The In th

Tota Tota Aggr for s Con Pref Aggr Othe

Spec Surp Gros

Cont Unas Tota Tota And

50814

18767

	67911		
FOR THE DECEM	OF STATEMENT YEAR ENDING BER 31, 2024	FOR THE Y DECEME	DF STATEMENT EAR ENDING BER 31, 2024 f the
Pioneer Mutual Life Insurat In the state of North Dakota		American United Life Insura In the state of Indiana	
Total Assets Total Liabilities	76,347,740 76,347,740	Total Assets Total Liabilities	39,737,594,500 39,737,594,500
Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock	719,954 3,000,000 0	Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock	75,607,244 5,000,000 0
Aggregate Write-ins for Other Than	0	Aggregate Write-ins for Other Than	0
Special Surplus Funds Surplus Notes Gross Paid in and	0	Special Surplus Funds Surplus Notes Gross Paid in and	75,000,000
Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital	7,000,000 48,561,475 59,281,429	Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital	369,250,000 583,593,252 1,108,450,496
And Surplus	76,347,740	And Surplus	39,737,594,500
	FA BUSINESS ONLY E YEAR 2024		A BUSINESS ONLY 2 YEAR 2024
Total Life and Annuity Premiums Written	1,286,890	Total Life and Annuity Premiums Written	10,621,607
Total Life and Annuity Direct Losses Paid Total Accident and	5,221,482	Total Life and Annuity Direct Losses Paid Total Accident and	7,714,031
Health Direct Premiums Written	0	Health Direct Premiums Written	68,318
Total Accident and Health Direct Losses Paid	0	Total Accident and Health Direct Losses Paid	8,065
OFFICE OF TH	ORTH DAKOTA E COMMISSIONER SURANCE	OFFICE OF THE	ORTH DAKOTA E COMMISSIONER SURANCE
Abstract of Statement, as of this office. IN TESTIMONY WHERE	rtify that the foregoing is a true fficially filed by the Company in OF, I have hereunto set my hand ffice at Bismarck, the first day of	North Dakota, do hereby ce Abstract of Statement, as off this office. IN TESTIMONY WHEREC and affixed the seal of this of March, A.D. 2025 (SEAL). JON GODFREAD Commissioner of Insurance	ficially filed by the Cor DF, I have hereunto set
STATE OF N OFFICE OF TH OF IN	IORTH DAKOTA E COMMISSIONER SURANCE	STATE OF N OFFICE OF THE OF INS	ORTH DAKOTA E COMMISSIONER SURANCE
	CERTIFICATE OF HORITY		CERTIFICATE OF HORITY
the laws of its state or cour office a sworn statement e: ness for the year ending E to the requirements of the business of insurance and WHEREAS, the said comp certified copy of its charter	rporation duly organized under try of domicile, has filed in this schibiting its condition and busi- becember 31, 2024 conformable laws of this State regarding the any has filed in this office a duly with certificate of organization irements of insurance law afore-	WHEREAS, the above con- the laws of its state or count office a sworn statement ex- ness for the year ending Du- to the requirements of the 1 business of insurance and WHEREAS, the said compre- certified copy of its charter in compliance with the requi- said,	ry of domicile, has file hibiting its condition a cember 31, 2024 com aws of this State regar any has filed in this offi- with certificate of orga
NOW THEREFORE, I, sioner of Insurance of the S the provisions of said laws, named company is fully er agents and representatives, ness of authorized insuran laws thereof, until the 30th IN TESTIMONY WHEF	REOF , I have hereunto set my his first day of March, A.D., 2025	NOW THEREFORE, I, sioner of Insurance of the Sts the provisions of said laws, named company is fully em agents and representatives, t ness of authorized insurance laws thereof, until the 30th d IN TESTIMONY WHER hand and seal at Bismarck th (SEAL) JON GODFREAD Commissioner of Insurance	ate of North Dakota, pu do hereby certify that t powered through its at o transact its appropria e in the state accordir lay of April, A.D. 2026. EOF, I have hereunto
(7/2, 9, 16)		(7/2, 9, 16)	
FOR THE DECEM	65528 OF STATEMENT YEAR ENDING BER 31, 2024	FOR THE Y DECEME	DF STATEMENT 'EAR ENDING BER 31, 2024
Life Insurance Company O In the state of Texas	of the f The Southwest	o Life Insurance Company Of In the state of Pennsylvania	f the North America

