ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the American Southern Home Insurance Company In the state of Florida

41998

In the state of Florida
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 3,500,000 Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 22,321,076 29,121,076 93,985,912 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 52,683 Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums 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. 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 to the requirements of the laws of this State regarding the business of insurance and the state of the s

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 (SEAL)

JON GODFREAD

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

Berkley Casualty Company In the state of Iowa 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
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 109,455,852 77,544,030 14,729,992 12,431,830 31,911,822

109.455.852 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

-230,116 Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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.

JON GODFREAD

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

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-

ess 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

(6/11, 18, 25)

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 5,000,000 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

FOR THE YEAR 2024

Total Direct Premiums 905,135 Earned Total Direct Losses 1,768,776 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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 band and applications of the state according to the laws thereof.

JON GODFREAD

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Farmers Property And Casualty Insurance Company In the state of Rhode Island

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 4.200.000 Special Surplus Funds Surplus Notes Gross Paid in and 1,099,902,428 1,377,015,011 2,481,117,439 ontributed Surplus nassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 5,057,687,105 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned Total Direct Losses 12,366,527 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 tins ornce.

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

to the requirements of the laws of this State regarding the ess 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-

said, NOW THEREFORE, I, JON GODFREAD, Commis-

(SEAL)
JON GODFREAD

ABSTRACT OF STATEMENT

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 2,500,002 Aggregate Write-IIIS 101 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 73,126,628 373,626,104 449,252,734 700.079.732

FOR THE YEAR 2024 ACCIDENT & HEALTH Total Premiums Earned Total Amount 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 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 f 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 the provisions or said laws, on effery 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

10804

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

	of the	
Firemen's Insurance Compar In the state of Delaware	y Of Washingto	
Total Assets Total Liabilities Aggregate write-ins	132,063,774 94,265,650	
for special surplus funds	0	
Common Capital Stock	3,500,000	
Preferred Capital Stock	0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and		
Contributed Surplus	19,717,835	
Unassigned funds (surplus)	14,580,259	
Total Capital and Surplus	37,798,094	
Total Liabilities, Capital		
And Surplus	132,063,744	
NORTH DAKOT		

FOR THE YEAR 2024

Total Direct Premium 143,703 Earned Total Direct Losses -36,244 ncurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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).

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

in compliance with the requirements of insurance law afore-

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

(6/11, 18, 25)

34339 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Farmers Group Property And Casualty Insurance Company In the state of Rhode Island Total Assets Total Liabilities Aggregate write-in for special surplus fund 3,000,000 Preterred 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 Capital and Surplus And Surplus 192,546,568 100,956,030 296,502,598 And Surplus 331,904,559

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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

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

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 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 certified copy of its charter with certificate of organization is compiling with the sequence of insurance and 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 (SFA1)

(SEAL) JON GODFREAD

(6/11, 18, 25)

64890

ABSTRACT OF STATEMENT

Berkley Insurance Company In the state of Delaware Total Assets Total Liabilities Aggregate write-in 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 Capital And Surplus And Surplus for special surplus funds 3,014,269,406 6,364,594,894 9,421,874,300 And Surplus 32,013,736,835

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums

827,028 Earned Total Direct Losses 329,464 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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).

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 to the requirements of the laws of this State regarding the

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

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

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

ssioner of Insurance

(6/11, 18, 25)

21784

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Great Divide Insurance Company In the state of North Dakota 233,334,655 108,497,913 Total Assets Total Liabilities Iotal 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 6,000,000 Surplus Notes Gross Paid in and Contributed Surplus Inassigned funds (surplus) Total Capital and Surplu Total Liabilities, Capital 233,334,655 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

Total Direct Premiums 194,059 Earned Total Direct Losses 166,365 Incurred 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

Companying of Lympus and Companying of the Companying of t

ODFREAD ssioner 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

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 ned company is fully empowered through its authorized 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 All Savers Insurance Company In the state of Indiana Total Assets Total Liabilities 1,254,639,551 85,293,225 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 2,500,000 0 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 1,289,537,581 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 1,254,639,551 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 0 Total Life and Annuity Direct Losses Paid 0 Total Accident and Health Direct Premiums 659,311 Written Total Accident and Health Direct Losses Paid 720,730

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
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

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 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,

satd,
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, oo nereby 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)

32603

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Berkley Regional Insurance 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
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 4,000,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 1.040.884.815 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 7,181,249 Earned Total Direct Losses 1,696,268 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

JON GODFREAD

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).

