ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

NORTH DAKOTA BUSINESS ONLY

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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of

of the laws of this State regarding the business of

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-

to the laws thereof, until the 30th day of April, A.D. 2025.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL)

Insurance May 1, 8, 15, 2024

Liberty Mutual Insurance Company

Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds

FOR THE YEAR 2023 Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct

In the state of Massachusetts Total Assets Total Liabilities

Aggregate write-ins for special surplus funds

Surplus Note Gross Paid in and Contributed

Unassigned Funds Total Capital and Surplus Total Liabilities, Capital and

Surplus

Surplus

nsurance and

JON GODFREAD

23043

70,891,553,520 47,428,064,364

209.508.757

1,250,000 624,021,716

13 209 595 772

9,409,112,836 23,463,489,156

70.891.553.520

6,082,891 1,388,930

10,000,000

Abstract of Statement of Insurance Companies Doing Business in North Dakota

20095 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the BITCO General Insurance Corporation In the state of Iowa Total Assets Total Liabilities 1.155.474 765 Total Liabilities Aggregate write-ins for special surplus funds 0 Augregate write-ins for special surplus funds 0 827,178,755 Preferred Capital Stock 0 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed 0 0 102,700,140 217,595,870 Surplus Unassigned Funds Total Capital and Surplus 328,296,010 Total Liabilities, Capital and Surplus 1,155,474,765 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 1,10 1,102,017 Total Direct Losses Incurred 72,462 Total Accident and Health Direct

Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred 0 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my head and officient bias of this affice of Dia my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD

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

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 condition and hospingen for the user and an Do its condition and business for the year ending De cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of WHEREAS, the said company has filed in this of-

fice a duly certified copy of its charter with certifi-cate of organization in compliance with the requirenents of insurance law aforesaid

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi ness of authorized insurance in the state according o the laws thereof, until the 30th day of April, A.D.

2025. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the of the Surety Bonding Company of America In the state of South Dakota

Aggregate write-ins for special surplus funds

Vinassigned Funds Unassigned Funds Vital Capital and Surplus Total Capital and Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned

Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds

Total Direct Losses Incurred

24047

JON GODFREAD Commissioner of Ir

Total Assets Total Liabilities

Surplus Notes

ssioner of Insurance May 1, 8, 15, 2024

20109 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the BITCO National Insurance Company In the state of Iowa Total Assets Total Liabilities 193,109,590 104,955,577 Aggregate write-ins for special surplus fund Common Capital Stock 5,0 Preferred Capital Stock 5,000,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in and Contributed Surplus 40,000,000 0000,000 Unassigned Funds 43,154,013 Total Capital and Surplus 88,154,013 Total Liabilities, Capital and Surplus 193,109,590 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 103 Total Direct Premiums Earned -1,733 Total Direct Premiums Larged -1,733 Surplus Notes Total Direct Losses Incurred Total Accident and Health Direct

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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-IN TESTIMÓNY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (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

has filed in this office a sworn statement exhibiting its condition and business for the year ending De cember 31, 2023 conformable to the requirement of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this of-

fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid.

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the Ohio Farmers Insurance Company

In the state of Ohio

Commissioner of Insurance May 1, 8, 15, 2024

21180 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the Sentry Select Insurance Company

In the state of Wisconsin Total Assets Total Liabilities 1,056,848,326 823,611,522 Aggregate write-ins for special surplus funds Common Capital Stock 5,00 Preferred Capital Stock 5,000,000 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 26,850,000 Gross Paid in and Contributed Surplus 26,850,000 Unassigned Funds 201,366,805 Total Capital and Surplus 233,236,805 Total Liabilities, Capital and Surplus 1,056,848,327 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 4,049,582 Total Direct Learned 4,049,582

Total Direct Losses Incurred 2,293,702 Total Accident and Health Direct 0 Premiums Earned 0 Total Accident and Health Direct Losses Incurred 0 STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE Total Accident and Health Direct

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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD

GODFREAD missioner 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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this of

fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid,

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD nissioner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2023 of the Westfield Insurance Company

24112

3,331,213,510 2,124,194,469

,213,510

335.941

8,297

22608 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 Pacific Employers Insurance Company In the state of Pennsylvania Total Assets 168, Total Liabilities Aggregate wetty 168,260,828.30 91,763,142.55 Aggregate write-ins for special surplus unds Common Capital Stock 3,500 Preferred Capital Stock 3,500 Aggregate Write-ins for Other Than Special Surplus Funds 3,500,000 Surplus Notes
 Surplus Notes
 0

 Gross Paid in and Contributed Surplus 28,850,000
 Unassigned Funds
 44,147,685,75

 Total Capital and Surplus
 76,497,685,75
 Total Liabilities, Capital and
 Total Liabilities, Capital and Surplus 168,260,828.30 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 35,256 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 offi-cially filed by the Company in this office.

