61522

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

MII Life Insurance, Incorporated
In the state of Minnesota

| | |
|---|---|
| Total Assets | 10,341,794 |
| Total Liabilities | 1,436,177 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 35,185,882 |
| Unassigned Funds | (28,280,265) |
| Total Capital and Surplus | 8,905,617 |
| Total Liabilities, Capital And Surplus | 10,341,794 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**
ACCIDENT & HEALTH

| | |
|---|---|
| Total Premiums Earned | 23,850,648 |
| Total Amount Incurred | 21,625,408 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).
**JON GODFREAD**
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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

67172

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

AuguStar Life Insurance Company
In the state of Ohio

| | |
|---|---|
| Total Assets | 29,639,440,859 |
| Total Liabilities | 27,653,144,365 |
| Aggregate write-ins for special surplus funds | 2,588,490 |
| Common Capital Stock | 10,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 308,232,913 |
| Gross Paid in and Contributed Surplus | 1,198,735,859 |
| Unassigned Funds | 466,739,232 |
| Total Capital and Surplus | 1,986,296,494 |
| Total Liabilities, Capital And Surplus | 29,639,440,859 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 6,017,657 |
| Total Life and Annuity Direct Losses Paid | 8,239,669 |
| Total Accident and Health Direct Premiums Written | 95,976 |
| Total Accident and Health Direct Losses Paid | 0 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

13935

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Federated Mutual Insurance Company
In the state of MN

| | |
|---|---|
| Total Assets | 12,222,819,714 |
| Total Liabilities | 5,635,036,592 |
| Aggregate write-ins for special surplus funds | 1,500,000 |
| Common Capital Stock | 0 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 0 |
| Unassigned funds (surplus) | 6,586,283,122 |
| Total Capital and Surplus | 6,587,783,122 |
| Total Liabilities, Capital And Surplus | 12,222,819,714 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 9,060,672 |
| Total Direct Losses Incurred | 1,181,133 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total 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 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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

60518

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

American Health And Life Insurance Company
In the state of TX

| | |
|---|---|
| Total Assets | 998278732 |
| Total Liabilities | 790566450 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 3000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 03709100 |
| Unassigned Funds | 174003183 |
| Total Capital and Surplus | 207712283 |
| Total Liabilities, Capital And Surplus | 998278733 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 419538 |
| Total Life and Annuity Direct Losses Paid | 443240 |
| Total Accident and Health Direct Premiums Written | 639350 |
| Total Accident and Health Direct Losses Paid | 225799 |

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

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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. 2026 (SEAL).
**JON GODFREAD**
Commissioner of Insurance

**STATE OF NORTH DAKOTA**
**OFFICE OF THE COMMISSIONER**
**OF INSURANCE**
**COMPANY'S CERTIFICATE OF**
**AUTHORITY**

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**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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

11101

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Hartland Mutual Insurance Company
In the state of North Dakota

| | |
|---|---|
| Total Assets | 16,613,762 |
| Total Liabilities | 6,531,651 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 0 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 0 |
| Unassigned funds (surplus) | 10,082,111 |
| Total Capital and Surplus | 10,082,111 |
| Total Liabilities, Capital And Surplus | 16,613,762 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 7,333,789 |
| Total Direct Losses Incurred | 3,448,218 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total 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 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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

11835

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

PartnerRe America Insurance Company
In the state of Delaware

| | |
|---|---|
| Total Assets | 325,693,549 |
| Total Liabilities | 254,811,171 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 3,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 13,065,713 |
| Unassigned funds (surplus) | 54,816,665 |
| Total Capital and Surplus | 70,882,378 |
| Total Liabilities, Capital And Surplus | 325693549 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

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

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

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**JON GODFREAD**
Commissioner of Insurance

**STATE OF NORTH DAKOTA**
**OFFICE OF THE COMMISSIONER**
**OF INSURANCE**
**COMPANY'S CERTIFICATE OF**
**AUTHORITY**

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**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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

60704

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Wilton Reassurance Life Company Of New York
In the state of New York

| | |
|---|---|
| Total Assets | 6654441440 |
| Total Liabilities | 6283249907 |
| Aggregate write-ins for special surplus funds | 47022322 |
| Common Capital Stock | 2502500 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 208946662 |
| Gross Paid in and Contributed Surplus | 0 |
| Unassigned Funds | 65951164 |
| Total Capital and Surplus | 324422648 |
| Total Liabilities, Capital And Surplus | 6607672555 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 8483 |
| Total Life and Annuity Direct Losses Paid | 0 |
| Total Accident and Health Direct Premiums Written | 0 |
| Total Accident and Health Direct Losses Paid | 0 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

88153

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

CL Life And Annuities Insurance Company
In the state of Utah

| | |
|---|---|
| Total Assets | 1,026,784,530 |
| Total Liabilities | 994,919,208 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 1,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 36,200,000 |
| Unassigned Funds | -5,334,679 |
| Total Capital and Surplus | 31,865,321 |
| Total Liabilities, Capital And Surplus | 1,026,784,529 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 11,162,257 |
| Total Life and Annuity Direct Losses Paid | 79,411 |
| Total Accident and Health Direct Premiums Written | 0 |
| Total Accident and Health Direct Losses Paid | 0 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

