71854

Public Notices

19186

27,399,513 9,854,193

200,000

10,000,0003,345,32013,545,320

23,399,513

54.218

54.230

0

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).

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 busi-ness 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-said.

NOW THEREFORE, I. JON GODFREAD, Commi

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 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).

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

288,524,520 105,277,153

5,000,027

172,270,401 5,976,939 183,247,367

288,524,520

2,950,264

653

0

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

0

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

American Guarantee And Liability Insurance Company In the state of New York Total Assets

26247

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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 Liabilities, Capital And Surplus

And Surplus

Total Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

Earned Fotal Accident and

Health Direct Losses

JON GODFREAD

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

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

And Surplu:

Total Direct Premiu

Earned Total Direct Losses

Incurred Total Accident and

Earned Total Accident and

Incurred

this office

Health Direct Losses

Health Direct Premiums

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

19275

ner of Insurance

Health Direct Premiums

10127

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the AAA Life Insurance Company In the state of Michigan Total Assets Total Liabilities 826,888,132 613,041,449 Aggregate write-ins Aggregate write-ins for special surplus funds Common Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 2,500,000 0 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

Total Life and Annuity Premiums Written 1,912,182 Total Life and Annuity Direct Losses Paid 1,123,384 Total Accident and Health Direct Premiums 231,180 Written Total Accident and Health Direct Losses Paid 82.031

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 Monthe Dagge (GTL).

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

DJFREAD 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 sworn statement exhibiting its condition and busi-ness 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, L. 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 WIEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFA1).

(SEAL) JON GODFREAD

her of Insurance

(4/23, 30, 5/7)

) E STATEMENT	
ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024		
	f the	
AMCO Insurance Company In the state of Iowa		
Total Assets Total Liabilities Aggregate write-ins	560,196,398 354,440,236	
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 3,000,000 0	
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus	177,486,674	
Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	25,269,488 205,756,162	
And Surplus	560,196,398	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums Earned Total Direct Losses	5,977,388	
Incurred Total Accident and	810,630	
Health Direct Premiums Earned	0	
Total Accident and		
Health Direct Losses Incurred	0	
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

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 OFFICE OF THE COMMISSIONER

FOR THE Y DECEMI	OF STATEMENT YEAR ENDING BER 31, 2024
	of the
Acuity, A Mutual Insurance In the state of Wisconsin	Company
Total Assets Total Liabilities Aggregate write-ins	7,426,420,819 4,197,240,625
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	17,764,000 0 0
Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in and	0
Contributed Surplus Unassigned funds (surplus)	3,211,416,194 0
Total Capital and Surplus Total Liabilities, Capital	3,229,180,194
And Surplus	7,426,420,819
	TA BUSINESS ONLY E YEAR 2024
Total Direct Premiums	
Earned	40.011.227

14184

otal Direct Premiums		
arned	40,011,227	
otal Direct Losses	12,644,053	
otal Accident and	, ,	
lealth Direct Premiums	0	
arned otal Accident and		
lealth Direct Losses	0	
ncurred		

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

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 busi-ness 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-said.

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Allied Property & Casualty Insurance Company In the state of Iowa

159,617,351 95,592,750

3,000,000

44,206,348 16,818,253 64,024,601

159,617,351

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

75,198

22.718

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

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

OF INSURANCE

oner of Insurance

(4/23, 30, 5/7)

Total Assets Total Liabilities Aggregate write-ins

for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for

Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and

And Surplus

Total Direct Premiur

Earned Total Direct Losses

Incurred Total Accident and

Total Accident and

Health Direct Losses

Earned

this office

JON GODFREAD

Health Direct Premiums

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

19100

of the Alliance Insurance Company, Inc In the state of Kansas Total Assets Total Liabilities 35,899,155 22,081,977 Aggregate write-ir for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 1,516,466 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 Liabilities, Capital Ard Surplus 758,660 11,542,053 13,817,179

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

35.899.156 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium 1.348.829

Total Direct Fremiums	
Earned	1,348,829
Total Direct Losses	
Incurred	978,622
Total Accident and	
Health Direct Premiums	0
Earned	
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 hereunto set my hand

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

Commission 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 busi-ness 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-said,

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 (SFA1) (SEAL) JON GODFREAD

er of Insurance

(4/23, 30, 5/7)

