ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

62510

0	f the
EquiTrust Life Insurance Company	
In the state of Arizona	
Total Assets	33,576,722,643
Total Liabilities	30,820,349,245
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	784,666,772
Unassigned Funds	1,968,706,626
Total Capital and Surplus	2,756,373,398
Total Liabilities, Capital	22 55 55 542
And Surplus	33,576,722,643

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and	
Annuity Premiums Written	33,456,849
Total Life and	
Annuity Direct Losses Paid	4,203,635
Total Accident and	
Health Direct Premiums	0
Written	
Total Accident and	
Health Direct Losses Paid	0

STATE OF NORTH DAKOTA

STATE OF NORTH DAKOITA
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

Companying and March.

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 of insurance and

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

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, 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 nd seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(5/14, 21, 28)

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

of the		
SECURA Insurance Compan In the state of Wisconsin	ıy	
Total Assets Total Liabilities Aggregate write-ins	1,909,920,545 1,202,346,040	
for special surplus funds Common Capital Stock	0 3,000,000	
Preferred Capital Stock Aggregate Write-ins for	0	
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	125,000,000	
Contributed Surplus	1,175,000	
Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	578,399,505 707,574,505	
And Surplus	1,909,920,545	

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

	TORTHE	I LAN 202
Total Direct Pre	emiums	
Earned		8,061,560
Total Direct Lo	sses	
Incurred		3,046,071
Total Accident		
Health Direct P	remiums	0
Earned		
Total Accident		_
Health Direct L	osses	0
Incurred		

STATE OF NORTH DAKOTA

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

mis 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

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 s 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, Commisthe 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

JON GODFREAD

(5/28, 6/4, 11)

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

0.1	tiic
The Hartford Steam Boiler I pany Of CT In the state of Connecticut	nspection And Inst
Total Assets Total Liabilities Aggregate write-ins	15,963,441 1,154,717
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 Unassigned funds (surplus)	5,453,787 6,354,937
Total Capital and Surplus Total Liabilities, Capital	14,808,724

NORTH DAKOTA BUSINESS ONLY

15,963,441

	FOD TI	HE YEAR
		IE IEAK 2
Tota	al Direct Premiums	
Ear	ned	0
Tota	al Direct Losses	
Inc	urred	0
Tota	al Accident and	
Hea	alth Direct Premiums	0
Ear	ned	
Tota	al Accident and	
Hes	alth Direct Losses	0
	urred	Ü
IIIC	urred	

March, A.D. 2025 (SEAL).

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

March, A.D. 2025 (SEAL). JON GOBFREAD Commissioner 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 business for the year ending December 31, 2024 conformable nents 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

NOW THEREFORE, I. JON GODFREAD, Commis-THEREFORE 1, 30th GODFREAD, Colliminations 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 ness or 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

(5/14, 21, 28)

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

of the	
UnitedHealthcare Insurance In the state of Connecticut	Company
Total Assets Total Liabilities Aggregate write-ins	21,621,021,102 14,442,363,075
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	558,595,764 6,617,062,263 7,178,658,027
And Surplus	21,621,021,102

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	43,908,403
Total Direct Losses	
Incurred	33,223,669
Total Accident and	
Health Direct Premiums	43,219,699
Earned	
Total Accident and	
Health Direct Losses	32,661,030
Incurred	

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).

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 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 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, Commisthe 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

(SEAL) JON GODFREAD

(5/28, 6/4, 11)

11452 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

The Hartford Steam Boiler Is pany In the state of Connecticut	nspection And Insur
Total Assets Total Liabilities Aggregate write-ins	2,321,906,901 1,512,422,292
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 10,000,000 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	681,608,776 171,840,965 863,449,741

2,375,872,033 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FOR TH	E YEAR 2
Total Direct Premiums	
Earned	809,876
Total Direct Losses	
Incurred	64,241
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 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 nents 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

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

(5/14, 21, 28)

12567 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus)

NORTH DAKOTA BUSINESS ONLY

9,346,045,935

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	93,027,962
Total Direct Losses	
Incurred	84,414,468
Total Accident and	
Health Direct Premiums	93,602,541
Earned	
Total Accident and	04444460
Health Direct Losses	84,414,468

Total Capital and Surplu Total Liabilities, Capital

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 IN LESTIMONY 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 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 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, 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

JON GODFREAD

(5/28, 6/4, 11)

ABSTRACT OF STATEMENT

17530

	the
SECURA Select Insurance Company	
In the state of Wisconsin	
Total Assets	7,762,717
Total Liabilities	42,823
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	4,500,000
Unassigned funds (surplus)	219,894
Total Capital and Surplus	7,719,894
Total Liabilities, Capital	
And Surplus	7,762,717

NORTH DAKOTA BUSINESS ONLY

FOR THE	YEAR
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

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

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 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 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 acc 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

(5/28, 6/4, 11)

10239 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

01	of the	
SECURA Supreme Insurance In the state of Wisconsin	Company	
Total Assets Total Liabilities Aggregate write-ins	211,648,364 128,249,961	
for special surplus funds	0	
Common Capital Stock	6,000,000	
Preferred Capital Stock Aggregate Write-ins for	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	11,960,000 65,438,403 83,398,403	
And Surplus	211,648,364	

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Prem	niums	
Earned		8,061,560
Total Direct Loss	es	
Incurred		3,046,071
Total Accident an		
Health Direct Pre	miums	0
Earned		
Total Accident an		
Health Direct Los	sses	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 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 ss 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, Commisthe provisions of said laws, do hereby certify that the above the provisions of salu 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

(5/28, 6/4, 11)

(5/28, 6/4, 11)

DECEMBER 31, 2024		
of	the	
Golden Rule Insurance Company		
In the state of Indiana		
Total Assets	507,424,954	
Total Liabilities	244,008,161	
Aggregate write-ins		
for special surplus funds	0	
Common Capital Stock	3,262,704	
Preferred Capital Stock	0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and		
Contributed Surplus	14,162,016	
Unassigned funds (surplus)	245,992,073	
Total Capital and Surplus	263,416,793	
Total Liabilities, Capital		
And Cumbuc	507 424 054	

507,424,954 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

TORTHE	I EAR 202
Total Direct Premiums	
Earned	34,271
Total Direct Losses	
Incurred	175,564
Total Accident and	
Health Direct Premiums	226,317
Earned	
Total Accident and	
Health Direct Losses	133,327

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 Comp 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
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 ess of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organizatio 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 hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL).

