ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Standard Insurance Company 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 41,322,097,263 39,472,687,574 58,165,823 423,838,694 0 Special Surplus Funds Surplus Notes Gross Paid in and 350,000,000 650,132,832 367,272,339 1,849,409,688 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

#### 41,322,097,262 And Surplus NORTH DAKOTA BUSINESS ONLY

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
OFFICE OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the State of
North Dakota, do hereby certify that the foregoing is a true
Abstract of Statement, as officially filed by the Company in 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
WHEREAS, the said company has filed in this office a duly
certified copy of its charter with certificate of organization
in compliance with the requirements of insurance law aforesaid,

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

#### 16825 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Branch Insurance Exchange In the state of Ohio Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 173,500,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 102,270,881 And Surplus

## NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 82,883 Earned Total Direct Losses 68,672 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 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 where As the above corporation duty organized unter 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, Comi 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

(6/25, 7/2, 9)

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

Casualty Underwriters Ins In the state of Utah 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 200,000,000 Special Surplus Funds 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 12,034,835 And Surplus

## NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 36,075,195 Earned Total Direct Losses 16,764,392 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 OF INSUKANCE

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

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 usiness 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

JON GODFREAD

(6/25, 7/2, 9)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING
DECEMBER 31, 2024
of the
UnitedHealthcare Life Insurance Company

In the state of Wisconsin Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than Special Surplus
Funds 6,000,000 Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 110,067,694 199,160,370

#### 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
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
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a swarm statement exhibiting its condition and busithe 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-

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

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

of the Pacific Specialty Insurance Con In the state of California Total Assets Total Liabilities 331,534,877 190,625,426 Aggregate write-ins Aggregate Write-Ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 3,500,000 Special Surplus Funds Surplus Notes Gross Paid in and 15,359,109 122,050,342 140,909,451 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

## STATE OF NORTH DAKOTA

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 Commissioner of Insurance

### STATE OF NORTH DAKOTA 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 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)

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

Pioneer Mutual Life Insurance Company In the state of North Dakota Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 719,954 3,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds 7,000,000 48,561,475 59,281,429 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 IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed the seal of this office at Bist 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 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

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 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) ION CODEREAD

(7/2, 9, 16)

#### 25151 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

State Farm General Ins In the state of Illinois Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 10,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 687,500,000 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 7,404,561,159 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

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

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

JON GODFREAD

(6/25, 7/2, 9)

37850

## 52626 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Medica Health Plans In the state of Minnesota 971,675,180 416,251,506 Aggregate wine-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 555,423,674 555,423,674 971,675,180

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
this office

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 sworm statement exhibiting its condition and business for the year ending December 31, 2024 conformable rements of the laws of this State regarding

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 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

(6/25, 7/2, 9)

## ABSTRACT OF STATEMENT

FOR THE YEAR ENDING **DECEMBER 31, 2024** American United Life Insurance Compan In the state of Indiana

Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 75,607,244 5,000,000 Other Than Special Surplus Funds 75,000,000 Surplus Notes Gross Paid in and 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 Total Accident and
Health Direct Premiums

7,714,031

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 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, Commissioner 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

94498 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

State Farm Health 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 Special Surplus
Funds
Surplus Notes
Gross Paid in and
Contributed Surplus
Unassigned Funds
Unassigned Funds
Total Capital and Surplus
Total Capital and Surplus
Total Liabilities, Capital
And Surplus In the state of Illinois 0 2,500,000 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

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 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,

NOW THEREFORE, I, JON GODFREAD, Commis

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

#### 11630 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Jefferson Insurance Company In the state of New York 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
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital
And Surplus 4,181,500 803,719,630

#### NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums 4,604,176 Earned Total Direct Losses 875,014 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 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 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 busiess 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 oner of Insurance

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

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

#### And Surplus NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums Earned Total Direct Losses 1,787,025 671 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). ioner of Insurance

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

AUTHORITY
WHEREAS, the above corporation duly organized under
the laws of its state or country of domicile, has filed in this
office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the iness of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law 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 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 and and seal at Bismarck this first day of March, A.D., 2025

ION CODEREAD

(7/2, 9, 16)

60445 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 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 2,500,000 125,966,848 427,223,496 -374,593,515 181,096,829

#### NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

5,479,804,127

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

1,027,607 Total Accident and

And Surplus

## 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. 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

# SIONERAD SIONERAD SIONER OF INSURANCE COMPANY'S CERTIFICATE OF

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

to the requirements of the laws of this State regarding the business of insurance and ousness 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-

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

(6/25, 7/2, 9)

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

The Chesapeake Life Insurance Company In the state of Oklahoma Total Assets
Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for 317,578,881 213,438,573 2,668,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Laibilities, Capital And Surplus 68,967,320 32,504,988 104,140,308 317,578,881

#### NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Total Life and Annuity Premiums Written 29,631
Total Life and Annuity Direct Losses Paid Total Accident and Health Direct Premiums 279,841 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 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 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-

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

NOW THEREFORE, I, JON GODFREAD, Commis

(SEAL)
JON GODFREAD

(6/25, 7/2, 9)

#### ABSTRACT OF STATEMENT FOR THE YEAR ENDING

**DECEMBER 31, 2024** The State Life Insurance Company In the state of Indiana Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 50,942,923 3,000,000 Other Than Special Surplus Funds Surplus Notes 30,000,000 Gross Paid in and 110,550,000 429,313,174 623,806,097 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

#### 11,948,904,019 And Surplus NORTH DAKOTA BUSINESS ONLY

Total Life and Annuity Premiums Written 2,310,020 Total Life and Annuity Direct Losses Paid 1,230,472
Fotal Accident and Total Accident and Health Direct Premiums 317,265 Written Total Accident and Health Direct Losses Paid 218,998

## 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

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, Commi sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated 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

(7/2, 9, 16)

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

66087

of the Mid-West National Life Insurance Company Of Tennessee In the state of Texas Total Assets Total Liabilities Aggregate write-in Aggregate Write-Ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,500,000 Special Surplus Funds 24,391,580 -13316535 13,575,045 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

#### 24,397,412 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 1,060 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
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 WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in applicant with the requirements 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

(SEAL) JON GODFREAD

(6/25, 7/2, 9)

61832

69647 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the Optum Insurance Of Ohio, Inc. In the state of Ohio Total Assets Total Liabilities Aggregate write-in for special surplus funds 2,727,274 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds N/A Surplus Notes Gross Paid in and

#### Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 617,849,708

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 0 Written Total Accident and

## 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 WITH Health Direct Losses Paid 0

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 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, Commi sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the

## ABSTRACT OF STATEMENT FOR THE YEAR ENDING

Selective Insurance Company Of America In the state of New Jersey Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock 4,400,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 160,813,867 832,258,529 997,472,396 Contributed Surplus Unassigned funds (surplus)

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

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

usiness of insurance and

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the

(SEAL) JON GODFREAD

laws thereof, until the 30th day of April, A.D. 2026 IN TESTIMONY WHEREOF, I have hereunto se hand and seal at Bismarck this first day of March, A.D.,

(SEAL) JON GODFREAD (6/25, 7/2, 9)

138,989 1,353 Total Accident and Health Direct Premiums

Incurred

#### STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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

# 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-

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

Total Capital and Surplus Total Liabilities, Capital 4,211,301,595 And Surplus NORTH DAKOTA BUSINESS ONLY

Earned Total Accident and Health Direct Losses

# Commissioner of Insurance

NOW THEREFORE, I, JON GODFREAD, Commis

(7/2, 9, 16)

**DECEMBER 31, 2024** 

Total Direct Premiums Earned Total Direct Losses