


10239		17530		61271		71161		22543		79413	
ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the SECURA Supreme Insurance Company In the state of Wisconsin		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the SECURA Select Insurance Company In the state of Wisconsin		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Principal Life Insurance Company In the state of Iowa		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Principal National Life Insurance Company In the state of Iowa		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the SECURA Insurance Company In the state of Wisconsin		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the UnitedHealthcare Insurance Company In the state of Connecticut	
Total Assets 211,648,364		Total Assets 7,762,717		Total Assets 239,799,143,111		Total Assets 1,484,726,592.75		Total Assets 1,909,920,545		Total Assets 21,621,021,102	
Total Liabilities 128,249,961		Total Liabilities 42,823		Total Liabilities 235,103,608,340		Total Liabilities 1,406,630,881.64		Total Liabilities 1,202,346,040		Total Liabilities 14,442,363,075	
Aggregate write-ins		Aggregate write-ins		Aggregate write-ins		Aggregate write-ins		Aggregate write-ins		Aggregate write-ins	
for special surplus funds 0		for special surplus funds 0		for special surplus funds 0		for special surplus funds 0		for special surplus funds 0		for special surplus funds 0	
Common Capital Stock 6,000,000		Common Capital Stock 0,000,000		Common Capital Stock 2,500,000		Common Capital Stock 2,500,000		Common Capital Stock 3,000,000		Common Capital Stock 3,000,000	
Preferred Capital Stock 0		Preferred Capital Stock 0		Preferred Capital Stock 0		Preferred Capital Stock 0		Preferred Capital Stock 0		Preferred Capital Stock 0	
Aggregate Write-ins for		Aggregate Write-ins for		Aggregate Write-ins for		Aggregate Write-ins for		Aggregate Write-ins for		Aggregate Write-ins for	
Other Than 0		Other Than 0		Other Than 497,207,017		Other Than 0		Other Than 0		Other Than 0	
Special Surplus Funds		Special Surplus Funds		Special Surplus Funds		Special Surplus Funds		Special Surplus Funds		Special Surplus Funds	
Surplus Notes 0		Surplus Notes 0		Surplus Notes 0		Surplus Notes 0		Surplus Notes 125,000,000		Surplus Notes 0	
Gross Paid in and		Gross Paid in and		Gross Paid in and		Gross Paid in and		Gross Paid in and		Gross Paid in and	
Contributed Surplus 11,960,000		Contributed Surplus 4,500,000		Contributed Surplus 2,159,064,209		Contributed Surplus 128,475,343.41		Contributed Surplus 1,175,000		Contributed Surplus 558,595,764	
Unassigned funds (surplus) 65,438,403		Unassigned funds (surplus) 219,894		Unassigned Funds 2,036,763,544		Unassigned Funds -52,879,632.26		Unassigned funds (surplus) 578,399,505		Unassigned funds (surplus) 6,617,062,263	
Total Capital and Surplus 83,398,403		Total Capital and Surplus 7,719,894		Total Capital and Surplus 4,695,534,771		Total Capital and Surplus 78,095,711.15		Total Capital and Surplus 707,574,505		Total Capital and Surplus 7,178,658,027	
Total Liabilities, Capital		Total Liabilities, Capital		Total Liabilities, Capital		Total Liabilities, Capital		Total Liabilities, Capital		Total Liabilities, Capital	
And Surplus 211,648,364		And Surplus 7,762,717		And Surplus 239,799,143,111		And Surplus 1,484,726,592.79		And Surplus 1,909,920,545		And Surplus 21,621,021,102	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024	
Total Direct Premiums		Total Direct Premiums		Total Life and		Total Life and		Total Direct Premiums		Total Direct Premiums	
Earned 8,061,560		Earned 0		Annuity Premiums Written 93,724,455		Annuity Premiums Written 12,051,480.77		Earned 8,061,560		Earned 43,908,403	
Total Direct Losses		Total Direct Losses		Total Life and		Total Life and		Total Direct Losses		Total Direct Losses	
Incurred 3,046,071		Incurred 0		Annuity Direct Losses Paid 17,414,923		Annuity Direct Losses Paid 357,087.60		Incurred 3,046,071		Incurred 33,223,669	
Total Accident and		Total Accident and		Total Accident and		Total Accident and		Total Accident and		Total Accident and	
Health Direct Premiums 0		Health Direct Premiums 0		Health Direct Premiums 7,453,851		Health Direct Premiums 0		Health Direct Premiums 0		Health Direct Premiums 43,219,699	
Earned		Earned		Written		Written		Earned		Earned	
Total Accident and		Total Accident and		Total Accident and		Total Accident and		Total Accident and		Total Accident and	
Health Direct Losses 0		Health Direct Losses 0		Health Direct Losses Paid 3,847,305		Health Direct Losses Paid 0		Health Direct Losses 0		Health Direct Losses 32,661,030	
Incurred		Incurred		Incurred		Incurred		Incurred		Incurred	
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		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.		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.		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.		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.		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.		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).		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).		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).		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).		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).		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		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance	
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	
COMPANY'S CERTIFICATE OF AUTHORITY		COMPANY'S CERTIFICATE OF AUTHORITY		COMPANY'S CERTIFICATE OF AUTHORITY		COMPANY'S CERTIFICATE OF AUTHORITY		COMPANY'S CERTIFICATE OF AUTHORITY		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 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 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 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 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 above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and	
WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,		WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,		WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,		WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,		WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,		WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,	
NOW THEREFORE, I, JON GODFREAD, 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.		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.		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.		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.		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.		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)		IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)		IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)		IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)		IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)		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		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance		JON GODFREAD Commissioner of Insurance	
(5/28, 6/4, 11)		(5/28, 6/4, 11)		(5/28, 6/4, 11)		(5/28, 6/4, 11)		(5/28, 6/4, 11)		(5/28, 6/4, 11)	

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ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Care Improvement Plus South Central Insurance Company In the state of Nebraska		ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Golden Rule Insurance Company In the state of Indiana	
Total Assets 9,346,045,935		Total Assets 507,424,954	
Total Liabilities 4,988,356,457		Total Liabilities 244,008,161	
Aggregate write-ins		Aggregate write-ins	
for special surplus funds 0		for special surplus funds 0	
Common Capital Stock 2,000,000		Common Capital Stock 3,262,704	
Preferred Capital Stock 0		Preferred Capital Stock 0	
Aggregate Write-ins for		Aggregate Write-ins for	
Other Than 0		Other Than 0	
Special Surplus Funds		Special Surplus Funds	
Surplus Notes 0		Surplus Notes 0	
Gross Paid in and		Gross Paid in and	
Contributed Surplus 281,562,960		Contributed Surplus 14,162,016	
Unassigned funds (surplus) 4,074,126,518		Unassigned funds (surplus) 245,992,073	
Total Capital and Surplus 4,357,689,478		Total Capital and Surplus 263,416,793	
Total Liabilities, Capital		Total Liabilities, Capital	
And Surplus 9,346,045,935		And Surplus 507,424,954	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024	
Total Direct Premiums		Total Direct Premiums	
Earned 93,027,962		Earned 34,271	
Total Direct Losses		Total Direct Losses	
Incurred 84,414,468		Incurred 175,564	