21172

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

31,592,517 11,724,879

0
2,512,500

6,552,942 11,852,196 19,867,638

31,592,517

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

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 office

In Source. 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).

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 requirements of the laws of this State regarding the business of insurance and the state of 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 laws thereof, until the 30th day of April, A.D. 2026.

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

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024

of the

32,910,593 16,771,426

2.500.000

4,500,000 5,707,799 12,707,799

29,479,225

0

0

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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 STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER

NOW THEREFORE, I, JON GODFREAD, Commi

of Insurance

of the MAMSI Life And Health Insurance Company

In the state of Maryland

Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus

Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital

Total Premiums Earned0Total Amount Incurred0

Total Assets Total Liabilities

Funds

Aggregate write-in

Surplus Notes Gross Paid in and

And Surplus

this office

JON GODFREAD

JON GODFREAD

Symetra National Life In 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 Second Surplus Funds

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

Gross Paid in and

And Surplus

Total Life and

Contributed Surplus

(7/9, 16, 23)

50229

60321

### ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Symetra Life Insurance Company In the state of Iowa Total Assets Total Liabilities 57,527,399,362 54,853,542,835 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 0 Surplus Notes Gross Paid in and

68608

1,088,960,292 1,288,983,512 2,382,943,804 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 57,236,486,639 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

## Total Life and Annuity Premiums Written 9,992,357 Total Life and Annuity Direct Losses Paid 13,487,505 Total Accident and

Health Direct Premiums 1,717.335 Total Accident and

Health Direct Losses Paid 829,358 STATE OF NORTH DAKOTA

OFICE OF INE 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

Inis ornce. 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 afore-

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 (SEA1)

(SEAL) JON GODFREAD sioner of Insurance

(7/9, 16, 23)

FOR THE Y	DF STATEMENT 'EAR ENDING BER 31, 2024	
	fthe	
National Interstate Insurance	Company	
In the state of Ohio	1 5	
Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock	2,255,082,798 1,750,028,261 0 3,000,000 0	
Aggregate Write-ins for		
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus	83,996,006	
Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital	418,058,531 505,054,537	
And Surplus	2,255,082,798	
*	A DUCINECC ONLY	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums Earned Total Direct Losses	1,068,195	
Incurred Total Accident and	339,131	
Health Direct Premiums Earned	0	
Total Accident and Health Direct Losses Incurred	0	
STATE OF NORTH DAKOTA		

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

Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

### oner of Insurance STATE OF NORTH DAKOTA

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
Family Benefit Life Insurance Company In the state of Oklahoma		
Total Assets Total Liabilities Aggregate write-ins	275,394,571 264,716,913	
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 1,604,378 0	
Other Than	0	
Special Surplus Funds Surplus Notes Gross Paid in and	0	
Contributed Surplus Unassigned Funds	8,362,634 2,167,532	
Total Capital and Surplus Total Liabilities, Capital	10,677,658	
And Surplus	275,394,571	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Life and		
Annuity Premiums Written Total Life and	0	
Annuity Direct Losses Paid Total Accident and	0	

70742

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

## STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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

sioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE OF INSURANCE

OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and 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 agents and representatives, to transact the appropriate 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

(7/9, 16, 23)

## 32620 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 Commonwealth Land Title Insurance Company In the state of Florida Total Accent 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 Scorid Surplus Funds 599,361,137 247,316,775 2.000.000

0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 247.707.948 Unassigned Funds Total Capital and Surplus Total Liabilities, 102,336,414 352,044,362 599,361,137 Capital And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premium

### 400,191 Earned Total Direct Losses 94,820

## 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

## ner 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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024		
Vanliner Insurance Company In the state of Ohio	the	
Total Assets Total Liabilities Aggregate write-ins	392,864,310 168,518,613	
for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for	0 3,000,000 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	4,142,442 217,203,255 224,345,697	
And Surplus	392,864,310	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
Total Direct Premiums Earned	528,088	

Earned Total Direct Losses 177,829 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred

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

Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

### er of Insurance

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 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

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 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