Life Insurance Company Of In the state of Texas	The Southwest	Life Insur In the stat
Total Assets Total Liabilities Aggregate write-ins	36,940,418,585 34,383,562,677	Total Ass Total Lial Aggregate
for special surplus funds Common Capital Stock Preferred Capital Stock	0 3,000,000 0	for specia Common Preferred
Aggregate Write-ins for Other Than	0	Aggregate Other Tha
Special Surplus Funds Surplus Notes Gross Paid in and	30,000,000	Special S Surplus N Gross Pai
Contributed Surplus Unassigned Funds Total Capital and Surplus	584,496,410 1,939,359,499 2,556,855,909	Contribut Unassign Total Cap
Total Liabilities, Capital And Surplus	36,940,418,585	Total Liat And Surp
	A BUSINESS ONLY YEAR 2024	
Total Life and	1EAR 2024	Total Life
Annuity Premiums Written Total Life and	13,579,961	Annuity P Total Life
Annuity Direct Losses Paid Total Accident and	716,098	Annuity I Total Acc
Health Direct Premiums Written	195	Health Di Written
Total Accident and Health Direct Losses Paid	0	Total Acc Health Di
	ORTH DAKOTA	
	COMMISSIONER URANCE	
I, Jon Godfread, Commission North Dakota, do hereby cer	ner of Insurance of the State of tify that the foregoing is a true icially filed by the Company in	I, Jon Goo North Dal Abstract o this office
IN TESTIMONY WHEREO	F, I have hereunto set my hand	IN TEST

IN TESTIMONY W 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

7,714,031 68,318 8,065 ORTH DAKOTA IF COMMISSIONER SURANCE oner of Insurance of the State of ertify that the foregoing is a true fficially filed by the Company in OF, I have hereunto set my hand ffice at Bismarck, the first day of ORTH DAKOTA E COMMISSIONER SURANCE CERTIFICATE OF HORITY **'HORITY** proration duly organized under ntry of domicile, has filed in this khibiting its condition and busi-December 31, 2024 conformable laws of this State regarding the any has filed in this office a duly with certificate of organization irements of insurance law afore-JON GODFREAD, Commis tate of North Dakota, pursuant to , do hereby certify that the above npowered through its authorized to transact its appropriated busi-ce in the state according to the day of April, A.D. 2026. REOF, I have hereunto set my his first day of March, A.D., 2025 65498 sets abil ate v ial s n C ed C ate V har Sui Nc aid iteo ned pit abi plu Ν fe ar Prei fe ar Dire Direct Premiums 2,749,265 ccident and Direct Losses Paid 1,593,370 STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE Offread, Commissioner of Insurance of the State of akota, do hereby certify that the foregoing is a true of Statement, as officially filed by the Company in Ins 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

ABSTRACT OF STATEMENT		
FOR THE YEAR ENDING DECEMBER 31, 2024		
	the	
First American Title Insuranc		
In the state of Nebraska	1 5	
Total Assets Total Liabilities Aggregate write-ins	3,555,214,456 1,996,139,291	
for special surplus funds	0	
Common Capital Stock	300,000,000	
Preferred Capital Stock Aggregate Write-ins for	0	
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and	100 000 000	
Contributed Surplus	432,586,030 826,489,135	
Unassigned funds (surplus) Total Capital and Surplus	1,559,075,165	
Total Liabilities, Capital	1,559,675,105	
And Surplus	3,555,214,456	
NORTH DAKOTA	A BUSINESS ONLY	
FOR THE YEAR 2024		
Total Direct Premiums		
Earned Total Direct Losses	1,787,025	

60895

Total Direct Premiums	
Earned	1,787,025
Total Direct Losses	
Incurred	671
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	
Health Direct Losses	0
Incurred	
STATE OF N	ODTUDA

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

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

r 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 rearding the to the requirements of the laws of this State regarding the s of insurance and

ousness 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-eaid

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 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

