PUBLIC NOTICE

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

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 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
Commissioner of Insurance

(Jun. 5 & 12 & 19, 2025)

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

68241

Prudential Insurance Company Of America In the state of NJ

Total Assets 315409418449 299619120920 Total Liabilities

Aggregate write-ins for special 1600163995 surplus funds Common Capital 2500000

Stock Preferred Capital Stock Aggregate Write-ins for

Other Than Special Surplus

Special Surplus
Funds
Surplus Notes 349521515
Gross Paid in and 10357147818
Contributed
Surplus
Unassigned 3480964201
funds (surplus) 3480964201
Surplus 15790297529
Surplus Surplus Total Liabilities, Capital

315409418449 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct 37699742

Premiums Earned Total Direct 46019139 Losses Incurred Total Accident 5925186 and Health Direct

Premiums Earned Total Accident and Health Direct 2479516 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
this office.

IN TESTIMONY WHEREOF, I have
because set my hand and officed

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 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

hibiting its condition and business for the year ending December 31, 2024 the year entiring becemies 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 corporation in compliance with the

organization in compliance with the organization in compilative with microrrequirements of insurance law aforesaid,
NOW THEREFORE, I, JON GODFREAD, 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.

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

(Jun. 5 & 12 & 19, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

34339

Farmers Group Property And Casu-alty Insurance Company In the state of Rhode Island

331,904,559 35,401,961 Total Assets Total Liabilities
Aggregate
write-ins
for special

surplus funds Common Capital 3,000,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for

Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed

0 Continuous Surplus Unassigned 100,956,030 funds (surplus) Total Capital and 296,502,598

Surplus Total Liabilities 331,904,559 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

192,546,568

Total Direct Premiums Earned Total Direct Losses 0

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

PUBLIC NOTICE

nsurance 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 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 the partition and business for 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, 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 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

(Jun. 5 & 12 & 19, 2025)

37273 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the AXIS Insurance Company

In the state of Illinois 1,902,353,273 1,212,625,199 Total Assets Total Liabilities Aggregate 210,889 for special surplus funds Common Capital 4,968,600 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in 621,049,564 Contributed Continuous Surplus Unassigned 63,499,022 funds (surplus) Total Capital and 689,728,075

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

1,902,353,274

Total Direct 1.241.265 Premiums Earned Total Direct 31,553 Losses Incurred Total Accident 268,084 Health Direct Premiums Earned Total Accident 4,038 Health Direct Losses Incurred

Surplus Total Liabilities,

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 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 Commissioner of Insurance
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 swort statement av-

in this office a sworn statement exin 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

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, 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 business of authorized insurance in the state according to the laws thereof, until the 30th day of April, 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

(Jun. 5 & 12 & 19, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Principal National Life Insurance

Company In the state of Iowa 1,484,726,592.75 1,406,630,881.64 Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital 2,500,000 Stock Preferred Capital Stock

Aggregate Write-ins for Other Than Special Surplus Funds

And Surplus

Surplus Notes Gross Paid in and Contributed 128,475,343.41 Surplus Unassigned -52,879,632.26 funds (surplus)
Total Capital and 78,095,711.15 Surplus Total Liabilities,

1,484,726,592.79 **NORTH DAKOTA BUSINESS**

PUBLIC NOTICE

FOR THE YEAR 2024

Total Direct 12,051,480.77 Premiums Earned Total Direct 357,087.60 Losses Incurred Total Accident Health Direct Premiums Total Accident 0 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 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 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 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 representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 ...D., 2025 (SEAL) **JON** JON GODFREAD Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Old Republic Insurance Company

In the state of Pennsylvania 4.394.004.124 **Total Assets** Total Liabilities Aggregate 2,985,916,041 write-ins for special surplus funds Common Capital 3,800,004 Stock Preferred Capi-tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 155,000,000 103.869.422 and Contributed Surplus Unassigned 1,145,418,657 funds (surplus)
Total Capital and 1,408,088,083 Surplus Total Liabilities Capital And Surplus 4,394,004,124

