ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

99775

Funeral Directors Life Insurance Company In the state of Texas in the state of Texas
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
Cross Paid in and 2500000 Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned Funds
Total Capital and Surplus
Total Liabilities, Capital 2351442873

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 6049274
Total Life and 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
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

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 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-

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

er of Insurance

(6/18, 25, 7/2)

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

Mid-West National Life Insurance Company Of Tennessee In the state of Texas Total Assets Total Liabilities 24,397,412 10,822,367 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 0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 3,909 Total Life and Annuity Direct Losses Paid 0 Total Accident and Health Direct Premiums Written
Total Accident and Health Direct Losses Paid 80

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

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 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 agents and representances, to draisact its appropriated usiness 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

(6/25, 7/2, 9)

ABSTRACT OF STATEMENT **DECEMBER 31, 2024**

Ontum Insurance Of Ohio Inc n the state of Ohio Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 2,727,274 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes N/A Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 4,990,293 43,167,185 50,884,752 617,849,708 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Life and Annuity Premiums Written Total Life and Annuity Direct Losses Paid 0 Total Accident and Health Direct Premiums 0 Written
Total Accident and
Health Direct Losses Paid 0

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

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

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

ION CODEREAD

(6/25, 7/2, 9)

69019 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

Standard Insurance Company In the state of Oregon In the state of Oregon
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
Total Capital and Surplus
Total Liabilities, Capital
And Surplus 350,000,000 1,849,409,688

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

41.322.097.262

Total Life and Annuity Premiums Written 40,599,362 Total Life and Annuity Direct Losses Paid 17,345,737
Total Accident and
Health Direct Premiums 13,611,104 Written Total Accident and Health Direct Losses Paid 7,741,514

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
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 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 THEREAD, 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 m

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

JON GODFREAD ner of Insurance

(6/25, 7/2, 9)

JON GODFREAD

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2024 In the state of Ohio Total Assets Total Liabilities 102,270,881 69,547,480 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Ormon Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributal Surplus 173,500,000 Gross Faid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital -164606577 32,723,401 102,270,881 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Pre 82,883 Earned Total Direct Losses 68,672 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 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

ousiness or 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 somer of insurance of the state of Nortin Dakota, pursuant of 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

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

(6/25, 7/2, 9)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Casualty Underwriters Ins In the state of Utah Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 200,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Surplus Notes Gross Paid in and 1,600,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 2,644,090 2,606,010 And Surplus

12,034,835 NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 36,075,195 Earned Total Direct Losses 16 764 392 Total Accident and Earned Total Accident and Health Direct Losses Incurred

STATE OF NORTH DAKOTA

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

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, 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 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

d seal at Bismarck this first day of March, A.D., 2025 JON GODFREAD

(6/25, 7/2, 9)

97179 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 FOR THE YEAR ENDING DECEMBER 31, 2024

UnitedHealthcare Life Insurance Company 199,160,370 89,092,676 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than Special Surplus 6,000,000 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 180,332,982 199,160,370

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

of the

Total Premiums Earned Total Amount Incurred

Total Assets Total Liabilities

Funds Surplus Notes Gross Paid in and

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE I, Jon Godfread, Commissioner of Insurance of the State of , Godineau, 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 COMPANY'S CERTIFICATE OF

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

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

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

JON GODFREAD

(6/25, 7/2, 9)

16825

37850 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Pacific Specialty Insurance Company In the state of California In the state of California
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 Gross Faid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 331,534,878 And Surplus

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 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 Rismarck the first day of

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

ner of Insurance STATE OF NORTH DAKOTA DFFICE OF THE COMMISSIONER OF INSURANCE OF STATE OF THE CATE 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 n 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 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

ioner of Insurance

(6/25, 7/2, 9)

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

Pioneer Mutual Life Insurance Company In the state of North Dakota Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 719,954 3,000,000 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 7,000,000 48,561,475 59,281,429 Contributed Surplus Unassigned Funds Total Capital and Surplus
Total Liabilities, Capital 76,347,740 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Life and Annuity Premiums Written 1,286,890 Total Life and Annuity Direct Losses Paid 5,221,482
Total Accident and
Health Direct Premiums 0 Written Total Accident and Health Direct Losses Paid 0

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 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 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 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

ABSTRACT OF STATEMENT

State Farm General Insurance Company In the state of Illinois Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 10,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 340,681,027 1,038,181,027