WE ARE NOW HIRING!

SOUTH DAKOTA

JON GODFREAD

(5/28, 6/4, 11)

ABSTRACT OF STATEMENT

61271

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

2,500,000

497,207,017

2,159,064,209 2,036,763,544 4,695,534,771

239,799,143,111

7,453,851

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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).
ION GODFREAD

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

ABSTRACT OF STATEMENT

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

IN TESTIMONY WHEREOF, I have he

hand and seal at Bism (SEAL) JON GODFREAD

March, A.D. 2023 (SEAL).
JON GODFREAD

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

Annuity Premiums Written 93,724,455
Total Life and

Annuity Direct Losses Paid 17,414,923
Total Accident and

Health Direct Losses Paid 3.847,305

In the state of Iowa

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

Preterred Capital Slock 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

Health Direct Premiums

Written Total Accident and

Total Life and

Total Assets Total Liabilities

FOR THE YEAR ENDING DECEMBER 31, 2024 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 2,500,000 Special Surplus Funds Surplus Notes Gross Paid in and 128,475,343.41 -52,879,632.26 78,095,711.15 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

NORTH DAKOTA BUSINESS ONLY

1 484 726 592 79

FOR THE	YEAR 2024
Total Life and Annuity Premiums Written Total Life and	12,051,480.7
Annuity Direct Losses Paid Total Accident and	357,087.60
Health Direct Premiums Written Total Accident and	0

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

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 iness 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, 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 lead and and the limitage, this first day of March AD, 2026. nd and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(5/28, 6/4, 11)

62286

NOTICE OF HEARING

Kimberly A. Backman # 06952 CROWLEY FLECK PLLP 100 W. Broadway, Suite 250 P.O. Box 2798 Bismarck, ND 58502-2798 (701) 223-6585 kbackman@crowleyfleck.com Attorneys for Personal Representative Probate No. 12-2025-PR-00064

IN THE DISTRICT COURT, OF DIVIDE COUNTY, STATE OF NORTH DAKOTA

In the Matter of the Estate of Pearl A. Wigness Deceased.

NOTICE OF HEARING

ON APPLICATION FOR FORMAL **PROBATE OF WILL AND FORMAL** APPOINTMENT OF PERSONAL

REPRESENTATIVE NOTICE IS HEREBY GIVEN that Troy Elliott, has filed herein an Application for Formal Probate of Will and Formal Appointment of Personal Representative.

Hearing has been set upon said application before the Honorable Robin Schmidt, Judge of the Divide County District Court, Northwest Judicial District, on the 11th day of July, 2025, at 11:00 a.m., at the Divide County Courthouse in the City of Crosby, County of Divide, State of North Dakota. Dated this 22nd, day of May, 2025.

/s/ Kimberly A. Backman Kimberly A. Backman ND #06952 CROWLEY FLECK, PLLP Attorneys for Personal Representative 100 West Broadway, Suite 250 P.O. Box 2798 Bismarck, North Dakota 58502-2798

701-223-6585

summit June 18-19, 2025

PAYING TOP DOLLAR! LOOKING TO LEASE FARM

(Pheasant Hunting For Our Family) CALL TOM 612-366-3472

2025 MOTORCOACH TOURS

Mystery Tour
Medora 60th Anniversary
Folklorama
Mackinac Island & Duluth
Washington, D.C. & Gettysburg
Nashville & the Smoky Mountains
Branson Holiday #1
Branson Holiday #2
Branson Holiday #3 (Minot/Devils Lake boarding)

West 🤼 Pic

Travel

Call 1(800) 446-2711, e-mail info@westpictravel.net or find us at www.westpictravel.net for full tour info.

July 13-17

July 23-25

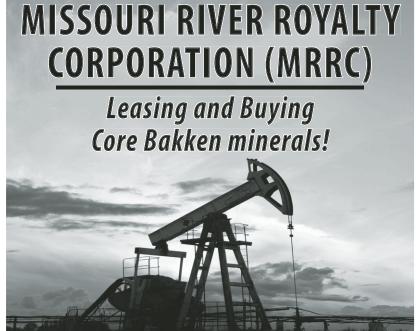
August 8-11 Aug. 31 - Sept. 6 September 12-20

October 1-10

Oct. 31 - Nov. 6 November 7-13

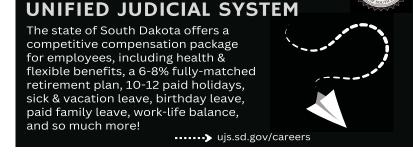
November 13-19





Please contact Sander Kopseng at 701-226-6128

or at skopseng@unitedenergycorp.com



Community Development Director

The Divide County JDA is looking for a professional community job development director.

☆ Salary: \$50,000 - \$58,000 + plus full county benefits,

depending on experience and education ★ Job duties include:

-- Works as an employee under supervision of the Divide County Job Development Authority

-- Provide staff support to JDA & EDC Boards -- Work with community groups & activities

-- Help establish a community development plan -- Assist in research & writing of state and federal

-- Seek out new community and job development ideas

