DOGS

Shih-Tzu Poo Puppies 1 F/M born 3/5/25 \$650/600. 1 F born 8/11/24 \$400. Vet Checked UTD shots. Elbow Lake 320-304-0809



Shih Tzu/Yorkie Puppies \$400-\$600 + tax. MN Lic. 507-368-4857 www.mulderspuppies.com

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PLACE NOTICE thedickinsonpress.column.us/place

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DEADLINE

Tuesday 4pm for Thursday Wednesday 4pm for Friday Thursday 4pm for Saturday Friday 4pm for Tuesday Friday 11am for Wednesday

VIEW ONLINE www.thedickinsonpress.com





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

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 an representatives, to transact its ap 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

(Jun. 6 & 13 & 20, 2025)

64890 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

of	the
Berkley Life And Company n the state of Iow	Health Insuranc
otal Assets otal Liabilities	700,079,732 250,826,998
Aggregate vrite-ins or special	0
surplus funds Common Capi- al Stock	2,500,002
Preferred Capi- al Stock	0
Aggregate Vrite-ins for Other Than	0
Special Surplus	
Surplus Notes Gross Paid in	0
and Contributed	73,126,628
Surplus Jnassigned Funds	373,626,104
otal Capital and Surplus	449,252,734
otal Liabilities, Capital And Surplus	700,079,732
	TA BUSINESS

ONLY

FOR THE YEAR 2024 ACCIDENT & HEALTH Total Premiums 638,084 Earned

Total Amount 145,867 Incurred

C A

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

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the physic comparation

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 conformable 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 aforesaid aforesaid

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 ap-propriated 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

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

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 representatives, to transact its ap-propriated 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. 6 & 13 & 20, 2025)

	,,
FOR THE YE DECEMBE	63274 F STATEMENT EAR ENDING ER 31, 2024 the
	nty Life Insurance
Fotal Assets Fotal Liabilities Aggregate	65,696,446,751 64,042,013,965
write-ins for special	700,069,949
surplus funds Common Capi- al Stock	3,000,000
Preferred Capi- al Stock	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	225,000,000
Gross Paid in and Contributed	2,148,811,290
Surplus Unassigned Funds	-1,422,448,453
Fotal Capital and Surplus	1,654,432,786
Total Liabilities, Capital And Surplus	65,696,446,751
	TA BUSINESS
	YEAR 2024
Total Life and Annuity Premi- ums Written	32,505,949
Total Life and Annuity Direct Losses Paid Total Accident	16,730,552
I Ulai ACCIUEI IL	

annuity Diroot	10,100,00
osses Paid	
otal Accident	
and	0
Health Direct	
Premiums	
Vritten	
otal Accident	
and	0
Health Direct	
ossos Paid	

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

(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 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

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

OFICE 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-This only 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

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 ap-propriated 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. 6 & 13 & 20, 2025)

41998 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 American Southern Home Insurance Company In the state of Florida Total Assets Total Liabilities 93,985,912 64,864,837 Aggregate write-ins 0 for special surplus funds Common Capi-3,500,000 tal Stock Preferred Capi-0 tal Stock Aggregate Write-ins for 0 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 3,300,000 Contributed Surplus Unassigned 22,321,076 funds (surplus) Total Capital and 29,121,076 Surplus Total Liabilities, 93,985,912 Capital And Surplus NORTH DAKOTA BUSINESS

ONI Y

UNLI		
FOR THE YEAR 2024		
tal Direct		
remiums	52,683	
arned		
tal Direct	00.054	
osses curred	-20,954	
tal Accident		
nd	0	
ealth Direct	-	
remiums		
arned		
tal Accident	-	
nd	0	
ealth Direct		

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STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE 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

Losses Incurred

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

Total Accident

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, so efficielly 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 of file or gurran attemport or 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 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 ap-propriated business of authorized insurance in the state according to 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 (SFÁI

JON GODFREAD Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

	11185	
ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024		
of	the	
Foremost Insu Grand Rapids, M In the state of Mid	rance Company ichigan chigan	
Total Assets Total Liabilities Aggregate	4,043,909,830 1,990,502,250	
write-ins for special	40,455,353	
surplus funds Common Capi- tal Stock	4,800,000	
Preferred Capi- tal Stock Aggregate	0	
Write-ins for Other Than	0	
Special Surplus Funds		
Surplus Notes Gross Paid in	0	
and Contributed	185,056,352	
Surplus Unassigned	1,823,095,875	
funds (surplus) Total Capital and Surplus	2,053,407,580	
Total Liabilities, Capital And Surplus	4,043,909,830	
NORTH DAK	OTA BUSINESS NLY	
FOR THE	YEAR 2024	
Total Direct		
Premiums Earned	0	
Total Direct Losses	694,638	
Incurred Total Accident and Health Direct Premiums	0	
Earned Total Accident and Health Direct	0	

	- , , ,
funds (surplus) Total Capital and Surplus	9,421,874,300
Total Liabilities, Capital And Surplus	32,013,736,835
	DTA BUSINESS
	NLY
FOR THE	YEAR 2024
Total Direct	
Premiums	827,028
Earned	- ,
Total Direct	
	000 404
Losses	329,464
Incurred	
Total Accident	
and	0
Health Direct	
Premiums	
Earned	

6,364,594,894

►►► THEDICKINSONPRESS.COM

Unassigned

Total Accident

Health Direct

Losses Incurred

STATE OF NORTH DAKOTA

0

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, ac afficially 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 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 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 aforesaid, 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 ap propriated business of authorized insurance in the state according to 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