NORTH DAKOTA BUSINESS ONLY

0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

Annuity Direct Losses Paid 0 Total Accident and

Written Total Accident and Health Direct Losses Paid 0

Health Direct Premiums

Annuity Premiu Total Life and

(7/2, 9, 16)

	03	498	
	OF STATEMENT EAR ENDING	ABSTRACT ()F STATEMI
DECEME	BER 31, 2024	FOR THE Y	
	fthe		ER 31, 2024
nce Company Of	North America		f the
of Pennsylvania		NYLIFE Insurance Company	
-	0 520 505 272	In the state of Arizona	/ OI Alizolia
s lities	9,520,595,372 7,345,083,009		
write-ins	7,545,085,009	Total Assets	489,531,317
	17,257,967	Total Liabilities	134,521,533
surplus funds Capital Stock	2,500,000	Aggregate write-ins	
Capital Stock	0	for special surplus funds	0
Write-ins for	-	Common Capital Stock	2,500,000
1	0	Preferred Capital Stock Aggregate Write-ins for	0
plus Funds		Other Than	0
otes	0	Special Surplus Funds	0
in and		Surplus Notes	0
d Surplus	177,969,241	Gross Paid in and	0
l Funds	1,977,785,155	Contributed Surplus	448,500,000
al and Surplus	2,175,512,363	Unassigned Funds	(95,990,216
lities, Capital		Total Capital and Surplus	355,009,784
IS	9,520,595,372	Total Liabilities, Capital	
OPTH DAKOT	A BUSINESS ONLY	And Surplus	489,531,317
	YEAR 2024	NODTH DAVOT	. DUCINECO
	1 EAR 2024	NORTH DAKOT	
und			YEAR 2024
	2,182,036	Total Life and	
ind rect Losses Paid	2.102.995	Annuity Premiums Written	375,335

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

and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

FOR THE Y	DF STATEMENT TEAR ENDING	69116
	BER 31, 2024	
	f the	
State Life Insurance Co as state of Indiana	mpany	
ll Assets Il Liabilities regate write-ins	11,948,904,019 11,948,904,019	
special surplus funds nmon Capital Stock Ferred Capital Stock regate Write-ins for	50,942,923 3,000,000 0	
er Than cial Surplus Funds	0	
olus Notes ss Paid in and	30,000,000	
tributed Surplus ssigned Funds Il Capital and Surplus Il Liabilities, Capital	110,550,000 429,313,174 623,806,097	
Surplus	11,948,904,019	
	A BUSINESS ONLY E YEAR 2024	
l Life and		

Annuity Premiums Written 2,310,020 Total Life and 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 DAKOIA 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

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

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, 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 WIEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SFA1). (SEAL)

JON GODFREAD

(7/2, 9, 16)

81353

G

FOR THE YI DECEMB	F STATEMENT EAR ENDING ER 31, 2024 the rance Company
otal Assets otal Liabilities ggregate write-ins	31,967,916 22,410
or special surplus funds common Capital Stock referred Capital Stock ggregate Write-ins for	0 3,501,000 0
wher Than pecial Surplus Funds	0
urplus Notes ross Paid in and	0
ontributed Surplus Inassigned funds (surplus) otal Capital and Surplus otal Liabilities, Capital	18,489,979 9,954,527 31,945,506
nd Surplus	31,967,916
NORTH DAKOTA	A BUSINESS ON

ILY FOR THE YEAR 2024

Total Direct Premium 236,565 Earned Total Direct Losses 97,969 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 L Jon Godfread, Con

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).

Total Assets Total Liabilities 26,900,894 257,710 Aggregate write-ins for special surplus funde Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 3,510,000 Preterred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus Total Capital and Surplus Total Liabilities, Capital And Surplus

26.900.894 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

13,716,521 9,416,663 26,643,184

Total Direct Premiums 1,499,908 Earned Total Direct Losses 500,151 Incurred Total Accident and Health Direct Premiums Earned Fotal Accident and

Health Direct Losses

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

0

OF INSURANCE UP 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 discussion.

