PUBLIC NOTICE

Public Notice Great Plains Housing Authority Eagle Flats Waiting List Preference

Great Plains Housing Authority will be adding Waiting List preferences to the Eagle Flats Project Based list. These preference will be "Chronic Homelessness" and "Supportive Services. GPHA's definitions will fol-low the U.S. Department of Housing and Urban Development (HUD)'s definitions.

Written comments on the Adminis-trative Plan will be accepted through July 10, 2025. A copy of the draft plan may be viewed at Great Plains Housing Authority, or on our website, www.greatplainsha.com. Alternative formats or special accommodations are available for persons with dis-abilities upon request.

The GPHA board will review and vote on the Administrative Plan updates during the July 15, 2025, board meeting.

Requests for information and written Comments should sent to: Great Plains Housing Authority 300 2nd Ave NE – Suite 200 Jamestown, ND 58401

Comments may also emailed to: di-rector@greatplainsha.com.



(May. 23 & 30, 2025)

Probate No. 47-2025-PR-00042 IN THE DISTRICT COURT OF NORTH DAKOTA, COUNTY OF STUTSMAN

STUTSMAN In the Matter of the Estate of KURT R. MAYHER, Deceased. NOTICE IS HEREBY GIVEN that the undersigned has been appoint-ed personal representative of the above estate. All persons having claims against the said deceased are required. to present their claims within three months after the date of the first publication or mailing of this notice or said claims will be forever barred. Claims must either be pre-sented to Lynda Mayher, personal

barred. Claims must either be pre-sented to Lynda Mayher, personal representative of the estate, at 610 School Street, Medina, North Dakota 58467, or filed with the Court. Dated this 13th day of May, 2025. Steven T. Ottmar - ID #06179 OTTMAR & OTTMAR, P.C. 226 Second Avenue SW/PO Box 1397

1397 Jamestown, North Dakota 58402-1397 P: 701.252.7229 F: 701.252.7461 sottmar@ottmarlaw.com

E-service: office@ottmarlaw.com Attorney for personal representative Lynda Mayher, Personal Represen-tative 610 School Street Medina, ND 58467 (May. 16 & 23 & 30, 2025)

PUBLIC NOTICE

12459 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the			
Medica Insurance In the state of Mir			
Total Assets Total Liabilities	1,568,896,007 537,675,198		
Aggregate write-ins for special surplus funds	0		
Common Capital Stock	1,000,000		
Preferred Capi- tal Stock	0		
Aggregate Write-ins for Other Than Special Surplus	0		
Funds Surplus Notes Gross Paid in	0		
and Contributed	95,100,000		
Surplus Unassigned Eunds	935,120,809		

PUBLIC NOTICE

0		
0		
2,500,000		
2,000,000		
0		
0		
0		
674,308,114		
-540255340		
676,808,114		
1,025,689,067		
NORTH DAKOTA BUSINESS ONLY		
FOR THE YEAR 2024		

Total Direct Premiums Earned	356,027,602		
Total Direct Losses Incurred	388,437,861		
Total Accident and Health Direct	356,165,656		
Premiums Earned Total Accident and Health Direct Losses Incurred	370,719,494		

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 fore-going is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have

IN LESTIMONY 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 ex-hibiting its condition and business for the year ending December 31, 2024 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 GOD-FREAD, 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 represen-tatives, to transact its appropriated hubicage of authorized insurance 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

Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

12567 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

of the			
Care Improvement Plus South Cen-			
tral Insurance Col	mpany		
In the state of Nebraska			
Total Assets	9,346,045,935		
Total Liabilities	4,988,356,457		
Aggregate			
write-ins	0		
for special			
surplus funds			
Common Capital	2,000,000		
Stock			

PU	BLI	C	NO	TI	CE	

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 Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