T

(Jun. 6 & 13 & 20, 2025)

18600 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

of the		
JSAA General Indemnity Company		
n the state of Tex	as	
otal Assets	10096424745	
otal Liabilities	6556321174	
Aggregate		
vrite-ins	0	
or special		
urplus funds Common Capi-	4500000	
al Stock	400000	
Preferred Capi-	0	
al Stock		
ggregate		
Vrite-ins for	0	
Other Than Special Surplus		
unds		
Surplus Notes	0	
Gross Paid in		
ind	1198375097	
Contributed		
Surplus Jnassigned	2337228474	
unds (surplus)	2001220414	
otal Capital and	3540103571	
Surplus		
otal Liabilities,		
Capital	10096424745	
And Surplus		
NORTH DAKOTA BUSINESS		
ONLY FOR THE YEAR 2024		
FOR THE	YEAR 2024	



FOR THE YI DECEMBE	60052 F STATEMENT EAR ENDING ER 31, 2024 the
Humana Benefit I In the state of Illin	Plan Of Illinois, Inc.
Total Assets Total Liabilities	1,374,217,128 627,848,177
Aggregate write-ins for special	0
surplus funds Common Capi- tal Stock	2,500,000
Preferred Capi- tal Stock	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in	0
and Contributed	367,528,084
Surplus Unassigned	376,340,869
Funds Total Capital and Surplus	746,368,953
Total Liabilities, Capital And Surplus	1,374,217,130

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

otal Premiums	9,246,611	
Earned Fotal Amount ncurred	9,365,344	

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 the laws of this State regarding the business of insurance and (Jun. 6 & 13 & 20, 2025)

61301 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the		
	urance Corporation	
Total Assets Total Liabilities	28,799,284,319 26,917,838,080	
Aggregate write-ins for special	0	
surplus funds Common Capi-	2,500,000	
tal Stock Preferred Capi- tal Stock	0	
Aggregate Write-ins for Other Than Special Surplus	-15950	
Funds Surplus Notes Gross Paid in	50,000,000	
and Contributed	431,449,425	
Surplus Unassigned	1,397,512,764	
Funds Total Capital and Surplus	1,881,446,239	
Total Liabilities, Capital And Surplus	28,799,284,319	
	OTA BUSINESS	
	YEAR 2024	
Total Life and Annuity Premi- ums Written	2,692,111	
Total Life and Annuity Direct Losses Paid	446,477	

Total Life and Annuity Premi- ums Written Total Life and	2,692,111
Annuity Direct	446,477
Losses Paid Total Accident	
and Health Direct	4,649,746
Premiums Written	
Total Accident and	2,899,193
Health Direct	2,000,100
Losses Paid	

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

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

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 ap-propriated business of authorized insurance in the state according to the laws thereof, until the 30th day oril A D 2026 of A

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

(Jun. 6 & 13 & 20, 2025) 42765 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Centurion Casualty Company In the state of Nebraska Total Assets 10.328.827 **Total Liabilities** 1,510,085 Aggregate 0 write-ins for special surplus funds Common Capi-3,000,000 tal Stock Preferred Capi-0 tal Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in 0 5.500.000 and Contributed Surplus 318742 Unassigned funds (surplus) Total Capital and 8,818,742 Surplus

Capital And Surplus NORTH DAKOTA BUSINESS

Total Liabilities

ONLY FOR THE YEAR 2024

10,328,827

Total Direct

Premiums Earned	1,944
otal Direct osses ncurred	-36
otal Accident and Jealth Direct	0
Premiums Earned otal Accident and Health Direct Losses Incurred	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 fore-going is a true Abstract of Statement, as officially filed by the Company in

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation

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

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

NOW THEREFORE, I, JON 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 ap propriated 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

(SFÁL) JON GODFREAD

Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

23450 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

American Family Home Insurance Company In the state of Florida Total Assets Total Liabilities 128,228,669 74,706,772 Aggregate write-ins 0 for special surplus funds Common Capi-tal Stock 4,200,000 Preferred Capi-0 tal Stock Aggregate Write-ins for 0 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 22,550,000 Contributed Surplus Unassigned 26,771,897 funds (surplus) Total Capital and 53,521,897 Surplus Total Liabilities, 128.228.669 Capital And Surplus

I Direct miums ned	355,208
l Direct	
ses	188,562
ırred	

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STATE OF NORTH DAKOTA OF INSURANCE

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 ex hibiting its condition and business fo 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 ap-propriated business of authorized insurance in the state according to 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. 6 & 13 & 20, 2025)

32603 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

of the Berkley Insurance Company In the state of Delaware Total Assets Total Liabilities 32,013,736,835 22,591,862,535 Aggregate write-ins 0 for spec surplus funds Common Capi-43,000,000 tal Stock Preferred Capi-10,000 tal Stock Aggregate Write-ins for 0 Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in 3,014,269,406 and Contributed

Surplus

Premiums	19147861
Earned	
Total Direct	
Losses	14320377
Incurred	
Total Accident	
and	0
Health Direct	
Premiums	
Earned	
Total Accident	
and	0
Health Direct	
Losses Incurred	

Total 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. 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 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

aforesaid, NOW THEREFORE, I, JON GODof 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 ap-propriated 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 (SFAL)

JON GODFREAD Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

25968

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the USAA Casuatly Insurance Company In the state of Texas Total Assets 17906032767



NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

of the