31325

Earned

42765

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

18,934,095 3,393,023

American Modern Select Insurance Company

In the state of Ohio

Total Assets Total Liabilities

38652

## ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Acadia 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 241,002,635 5,000,000 0 0 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 48,301,000

### 241.002.635 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium: 6,603,932 Earned Total Direct Losses 1,445,605 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses 0 Incurred

5,634,853 58,935,853

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.

Inis 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

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

AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

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

NOW THEREFORE, I, JON GODFREAD, Commis NOW THEREFORE, 1, JON GODFREAD, Commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. In **TESTIMONY WIEREOF**, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) **JON GODFREAD** 

ner of Insurance

(6/11, 18, 25)

42722 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
American Modern Property pany In the state of Ohio	And Casualty Insurance Com-	
Total Assets Total Liabilities Aggregate write-ins	509,185,104 396,238,986	
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 5,000,000 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	98,430,000 9,516,118 112,946,118	
And Surplus	509,185,104	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums Earned Total Direct Losses	4,079,827	
Incurred Total Accident and	1,822,952	
Health Direct Premiums Earned	0	
Total Accident and Health Direct Losses Incurred	0	
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE		
	ner of Insurance of the State of	

I, Jon Gourread, 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

ioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

FOR THE Y DECEMB	DF STATEMENT EAR ENDING BER 31, 2024 f the
PreferredOne Insurance Con In the state of Minnesota	npany
Total Assets Total Liabilities Aggregate write-ins	78,106,538 1,827,910
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 1,000,000 0
Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in and	0
Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	152,750,000 -77,471,372 76,278,628
And Surplus	78,106,538
	A BUSINESS ONLY YEAR 2024
Total Direct Premiums	_

11817

1	FOR THE YEAR 2024
Total Direct Premi	ums
Earned	0
Total Direct Losse	s
Incurred	0
Total Accident and	1
Health Direct Pren	niums 0
Earned	
Total Accident and	1
Health Direct Loss	ses 0
Incurred	

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

# DFREAD Signer of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

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

NOW THEREFORE, I. JON GODFREAD, Commis-Now THEREFORE, 1, JON 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

Commissioner of Insurance		
(6/11, 18, 25)		
FOR THE Y DECEMB	F STATEMENT EAR ENDING ER 31, 2024 the	
American Family Home Insu In the state of Florida	rance 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	
And Surplus	128,228,669	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums Earned Total Direct Losses	355,208	
Incurred	188,562	
Total Accident and Health Direct Premiums Earned	0	
Total Accident and Health Direct Losses Incurred	0	

## STATE OF NORTH DAKOTA

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

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

FOR THE YEAR ENDING DECEMBER 31, 2024 of the	
Centurion Casualty Company In the state of Nebraska	у
Total Assets Total Liabilities Aggregate write-ins	10,328,827 1,510,085
for special surplus funds Common Capital Stock	0 3,000,000
Preferred Capital Stock Aggregate Write-ins for Other Than	0
Special Surplus Funds Surplus Notes Gross Paid in and	0

ABSTRACT OF STATEMENT

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 318742 8,818,742 10.328.827 And Surplus

## NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums	
Earned	1,944
Total Direct Losses	
Incurred	-36
Total Accident and Health Direct Premiums	0
Earned	0
Total Accident and	
Health Direct Losses	0
Incurred	

# STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

JON GODFREAD

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

AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

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

NOW THEREFORE, I, JON GODFREAD, Commis-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 (SEA1)

(SEAL) JON GODFREAD

### ner of Insurance

(6/11, 18, 25)

23450

FOR THE Y DECEMI	OF STATEMENT /EAR ENDING BER 31, 2024 of the rporation
Total Assets Total Liabilities Aggregate write-ins	28,799,284,319 26,917,838,080
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 2,500,000 0
Other Than Special Surplus Funds	-15950
Surplus Notes Gross Paid in and	50,000,000
Contributed Surplus	431,449,425
Unassigned Funds	1,397,512,764
Total Capital and Surplus Total Liabilities, Capital	1,881,446,239
And Surplus	28,799,284,319
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024	

Total Life and Annuity Premiums Written 2,692,111 Total Life and Annuity Direct Losses Paid 446,477 Total Accident and Health Direct Premiums 4,649,746 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 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

ABSTRACT OF STATEMENT FOR THE VEAR ENDING DECEMBER 31, 2024 of the Bristol West Insurance Company In the state of Ohio		
	202 410 420	
Total Assets Total Liabilities	283,418,420 212,862,786	
Aggregate write-ins	212,002,700	
for special surplus funds	0	
Common Capital Stock	6,000,000	
Preferred Capital Stock	0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds Surplus Notes	0	
Gross Paid in and	0	
Contributed Surplus	39,000,000	
Unassigned funds (surplus)	25,555,634	
Total Capital and Surplus	70,555,634	
Total Liabilities, Capital		
And Surplus	283,418,420	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums		

