guarantee And Liability Insurance Company Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 5,000,027 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

2,950,264 Earned Total Direct Losses 653 Incurred Total Accident and

Health Direct Losses 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

ner of Insurance STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSION OF INSURANCE
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
AUTHORITY
OF COMPONITY AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 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 charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis

the provisions of said laws, on hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my

13412

21210 ABSTRACT OF STATEMENT

Total Assets Total Liabilities for special surplus funds Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 1,000,000

NORTH DAKOTA BUSINESS ONLY

Earned Fotal Direct Losses 967,911 ncurred Total Accident and Health Direct Premiums Earned Fotal Accident and Health Direct Losses

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL).

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFAL).

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

288,524,520 NORTH DAKOTA BUSINESS ONLY

Total Direct Premium

Health Direct Premiums Earned Total Accident and

IN TESTIMONY WHEREOF I have hereunto set my hand IN TESTIMONY WHEREOF, I have nereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD

Abstract of Statement, as officially filed by the Company in

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above

hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

Auto Club Group Insurance Company In the state of Michigan

417,210,292

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

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

n compliance with the requirements of insurance law afore

(4/23, 30, 5/7)

FOR THE YEAR ENDING DECEMBER 31, 2024

FOR THE YEAR 2024 Total Direct Premiums 1,057,256

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 sworm statement exhibiting its condition and business for the year ending December 31, 2024 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 charter with certificate of organization
in compliance with the requirements of insurance law afore-

JON GODFREAD

NOW THEREFORE, I, JON GODFREAD, Commis

(4/23, 30, 5/7)