34606 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 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 In the state of North Dakota And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 35,683,384 Earned Total Direct Losses 22,151,367 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 (SELI)

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 business for the year ending December 31, 2024 conformable
to the requirements of the laws of this State regarding the to the requirements of the laws of this State regarding the

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

NOW THEREFORE, I. JON GODFREAD, Commis-NOW THEREPORE, 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 (SEAL)
JON GODFREAD

(7/2, 9, 16)

20044 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

In the state of Nebraska Total Assets Total Liabilities 4,896,143,007 2,103,398,806 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and
Contributed Surplus 4,000,000 Contributed Surplus Jnassigned funds (surplus) 2,623,641,900 2,773,882,499 Total Capital and Surplus Total Liabilities, Capital 4,877,281,305

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premis

Earned	741,902,465	
Total Direct Losses		
Incurred	387,013,504	
Total Accident and		
Health Direct Premiums	0	
Earned		
Total Accident and		
Health Direct Losses	0	
Incurred		
STATE OF NODTH DAVO		

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 office the seal of this office at Bismarck the first day of 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

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, 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

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 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 5,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 78,168,837 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned Total Direct Losses 9.454 Incurred Total Accident and Health Direct Premiums Earned Total Accident and

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

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 cymp etatement exhibiting its condition and busi-

office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization 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 sala laws, on energy 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)

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 2,886,855,568 683,600,711 3,656,609,751 15,059,518,593 75,383,935 And Surplus NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 331,472 Earned Total Direct Losses -307,641 Total Accident and Health Direct Premiums
Earned
Total Accident and
Health Direct Losses

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

DECEMBER 31, 2024

15,059,518,593 11,402,908,842

82,595,372 3,558,100

Greenwich Insurance Company In the state of Delaware

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

Total Assets Total Liabilities

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

(7/2, 9, 16)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the
XL Insurance Company Of New York, Inc. In the state of New York Total Assets Total Liabilities Aggregate write-ins 572,167,714 385,738,440 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 (surplu Total Capital and Surplus Total Liabilities, Capital And Surplus 5,000,000 133,193,818 48,235,456 186,429,274 572,167,714 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FOR THE LEAR 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 N	ORTH 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

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 busi-ness of authorized insurance in the state according to the less of admortzed 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

(7/2, 9, 16)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Fidelity Security Life Insurance Company In the state of Missouri Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for 3,029,497 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 2,538,289 Contributed Surplus Unassigned Funds Fotal Capital and Surplus Fotal Liabilities, Capital 1,091,767,589 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 80,835 Total Life and Annuity Direct Losses Paid 5,007 Total Accident and Health Direct Premiums 3,527,731 Written
Fotal Accident and Health Direct Losses Paid 1,847,631

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 March, A.D. 2025 (SEAL).

JON GODFREAD

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

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

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

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

of the
XL Reinsurance America Inc.
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 5,000,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 2 857 483 255

NORTH DAKOTA BUSINESS ONLY

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

And Surplus

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

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

JON GODFREAD

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 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-

NOW THEREFORE, I, JON GODFREAD, Commis-NOW THEREORE, 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 band and seal at Bismarch 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
Contributed Surplus 722,573,855 617,383,254 12,000,000 0 34,830,042 38,231,360 105,190,600 Contributed Surplus Unassigned Funds Fotal Capital and Surplus Fotal Liabilities, Capital 722,573,854 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written Total Life and Annuity Direct Losses Paid Total Accident and Health Direct Premiums 3,410 Total Accident and Health Direct Losses Paid 0

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

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

JON GODFREAD STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER

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

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

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 lead and can be improved the former of the property of the property of the former of the property of the former of the property of the property of the former of the property of t 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

American Reliable Insurance Compan In the state of Arizona 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 2,600,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 29,463,833 And Surplus

NORTH DAKOTA BUSINESS ONLY

Total Direct Premiums 286.127 Earned Total Direct Losses -8.760 Incurred Total Accident and Health Direct Premi Earned Total Accident and

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 uns omce.