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Church Mutual Insurance Company, S.I. In the state of Wisconsin Total Assets Total Liabilities 2,470,636,464 1,757,711,158 Aggregate write-in Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 1,600,0005,000,0000 Special Surplus Funds Surplus Notes Gross Paid in and 40,000,000

12572

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

4,211,301,595 3,213,829,199

4,400,000

160,813,867 832,258,529 997,472,396

4,211,301,595

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

138,989

1,353

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

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

to the requirements of the laws of this State regarding the

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

NOW THEREFORE, I, JON GODFREAD, Commis-

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

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 bread end and the mergen but is fast user of version 4 D. 2026

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

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the

of Insurance

Great American Assurance Compar

er of Insurance

ness of insurance and

(SEAL) JON GODFREAD

In the state of Ohio

(7/2, 9, 16)

26832

Selective Insurance Company Of America In the state of New Jersey Total Assets

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

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

Gross Paid in and

Total Direct Premiu

Earned Total Direct Losses

Incurred Total Accident and

Health Direct Premium

Earned Total Accident and Health Direct Losses

Incurred

And Surplus

142,875,000 523,450,306 712,925,306 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 2,470,636,464 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

otal Direct Premiums	
Earned	969,239,343
otal Direct Losses	
ncurred	646,900,627
otal Accident and	
Health Direct Premiums	0
Earned	
otal Accident and	
Health Direct Losses	0
ncurred	

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

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 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 fore-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 bread and each primerule this first law of March A.D. 2026. hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(7/9, 16, 23)

26344

16691 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

Great American Insurance C In the state of Ohio	ompany	
Total Assets	13,441,770,429	
Total Liabilities	10,139,555,351	
Aggregate write-ins	52 1 (0.020	
for special surplus funds Common Capital Stock	53,160,920 15,440,600	
Preferred Capital Stock	0	
Aggregate Write-ins for	0	
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and	011 549 224	
Contributed Surplus Unassigned funds (surplus)	911,548,324 2,322,065,234	
Total Capital and Surplus	3,302,215,078	
Total Liabilities, Capital	.,,,	
And Surplus	13,441,770,429	
NORTH DAKOT	A BUSINESS ONLY	
FOR THE YEAR 2024		
Total Direct Premiums		
Earned	111,432,387	
Total Direct Losses		
Incurred	53,070,086	
Total Accident and		
Health Direct Premiums	294,369	
Earned Total Accident and		
Health Direct Losses	118,455	
Incurred	110,100	
	DELL DALLOTA	
STATE OF NO	ORTH 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 the 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 ioner 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 group attempost a abbiting its candidium and havi office a sword is state of country of domine, has meet in this office a sword statement exhibiting its condition and busi-ness for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in complement with the requirement of insurance hum offer

in compliance with the requirements of insurance law afore-

NOW THEREFORE, L. JON GODFREAD, Commis somer 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 adinet company is they empowered incoments and increase agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEA1)

(SEAL) JON GODFREAD

ssioner of Insurance

(7/9, 16, 23)

AUTHORITY 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

of insurance and

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

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

ner of Insurance

(7/9, 16, 23)

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

ane provisions of said faws, do hereby certury 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.

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

DECEMBER 31, 2024

of the nsurance Company

16,988,685 18,823

3.504.000

8,696,000 4,769,862 16,969,862

16,988,685

458,130

0

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

Great American Security Inst In the state of Ohio

Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for

Special Surplus Funds Surplus Notes Gross Paid in and

Total Direct Premiums

Total Direct Losses

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

Total Assets Total Liabilities

Other Than

And Surplus

22136

JON GODFREAD

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 conv of its charter with certificate of organization

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

NOW THEREFORE, I, JON GODFREAD, Commis-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 authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEA1)

(SEAL) JON GODFREAD ner of Insurance

(7/9, 16, 23)

31135

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 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 adinet company is they empowered minorgin its automized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEA1) (SEAL) JON GODFREAD ner of Insurance

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the Indemnity Insurance Company Of North America

458,804,355 282,112,808

,501,500

42,250,750 129,939,297 176,691,547

458,804,355

92,143,558

53.262.546

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

(7/16, 23, 30)

In the state of Pennsylvani

Aggregate write-ms 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 Surolus

Total Assets Total Liabilities Aggregate write-ins

And Surplus

Total Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

37990

JON GODFREAD

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

(7/16, 23, 30)

43575

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Integrity Life Insurance Company 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 8,623,981,294 7,349,808,808 16,953,470 3,000,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus 0 0 908,163,872 346,055,144 1,274,172,486 8.623.981.294 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premiums Written 0 Total Life and Annuity Direct Losses Paid 567,818 Total Accident and Health Direct Premiums 0 Written otal 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

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.

