0

0

STATE OF NORTH DAKOTA

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).

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

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

arck this first day of March, A.D., 2025

In the state of Michigan

In the state of Michigan 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 Center Jourde Surplus

Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

 Total Life and
 Annuity Premiums Written
 0

 Total Life and
 Annuity Direct Losses Paid
 0

 Total Accident and
 Health Direct Premiums
 0

Health Direct Losses Paid 0

And Surplus

Total Life and

Written Total Accident and

JON GODFREAD

(SEAL) JON GODFREAD

(4/23, 30, 5/7)

this offic

Public Notices

61751

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

400,330,354

205,273,792 59,442,065

205,273,792 469,989,649

469,989,649

0

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

STATE OF NORTH DAKOTA

Some 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 einsurance actions 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, 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 (SFAL).

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

499,316,834 6,366,103

4,012,000

of the Central States Health & Life Co. Of Omaha

In the state of Nebraska

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

Special Surplus Funds Surplus Notes Gross Paid in and

Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

 Total Life and
 581,691

 Annuity Premiums Written
 581,691

 Total Life and
 367,747

 Total Accident and
 Health Direct Premiums

 Weitter
 396,619

Health Direct Losses Paid 219,911

Total Assets Total Liabilities

Aggregate V Other Than

And Surplus

Total Life and

Written Total Accident and

JON GODFREAD

(SEAL) JON GODFREAD

Dairvland Insurance Company

In the state of Wisco

Aggregate write-ins

Total Assets Total Liabilities

(4/23, 30, 5/7)

18961

Wednesday, May 7, 2025

34347 ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024 of the

80896

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the

1,208,912,395 1,143,150,324

2.500.000

127,157,500 63,895,430 129,657,500

1.272.807.824

0

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

6,123

STATE OF NORTH DAKOTA

OFFICE OF INFLOOMINSTONER 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 Source. 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).

DIFICAD Signer of Insurance STATE OF NORTH DAKOTA OFICE 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 einsurance actions 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, 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 (SFAL).

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

Centre Life Insurance Company

In the state of Massachusetts

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

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

Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

 Total Life and
 0

 Annuity Premiums Written
 0

 Total Life and
 0

 Annuity Direct Losses Paid
 0

 Total Accident and
 1

 Health Direct Premiums
 6,

Health Direct Losses Paid 23,232

And Surplus

Total Life and

JON GODFREAD

(SEAL) JON GODFREAD

In the state of Illinois

(4/23, 30, 5/7)

42587

er of Insurance

Written Nritten Fotal Accident and

Total Assets Total Liabilities Aggregate writ

of the		
Colonial American Casualty And Surety Company In the state of Illinois		
In the state of fillinois		
Total Assets	20,211,233	
Total Liabilities	1,998,408	
Aggregate write-ins	0	
for special surplus funds Common Capital Stock	0	
Preferred Capital Stock	5,000,000 0	
Aggregate Write-ins for	•	
Other Than	0	
Special Surplus Funds		
Surplus Notes Gross Paid in and	0	
Contributed Surplus	5,000,000	
Unassigned funds (surplus) Total Capital and Surplus	8,212,825 18,212,825	
Total Liabilities, Capital	10,212,025	
And Surplus	20,211,233	
NORTH DAKOTA BUSINESS ONLY		
FOR THE YEAR 2024		
Total Direct Premiums		
Earned	0	
Total Direct Losses	•	
Incurred	2,697	
Total Accident and		
Health Direct Premiums	0	
Earned		

Earned Total Accident and Health Direct Losses Incurred

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). ION COMPERANCE

JON GODFREAD

DDFREAD 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 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, I, JON GODFREAD, Commis NOW THEREFORE, I, JON COUPREAD, 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 Iaws 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 er of Insurance

(4/23, 30, 5/7)

21326

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Everlake Assurance Company In the state of Illinois Total Assets Total Liabilities 138,936,749 86,560,787 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 3,000,000 0 0 46,313,167 3,062,795 52,375,962 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

70866

138,936,749 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 226,679 Total Life and Annuity Direct Losses Paid 647,567 Total Accident and 0 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.