12575 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the SilverScript Insurance Company In the state of Tennessee Total Assets Total Liabilities 5,508,508,270 4,523,722,786 Aggregate write-ins 0 for special Surplus funds Common Capital 2,750,000 Stock Preferred Capi-0 Aggregate Write-ins for Other Than Special Surplus 0 Funds Surplus Notes Gross Paid in and 0 124,750,000 Contributed Surplus Unassigned 857,285,484 funds (surplus) Total Capital and 984,785,484 Surplus Total Liabilities, 5.508.508.270 Capital

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned	4,556,800,059
Total Direct Losses Incurred	4,616,521,975
Total Accident and Health Direct Premiums	4,956,887,613
Earned Total Accident and Health Direct Losses Incurred	4,616,521,975

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Da-kota, do hereby certify that the fore-going 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

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 ex-bibiting its condition and business for the vision of the laws of this Statement ex-hibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the husiness 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 GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuof the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, 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 here of set my hand and seal at

hereunto set my hand and seal at Bismarck this first day of March,

PUBLIC NOTICE

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

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 GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant 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 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

Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

64246 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

In the state of New York Total Assets Total Liabilities 86,825,018,598 77,536,955,673 Aggregate write-ins 4.006.732 for special surplus funds Common Capital 0 Stock Preferred Capi-0 tal Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes 1,502,029,668 Gross Paid in and Contributed 0 Surplus Unassigned 7,782,026,526 funds (surplus) Total Capital and 9,288,062,926 Surplus Total Liabilities, 86.825.018.599 Capital And Surplus

NORTH DAKOTA BUSINESS

ONLY			
FOR THE YEAR 2024			
Total Direct Premiums Earned	5,756,112		
Total Direct Losses Incurred	5,131,732		
Total Accident and Health Direct	3,343,101		
Premiums Earned Total Accident and Health Direct Losses Incurred	1,782,211		

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 fore-going 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

(SFAL) JON GODFREAD

JON GODFHEAD 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 ex-hibiting its condition and business for hibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of e laws of this State regarding the

PUBLIC NOTICE

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

JAMESTOWN SUN | FRIDAY, MAY 30, 2025 | CLASSIFIEDS | A11

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the fore-going 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

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

state or country of domicile, has filed in this office a sworn statement ex-hibiting 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 GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance 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 Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

(
FOR THE Y DECEMBI	71714 DF STATEMENT EAR ENDING ER 31, 2024 the
	surance Company
In the state of Ma	ssachusetts
Total Assets Total Liabilities	5,470,576,089 5,261,338,894
Aggregate write-ins for special	0
surplus funds Common Capital Stock	3,198,000
Preferred Capi-	0
tal Stock Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and Contributed	223,369,929
Surplus Unassigned	-17,330,733
funds (surplus) Total Capital and Surplus	209,237,196
Total Liabilities, Capital And Surplus	5,470,576,090
	OTA BUSINESS
	NLY YEAR 2024
Total Direct	
Premiums	0
Earned Total Direct Losses Incurred	0
Total Accident and	1,289,744

1,289,744 Health Direct

Premiums Earned Total Accident 40,597 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 Daota, do hereby certify that the fore

PUBLIC NOTICE

Total Liabilities, 507,424,954 Capital

And Surplus NORTH DAKOTA BUSINESS

Total Direct

Premiums

Total Direct

Health Direct Premiums

Total Accident and Health Direct

Losses Incurred

(SFAL)

Earned

Losses Incurred Total Accident and

ONLY FOR THE YEAR 2024

34,271

175,564

226,317

133,327

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

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 ex-hibiting its condition and business for the year ending December 31, 2024

hibiting 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-

requirements of insurance law afore-

NOW THEREFORE, I, JON GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives to transact its appropriated

tatives, to transact is 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

Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

Total Capital and 1,031,220,809 Surpius Total Liabilities, 1.568.896.007 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

ACCIDENT & HEALTH Total Premiums 117,416,091 Earned Total Amount 141,144,130

Incurred

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER I, Jon Godfread, Commissioner of Insurance of the State of North Da-kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed

the seal of this office at Bismarck, the first day of March, A.D. 2025 (SFAL 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

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

said, NOW THEREFORE, I, JON GOD-NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, 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.

