61271

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

SECURA Supreme Insurance Company In the state of Wisconsin Total Assets Total Liabilities Aggregate write-ins for special surplus funds 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 6,000,000 Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital

And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums 8,061,560 Earned Total Direct Losses 3.046.071 Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

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

JON GODFREAD

Companying the Management

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and
WHEREAS, the said company has filed in this office a duly

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 amed company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

(5/28, 6/4, 11)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

of the
Care Improvement Plus South Central Insurance Company
In the state of Nebraska
Total A ...

Total Assets Total Liabilities 9,346,045,935 4,988,356,457 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 2,000,000 0 Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 4,074,126,518 4,357,689,478 9,346,045,935 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums

93,027,962 Earned Total Direct Losses 84,414,468 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses 84,414,468 Incurred

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

Ins 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

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 of insurance and

OUSINESS 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 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

(5/28, 6/4, 11)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Fidelity & Guaranty Life Insurance Company In the state of Iowa Total Assets Total Liabilities 65,696,446,751 64,042,013,965 Aggregate write-ins for special surplus funds Common Capital Stock 700.069.949 3,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 225,000,000 Gross Paid in and 2,148,811,290 -1,422,448,453 1,654,432,786 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus

65,696,446,751 NORTH DAKOTA BUSINESS ONLY

Total Life and niums Written 32,505,949 Annuity Premi Total Life and Annuity Direct Losses Paid 16,730,552 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 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

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 aforesaid

NOW THEREFORE, I, JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above the provisions of said laws, oo nereby 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

(6/11, 18, 25)

17530 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the SECURA Select Insurance Company In the state of Wisconsin Total Assets Total Liabilities Aggregate write-ins For special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Then 3,000,000 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 7,762,717

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses Total 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 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

ON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and
WHEREAS, the said company has filed in this office a duly

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

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Golden Rule Insurance Company In the state of Indiana Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3,262,704 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 14,162,016 245,992,073 263,416,793 507.424.954

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums	
Earned	34,271
Total Direct Losses	
Incurred Total Accident and	175,564
Health Direct Premiums	226,317
Earned	220,317
Total Accident and	
Health Direct Losses	133,327
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 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 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 change 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, Commi 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

(5/28, 6/4, 11)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

American Modern Select Insurance Company In the state of Ohio Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 3,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) 8,016,071 15,541,072 Total Capital and Surplus Total Liabilities, Capital 18,934,095 And Surplus

SS ONLY

NORTH DAK	OTA BUSINES
FOR T	HE YEAR 202
Total Direct Premiums	
Earned	0
Total Direct Losses	
Incurred	-349
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 Assauct of statement, as officiary 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

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 of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GODFREAD, Commis-

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

JON GODFREAD

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Principal Life Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins Aggregate Write-Ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,500,000 497,207,017 Special Surplus Funds Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 2,159,064,209 2,036,763,544 4,695,534,771 And Surplus 239,799,143,111

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 93,724,455 Total Life and Annuity Direct Losses Paid 17,414,923 Total Accident and Health Direct Premiums 7,453,851 Written Total Accident and Health Direct Losses Paid 3,847,305

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

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and where so, the said company has filed in this office a duly certified copy of its charter with certificate of organization

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

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

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

(5/28, 6/4, 11)

62286

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

Acadia Insurance Company In the state of Iowa 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 5,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 48,301,000 5,634,853 58,935,853 241,002,635 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FOR THE	YEAR 202
Total Direct Premiums	
Earned	6,603,932
Total Direct Losses	
Incurred	1,445,605
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 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

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

JON GODFREAD

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the American Modern Property And Casualty Insurance Com-

pany In the state of Ohio Total Assets Total Liabilities Aggregate write-in Aggregate wine-ins Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 5,000,000 Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 98,430,000 9,516,118 112,946,118

509,185,104 ESS ONLY

NORTH DAKOTA FOR THE	
Total Direct Premiums	
Earned	4,079,827
Total Direct Losses	
Incurred	1,822,952
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	_
Health Direct Losses	0
Incurred	

March, A.D. 2025 (SEAL).

