34606

20583

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

37885

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Center Mutual Insurance Company In the state of North Dakota Total Assets Total Labilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 75,802,744 34,000,973

Other I han	0
Special Surplus Funds	
Surplus Notes	0
Gross Paid in and	
Contributed Surplus	0
Unassigned funds (surplus)	41,382,962
Total Capital and Surplus	41,382,962
Total Liabilities, Capital	
And Surplus	75,383,935
	A BUSINESS ONLY YEAR 2024
FOR THE	
FOR THE Total Direct Premiums	YEAR 2024
FOR THE Total Direct Premiums Earned	YEAR 2024
FOR THE Total Direct Premiums Earned Total Direct Losses	YEAR 2024 35,683,384
FOR THE Total Direct Premiums Earned Total Direct Losses Incurred	YEAR 2024 35,683,384
FOR THE Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and	YEAR 2024 35,683,384

Total Accident and Health Direct Losses 0 Incurred

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

March, A.D. 2025 (SEAL).

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 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

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 (SEAL) JON GODFREAD

ner of Insurance

(7/2, 9, 16)

		20	
	OF STATEMENT		
	FOR THE YEAR ENDING DECEMBER 31, 2024		
	f the		
Berkshire Hathaway Homes In the state of Nebraska	tate Insurance Company		
Total Assets Total Liabilities Aggregate write-ins	4,896,143,007 2,103,398,806		
for special surplus funds Common Capital Stock Preferred Capital Stock	0 4,000,000 0		
Aggregate Write-ins for 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	146,240,599 2,623,641,900 2,773,882,499		
And Surplus	4,877,281,305		
NORTH DAKOT	A BUSINESS ONLY		
FOR THI	E YEAR 2024		
Total Direct Premiums			
Earned Total Direct Losses	741,902,465		
Incurred Total Accident and	387,013,504		
Health Direct Premiums Earned	0		
Total Accident and	0		
Health Direct Losses Incurred	0		
	ORTH DAKOTA E 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 oner of Insurance STATE OF NORTH DAKOTA

FOR THE Y DECEMB	DF STATEMENT EAR ENDING EER 31, 2024 f the iny
Total Assets	15,059,518,593
Total Liabilities Aggregate write-ins	11,402,908,842
for special surplus funds	82,595,372
Common Capital Stock	3,558,100
Preferred Capital Stock Aggregate Write-ins for	0
Other Than	0
Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and	
Contributed Surplus	2,886,855,568
Unassigned funds (surplus)	683,600,711 3,656,609,751
Total Capital and Surplus Total Liabilities, Capital	3,030,009,731
And Surplus	15,059,518,593
	A BUSINESS ONLY
	YEAR 2024
Total Direct Premiums	
Earned Total Direct Losses	331,472
Incurred	-307,641
Total Accident and	
Health Direct Premiums	0
Earned Total Accident and	
Health Direct Losses	0
Incurred	v

22322

tal Direct Premiums		
rned	331,472	
tal Direct Losses		
curred	-307,641	
tal Accident and		
ealth Direct Premiums	0	
rned		
tal Accident and	0	
ealth Direct Losses	0	
curred		

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 offic 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

oner of Insurance 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 requirements of the laws of this State regarding the huminome dimensioner and the state of the

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

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

ioner of Insurance (7/2, 9, 16)

20044	ABSTRACT C	DF STATEMENT		
	FOR THE YEAR ENDING			
		ER 31, 2024		
	of the XL Insurance Company Of New York, Inc.			
	In the state of New York	www.rork, me.		
	Total Assets Total Liabilities Aggregate write-ins	572,167,714 385,738,440		
	for special surplus funds	0		
	Common Capital Stock	5,000,000		
	Preferred Capital Stock Aggregate Write-ins for	0		
	Other Than	0		
	Special Surplus Funds	-		
	Surplus Notes	0		
	Gross Paid in and			
	Contributed Surplus	133,193,818		
	Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	48,235,456 186,429,274		
	And Surplus	572,167,714		
	NORTH DAKOTA BUSINESS ONLY			
	FOR THE YEAR 2024			
	Total Direct Premiums Earned Total Direct Losses	0		
	Incurred	0		
	Total Accident and	0		
	Health Direct Premiums	0		
	Earned			
	Total Accident and			
	Health Direct Losses Incurred	0		
	STATE OF NORTH DAKOTA			
		COMMISSIONER URANCE		
state of	I Ion Godfrood Commission			

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 his 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