19658

### Total Direct Pre Earned Total Direct Losses 18,889 Incurred Total Accident and

Health Direct Premiums 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 Insortice. 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 sword set of country of domine, has free in this office a sword set of country of domine, has free in this 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 a complicate with the requirement of insurance laws form

in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commis NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEA1)

(SEAL) JON GODFREAD er of Incurance

(6/11, 18, 25)

61301

FOR THE YI DECEMB	F STATEMENT EAR ENDING ER 31, 2024 the trance Company
Fotal Assets Fotal Liabilities Aggregate write-ins	1,693,334,712 1,605,747,781
for special surplus funds Common Capital Stock	0 5,000,000
Preferred Capital Stock Aggregate Write-ins for	0
Other Than Special Surplus Funds	0
Sûrplus Notes Gross Paid in and	0
Contributed Surplus	82,548,315
Unassigned funds (surplus)	38,616
Total Capital and Surplus Total Liabilities, Capital	87,586,931
And Surplus	1,693,334,712

### NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	1,536,092
Total Direct Losses	
Incurred	325,128
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

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 GOFREAD

63274 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Fidelity & Guaranty Life Insurance urance Company In the state of Iowa Total Assets Total Liabilities 65,696,446,751 64,042,013,965 Aggregate write-Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 700,069,949 3,000,000 Special Surplus Funds 225,000,000 Surplus Notes 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 65,696,446,751 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 32,505,949 Total Life and uity Direct Losses Paid 16 730 552 Total Accident and Health Direct Premiums 0 Written Total Accident and Health Direct Losses Paid 0

And 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

Austration Factorian and and and affixed the seal of 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

Mindia, ALD: 600 (BEAL): 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-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

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

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

ABSTRACT OF STATEMENT

(SEAL) JON GODFREAD

r of Insurance

23469

(6/11, 18, 25)

## FOR THE YEAR ENDING DECEMBER 31, 2024 of the American Southern Home Insurance Company In the state of Florida Total Assets Total Liabilities 93,985,912 64,864,837 Aggregate write-ins for special surplus funds Common Capital Stock Aggregate Write-ins for Other Than 3,500,000 0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 3,300,000 22,321,076 29,121,076 93,985,912 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Pres 52,683

Earned Total Direct Losses -20,954 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses 0 Incurred

# STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

Abstract of Statement, as officially fired 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

COMPANY'S CERTIFICATE OF AUTHORITY

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANC

Aggregate write-in 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 4,525,000 8,016,071 15,541,072 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 18,934,095 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium

Earned Total Direct Losses -349 Total Accident and Health Direct Premiu 0 Earned Fotal Accident and Health Direct Losses 0 Incurred STATE OF NORTH DAKOTA

OFICE OF INE 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 the office 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 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-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

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

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

agents and representatives, do hereby certuly 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 (SEA1)

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

5,057,687,105 2,576,569,666

4,200,000

1,099,902,428 1,377,015,011 2,481,117,439

5.057.687.105

12,366,527

0

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

0

0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in

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

of the Farmers Property And Casualty Insurance Company In the state of Rhode Island

26298

f Insurance

(SEAL)

41998

JON GODFREAD

(6/11, 18, 25)

Total Assets Total Liabilities

Iotal Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Aggregate Write-ins for Other Than

Special Surplus Funds Surplus Notes Gross Paid in and

Total Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

Earned Total Accident and Health Direct Losses

Incurred

his office

JON GODFREAD

ner of Insurance

Health Direct Premiums

And Surplus

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

## OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable ness for the year ending December 31, 2024 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, commu-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

### er of Insurance

(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 331,904,559 35,401,961 Total Assets Total Liabilities Aggregate write-ins Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 3,000,000 0 0 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 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	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

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

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 swor 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 requirement of insurance law afore

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 named company is fully empowered inforgin 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 (CEAL) (SEAL)

## JON GODFREAD

(6/11, 18, 25)

### 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 busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

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

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

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING **DECEMBER 31, 2024** 

of the

1,254,639,551 85,293,225

2,500,000

1,289,537,581

(6/11, 18, 25)

All Savers Insurance Company In the state of Indiana

Total Assets Total Liabilities

Other Than

And Surplus

Total Life and

Aggregate write-ins for special surplus funds Common Capital Stock

Preferred Capital Stock Aggregate Write-ins for

Special Surplus Funds

Surplus Notes Gross Paid in and

Contributed Surplus Unassigned Funds

Total Capital and Surplus Total Liabilities, Capital

Annuity Premiums Written Total Life and

(6/11, 18, 25)