(7/9, 16, 23)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
New York Life In the state of New York		
Total Assets Total Liabilities Aggregate write-ins	244,900,595,211 218,473,153,964	
for special surplus funds Common Capital Stock Preferred Capital Stock	803,673,430 0 0	
Aggregate Write-ins for Other Than Special Surplus Funds	0	
Surplus Notes Gross Paid in and	4,233,167,821	
Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital	0 21,390,599,996 26,427,441,247	
And Surplus	244,900,595,211	
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024		
T + 11 C 1		

Total Life and Annuity Premiums Written 27,622,887 Total Life and Annuity Direct Losses Paid 18,019,040 Total Accident and Health Direct Premiums 2,121,270

## Written Total Accident and Health Direct Losses Paid 813,409

STATE OF NORTH DAKOTA

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

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the New York Life Insurance & Annuity Corporation In the state of Delaware 204,816,149,635 196,399,403,954 Total Assets Total Liabilities Aggregate write-in Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 528,131,646 25,000,000 Special Surplus Funds Surplus Notes Gross Paid in and 4,457,575,310 3,406,038,725 8,416,745,681 Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 204,816,149,635 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 60.505.326 Earned Total Direct Losses

91596

### 56.529.193 Total Accident and Health Direct Premiums 0 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 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 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 afore-said, TUPDEFORE L LON CONFERENCE COMP

NOW THEREFORE, I, JON GODFREAD, Comm

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 (SEA1) (SEAL) JON GODFREAD

er of Insurance

(7/9, 16, 23)

this office.

JON GODFREAD

66915

## ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Fidelity National Title Insurance Company In the state of Florida 1,387,082,826 832,892,539 Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 44,783,500 0 Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus 265,580,171 243,826,616 554,190,287

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 1,080,715

Earned Total Direct Losses 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

1,387,082,826

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

DFREAD 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

In the state of Oklahom Total Assets Total Liabilities 360,123,466 346,975,397 Aggregate write-in Aggregate Write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 1,500,000 0 250,000 Surplus Notes Gross Paid in and 18,477,208 -7079124 13,148,069 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 360,123,466 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premiums Written 77,322 Total Life and

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

Trinity Life Insurance Company

60227

ity Direct Losses Paid 0 Total Accident and Health Direct Premiums 0 Written Total Accident and Health Direct Losses Paid 0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER 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

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 a 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 in compliance with the requirements of insurance law afore-crid

in compliance with the requirements of insurance law afore-NOW THEREFORE, L. 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 (SEA1)

(SEAL) JON GODFREAD

er of Insurance

51586

## (7/9, 16, 23)

Total Direct Premiums

Earned Total Direct Losses

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Chicago Title Insurance Company In the state of Florida Total Assets Total Liabilities 1,482,212,994 857,157,350 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 2,000,000 0 Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital And Surplus 196,515,471 426,540,173 625,055,644

## OFFICE OF THE COMMIS OF INSURANCE

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

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

(7/9, 16, 23)

## ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Stratford Insurance Company In the state of New Hampshire Total Assets Total Liabilities Aggregate write-ins 506,094,853 419,292,957 Aggregate when his for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 4,200,000 0 Surplus Notes Gross Paid in and 12,100,000 70,501,896

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 86.801.896 506.094.853 And Surplus

### NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 T.4.1 D. . . . D.

Total Direct Premiums	
Earned	2,857,944
Total Direct Losses	
Incurred	-1105045
Total Accident and	
Health Direct Premiums	0
Earned	
Total Accident and	
Health Direct Losses	0
Incurred	
mourrou	

## 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

# DDFREAD 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 busi-ness for the year ending December 31, 2024 conformable these how the year ending December 51, 2024 combinators to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization

in compliance with the requirements of insurance law afore-

NOW THEREFORE, I. JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized and the company is fully empowered morgan to 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

ioner of Insurance

office a sworn statement exhibiting its condition and bus 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, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above agents and representatives, to hereby certify that the above 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

40436

(7/9, 16, 23)

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

**DECEMBER 31, 2024** of the Hudson Insurance Company In the state of Delaware Total Assets Total Liabilities 2,758,145,260 2,042,307,413 Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 7,500,000 238 0 Special Surplus Funds Surplus Notes Gross Paid in and 293.480.091

Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital 414,857,512 715,837,847 2,785,145,260 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 1,844,408 Earned Total Direct Losses 4,780,255 Incurred Total Accident and Health Direct Premiu 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 Inns 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

## 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 AUTHORITY to the requirements of the laws of this State regarding the 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-orid

said, NOW THEREFORE, I, JON GODFREAD, Commissome of Insurance of the State of North Dakota, 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

oner of Insurance (7/9, 16, 23)

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 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-raid.