42579

FOR THE Y DECEMB	DF STATEMENT EAR ENDING ER 31, 2024 The
American Family Insurance In the state of Wisconsin	Company
Total Assets Total Liabilities Aggregate write-ins	71,668,906 39,878,762
for special surplus funds Common Capital Stock Preferred Capital Stock	0 3,000,000 0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in and	0
Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	7,241,333 21,548,811 31,790,144
And Surplus	71,668,906
	A BUSINESS ONLY YEAR 2024
Total Direct Premiums	54 470 145
Earned	54,478,145

Iotal Direct Premiums	
Earned	54,478,14
Total Direct Losses	
Incurred	30,081,73
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	
Health Direct Losses	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

STATE OF NORTH DAKOTA FICE OF THE COMMISSIO

FOR THE Y DECEMI	DF STATEMENT (EAR ENDING BER 31, 2024 f the peagy Of New York	64190
n the state of New York	pany of New Tork	
fotal Assets fotal Liabilities Aggregate write-ins	7,047,945,588 6,792,129,434	
or special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	8,574,797 2,000,000 0	
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus Jnassigned Funds Total Capital and Surplus Total Liabilities, Capital	192,500,000 52,741,357 255,816,154	
And Surplus	7,047,945,588	
FOR THE	A BUSINESS ONLY E YEAR 2024	
Total Life and		

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

JDFREAD 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 sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the previous test of the law of the contract of the law of th 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 I have the set of authorized insufance 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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the American Family Life Insurance Company		
ance Company		
5,172,227,728 4,723,427,104		
0 2,500,000 0		
0		
0		
26,198,137 381,445,783		
410,143,920 5,133,571,024		
And Surplus 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 0 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

STATE OF NORTH DAKOTA

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 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and
 Iotal Life and
 76,671,832

 Annuity Premiums Written
 76,671,832

 Total Life and
 69,606,158

 Total Accident and
 1,077,427
Written Total Accident and Health Direct Losses Paid 2,242,356 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 Insolute: 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 her of Insurance

ALLIANZ LIFE INSURANCE OF NORTH AMERICA

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

185,466,752,560 178,301,752,377

373,131,914 20,000,001 18,903,484

0

0

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 fund: Common Capital Stock Preferred Capital Stock Aggregate Write-ins for

Other Than Special Surplus Funds Surplus Notes Gross Paid in and

And Surplus

this office

90611

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 busi-ness 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, 1, 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 (SEA1)

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

60399

FOR THE Y DECEMB	F STATEMENT EAR ENDING ER 31, 2024 The
American Family Mutual Ins	
In the state of Wisconsin	uranee company, 5.1.
	22 872 022 415
Total Assets Total Liabilities	33,872,933,415 23,847,004,175
Aggregate write-ins	25,047,004,175
for special surplus funds	21,724,520
Common Capital Stock Preferred Capital Stock	3,000,000
Preferred Capital Stock	0
Aggregate Write-ins for	
Other Than	0
Special Surplus Funds Surplus Notes	0
Gross Paid in and	0
Contributed Surplus	1,884,238,092
Unassigned funds (surplus)	8,116,966,628
Total Capital and Surplus	10,025,929,240
Total Liabilities, Capital	
And Surplus	33,872,933,415
NORTH DAKOT/	A BUSINESS ONLY
FOR THE	YEAR 2024
Total Direct Premiums	
Earned	49,736,977
Total Direct Losses	
Incurred	20,102,294
Total Accident and	
Health Direct Premiums	0
Earned Total Accident and	
Health Direct Losses	0
Health Direct Losses	0

STATE OF NORTH DAKOTA

OFICE 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 the office 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 ner of Insurance

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

this office

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

(SEAL) JON GODFREAD

10386

her of Insurance (4/23, 30, 5/7)

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 files office a sworn statement exhibiting its condition and busi-ness 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 complement with the requirement of insurance hum offer

in compliance with the requirements of insurance law afore-

NOW THEREFORE, L. 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 and the company is they endowered moving it is 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

r of Insurance

(4/23, 30, 5/7)

FOR THE	OF STATEMENT YEAR ENDING
	IBER 31, 2024 of the
American Standard Insurar In the state of Wisconsin	ce Company Of Wiscons
Total Assets Total Liabilities Aggregate write-ins	404,231,394 77,628,232
for special surplus funds Common Capital Stock Preferred Capital Stock	0 3,000,000 0

Total Liabilities	//,028,232	
Aggregate write-ins		
for special surplus funds	0	
Common Capital Stock	3,000,000	
Preferred Capital Stock	0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and		
Contributed Surplus	3,000,000	
Unassigned funds (surplus)	320,603,162	
Total Capital and Surplus	326,603,162	
Total Liabilities, Capital		
And Surplus	404,231,394	
NORTH DAKOTA BUSINESS ONLY		
FOD THE VEAD 2024		

