DOGS

Golden Retriever Male

Puppies Available July 5

Vet checked, 24 month health guarantee, microchipped, family socialized. AKC Reg.

\$1,400 deposit \$300. 218-280-4376

FB KangasFamilyKennel

Purebred Bernese

Mountain Dog Puppies Available July 15th! AKC Reg. Family raised & well socialized. \$1,800.

218-205-0119

apartments**HQ**

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MEIDINGER SQUARE

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SPACE AVAILABLE!

1,000-7,000 sq. ft.

Steve, 701-320-6243

COMMERCIAL SPACE

FOR RENT

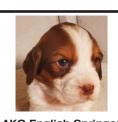
DOGS

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

AKC Gordon Setter Pups Males & females, expected April 21. 507-990-0991 EmeraldHillsSetters.com



Shots, wormed, vet checked, health certificate, \$300 218-831-7975 (MN#829895)



AKC English Springer **Spaniel Pups** M & F, Liver/White & Black/ White. Ready June 15. Text for pics: 218-686-0179

PUBLIC NOTICE

PUBLIC NOTICE

STATE OF NORTH DAKOTA IN DISTRICT COURT COUNTY OF STUTSMAN SOUTHEAST JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF ROBERT BEAUCHAMP

Case No. 47-2025-PR-00046

NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP

YOU ARE HEREBY NOTIFIED that a Petition for the appointment of a guardian for the above named proposed ward has been filed in the District Court of Stutsman County, North Dakota.

2. YOU ARE HEREBY FURTHER NOTIFIED that the Petition will be heard

2. YOU ARE HEREBY FURTIFIEN NOTIFIED that the Fettition will be near VIA ZOOM on the 23rd day of June, 2025, at 11:00 a.m. of that day or at such subsequent time or other place to which said hearing may be adjourned or transferred, at which time and place you may be heard if you wish. Any interested parties have a right to file a response to the Petition and may also want to contact an attorney to intervene if they object to the Petition. The petitioner and any interested parties intervening have a right to present evidence and to call or cross-examine witnesses.

evidence and to call or cross-examine witnesses.

DATED this 20th day of May, 2025.

DALSTED & RYAN, P.C. Attorneys for the Petitioner Post Office Box 1727 Jamestown, ND 58402-1727 (701) 252-6668

LEO A. RYAN - #05420 A member of the firm (May. 22 & 29; Jun. 5, 2025)

PUBLIC NOTICE

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF STUTSMAN

SOUTHEAST JUDICIAL DISTRICT

PUBLIC NOTICE

IN THE MATTER OF THE GUARDIANSHIP OF LARRY BARTOK

Case No. 47-2025-PR-00047

NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP 1. YOU ARE HEREBY NOTIFIED that a Petition for the appointment of a

guardian for the above named proposed ward has been filed in the District Court of Stutsman County, North Dakota. YOU ARE HEREBY FURTHER NOTIFIED that the Petition will be heard VIA ZOOM on the 23 rd day of June, 2025, at 10:45 a.m. of that day or at such subsequent time or other place to which said hearing may be adjourned

Any interested parties have a right to file a response to the Petition and may also want to contact an attorney to intervene if they object to the Petition. The petitioner and any interested parties intervening have a right to present evidence and to call or cross-examine witnesses.

or transferred, at which time and place you may be heard if you wish.

DATED this 20th day of May, 2025 DALSTED & RYAN, P.C.

Attorneys for the Petitioner Post Office Box 1727 Jamestown, ND 58402-1727 (701) 252-6668

LEO A. RYAN - #05420 A member of the firm. (May. 22 & 29; Jun. 5, 2025)

PUBLIC NOTICE

PUBLIC NOTICE

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

American Modern Home Insurance Company In the state of Ohio

Total Assets
Total Liabilities
Aggregate write-ins 1,693,334,712 1,605,747,781 0 5,000,000 0

for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and

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

FOR THE YEAR 2024 1,536,092

82,548,315 38,616 87,586,931

1.693.334.712

Total Direct Premiums Earned Total Direct Losses Incurred
Total Accident and
Health Direct Premiums Earned
Total Accident and 325,128 0 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 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

JON GODFREAD Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of

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

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

PUBLIC NOTICE

PLACE NOTICE jamestownsun.column.us/place

CONTACT US legals@jamestownsun.com

DEADLINE Wednesday 2pm for Thursday

Wednesday 5pm for Saturday Thursday 2pm for Friday Friday 10am for Monday Friday 2pm for Tuesday Friday 5pm for Wednesday

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The Tamestown Sun www.jamestownsun.com

PUBLIC NOTICE

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

of the Humana Benefit Plan Of Illinois, Inc. In the state of Illinois Total Assets