82406

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

NOW THEREFORE, L. 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 busiless of authorized insurance in the state acc ording to the I autofizied instance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD er of Insurance

## STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONI 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 AUTHORITY to the requirements of the laws of this State regarding the

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

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

81,142,849 31,804,203

3,506,250

17,600,000 28,232,396 49,338,646

81.142.849

0

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

0

0

0

(6/11, 18, 25)

Total Direct Premiums

Health Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

Health Direct Losses

Earned Total Accident and

Incurred

WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworm statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the ess 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 COMMERSIA, 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 here nd and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

ION GODFREAD Commissioner of Insurance

(6/11, 18, 25)

44318

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the 0 Berkley Casualty Company In the state of Iowa Total Assets Total Liabilities 109,455,852 77,544,030 Iotal Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Aggregate Write-ins for Other Than 3,600,000 1,150,000 0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 14,729,992 12,431,830 31,911,822 109.455.852 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums -230,116 Earned Total Direct Losses 137,704 Incurred Total Accident and Health Direct Premiums 0 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 tins office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

her of Insurance

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

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

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above 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 and and seal at Bismarck this first day of March. A.D. 2024 (SEAL) JON GODFREAD

(6/11, 18, 25)

# Store 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 busi-ness for the year ending December 31, 2024 conformable to the generator of the low of this fotte correction the 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 ane provisions of sale taws, or netcory certain 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 m hand and seal at Bismarck this first day of March, A.D., 202 (SEAL) JON GODFREAD

(6/11, 18, 25)

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	6489	
	F STATEMENT EAR ENDING	
	ER 31, 2024	
	the	
erkley Life And Health Insu	trance Company	
the state of Iowa		
otal Assets	700,079,732	
otal Liabilities	250,826,998	
ggregate write-ins or special surplus funds	0	
ommon Capital Stock	2,500,002	
referred Capital Stock	0	
ggregate Write-ins for	0	
ther Than Special Surplus unds	0	
urplus Notes	0	
ross Paid in and	-	
ontributed Surplus	73,126,628	
nassigned Funds	373,626,104 449,252,734	
otal Capital and Surplus otal Liabilities, Capital	449,232,734	
nd Surplus	700,079,732	
NORTH DAKOT	A BUSINESS ONLY	
FOR THE YEAR 2024		
ACCIDENT	ſ& HEALTH	
otal Premiums Earned	638,084	
otal Amount Incurred	145,867	
STATE OF NO	ORTH DAKOTA	
OFFICE OF THE	COMMISSIONER	
	URANCE	
	her of Insurance of the State of	
	tify that the foregoing is a tru cially filed by the Company in	
	cially med by the Company 1	

nt, as officially filed by the Company in act of State 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 sword its state of country of dominie, has free in this office a sword statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in complicate with the requirement of insurance laws form

in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commis NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEA1)

(SEAL) JON GODFREAD

oner of Insurance

(6/11, 18, 25)

Special Surplus F Surplus Notes Gross Paid in and Contributed Surp Unassigned fund Total Capital and Total Liabilities, -122,691,255 1,169,346,326 1,254,639,551 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Annuity Direct Losses Paid 0 Total Accident and Health Direct Premiums 659,311 Written Total Accident and Health Direct Losses Paid 720,730 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 the office

this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bisr March, A.D. 2025 (SEAL). JON GODFREAD ioner of Insurance

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

	11185		
FOR THE YE DECEMBI		DF STATEMENT EAR ENDING BER 31, 2024 f the	ABSTRACT OF FOR THE YE DECEMBE of t
	Foremost Insurance Compan In the state of Michigan	y Grand Rapids, Michigan	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	4,043,909,830 1,990,502,250 40,455,353 4,800,000 0 0 0 185,056,352	Total Assets 5 Total Liabilities 5 Aggregate write-ins for special surplus funds Common Capital Stock 6 Preferred Capital Stock 7 Aggregate Write-ins for Other Than 6 Special Surplus Funds 7 Gross Paid in and Contributed Surplus 1
	Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus	1,823,095,875 2,053,407,580 4,043,909,830	Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus

11185

4,043,909,830 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

otal Direct Fremiums	
arned	0
otal Direct Losses	
ncurred	694,638
otal Accident and	
lealth Direct Premiums	0
arned	
otal Accident and	
lealth Direct Losses	0

# STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

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 s of insurance and

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

NOW THEREFORE, I, JON GODFREAD, Commis-Now THEREFORE, I, JON GODFREAD, commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto narck this first day of March, A.D., 2025 (SEAL) JON GODFREAD ioner of Insurance

(6/11, 18, 25)

(6/11, 18, 25)

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 sword state of country of domene, has free in this office a sword statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in complicate with the requirement of insurance law offer

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

## oner 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.	
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	

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