A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEÁL

JON GODFREAD

Commissioner of Insurance

(May. 23 & 30; Jun. 6, 2025)

63444 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Accendo Insurance Company In the state of Utah

	433,727 380,953
--	--------------------

Preferred Capi-tal Stock Aggregate Write-ins for Other Than Special Surplus 0 0 Funds Surplus Notes Gross Paid in 0 281,562,960 and Contributed Surplus Unassigned 4.074.126.518 funds (surplus) Total Capital and 4,357,689,478 Surplus Total Liabilities, Capital And Surplus 9,346,045,935 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FOR THE YEAR 2024			
Total Direct Premiums Earned	93,027,962		
Total Direct Losses Incurred	84,414,468		
Total Accident and Health Direct	93,602,541		
Premiums Earned Total Accident and Health Direct Losses Incurred	84,414,468		

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 fore-going is a true Abstract of Statement, as officially filed by the Company in

as Officially inco 2, 1 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

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 state or country of domicile, has filed in this office a sworn statement ex-hibiting its condition and business 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-

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance

(SEÁL) JON GODFREAD Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

78778 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the				
	surance & Annuity			
Company, Inc	,			
In the state of Del	aware			
Total Assets	10,603,254,619			
Total Liabilities	10,002,676,468			
Aggregate				
write-ins	0			
for special				
surplus funds Common Capital	2,500,000			
Stock	2,000,000			
Preferred Capi-	0			
tal Stock				
Aggregate				
Write-ins for Other Than	0			
Special Surplus				
Funds				
Surplus Notes	0			
Gross Paid in				
and	936,500,000			
Contributed				
Surplus Unassigned	-338421850			
funds (surplus)	222.2.000			
Total Capital and	600,578,150			
Surplus				
Total Liabilities				

fur To Su Total Liabilities 10,603,254,618 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

FURTHE	1 EAN 2024
Total Direct Premiums Earned	3,370,157
Total Direct Losses Incurred	2,072,270
Total Accident and Health Direct	0
Premiums Earned Total Accident and Health Direct Losses Incurred	0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSUMANCE I, Jon Godfread, Commissioner of Insurance of the State of North Da-kota, do hereby certify that the fore-going 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 JON GODFREAD

JON GODFHEAD 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

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

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives to transact its appropriated tatives, 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 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 Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

79413 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the UnitedHealthcare Insurance Company In the state of Connecticut Total Assets Total Liabilities 21,621,021,102 14,442,363,075 Aggregate write-ins for special 0 surplus funds Common Capital 3,000,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for 0 Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in and Contributed 558,595,764 Contributed Surplus Unassigned 6,617,062,263 funds (surplus) Total Capital and 7,178,658,027 Surplus Total Liabilities, 21,621,021,102 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY

UNLI	
FOR THE	YEAR 2024
Total Direct Premiums Earned	43,908,403
Total Direct Losses Incurred	33,223,669
Total Accident and Health Direct	43,219,699
Premiums Earned Total Accident and Health Direct Losses Incurred	32,661,030

going 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

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

state or country of domicile, has filed in this office a sworn statement ex-hibiting 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 GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuof the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, 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

Commissioner of Insurance

(May. 16 & 23 & 30, 2025)

62286 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Golden Rule Insurance Company In the state of Indiana Total Assets 507,424,954 244,008,161 Total Liabilities Aggregate write-ins

for special surplus funds Common Capital 3,262,704 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than Special Surplus 0 Funds Surplus Notes Gross Paid in

funds (surplus) Total Capital and 263,416,793

and

Surplus

Contributed Surplus Unassigned

0 0

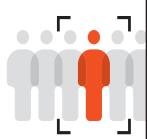
14,162,016

245,992,073

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