1,374,217,128 627,848,177 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 Surplus Notes 0 Gross Paid in and 367,528,084 Contributed Surplus
Unassigned 376,340,869
Funds
Total Capital and 746,368,953 Surplus Total Liabilities, 1,374,217,130 Capital And Surplus NORTH DAKOTA BUSINESS

ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

Total Premiums 9,246,611 Earned Total Amount

9,365,344 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

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 ex-

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

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, 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

23469

(Jun. 5 & 12 & 19, 2025)

61301 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Ameritas Life Insurance Corporation

In the state of Nebraska 28.799.284.319 Total Assets Total Liabilities 26,917,838,080 Aggregate write-ins 0 for special surplus funds Common Capital 2,500,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than -15950 Special Surplus Surplus Notes 50,000,000 Gross Paid in and Contributed 431,449,425 Surplus Unassigned 1,397,512,764 Funds Total Capital and 1,881,446,239 Surplus

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

28,799,284,319

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

Total Liabilities

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

PUBLIC NOTICE

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 exhibiting its condition and business for

hibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of 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, A.D. 2026.

IN TESTIMONY WHEREOF, I have because the state and seed and seed at the state of the sta

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

Pruco Life Insurance Company In the state of AZ Total Assets Total Liabilities 189616096408 183886504194 Aggregate write-ins 153966593 surplus funds Common Capital 2500000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 and Contributed 4285986296 Surplus Unassigned 1287139325 Funds Total Capital and 5729592214 Surplus Total Liabilities

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Capital

And Surplus

189616096408

Total Life and Annuity Premi-ums Written 44120942 Total Life and Annuity Direct Losses Paid 40646260 **Total Accident** and Health Direct Premiums Written Total Accident and 0 Health Direct 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 foregoing 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

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 (SEAL) JON GODFREAD

Commissioner of Insurance (Jun. 5 & 12 & 19, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the The Reliable Life Insurance Com-

pany In the state of Missouri

Total Assets Total Liabilities 49,022,542 21,236,123 Aggregate write-ins 0 for special surplus funds Common Capital 4,000,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than 350,062 Special Surplus Funds Surplus Notes Gross Paid in 0 and Contributed 29,350,000 Surplus Unassigned -5,913,643 Funds Total Capital and 27,786,419

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

49,022,542

Surplus Total Liabilities,

Capital

PUBLIC NOTICE

Total Life and 292 Annuity Premi-ums Written Total Life and Annuity Direct Losses Paid Total Accident and Health Direct Premiums Written Total Accident and Health Direct Losses Paid

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 aforerequirements 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, 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. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the
Fidelity & Guaranty Life Insurance

63274

Company In the state of Iowa Total Assets Total Liabilities 65,696,446,751 64,042,013,965 Aggregate write-ins for special 700,069,949 surplus funds Common Capital 3,000,000 Stock Preferred Capi-

tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 225,000,000 and Contributed 2,148,811,290

Surplus -1.422.448.453 Unassigned Funds Total Capital and 1,654,432,786

Surplus Total Liabilities, 65,696,446,751 And Surplus

NORTH DAKOTA BUSINESS

ONLY FOR THE YEAR 2024 Total Life and Annuity Premiums Written Total Life and 32.505.949

16.730.552 Annuity Direct Total Accident and Health Direct Premiums Written Total Accident and Health Direct

Losses Paid 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,
of figible 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

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 aforerequirements 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, A.D. 2026.

IN TESTIMONY WHEREOF, I have bereunts set my hand and seel at

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 Company Insurance United America

In the state of Illinois 4,166,458,133 4,038,081,821 Total Assets Total Liabilities Aggregate write-ins for special

Common Capital 10,152,088 Stock

surplus funds

PUBLIC NOTICE

Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and Contributed 107,623,537 Surplus Unassigned 6,411,801 Funds Total Capital and 128,376,312 Surplus Total Liabilities, Capital 4,166,458,133 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premi-ums Written 1,586

Total Life and Annuity Direct Losses Paid Total Accident 83 and Health Direct Premiums Written Total Accident and 0 Health Direct 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 foregoing 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 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 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 of the Companion Life Insurance Company In the state of South Carolina

775.867.885.00 **Total Assets** Total Liabilities Aggregate 285,842,108.00 write-ins 0.00 for special surplus funds Common Capital 2,500,001.00 Stock Stock
Preferred Capital Stock
Aggregate
Write-ins for
Other Than Special Surplus Surplus Notes Gross Paid in 0.00 and 94,243,783.00 Contributed Surplus Unassigned 393,281,993.00

Funds Total Capital and 490,025,777.00 Surplus Total Liabilities, Capital And Surplus 775,867,885.00

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premi-ums Written 139,132.00 Total Life and Annuity Direct Losses Paid 41,961.00

Total Accident and Health Direct 5,393,180.00 Premiums Written Total Accident 4,702,872.06 and

Health Direct 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

as 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
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, IN TESTIMONY WHEREOF, I have

Continued on next page