FOR THE Y DECEMB	DF STATEMENT EAR ENDING ER 31, 2024 The
XL Reinsurance America Inc	
In the state of New York	
Total Assets	2,857,83,255
Total Liabilities	1,917,569,252
Aggregate write-ins	
for special surplus funds	0
Common Capital Stock	5,000,000
Preferred Capital Stock	0
Aggregate Write-ins for	0
Other Than	0
Special Surplus Funds	0
Surplus Notes Gross Paid in and	0
Contributed Surplus	3,337,164,553
Unassigned funds (surplus)	295,357,800
Total Capital and Surplus	939,914,003
Total Liabilities, Capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
And Surplus	2,857,483,255
NORTH DAKOTA	A BUSINESS ONLY

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	0
Total Direct Losses	
Incurred	0
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	
Health Direct Losses	0
Incurred	

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

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 siness of insurance and

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

said, NOW THEREFORE, I, JON GODFREAD, Commis-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 hard and east at Bismarck this first day of March A.D. 2025 nd and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(7/2, 9, 16)

40193 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 EMC National Life 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 Costributed Surplus 722,573,855 617,383,254 12,000.000 0 0 34,830,042 38,231,360 105,190,600 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 722,573,854 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and
 Iotal Life and
 463,196

 Annuity Premiums Written
 463,196

 Total Life and
 458,974

 Total Accident and
 458,974

 Health Direct Premiums
 3,410
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 offic 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 of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OF INSURANC

COMPANY'S CERTIFICATE OF AUTHORITY

NOW THEREFORE, I, JON GODFREAD, Commis-

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the

29,463,833 12,720,245

2,600,000

86,354,767 -72,211,179 16,743,588

29,463,833

286,127

-8.760

0

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

the provisions 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

ner of Insurance

0

0

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the T.H.E. Insurance Company In the state of Delaware Total Assets Total Liabilit 61,914,704 4,102,607 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 4,500,888 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 38,862,500 14,448,709 57,812,097 61,914,704 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

12866

Total Direct Premium 73.570 Earned Total Direct Losses 1,056

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 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

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 requirements of the laws of this State regarding the hydroxymatrix and the state of the state o 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-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 head and ease at Biemgreck this first day of March AD 2025 hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(7/2, 9, 16)

62928

X In

Incurred

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the	
L Insurance America, Inc. the state of Delaware	
otal Assets otal Liabilities ggregate write-ins	572,167,714 385,738,440
or special surplus funds common Capital Stock referred Capital Stock ggregate Write-ins for	0 5,000,000 0
ther Than	0
pecial Surplus Funds urplus Notes cross Paid in and	0
ontributed Surplus nassigned funds (surplus) otal Capital and Surplus otal Liabilities, Capital	133,193,818 48,235,456 186,429,274
nd Surplus	572,167,714
NORTH DAKOTA	BUSINESS ON

FOR THE YEAR 2024

Total Direct Premiu 1,847,243 Earned Total Direct Losses 372,168 Incurred Total Accident and 0 Health Direct Premiums Earned Total Accident and Health Direct Losses 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

sioner of Insurance STATE OF NORTH DAKOTA

Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 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 55,221,888 39,739,550 97,661,438 2.373.050.836 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium Earned Total Direct Losses 2,493,452,003 2,133,624,775 Incurred Total Accident and Health Direct Premi Earned Total Accident and Health Direct Losses 0

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

2,373,050,836 2,275,389,398

2,700,000

American Agri-Business Insurance Company In the state of Texas Total Agent

Total Assets Total Liabilities

Incurred

12548

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 offic

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

ner 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

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

(SEAL) JON GODFREAD

(7/2, 9, 16)

24554

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the UnitedHealthcare Ins Co Of America In the state of Illi Total Assets Total Liabilities 232,750,668 143,503,326 Aggregate write-ins Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus 2,500,000 Funds 0 Surplus Notes Gross Paid in and 79,820,651 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 6,926,691 89,247,342 232,750,668 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH Total Premiums Earned Total Amount Incurred 971,101 812,492

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 Commission of Damaged 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

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-

XL Specialty Insurance Company In the state of Delaware Total Assets Total Liabilities 3,440,477,638 2,652,387,818 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 0 5,812,500 0 0 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 609,190,31 173,087,003 788,089,820 And Surplus 3,440,477,638 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 2.973.099 Earned Total Direct Losses 1.205.615 Incurred 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 GODFREAD Commissioner of Learner

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 in compliance with the requirements of insurance law afore-said.