NORTH DAKOTA BUSINESS ONLY **FOR THE YEAR 2024**

Total Direct 4,711,230 Premiums Earned Total Direct 2,834,727 Incurred Total Accident Health Direct Premiums Earned Total Accident 0 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 Da-

kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in

as officially incomplete 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
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 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. 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. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Bristol West Insurance Company
In the state of Ohio

Total Assets 283,418,420 Total Liabilities 212,862,786 Aggregate write-ins for special surplus funds Common Capital 6,000,000

PUBLIC NOTICE

Preferred Capital Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and 39.000.000 Contributed Surplus Unassigned 25,555,634 funds (surplus) Total Capital and 70,555,634 Surplus Total Liabilities. Capital And Surplus 283,418,420

NORTH DAKOTA BUSINESS ONLY **FOR THE YEAR 2024** Total Direct Premiums

Earned Total Direct 18,889 Losses 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, and the state of Statement in the Company i 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
in this office a sworn statement exhibiting 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

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 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

requirements of insurance law afore-

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

JON GODFREAD

(Jun. 5 & 12 & 19, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the SECURA Insurance Company

In the state of Wisconsin **Total Assets** 1,909,920,545 Total Liabilities 1,202,346,040 Aggregate 0 write-ins for special surplus funds Common Capital 3,000,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds

125 000 000 Gross Paid in and 1,175,000 Contributed Surplus Unassigned 578,399,505 funds (surplus)
Total Capital and 707,574,505
Surplus
Total Liabilities,

Capital And Surplus 1,909,920,545 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 8,061,560 Earned Total Direct Losses 3,046,071 Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct

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

INIS OTHICE.

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-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 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)

PUBLIC NOTICE

JON GODFREAD Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025) 10239

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 SECURA Supreme Insurance Com-In the state of Wisconsin Total Assets Total Liabilities 211,648,364 128,249,961 Aggregate write-ins for special

Common Capital 6,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 11,960,000 Contributed Surplus
Unassigned 65,438,403
funds (surplus)
Total Capital and 83,398,403
Surplus Surplus Total Liabilities,

surplus funds

Capital

And Surplus

Premiums

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct

211,648,364

8.061.560

Earned Total Direct 3,046,071 Losses Incurred Total Accident 0 and Health Direct Premiums Earned Total Accident 0 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 filled 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 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 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 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

(May. 22 & 29; Jun. 5, 2025) 17530 BSTRACT OF STATEMEN FOR THE YEAR ENDING DECEMBER 31, 2024

Commissioner of Insurance

SECURA Select Insurance Compa-In the state of Wisconsin 7,762,717 42,823 Total Assets Total Liabilities

PUBLIC NOTICE

STATE OF MINNESOTA COUNTY OF CLAY

Clay County Attorney's Office,

2009 Blue Chrysler Town & Country Van,

Plaintiff.

No License Plates, VIN No. 2A8HR54129R553317,

Defendant.

THE STATE OF MINNESOTA TO LEEANN ELEZABETH SUTHERLAND, 1108 9TH ST N, #1 FARGO, ND 58102 AND JOSHUA MICHAEL ESHENKO, 1225 8TH ST N, FARGO ND 58102:

YOU ARE HEREBY SUMMONED and required to serve upon Plaintiff's Attorney an Answer to the Complaint for Forfeiture, which is herewith served upon you, within twenty (20) days, exclusive of the day of service. If you fail to do so, Judgment by Default will be entered against you for the relief demanded in the Complaint. Dated: 8/9/2023

/s/Michael D. Leeser Michael D. Leeser, #395857 Assistant Clay County Attorney Clay County Courthouse 807 11th St N, PO Box 280 Moorhead MN 56561-0280 218-299-5035 STATE OF MINNESOTA COUNTY OF CLAY

Clay County Attorney's Office

Plaintiff,

No License Plates, VIN No. 2A8HR54129R553317,

Defendant.