11855

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Primero Insurance Company
In the state of North Dakota

| | |
|---|---|
| Total Assets | 12,111,815 |
| Total Liabilities | 3,260,455 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 1,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 7,759,204 |
| Unassigned funds (surplus) | (407,844) |
| Total Capital and Surplus | 8,851,360 |
| Total Liabilities, Capital And Surplus | 12,111,815 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 1,037,493 |
| Total Direct Losses Incurred | 621,129 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total 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 foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
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**JON GODFREAD**
Commissioner of Insurance

**STATE OF NORTH DAKOTA**
**OFFICE OF THE COMMISSIONER**
**OF INSURANCE**
**COMPANY'S CERTIFICATE OF**
**AUTHORITY**

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**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

66680

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

National Life Insurance Company
In the state of Vermont

| | |
|---|---|
| Total Assets | 13,067,697,259 |
| Total Liabilities | 9,832,803,001 |
| Aggregate write-ins for special surplus funds | 1,684,902 |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 657,534,374 |
| Gross Paid in and Contributed Surplus | 560,833,224 |
| Unassigned Funds | 2,012,341,759 |
| Total Capital and Surplus | 3,234,894,259 |
| Total Liabilities, Capital And Surplus | 13,067,697,259 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 128,262 |
| Total Life and Annuity Direct Losses Paid | 371 |
| Total Accident and Health Direct Premiums Written | 5,009 |
| Total Accident and Health Direct Losses Paid | 0 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
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**JON GODFREAD**
Commissioner of Insurance

**STATE OF NORTH DAKOTA**
**OFFICE OF THE COMMISSIONER**
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**COMPANY'S CERTIFICATE OF**
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**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

12321

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

American Continental Insurance Company
In the state of Tennessee

| | |
|---|---|
| Total Assets | 575,036,578 |
| Total Liabilities | 204,336,047 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 260,367,999 |
| Unassigned Funds | 108,332,532 |
| Total Capital and Surplus | 370,700,531 |
| Total Liabilities, Capital And Surplus | 575,036,578 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Life and Annuity Premiums Written | 13,263 |
| Total Life and Annuity Direct Losses Paid | 900 |
| Total Accident and Health Direct Premiums Written | 3,481,884 |
| Total Accident and Health Direct Losses Paid | 3,341,510 |

**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.
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**JON GODFREAD**
Commissioner of Insurance

**STATE OF NORTH DAKOTA**
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**COMPANY'S CERTIFICATE OF**
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**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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

10324

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Addison Insurance Company
In the state of IA

| | |
|---|---|
| Total Assets | 149,760,013 |
| Total Liabilities | 100,237,944 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 10,608,723 |
| Unassigned funds (surplus) | 36,413,346 |
| Total Capital and Surplus | 49,522,069 |
| Total Liabilities, Capital And Surplus | 149,760,013 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 3,441,729 |
| Total Direct Losses Incurred | 1,079,364 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total 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 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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

72052

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Aetna Health Insurance Company
In the state of PA

| | |
|---|---|
| Total Assets | 256,138,556 |
| Total Liabilities | 141,539,430 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2,501,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 738,516,449 |
| Unassigned Funds | -626,418,323 |
| Total Capital and Surplus | 114,599,126 |
| Total Liabilities, Capital And Surplus | 256,138,556 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**
ACCIDENT & HEALTH

| | |
|---|---|
| Total Premiums Earned | 23,658 |
| Total Amount Incurred | 33,033 |

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

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).
**JON GODFREAD**
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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

11817

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

PreferredOne Insurance Company
In the state of Minnesota

| | |
|---|---|
| Total Assets | 79,512,396 |
| Total Liabilities | 385,067 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 1,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 152,750,000 |
| Unassigned funds (surplus) | -74,622,671 |
| Total Capital and Surplus | 79,127,329 |
| Total Liabilities, Capital And Surplus | 79,512,396 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | 0 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total 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 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. 2026 (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, 2025 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. 2027.
**IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)
**JON GODFREAD**
Commissioner of Insurance

31453

**ABSTRACT OF STATEMENT**
**FOR THE YEAR ENDING**
**DECEMBER 31, 2025**
**of the**

Financial Pacific Insurance Company
In the state of CA

| | |
|---|---|
| Total Assets | 307,656,330 |
| Total Liabilities | 201,585,779 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 3,003,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 28,513,974 |
| Unassigned funds (surplus) | 74,553,577 |
| Total Capital and Surplus | 106,070,551 |
| Total Liabilities, Capital And Surplus | 307,656,330 |

**NORTH DAKOTA BUSINESS ONLY**
**FOR THE YEAR 2025**

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | 0 |
| Total Accident and Health Direct Premiums Earned | 0 |
| Total Accident and Health Direct Losses Inc