State of Notifice. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (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 De-cember 31, 2023 conformable to the requirements of the laws of this state regarding the business of insurance and irance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Da kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2025

IN TESTIMONY WHEREOF, I have hereunto set A.D., 2024 (SEAL) JON GODFREAD

Commissioner of Insurance

May 1, 8, 15, 2024

22748 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the Pacific Employers Insurance Company In the state of Pennsylvania Total Assets Total Liabilities 966 399 399 52,430,860 Total Liabilities Description Aggregate write-ins for special surplus funds 0 Capital Stock 6,000,000 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed 0 0 334,229,512 573,739,027 Surplus 334,22 Unassigned Funds 573,73 Total Capital and Surplus 913,96 Total Liabilities, Capital and Surplus 966,39 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 4 Total Direct Premiums Earned 6 Surplus 913,968,539 966 399 399 Total Direct Losses Incurred 69,056 Total Accident and Health Direct Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred 0 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hered and official the cert of this defice of Dis my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD

SOURCEAD missioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 house for the unare redited DA its condition and business for the year ending De cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully expressioned to the state of the data to the state of the state fully empowered through its authorized agents and representatives, to transact its appropriated busi-ness of authorized insurance in the state according the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023

May 1, 8, 15, 2024

24414 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the of the General Casualty Company of Wisconsin In the state of Wisconsin Total Assets 1,778 1,778,213,702 1,446,965,205 **Total Liabilities** Aggregate write-ins for special surplus fuds Common Capital Stock 4,00 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds 4,000,000 0 Surplus Notes 0 Gross Paid in and Contributed Surplus 335.111.031 Surplus 335,11 Unassigned Funds -7,86 Total Capital and Surplus 331,24 Total Liabilities, Capital and Surplus 1,778,21 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 -7,862,534 331,248,497 ,778,213,702 NORTH DARCITA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 1,781,408 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance

Commissioner of Insurance STATE OF NORTH DAKOTA STATE OF NORTH DANUTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

5,226,861 17,833 Total Assets Total Liabilities Total Liabilities 826,277,599 Aggregate write-ins for special surplus funds 0 Common Capital Stock Preferred Capital Stock 2,500,000 Aggregate Write-ins for Other Than

 Aggregate Write-ins for Other Than

 Special Surplus Funds
 0

 Surplus Notes
 0

 Gross Paid in and Contributed Surplus
 0

 Unassigned Funds
 2,771,981,970

 Total Capital and Surplus
 2,771,981,970

 Total Liabilities, Capital and Surplus
 3,598,259,569

 NORTH DAKOTA BUSINESS ONLY
 FOR THE YEAR 2023

 Total Direct Premiums Earned
 1,519,964

 Total Accident and Health Direct
 Premiums Earned

 Premiums Earned
 0

 Gross Paid in and Contributed Surplus 1,800,000 909,028 5,209,028 5,226,861 5,589 207
 Iotal Direct Losses Incurred
 207

 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

 Lan Coeffered
 OF INSURANCE
 Total Accident and Health Direct Premiums Earned 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bissioner of Insurance

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

In the state of Ohio Total Assets Total Liabilities 3.598.259.569 Aggregate write-ins for special surplus funds 0 Common Capital Stock 8,220,000 Preferred Capital Stock 0 0 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 67,267,015 Unassigned Funds Total Capital and Surplus 1,207,019,041 Total Liabilities, Capital and Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned 0 Total Accident and Health Direct Losses Incurred 0 STATE OF NORTH DAKOTA

24104

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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance ioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE

24120 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 Old Republic Insurance Company In the state of Pennsylvania 853,672,116 495,139,357 Total Assets Total Liabilities

Aggregates Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds 0 Surplus Notes 0 Gross Paid in and Contributed Surplus 3,000,000 Unassigned Funds 352,532,759 Stock 853,672,116 Total Liabilities, Capital and Surplus 853,67 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned Total Direct Losses Incurred Total Accident and Health Direct Total Accident and Health Direct 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 berolw cortify that the

I, Jon Gobread, Commissioner of insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance.