Plaintiff, for its Complaint for Forfeiture, states and alleges as follows:

Plaintiff, for its Complaint for Forfeiture, states and alleges as follows:

1. That Defendant property is a motor vehicle as defined in Minn. Stat. 609.487, subd. 2(a).

2. That the motor vehicle owner is Leeann Elezabeth Sutherland, 1108 9th St N, #1 Fargo, ND 58102.

3. That Defendant property was operated by Joshua Michael Eshenko on and near Moorhead in Clay County, Minnesota, on or about 8/8/2023, in the commission of an offense designated in Minn. Stat. 609.487 Subd. 3 to wit: Felony Fleeing a Police Officer in a Motor Vehicle.

4. That the appropriate agency herein is the Moorhead Police Department. WHEREFORE, Plaintiff prays that the Court:

1. Order the Forfeiture of Defendant property to the appropriate agency for disposition in accordance with Minn. Stat. Section 609.5313.

2. Grant such other relief as the Court deems appropriate.

Grant such other relief as the Court deems appropriate. Dated: 8/9/2023

/s/Michael D. Leeser

The party or parties on whose behalf the attached pleadings are served acknowledge through the undersigned counsel that costs, disbursements and reasonable attorney and witness fees may be awarded to the opposite party or parties pursuant to Minn. Stat. Section 549.211, Subd. 3. Dated: 8/9/2023

0

tal Stock
Aggregate
Write-ins for
Other Than
Special Surplus Funds Surplus Notes Gross Paid in 4,500,000 and

PUBLIC NOTICE

for special surplus funds Common Capital 3,000,000

Aggregate write-ins

Preferred Capi-

Stock

Contributed Surplus Unassigned 219,894

funds (surplus) Total Capital and 7,719,894 Surplus Total Liabilities, Capital And Surplus 7.762.717

NORTH DAKOTA BUSINESS FOR THE YEAR 2024

Total Direct Premiums 0 Earned Total Direct Losses 0 Incurred Total Accident and Health Direct 0 Premiums

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 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

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 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 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 JON GODFREAD Commissioner of Insurance

(Mav. 22 & 29: Jun. 5, 2025)

PUBLIC NOTICE

Office of the Minnesota Secretary of State, Assumed Name/Amendment to Assumed Name Minnesota Statutes, Chapter 333
Assumed Name: URGENTVET Assumed Name: UHGENIVEI Principal Place of Business: 4301 ANCHOR PLAZA PKWY, SUITE 350 TAMPA, FL 33634 APPLICANT: AVG OF MINNESOTA LLC, 4301 ANCHOR PLAZA PKWY. SUITE 350, TAMPA, FL 33634 This Certificate is an Amendment of Certificate of Assumed Name File Number: 1426325200028 Originally filed on: NOVEMBER 8, 2023

SIGNED BY: CRAIG NIEBUR, CEO Dated: MAY 28, 2025 Work Item 1562828300023, Origina Work Item 152828300023, Origina File Number 1426325200028
State of Minnesota, Office of the Secretary of State Filed: 05/29/2025 11:59 PM
Steve Simon, Secretary of State (Jun. 5 & 12, 2025)

SEVENTH JUDICIAL DISTRICT IN DISTRICT COURT CIVIL DIVISION

Court File No. 14-CV-25-1555

SUMMONS

SEVENTH JUDICIAL DISTRICT IN DISTRICT COURT CIVIL DIVISION

COMPLAINT FOR FORFEITURE 2009 Blue Chrysler Town & Country Van, Court File No. 14-CV-25-1555

Michael D. Leeser, #395857 Assistant Clay County Attorney Clay County Courthouse 807 11th St N, PO Box 280 Moorhead MN 56561-0280 218-299-5035

Jaleut. 0/8/J2020 /s/ Michael D. Leeser Michael D. Leeser, #395857 Assistant Clay County Attorney Clay County Courthouse 807 11th St N, PO Box 280 Moorhead MN 56561-0280 218-299-5035 (May. 22 & 29; Jun. 5, 2025)

Earned Total Accident 0