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 to the requirements of the laws of this State regarding the

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I. JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-

ness of authorized insurance in the state acc laws thereof, until the 30th day of April, A.D. 2026. laws inercot, unit the soun day of April, A.D. 2020.

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

JON GODFREAD

(6/11, 18, 25)

25224

10885 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

Key Risk 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
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 4,500,000 Contributed Surplus Unassigned funds (surpl Total Capital and Surplu Total Liabilities, Capital 105,121,709 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 284,939 Earned Total Direct Losses 200,112 Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 Linguistics. issioner 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 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-

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized named company is fully empowered inrough its autorized 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 ION CODEREAD

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

Foremost Insurance Company Grand Rapids, Michigan In the state of Michigan Total Accept Total Assets Total Liabilities 4,043,909,830 1,990,502,250 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 40,455,353 4,800,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital

4.043,909,830 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premium: Earned Total Direct Losses 694,638 Incurred Total Accident and Health Direct Premium 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 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

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, 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

(6/11, 18, 25)

Total Direct Premiums

otal Accident and

Health Direct Losses

29580

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Carolina Casualty Insurance 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 3,686,551 Aggregate Write-ins fo Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 150,967,851 -34,463,839 120,190,563 318.003.705 And Surplus

Earned Total Direct Losses -25,566 Health Direct Premiums

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

60,847

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 hereunt of the phand of the state of the 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 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 due
tertified 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

ioner of Insurance

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Midwest Employers Casualty Company In the state of Delaware In the state of Delaware
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 3,531,000

And Surplus 221.230.614 NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums Earned Total Direct Losses -66 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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 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 conformation 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 (SEAL) JON GODFREAD

(6/11, 18, 25)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

44318

Admiral Indemnity Company In the state of Delaware 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 3,506,250 17,600,000 28,232,396 49,338,646

And Surplus 81.142.849

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

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

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 aforesaid.

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 (SEAL)

JON GODFREAD

Commissioner of Insurance

10510

(6/11, 18, 25)

33480 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Clermont Insurance Company In the state of Iowa 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
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned funds (surplu
Total Capital and Surplus
Total Liabilities, Capital
And Surplus 4,200,000 13,500,000 8,770,411 26,470,411

And Surplus

Health Direct Premiums

Earned Total Accident and

Health Direct Losses

Total Direct Premium: Earned Total Direct Losses ncurred Total Accident and

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

28.775.872

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 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).

JON GODFREAD 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 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 GODEREAD, 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., 2023 (SEAL) JON GODFREAD

(6/11, 18, 25)

23612

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

Riverport 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 Special Surplus Funds 3,500,000 Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital

And Surplus 108,136,574 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 3,446,596 Earned Total Direct Losses 2,613,877 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred

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 of Lympus and Companying of the Companying of t

GODFREAD
issioner of Insurance
STATE OF NORTH DAKOTA

STATE OF NORTH DAKOTA

OFFICE 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 partified active of its shorter with certificate of corresponding 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 ned company is fully empowered through its authorized named company is fully empowered through its autonized 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)

(6/11, 18, 25)

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

Total Direct Premiums

137,704

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).

AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this

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-

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Continental Western Insurance Company

NORTH DAKOTA BUSINESS ONLY

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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

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 WHEREAS, the said company has filed in this office a duly

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

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

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).

(6/11, 18, 25)

15911

FOR THE YEAR ENDING
DECEMBER 31, 2024
of the
Berkley Life And Health Insurance Company

NORTH DAKOTA BUSINESS ONLY

ton DC

oner of Insurance
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

where As, the said company has filed in this office a duly certified copy of its charter with certificate of organization NOW THEREFORE, I. JON GODFREAD, Commi

(SEAL) JON GODFREAD