SOUFREAD issioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE

of the Old Republic Insurance Company In the state of Pennsylvania

24147

4.334.336.172

Total Assets Total Liabilities Total Liabilities 2,926,606,879 Aggregate write-ins for special surplus funds 0 Common Capital Stock 3,800,004

Preferred Capital Stock Aggregate Write-Ins for Other Than Special Surplus Funds 0 155,000,000

Surplus Notes Gross Paid in and Contributed 103,869,422 Surplus

 Surplus
 103,869,422

 Unassigned Funds
 1,45,059,870

 Total Capital and Surplus
 1,407,729,296

 Total Liabilities, Capital and Surplus 4,334,336,175
 NORTH DAKOTA BUSINESS ONLY

 FOR THE YEAR 2023
 Total Direct Premiums Earned
 3,544,819.29

 Total Direct Losses Incurred
 1,529,853.36

 Total Direct content and Health Direct
 1,529,853.36
 Total Accident and Health Direct

Total Accident and Health Direct 0 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE

5,471 2,091

 Total Liabilities
 -00, 100,000

 Aggregate write-ins for special surplus funds
 0

 Common Capital Stock
 3,000,000

JON GOUFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE

marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD

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 De-cember 31, 2023 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 certifi-cate of organization in compliance with the require-ments of insurance law aforesaid.

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

2025. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

Commissioner of Insurance May 1, 8, 15, 2024

OF AUTHORITY

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 De-cember 31, 2023 conformable to the requirements of the law of this office receiver the business of of the laws of this State regarding the business of insurance and

Insurance and WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-

Now, Thekeroke, I, John Gobrkeau, Colli-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD oner of Insurance May 1, 8, 15, 2024

25054

OF AUTHORITY

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 De-cember 31, 2023 conformable to the requirements of the law of this ficture coercilies the business of of the laws of this State regarding the business of nsurance and

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid.

ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD sioner of Insurance May 1, 8, 15, 2024

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

ments of insurance law aforesaid, NOW. THEREFORE. I. JON GODFREAD. Com-Now, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

of Insurance May 1, 8, 15, 2024

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully comeasured through its outberized constant. fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state acco the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD ner of Insurance May 1, 8, 15, 2024

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-

Now, Therefore, I, John Gobrield, Colli-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2025

IN TESTIMONY WHEREOF I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

32603

Commissioner of Insurance May 1, 8, 15, 2024

24449 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023	ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the
of the Regent Insurance Company In the state of Wisconsin Total Assets 54,304,065 Total Liabilities 31,353,916 Aggregate write-ins for special surplus funds 0 Common Capital Stock 4,000,000 Preferred Capital Stock 0 Aggregate Write-ins for Other Than Special Surplus Funds 0 Surplus Notes 0 0	Hudson Insurance Company In the state of Delaware Total Assets 2,372 Total Liabilities 1,693 Aggregate write-ins for special surplus fun Common Capital Stock 7 Preferred Capital Stock 7 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed
Surplus Notes 0 Gross Paid in and Contributed Surplus 1,100,000 Unassigned Funds 17,850,150 Total Capital and Surplus 22,950,150 Total Liabilities, Capital and Surplus 54,304,066 NORTH DAKOTA BUSINESS ONLY	Surplus 293 Unassigned Funds 378 Total Capital and Surplus 679 Total Liabilities, Capital and Surplus 2,372 NORTH DAKOTA BUSINESS ON
FOR THE YEAR 2023 Total Direct Premiums Earned 187,190 Total Direct Losses Incurred -148,299 Total Accident and Health Direct Premiums Earned 0	FOR THE YEAR 2023 Total Direct Premiums Earned 1 Total Direct Losses Incurred 4 Total Accident and Health Direct 4 Premiums Earned 4
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	Total Accident and Health Direct Losses In STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONE OF INSURANCE I, Jon Godfread, Commissioner of Insuran State of North Dakota, do hereby certify
State of North Dakota do hereby certify that the	State of NULLI Dakuta, up hereby certily

, Jon Godfrea 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance.

issioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of incurance and

insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid. NOW, THEREFORE, I, JON GODFREAD, Com-

missioner of Insurance of the State of North Da-kota, 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.