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 here are den the impresent this first day of March A.D. 2025 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

Guarantee Trust Life Insurance Company

(7/9, 16, 23)

25054

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-reid

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 ac ording to the

ABSTRACT OF STATEMENT

FOR THE VEAR ENDING

DECEMBER 31, 2024

19,031,405,466 18,215,383,883

sioner of Insurance

I autorfunction mutanee 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

of the Sun Life Assurance Company Of Canada

In the state of Michigan

Written

Total Accident and

(7/9, 16, 23)

80802

(7/9, 16, 23)

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 syon statement exhibiting its condition and busioffice a sword state of country of dominent, has fired 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 cortified a office and wife fiber to the company of the scatter of the state of the state of the state of the state of the scatter of the state scatter of the state scatter of the state scatter of the state of the st

1,482,212,994

1,202,434

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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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 certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforebusiness 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, L 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 ording to the laws thereof, until the 30th day of April, A.D. 2026 Taws interest, unit in 500 day of Apin, A.D. 2020. 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

1,264,587,631 812,869,022

5.000.000

232,552,688 214,165,921 451,718,609

1,264,587,631

19,473,580

8.652.539

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE

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

tinis orace. 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

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 hydroxymathetic state and the state of 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

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

oner of Insurance

business of insurance and

sioner of Insurance

Palomar Specialty Insura In the state of Oregon

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

Special Surplus Funds Surplus Notes

Contributed Surplus Unassigned funds (surplus)

Fotal Capital and Surplus Fotal Liabilities, Capital

Total Direct Premiums

Earned Total Direct Losses

ncurred Fotal Accident and

Health Direct Premi

Earned Total Accident and Health Direct Losses

Incurred

this office

(SEAL)

(7/9, 16, 23)

JON GODFREAD

Gross Paid in and

Total Assets Total Liabilities

Other Than

And Surplus

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., 202 (SEAL)

JON GODEREAD

(7/9, 16, 23)

20338

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 Blue Cross Blue Shield Of North Dakota In the state of North Dakota Total Assets Total Liabilities 938,505,490 481,104,003 Iotal Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Argeregate Write-ins for Other Than Special Surplus 0 Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 457,401,487 457,401,487 938,505,490 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH Total Premiums Earned Total Amount Incurred 1,643,812,290 1,496,538,783

## STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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-The laws of its state of 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 complicate with the requirement of insurance laws for

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., 2023 (SEAL) JON GODFREAD

ioner of Insurance

(7/9, 16, 23)

(7/9, 16, 23)

In the state of Nebraska Total Assets Total Liabilities 923,955,257 718,269,323 Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than 11,967,532 Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital 193,718,402 205,685,934 923,955,257 And Surplus

64211

### NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premiums Written 49,000 Total Life and Annuity Direct Losses Paid 43,224 Total Accident and Health Direct Premiums 453,207 Written Total Accident and Health Direct Losses Paid 152,917

### 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 urance

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

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

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 tury empowered incoments 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 (CEAL) (SEAL)

JON GODFREAD of Insurance

In the state of Michigan Total Labilities 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 Contributed Surplus Unassigned Funds Total Capital and Surplus Total Labilities, Capital And Surplus -593978417 1.410.000.000 816.021.583 19,031,405,466 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Annuity Premiums Written 2,103,817 Total Life and Total Life and Annuity Direct Losses Paid Total Accident and Health Direct Premiums 3,209,801

Health Direct Losses Paid 2,005,196

## STATE OF NORTH DAKOTA

OFICE OF INFORMUSSIONER 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 his offic 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 busi-ness for the year ending December 31, 2024 conformable to the semicineers of the low of this forther constrained 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-

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 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

ousiness of insurance and

(SEAL)

(7/9, 16, 23)

JON GODFREAD