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

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

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

(7/16, 23, 30)

ner of Insurance

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

in compliance with the requirements of insurance law afore

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

ssioner of Insurance

(7/16, 23, 30)

74780

		221
ABSTRACT C	OF STATEMENT	
FOR THE Y	EAR ENDING	
DECEMB	SER 31, 2024	
	f the	
Great American Insurance C	ompany Of New York	
In the state of New York	1 2	
Total Assets	268,129,563	
Total Liabilities	499,605	
Aggregate write-ins	477,005	
for special surplus funds	0	
Common Capital Stock	3,800,000	
Preferred Capital Stock	0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds		
Surplus Notes	0	
Gross Paid in and		
Contributed Surplus	205,250,000	
Unassigned funds (surplus)	58,579,957 267,629,957	
Total Capital and Surplus Total Liabilities, Capital	207,029,937	
And Surplus	268,129,562	
And Surplus	200,127,502	
NORTH DAKOT	A BUSINESS ONLY	
FOR THE	YEAR 2024	
Total Direct Premiums		
Earned	66,793	
Total Direct Losses		
Incurred	-33,105	
Total Accident and		
Health Direct Premiums	0	
Earned		
Total Accident and		
Health Direct Losses	0	
Incurred		

Incurred STATE OF NORTH DAKOTA

OFICE 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

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

ioner of Insurance

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

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

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

sioner of Insurance

(7/16, 23, 30)

	Incurred Total Accident and	316,339
	Health Direct Premiums	0
	Earned	
	Total Accident and	0
	Health Direct Losses Incurred	0
		ORTH DAKOTA
		E COMMISSIONER
f		SURANCE oner of Insurance of the Stat
-		ertify that the foregoing is a
e n		fficially filed by the Compan
u	this office.	inclarly med by the Compan
d		OF, I have hereunto set my h
f		ffice at Bismarck, the first da
•	March, A.D. 2025 (SEAL).	intee at Distinaterit, the first da
	JON GODFREAD	
	Commissioner of Insurance	
		ORTH DAKOTA
		E COMMISSIONER
		SURANCE
		CERTIFICATE OF
		HORITY
r		propriation duly organized un
s		ntry of domicile, has filed in whibiting its condition and b
e		December 31, 2024 conformation
e		laws of this State regarding
•	business of insurance and	and of and state regarding
y		any has filed in this office a c
n		with certificate of organiza
-		irements of insurance law af
	said,	
-	NOW THEREFORE I	JON CODEREAD Com

NOW THEREFORE, I, JON GODFREAD, Commis NOW THEREPORE, 1, JON GODFREAD, Commis-sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. **IN TESTIMONY WHEREOF**, I have hereunto set my hand and ead at Biemgrech this first day of March A.D. 2027 hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GO

	•
ODFREAD	
ssioner of Insurance	

true ny in hand ay of

ındei this busi-nable g the duly

JON GODFREAD	
Commissioner of Insurance	

(7/16, 23, 30)

DECEMBER 31, 2024 of the	
American Empire Insurance Company In the state of Ohio	
Total Assets Total Liabilities Aggregate write-ins	22,102,017 2,181
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 3,100,000 0
Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in and	0
Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	16,100,000 2,899,836 22,099,836
And Surplus	22,102,017

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

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

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE 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

Signer 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

these how the year entring December 51, 2024 combining 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 named company is they empowered moving in a 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

(SEAL) JON GODFREAD

(7/16, 23, 30)

per of Insurance

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

JON GODFREAD

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and busi-

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

in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GODFREAD, Commis-

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

named company is they empowered moving in a 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 (CEA1)

(SEAL) JON GODFREAD

(7/16, 23, 30)

sioner of Insurance