IN TESTIMONY WHEREOF | have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

Commissioner of Insurance May 1, 8, 15, 2024

of the		
Hudson Insurance Company		
In the state of Delaware		
Total Assets	2,372,912,991	
Total Liabilities	1,693,025,036	
Aggregate write-ins for special surpl	us funds 0	
Common Capital Stock	7,500,000	
Preferred Capital Stock	238	
Aggregate Write-ins for Other Than		
Special Surplus Funds	0	
Surplus Notes	0	
Gross Paid in and Contributed		
Surplus	293,480,097	
Unassigned Funds	378,907,620	
Total Capital and Surplus	679,887,955	
Total Liabilities, Capital and Surplus	2,372,912,991	
NORTH DAKOTA BUSINES FOR THE YEAR 2023		
Total Direct Premiums Earned		
Total Direct Losses Incurred	1,916,983 4,408,078	
Total Accident and Health Direct	4,400,070	
Premiums Earned	0	
Total Accident and Health Direct Los	ses Incurred 0	
STATE OF NORTH DAK		
OFFICE OF THE COMMISS		
OF INSURANCE		
I, Jon Godfread, Commissioner of Ir	surance of the	
State of North Dakota, do hereby		
foregoing is a true Abstract of Stat	ement, as offi-	
cially filed by the Company in this of	fice.	
IN TESTIMONY WHEREOF, I have	e hereunto set	
my hand and affixed the seal of thi		
marck, the first day of May, A.D. 202	24 (SEAL).	
JON GODFREAD		
Commissioner of Insurance		
STATE OF NORTH DAK		
OFFICE OF THE COMMISS	IONER	
OF INSURANCE COMPANY'S CERTIFIC	ATE	
OF AUTHORITY	AIC	
WHEREAS, the above corporation	duly organized	
under the laws of its state or count	try of domicile	
has filed in this office a sworn state	ment exhibiting	
its condition and business for the ye		
cember 31, 2023 conformable to the		
of the laws of this State regarding t		
insurance and		
WHEREAS, the said company has	filed in this of-	
fice a duly certified copy of its char	ter with certifi-	
cate of organization in compliance w	ith the require-	
ments of insurance law aforesaid,		

NOW, THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Da-kota, 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD May 1, 8, 15, 2024

	27998	
ABSTRACT OF STATEMENT FOR THE YEAR ENDING		
DECEMBER 31, 2023	6	
of the		
Travelers Home and Marine Insurance (The)	e Company	
In the state of Connecticut		
Total Assets	384,224,916	
Total Liabilities	278,469,017	
Aggregate write-ins for special surplus funds	116,663	
Common Capital Stock	5,000,000	
Preferred Capital Stock	0	
Aggregate Write-ins for Other Than	•	
Special Surplus Funds Surplus Notes	0	
Gross Paid in and Contributed Surplu		
Unassigned Funds	23,139,236	
Total Capital and Surplus	105,755,899	
Total Liabilities, Capital and Surplus NORTH DAKOTA BUSINESS	384,224,916	
FOR THE YEAR 2023	ONLI	
Total Direct Premiums Earned	1,295,452	
Total Direct Losses Incurred	456,161	
Total Accident and Health Direct Premiums Earned	0	
Total Accident and Health Direct Loss		
STATE OF NORTH DAKC	ATA	
OFFICE OF THE COMMISSI OF INSURANCE	ONER	
I. Jon Godfread. Commissioner of Instruction	surance of the	
State of North Dakota, do hereby c		
foregoing is a true Abstract of State		
cially filed by the Company in this offi	ce.	
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-		
marck, the first day of May, A.D. 2024 (SEAL).		
JON GODFREAD	. ,	
Commissioner of Insurance		

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 De-cember 31, 2023 conformable to the requirements cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of nsurance and

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-

ments of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Da-kota, 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.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL)