(6/11, 18, 25)

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

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

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

JON GODFREAD

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

71161

of the of the Principal National Life Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins Aggregate Write-Ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,500,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

And Surplus 1,484,726,592.79 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 12,051,480.77
Total Life and Annuity Direct Losses Paid 357,087.60 Total Accident and Health Direct Premiums Written Total Accident and

Health Direct Losses Paid 0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in 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 busioffice a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the where As, the said company has filed in this office a duly certified copy of its charter with certificate of organization

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

(SEAL) JON GODFREAD (5/28, 6/4, 11)

31325

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

of the PreferredOne Insurance Company In the state of Minnesota Total Assets Total Liabilities 78,106,538 1,827,910 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 1,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Unassigned funds (surplus
Unassigned funds (surplus
Total Capital and Surplus
Total Liabilities, Capital

78,106,538 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FOR T	HE 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
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

COMPANY'S CERTIFICATE OF 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 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 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 d and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

(6/11, 18, 25)

42722

ABSTRACT OF STATEMENT

DECEMBER 31, 2024	
0	f the
American Family Home Inst In the state of Florida	arance Company
Total Assets Total Liabilities Aggregate write-ins	128,228,669 74,706,772
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 4,200,000 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	22,550,000 26,771,897 53,521,897

SS ONLY

And Surpius	128,228,00
	KOTA BUSINES THE YEAR 202
Total Direct Premiums	
Earned	355,208
Total Direct Losses	
Incurred	188,562
Total Accident and	
Health Direct Premium	is 0
Earned	
Total Accident and	
Health Direct Locces	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 Int Softee.

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

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 the production of the lowest feet of the laws of the la to the requirements of the laws of this State regarding the 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-

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

NOW THEREFORE, I, JON GODFREAD, Commis-

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

22543

SECURA Insurance Company In the state of Wisconsi 1,909,920,545 1,202,346,040 for special surplus funds 3,000,000 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds 125,000,000 Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

And Surplus 1,909,920,545 NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums 8,061,560 Earned Total Direct Losses 3,046,071 Total 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

Commissioner of Legurance.

JON GODFREAD

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

WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the
business of insurance and
WHEREAS, the said company has filed in this office a duly
certified copy of its charter with certificate of organization

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

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

JON GODFREAD

11817

(5/28, 6/4, 11) ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2024 Of the Centurion Casualty Company In the state of Nebraska

Total Assets Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3.000.000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 5,500,000 318742 8,818,742 10,328,827 And Surplus

Total Direct Pres Earned Total Direct Losses 1,944 -36

Incurred Total Accident and

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Health Direct Premiur Earned Total Accident and Health Direct Losses Incurred STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE OF INDUKANCE
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 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 sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto

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

(6/11, 18, 25)ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2024 of the Ameritas Life Insurance Corporation In the state of Nebraska Total Assets Total Liabilities Aggregate write-in For special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 2,500,000 Special Surplus Funds 50,000,000 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

28,799,284,319 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 2,692,111 Total Life and uity Direct Losses Paid 446,477 Health Direct Premiums 4,649,746 Written Total Accident and Health Direct Losses Paid 2,899,193

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA 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 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 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

ner of Insurance

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the UnitedHealthcare Insurance Company In the state of Connecticut Total Assets Total Liabilities 21,621,021,102 14,442,363,075 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 3,000,000 558,595,764 6,617,062,263 7,178,658,027

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus 21,621,021,102 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 43,908,403 Earned Total Direct Losses 33,223,669 Incurred Total Accident and 43.219.699 Health Direct Premi Earned Total Accident and Health Direct Losses 32,661,030

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OFFICE 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 of Languages

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 swarm statement exhibiting its condition and busin

certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis

JON GODFREAD

(5/28, 6/4, 11) 19658

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 Bristol West Insurance Company In the state of Ohio In the state of Ohio
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
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital
And Surplua 6,000,000

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium:

283,418,420

Health Direct Losses STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

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

And Surplus

Health Direct Losses

Incurred

61301

(6/11, 18, 25) ABSTRACT OF STATEMENT FOR THE YEAR ENDING

American Modern Home Insurance Company In the state of Ohio Total Assets Total Liabilities 5.000.000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus)

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

DIFIREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER 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 business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the ess of insurance and

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

IN TESTIMONY WHEREOF, I have hereunto set my

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

the laws of its state or country of domicile, has filed in this office a swom 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

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

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

of Insurance

And Surplus

Earned Total Direct Losses

18,889 Incurred Fotal Accident and Health Direct Premiums Earned Total Accident and

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 TESTIMON 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

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

JON GODFREAD

Fotal Capital and Surplus Fotal Liabilities, Capital

Total Direct Premiums 1,536,092 Earned Fotal Direct Losses 325,128 Incurred
Fotal Accident and Health Direct Premiums Earned Total Accident and

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

DECEMBER 31, 2024

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

NOW THEREFORE, I, JON GODFREAD, Commis-

(6/11, 18, 25)

23469

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-

82,548,315 38,616 87,586,931 1,693,334,712