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 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 busioffice 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, 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 autoprized 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 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 FOR THE YEAR ENDING DECEMBER 31, 2024 Auto Club Life Insurance Company of the Censtat Casualty Company In the state of Nebraska In the state of Nebraska 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 Contributed Surplus 1,149,278,754 1,030,995,569 4,076,733 19,662,340 149,398,757 54,854,644 173,137,830 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 1.204.133.399 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

84522

Total Direct Premiums		
Earned	0	
Total Direct Losses		
Incurred	0	
Total Accident and		
Health Direct Premiums	0	
Earned		
Total Accident and		
Health Direct Losses	0	
Incurred		

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). ION COMPERAN

JON GODFREAD

DJFREAD 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 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 (SEAL) JON GODFREAD

62049

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Colonial Life & Accident Insurance Compan In the state of South Carolina Total Assets Total Liabilities 3,990,315,970 3,485,679,568 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 15,076,209 22,543,547 0 72,369,298 394,647,348 504,636,402 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 3,990,315,970 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premiums Written 763,777 Total Life and Annuity Direct Losses Paid 648,418 Total Accident and Health Direct Premiums 3.278.655

Total Accident and Health Direct Losses Paid 1,872,601

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. 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

54,080,796 23,853,150 82,433,946 217,987,042 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 5,036,340 Earned Total Direct Losses 593,622 Incurred 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 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 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 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 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. 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 wield are of its determine the state of the s 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 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 named company is tury empowered mixed in 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 (CE A L) (SEAL) JON GODFREAD er of Insurance

30,223,108 30,223,108 8,000,000 13,576,427 21,576,427 51,799,535 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

11499

rred	0	
Accident and		
th Direct Premiums	0	
ed		
Accident and		
th Direct Losses	0	
rred		

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 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

217,987,042 135,553,096

4,500,000

0

ner of Insurance

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Crestbrook Insurance Company In the state of Ohio 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

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

439,280,218 211,308,278

227,471,941 227,971,941

439.280.219

16,028,551

5,506,494

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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 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-

office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable

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, I. JON GODFREAD, Commis-

somer 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

sioner of Insurance

(4/23, 30, 5/7)

500,000

of the Farmers Alliance Mutual Insurance Company

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 12,466,221 476,472,509 492,950,730 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 499,316,833 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 377,438 Earned Total Direct Losses 92,388 Incurred Total Accident and Health Direct Premiums 0 Earned Total Accident and 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 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 STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

FOR THE YEAR ENDING DECEMBER 31, 2024 of the Centre Insurance Company In the state of Delaware Total Assets Total Liabilit 24,074,967 13,494,165 Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 5.000.000 0 Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 5,238,396 342,406 10,580,802

ABSTRACT OF STATEMENT

34649

24.074.967 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Pro

Earned	0	
Total Direct Losses		
Incurred	0	
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

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). ION COMPERANCE North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this 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 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 sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the previous the state of the state 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)

21164

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Depositors Insurance Company In the state of Iowa Total Assets Total Liabilities 149,600,720 106,376,251 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3,000,000 19,345,600 20,878,869 43,224,469 149,600,720 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

319,028 436,986 0 Health Direct Losses 0 Incurred

> 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).

ioner of Insurance STATE OF NORTH DAKOTA

14117

Total Assets Total Liabilities 52,278,249 13,434,273 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 4,000,000 0

Empire Fire And Marine Insurance Comp

33,713,721 1,130,255 38,843,976 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

Health Direct Losses

52,278,249 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 828,474 Earned Total Direct Losses 150,792 Incurred Total Accident and 0 Health Direct Premiums Earned Fotal Accident and

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

0

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 sioner of Insurance STATE OF NORTH DAKOTA

Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and

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

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, I, JON GODFREAD, Commis NOW THEREFORE, 1, JON GOUFREAD, 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 busiass 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

Commissioner of Insurance

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
Everlake Life Insurance Con In the state of Illinois	mpany	
Total Assets Total Liabilities Aggregate write-ins	25,826,535,195 24,142,926,152	
for special surplus funds Common Capital Stock Preferred Capital Stock	142,176,105 5,402,600 0	
Aggregate Write-ins for Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus Unassigned Funds Total Capital and Surplus	1,406,382,640 129,647,698 1,683,609,043	
Total Liabilities, Capital And Surplus	25,826,535,195	