JON GODFREAD of Insurance

May 1, 8, 15, 2024

ABSTRACT OF STATEM FOR THE YEAR ENDIN DECEMBER 31, 2023 of the	
TravCo Insurance Company In the state of Connecticut	
Total Assets Total Liabilities Agregate write-ins for	282,625,086 217,442,786
special surplus funds Common Capital Stock	116,663 6,000,000
Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes Gross Paid in and Contributed Surplu Unassigned Funds Total Capital and Surplus Total Liabilities, Capital and Surplus NORTH DAKOTA BUSINESS	20,065,637 65,182,300 282,625,086 5 ONLY
FOR THE YEAR 2023 Total Direct Premiums Earned	1,451,292
Total Direct Losses Incurred	1,296,168
Total Accident and Health Direct Premiums Earned Total Accident and Health Direct Los: STATE OF NORTH DAKC	
OFFICE OF THE COMMISSI	
OF INSURANCE I, Jon Godfread, Commissioner of In: State of North Dakota, do hereby c foregoing is a true Abstract of State cially filed by the Company in this off IN TESTIMONY WHEREOF, I have my hand and affixed the seal of this marck, the first day of May, A.D. 202- JON GODFREAD Commissioner of Insurance	ertify that the ement, as offi- ice. hereunto set s office at Bis-

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and urance and

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the requirements of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-

Now, Therefore, J, Johr Sobracky, Colli-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof until the 30th day of April A D to the laws thereof, until the 30th day of April, A.D. 2025

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL)

ON GODFREAD
ommissioner of Insurance
May 1, 8, 15, 2024

	29599	
ABSTRACT OF STATE	MENT	
FOR THE YEAR END		
DECEMBER 31, 20 of the	23	
US Specialty Insurance Company		B
In the state of Texas		Ť
Total Assets	2,482,008,062	To
Total Liabilities	1,857,134,250	A
Aggregate write-ins for special sur	plus funds 0	C
Common Capital Stock Preferred Capital Stock	4,200,000	P
Aggregate Write-ins for Other Tha		A
Special Surplus Funds	0	S
Surplus Notes	ŏ	5
Gross Paid in and Contributed		S S S S S S S S S S S S S S S S S S S
Surplus	190,085,811	ŭ
Unassigned Funds	430,588,001	Ť
Total Capital and Surplus	624,873,812	Тс
Total Liabilities, Capital and Surplu NORTH DAKOTA BUSINE	IS 2,482,008,062	ar
FOR THE YEAR 20		
Total Direct Premiums Earned	799.722.391	т.
Total Direct Losses Incurred	517.855.071	To To
Total Accident and Health Direct	- ,,-	To
Premiums Earned	0	P
Total Accident and Health Direct L		To
STATE OF NORTH DA		
OFFICE OF THE COMMIS OF INSURANCE		
I, Jon Godfread, Commissioner of		
State of North Dakota, do hereby		I,
foregoing is a true Abstract of St		St
cially filed by the Company in this	office.	ci
IN TESTIMONY WUEDEOE I NO	wa haraunta sat	

I, Si fo IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD

GODFREAD missioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY BEAS the above comparation duly on

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and nsurance and

WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the requirements of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Com-

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2025

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODFREAD

missioner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the Berkley Insurance Company the state of Delaware otal Assets 29 299 652 694 Aggregate write-ins for special surplus funds Common Capital Stock 43,000,000 Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed 10.000 0 2,980,072,381 5,753,055,884 8,776,138,265 Surplus Jnassigned Funds otal Capital and Surplus otal Liabilities, Capital Iotal Capital and Surplus 8,776,138,265 Total Liabilities, Capital and Surplus 29,299,652,694 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023 Total Direct Premiums Earned 936,558 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 offi-cially filed by the Company in this office. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of May, A.D. 2024 (SEAL). JON GODFREAD Commissioner of Insurance

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 De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and

insurance and WHEREAS, the said company has filed in this of-fice a duly certified copy of its charter with certifi-cate of organization in compliance with the require-ments of insurance law aforesaid,

NOW, THEREFORE, I, JON GODFREAD, Com-missioner of Insurance of the State of North Da-kota, 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 busi-ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

IN TESTIMONY WHEREOF I have hereunto set my hand and seal at Bismarck, this first day of May A.D., 2024 (SEAL) JON GODFREAD

ioner of Insurance May 1, 8, 15, 2024