NOW THEREFORE, I, JON GODFREAD, Commis sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above and company is fully empowered through its autorized 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 (SEA 1) (SEAL)

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

3,193,967,120 2,930,023,011

2,500,000

9,600,000

16,434,855

203,204,634 2,317,394,489

3,161,762,500

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

STATE OF NORTH DAKOTA

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 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 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

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

76112

JON GODFREAD of Insurance

Oxford Life Insurance Company In the state of Arizona

(7/2, 9, 16)

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

Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

Annuity Premiums Written 0 Total Life and

Annuity Direct Losses Paid 0 Total Accident and

Health Direct Premiums 0

Written Total Accident and Health Direct Losses Paid 0

business of insurance and

Gross Paid in and

And Surplus

Total Life and

this office

Contributed Surplus

84549

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 ousiness of insurance and

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

said, NOW THEREFORE, I, JON GODFREAD, Commis-Now THEREFORE, 1, JON CODFREAD, 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

ner of Insurance

(7/2, 9, 16)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the AXA XL Insurance Company Americas In the state of Delaware Total Assets Total Liabilities 78,168,837 5,725,518 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 5,000,000 0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 82,472,540 -15,029,221 72,443,319 78,168,837

And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024	
Total Direct Premiums	
Earned	0
Total Direct Losses	
Incurred	9,454
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

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 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 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-

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

(7/2, 9, 16)

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 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 acomplement with the requirement of insurance law offers

in compliance with the requirements of insurance law afore-

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

1,019,767,589 726,553,530

10,722,657 2,500,000 3,000,000

3,029,497

2,538,289

364,868,930 365,214,059

1,091,767,589

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NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER

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

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above

the provisions 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) ION CODEREAD

JON GODFREAD

(7/2, 9, 16)

r of Insurance

Fidelity Security Life Insurance Company

In the state of Missouri

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

Jnassigned Funds Total Capital and Surplus Total Liabilities, Capital

Annuity Premiums Written 80,835 Total Life and

Annuity Direct Losses Paid 5,007 Total Accident and

Health Direct Premiums 3,527,731

Health Direct Losses Paid 1,847,631

Total Assets Total Liabilities

Other Than

And Surplus

Total Life and

Written Total Accident and

Aggregate write-ins

(7/2, 9, 16)

19518

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 service return of the low or the this forthe correction the

71870

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

(SEAL) JON GODFREAD (7/2, 9, 16)

American Reliable Insurance Compan

In the state of Arizona

Total 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

Health Direct Premi

Earned Total Accident and

this office

(SEAL)

(7/2, 9, 16)

JON GODFREAD

Health Direct Losses

And Surplus

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

Total Assets Total Liabilities

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

hess 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 CODEREAD 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 acc ording to the 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 ioner of Insurance

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

DECEMBER 31, 2024

792339353 733471655

3000000

37069958

18797740 58867698

792339353

17698525

6267884

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NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

of the

Producers Agriculture Insurance Company

In the state of Texas Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus Total Capital and Surplus Total Liabilities, Capital And Surplus

And Surplus

Total Direct Premiums

Earned Total Direct Losses

Incurred Fotal Accident and

(7/2, 9, 16)

In the state of Texas

19615

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 band and end the Dimensional through the table according

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

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the

174,448,245 132,788,940

5,005,500

17,320,615 19,333,190 41,659,305

174,448,245

101.884

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

The Insurance Company Of The State Of Pennsylvania

sioner of Insurance

(7/2, 9, 16)

In the state of IL

Total Assets Total Liabilities

Total 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

And Surplus

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

34312

hand and seal at Bismarck this first day of March, A.D., 202 (SEAL) JON GODEREAD

19429

(7/2, 9, 16)

2384 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 New Hampshire Insurance Company In the state of IL Total Assets Total Liabilities 221,750,191 145,188,419 Aggregate write-ins for special surplus funds Common Capital Stock 0 5,325,065 Preferred Capital Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and 57,495,029 13,741,678 76,561,772 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 221,750,191 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium 735,404 Earned Total Direct Losses 306,461 Incurred Total Accident and Health Direct Premiums 0

Incurred	-171,942	
Total Accident and		
Health Direct Premiums	0	
Earned		
Total Accident and		
Health Direct Losses	0	
Incurred		
STATE OF NORTH DAKOTA		
OFFICE OF TH	E COMMISSIONER	

OFFICE OF INSURANCE

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

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

said, NOW THEREFORE, I, JON GODFREAD, Commis 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 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

(7/2, 9, 16)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

0

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 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

er of Insurance

Earned Total Accident and Health Direct Losses

Incurred

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 siness 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-erid

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 head and ease at Biemgreck this first day of March A.D. 2025 hand and seal at Bismarck this first day of March, A.D., 202 (SEAL) ION GODFREAD

(7/2, 9, 16)

uns once. 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 sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF 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-said, 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 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, Comn sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above

ness of autoorized 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

(7/2, 9, 16)

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 the officer of the statement of the statement of the officer of the statement of the

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).

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

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 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