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

JON GODFREAD

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

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

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 the provisions of said laws, on effery 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**

T.H.E. Insurance Company In the state of Delaware Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 4,500,888 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus
Unassigned funds (surplus)
Total Capital and Surplus
Total Liabilities, Capital 61,914,704

NORTH DAKOTA BUSINESS ONLY

Total Direct Premium: 73,570 Earned Total Direct Losses 1,056 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

And Surplus

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

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

JON GODFREAD

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

(7/2, 9, 16)

62928

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the XL Insurance America, Inc. In the state of Del In the state of Delaware In the state of Delaware
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 572,167,714 385,738,440 ,000,000

572,167,714 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premium: 1,847,243 Earned Total Direct Losses 372,168 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

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 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 CODERFAD 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-

ording to the ess of authorized insurance in the state acc 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 (7/2, 9, 16)

19615

34312 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

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 In the state of Texas 3000000 792339353 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned Total Direct Losses 6267884 Incurred Fotal 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 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

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 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

ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, 1 have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

(7/2, 9, 16)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

of the

American Agri-Business Insurance Company
In the state of Texas

Total Assesser Total Assets Total Liabilities 2,373,050,836 2,275,389,398 Total Liabilities
Aggregate write-ins
for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for
Other Than 2,700,000 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 55,221,888 39,739,550 97,661,438

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

2,373,050,836

Total Direct Premium Earned Total Direct Losses 2,493,452,003 2,133,624,775 Incurred Total Accident and Earned Total Accident and Health Direct Losses

And Surplus

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

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

(7/2, 9, 16)

24554

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the UnitedHealthcare Ins Co Of America

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 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

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 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, 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 see my hand and seal at Bism (SEAL) JON GODFREAD

The Insurance Company Of The State Of Pennsylvania

174,448,245 132,788,940

5,005,500

174,448,245

101.884

-171.942

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

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

Ints 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 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, 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 or said laws, on effery 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

ess of insurance and

ION GODFREAD

(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
Preferred 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

Health Direct Losses

And Surplus

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

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.

er of Insurance
STATE OF NORTH DAKOTA

business 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

hand and seal at Bismarck this first day of March, A.D., 202 JON GODFREAD

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

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

Total Direct Premium 735,404 Earned Total Direct Losses 306,461 Incurred
Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses

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

siness of insurance and WHEREAS, the said company has filed in this office a duly

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 5,812,500 609,190,317

3,440,477,638 2,652,387,818

37885

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus 3,440,477,638 NORTH DAKOTA BUSINESS ONLY

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

XL Specialty Insurance Company In the state of Delaware

Total Assets Total Liabilities

Incurred

FOR THE YEAR 2024 Total Direct Premiums 2,973,099 Earned Total Direct Losses 1.205,615 Incurred Total Accident and Health Direct Premiums Earned
Total Accident and Health Direct Losses

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 this office.

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

JON GODFREAD

March, A.D. 2025 (SEAL).

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

(7/2, 9, 16)

Gross Paid in and

Contributed Surplus

84549

76112 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

Oxford Life Insurance Company In the state of Arizona Total Assets Total Liabilities 3,193,967,120 2,930,023,011 Total Liabilities
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 Surplus Notes

Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 3,161,762,500 And Surplus

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 Written
Total Accident and
Health Direct Losses Paid 0

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
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

(SEAL)

(7/2, 9, 16)

FOR THE YEAR ENDING DECEMBER 31, 2024 New Hampshire Insurance Company
In the state of IL 221,750,191 145,188,419 0 5,325,065

221,750,191

NOW THEREFORE, 1, 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 lead and early signarch this first day of March A.D. 2026. hand and seal at Bismarck this first day of March, A.D., 202

9,600,000 16,434,855 203,204,634 2,317,394,489

OFFICE OF THE COMMISSIONER

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-

ABSTRACT OF STATEMENT

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

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

ON GODFREAD

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

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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

NOW THEREFORE, I, JON GODFREAD, Commis

(7/2, 9, 16)