FOR THE YEAR 2024				
Total Direct Premiums				
Earned	564,090			
Total Direct Losses				
Incurred	480,838			
Total Accident and				
Health Direct Premiums	0			
Earned				
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 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

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 fins office a sworn statement exhibiting its condition and busi-ness 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 complexity with the neurismost of forwards of the same form

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 named company is fully empowered inforgin is autofized 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 (GODFR	EA	D
Comm	nissioner	of	Insuranc

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the					
American West Insurance Co In the state of North Dakota	American West Insurance Company In the state of North Dakota				
Total Assets Total Liabilities Aggregate write-ins	55,551,360 39,236,442				
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 3,000,000 0				
Other Than Special Surplus Funds	0				
Surplus Notes Gross Paid in and	0				
Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	3,001,000 10,313,918 16,314,918				
And Surplus	55,551,360				
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024					
Total Direct Premiums Earned Total Direct Losses	37,275,393				
Incurred Total Accident and	21,894,994				

Earned Total Accident and Health Direct Losses STATE OF NORTH DAKOTA

Health Direct Premiums

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

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 busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

where 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 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)

(SEAL) JON GODFREAD
Commissioner of Insurance
(4/23, 30, 5/7)

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 busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the 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). (SEAL) JON GODFREAD ner of Insurance

(4/23, 30, 5/7)

19283

office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the 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 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

> ABSTRACT OF STATEMENT FOR THE VEAR ENDING

> > **DECEMBER 31, 2024**

of the

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NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

to the requirements of the laws of this State regarding the

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 THEREPORE, I, JON CODFREAD, 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

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

laws thereof, until the 30th day of April, A.D. 2026.

er of Insurance

257,117,686 54,634,505

5.000.000

192,140,590 5,342,590 202,483,180

257,117,686

1,408,594

6,007,320

of Insurance

American Zurich Insurance Company

(4/23, 30, 5/7)

In the state of Illinois

In the state of Illinois Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common 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

Total Direct Premiums

Earned Total Direct Losses

Incurred Fotal Accident and

Total Accident and

Health Direct Losses

JON GODFREAD

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

Health Direct Premiums

And Surplus

Earned

Incurred

44270

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 busi-ness 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 conv 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 agents and representatives, do netery certify that the above 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 (SEA1) (SEAL) JON GODFREAD

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

DECEMBER 31, 2024

4,622,349

3,852,093 324,990

7,330,541 8,526,016 20,033,640

21.674.381

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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 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

And Surplus

Earned

(4/23, 30, 5/7)

40142

OFFICE OF THE COMMISSION OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 busi-ness 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-orid

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

(SEAL) JON GODFREAD oner of Insurance

(4/23, 30, 5/7)

51560

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 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 84,612,286 9,243,646 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 73,868,640 75,368,640 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 Earned 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 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

DFREAD ioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

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 CODFREAD, 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 nd and seal at Bis (SEAL) JON GODFREAD

ner of Insurance

(4/23, 30, 5/7)

OFFICE OF THE COMMISSION OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of immemore and ness 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 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)

13412

	(-))				
ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the					
	Auto Club Group Insurance In the state of Michigan	Company			
	Total Assets Total Liabilities Aggregate write-ins	417,210,292 315,811,820			
	for special surplus funds Common Capital Stock Preferred Capital Stock	0 1,000,000 0			
	Aggregate Write-ins for Other Than	0			
	Special Surplus Funds Surplus Notes Gross Paid in and	0			
	Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	26,000,000 74,398,472 101,398,472			
	And Surplus	417,210,292			
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024					
	Total Direct Premiums Earned Total Direct Losses	1,057,256			
	Incurred Total Accident and	967,911			
	Health Direct Premiums	0			
	Earned Total Accident and				
	Health Direct Losses	0			

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

ioner 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

the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness 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 complexing with the new innexet of insurance and second

n 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 agents and representatives, do hereby certury 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 (SEA1)

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

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 busi-ness for the year ending December 31, 2024 conformable 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 busi-ness for the year ending December 31, 2024 conformable

to the requirements of the laws of this State regarding the

NOW THEREFORE, I, JON GODFREAD, Commis-NOW THEREFORE, I, JON CODFREAD, 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 ner of Insurance

(4/23, 30, 5/7)

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 240,636 Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Fotal Accident and

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

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-

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