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

7,404,561,159

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

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.
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 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, Commisin the REPORE, 1, 30N 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 be

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

JON GODFREAD

(6/25, 7/2, 9)52626 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

Medica Health Plans In the state of Minnesota Total Assets Total Liabilities 971,675,180 416,251,506 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than Special Surplus
Funds Funds Surplus Notes Gross Paid in and Contributed Surplus Inassigned Funds 555,423,674 555,423,674 otal Capital and Surplus otal Liabilities, Capital 971,675,180 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

Total Premiums Earned Total Amount Incurred 92,200,088 90,227,351 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

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 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

(6/25, 7/2, 9)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2024 American United Life Insur In the state of Indiana Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 75,607,244 5,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 75,000,000 369,250,000 583,593,252 1,108,450,496 Contributed Surplus Unassigned Funds Total Capital and Surplus
Total Liabilities, Capital And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Life and Annuity Premiums Written 10,621,607 Total Life and Annuity Direct Losses Paid 7,714,031
Total Accident and
Health Direct Premiums 68,318 Written
Total Accident and
Health Direct Losses Paid 8,065

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 this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bism 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

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 ION CODEREAD

25151

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

State Farm Health Insura Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 2,500,000 Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 2,500,000 3,571,326 8,571,326

8,602,496 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

Total Premiums Earned 0 Total Amount Incurred 0

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand

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

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

ner of Insurance (6/25, 7/2, 9)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Jefferson Insurance Company In the state of New York 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 803,719,630 528,558,073 4.181.500 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 803,719,630 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Direct Premium Earned Total Direct Losses 4,604,176 875,014 Incurred

Fotal Accident and Health Direct Premi 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 er 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

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-

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

(SEAL) JON GODFREAD

And Surplus

(6/25, 7/2, 9) ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2024 First American Title Insurance Company In the state of Nebraska Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 300,000,000 Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Fotal Capital and Surplus Fotal Liabilities, Capital

NORTH DAKOTA BUSINESS ONLY

3,555,214,456

Total Direct Premiums 1,787,025 Earned Total Direct Losses 671 ncurred
Fotal Accident and Health Direct Premit 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 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 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 aforebusiness 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 the provisions of said laws, do 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 and and seal at Bismarck this first day of March, A.D., 2025 JON GODFREAD

(7/2, 9, 16)

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

Sagicor Life Insurance Company In the state of Texas Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 2,500,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 125,966,848 427,223,496 -374,593,515 181,096,829 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

5,479,804,127 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 3,975,291 Total Life and Annuity Direct Losses Paid 1,027,607 Total Accident and Health Direct Premiums 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

JON GODFREAD

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPAN'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 swear statement exhibiting its condition and busi-

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 is the said of the sai 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 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 (6/25, 7/2, 9)

of the The Chesapeake Life Insurance Company In the state of Oklahoma 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 2,668,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned Funds
Fotal Capital and Surplus
Fotal Liabilities, Capital

FOR THE YEAR 2024 Total Life and Annuity Premiums Written 29,631 Total Life and

Annuity Direct Losses Paid 15,000 Total Accident and

Health Direct Losses Paid 71,940 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

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

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

(6/25, 7/2, 9)

FOR THE YEAR ENDING **DECEMBER 31, 2024** The State Life Insurance Co In the state of Indiana 11,948,904,019 Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 50,942,923 3,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than

Total Capital and Surplus Total Liabilities, Capital 11,948,904,019

Annuity Direct Losses Paid 1,230,472
Total Accident and
Health Direct Premiums 317,265 Written Total Accident and Health Direct Losses Paid 218,998 STATE OF NORTH DAKOTA

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 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 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

317,578,881 And Surplus NORTH DAKOTA BUSINESS ONLY

Health Direct Premiums 279,841 Total Accident and

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 cartified only of its charter with certificate of organization control of the property of the charter with certificate of organization.

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

ABSTRACT OF STATEMENT

Special Surplus Funds Surplus Notes 30,000,000 Gross Paid in and 110,550,000 429,313,174 623,806,097 Contributed Surplus Jnassigned Funds

And Surplus NORTH DAKOTA BUSINESS ONLY Total Life and

Annuity Premiums Written 2,310,020 Total Life and

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 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

certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore NOW THEREFORE, I, JON GODFREAD, Commis

(7/2, 9, 16)