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024	
	1 EAK 2024
Total Life and	
Annuity Premiums Written	652,654
Total Life and	
Annuity Direct Losses Paid	2,513,292
Total Accident and	
Health Direct Premiums	18,977
Written	
Total Accident and	
Health Direct Losses Paid	34,476
	- /

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

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 sword 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

somer 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.

have hereon, and the Sourday of April, A.D. 2020. IN TESTIMONY WHEREOF, I have hereonto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

oner of Insurance

(4/23, 30, 5/7)

In the state of Kansas

Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds

Special Surplus Funds Surplus Notes

Total Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

Earned Total Accident and

Health Direct Losses

JON GODFREAD

Health Direct Premiums

And Surplus

Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

60186

(4/23, 30, 5/7)

named company is tury 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) **(ODECREAD** JON GODFREAD of Insurance (4/23, 30, 5/7)

19194

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 Grinnell Compass, Inc In the state of Iowa Total Assets Total Liabilities 20,249,226 10,056,323 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 Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus ,500,000 7,500,000 192,903 10,192.903 20.249.226 And Surplus

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024		
otal Direct Premiums		
arned	4,511,887	
otal Direct Losses		
ncurred	2,314,652	
otal Accident and		
Iealth Direct Premiums	0	
arned		
otal Accident and		
Iealth Direct Losses	0	
ncurred		

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. 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 the laws of its state or country of domicne, has the 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, 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 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

er of Insurance

(4/23, 30, 5/7)

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 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 annea company is tany empowered mrough 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) **ION CODEREAD** JON GODFREAD

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

15831

this office.

JON GODFREAD

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Grinnell Mutual Reinsurance Company		
In the state of Iowa Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	1,644,757,209 841,337,520 1,000,000 0	
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	0 0 802,419,691 803,419,691 1,644,757,211	

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	19,781,152
Total Direct Losses	
Incurred	7,831,333
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

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

Signer 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, 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 accordin laws thereof, until the 30th day of April, A.D. 2026. rding to the IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD ioner of Insurance

(4/23, 30, 5/7)

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 swort 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 wield are so fits before with earth further the company.

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 nameco 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) **IN CODEPEAD** named company is fully empowered through its authorized JON GODFREAD

er of Insurance

(4/23, 30, 5/7)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Grinnell Select Insurance Company		
In the state of Iowa	inpuny	
Total Assets Total Liabilities Aggregate write-ins	38,021,168 20,570,845	
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 2,500,000 0	
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	2,500,000 12,450,323 17,450,323	
And Surplus	38,021,168	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums		

10,344,841 Earned Total Direct Losses 6,297,933 Incurred Total Accident and 0 Health Direct Premiums Earned Total Accident and Health Direct Losses 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

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

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, 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 accordin laws thereof, until the 30th day of April, A.D. 2026. ording to the IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

oner of Insurance

(4/23, 30, 5/7)

Commissioner of Insurance

(4/23, 30, 5/7)

16144

70 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
Hartford Life And Accident	Insurance Company	
In the state of Connecticut		
Total Assets Total Liabilities Aggregate write-ins	12,942,016,158 10,234,025,391	
for special surplus funds Common Capital Stock Preferred Capital Stock	0 2,500,000 0	
Aggregate Write-ins for	0	
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus	391,389,268	
Unassigned Funds	2,314,101,499	
Total Capital and Surplus Total Liabilities, Capital	2,707,990,767	
And Surplus	12,942,016,158	
1		
	A BUSINESS ONLY	
FOR THE YEAR 2024		
Total Life and		
Annuity Premiums Written Total Life and	9,427,989	
Annuity Direct Losses Paid Total Accident and	5,216,926	
Health Direct Premiums	4,945,383	

Total Life and	
Annuity Direct Losses Paid	5,216,926
Total Accident and	
Health Direct Premiums	4,945,383
Written	
Total Accident and	
Health Direct Losses Paid	2,010,143

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 this offic

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 her of Insurance

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 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, Commissioner 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) ION GODFREAD

(4/23, 30, 5/7)