Abstract of Statement of Insurance Companies Doing Business in North Dakota

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the National Interstate Insurance Company In the state of Ohio Total Assets Total Liabilities 1,777,220,561 1,296,714,332 Total Liabilities
Aggregate write-ins for special surplus funds
Oceanic Capital Stock
3,000,000 Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for Other Than
Special Surplus Funds
Osurplus Notes
Gross Paid in and Contributed Surplus 83,731,614
Unassigned Funds
480,506,229
480,506,229

Total Liabilities, Capital and Surplus 1,777,220,561 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023
Total Direct Premiums Earned
Total Direct Losses Incurred Total Accident and Health Direct Premiums Earned

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 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 May, A.D. 2024 (SEAL).

JON GODFREAD 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, 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

MHEREAS, 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, 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 expressed through its outbodied. fully empowered through its authorized agents and representatives, to transact its appropriated busi ness of authorized insurance in the state accor

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 STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the
First Liberty Insurance Corporation (The) In the state of Illinois Total Assets Total Liabilities 20.778.026 Total Liabilities
Aggregate write-ins for special surplus funds
0
3,600,000 Preferred Capital Stock Aggregate Write-ins for Other Than
Special Surplus Funds 0
Surplus Notes 0
Gross Paid in and Contributed Surplus 7,400,000 Unassigned Funds
Total Capital and Surplus 20,778,026

299,893 88,921 Total Accident and Health Direct Premiums Earned

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 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 May, A.D. 2024 (SEAL).

JON GODFREAD. 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 December 31, 2023 conformable to the requirements
of the laws of this State recarding 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, 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 expressed through its outbodied control and fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state accordi 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 GODEREAD

May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the LM Insurance Corporation In the state of Illinois Total Assets Total Liabilities 123 325 754 Total Liabilities
Aggregate write-ins for special surplus funds
0
3,600,000 2,400,827 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds

Surplus Notes
Gross Paid in and Contributed 106,897,997 Surplus Unassigned Funds 10,426,930 Total Direct Losses Incurred

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 officially filled 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 May, A.D. 2024 (SEAL). JON GODFREAD

OFFICE OF THE COMMISSIONER
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 business for the year ending De cember 31, 2023 conformable to the requirement 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 certificate 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 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 the laws thereof, until the 30th day of April, A.D.

2025. IN TESTIMONY WHEREOF, I have hereunto set JON GODEREAD

ner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

Producers Agriculture Insurance Company
In the state of Texas
Total Assets
Total Liabilities
Agraes 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 Than Special Surplus 37,069,958
Surplus Notes
Oross Paid in and Contributed Surplus 37,069,958
Unassigned Funds
18,131,698
58,201,656

Total Liabilities, Capital and Surplus

NORTH DAKOTA BUSINESS

NORTH DAKOTA BUSINESS

ONLY
FOR THE YEAR 2023

Total Direct Premiums Earned
Total Direct Losses Incurred

17,03
10,66 17,038,787 10,666,268 Total Accident and Health Direct Premiums Earned

Total Accident and Realth 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 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 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 December 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 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.

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

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

Total Assets 3,789,994,263 Total Assets Total Liabilities 3,055,129,415 5,812,500 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Gross Paid in and Contributed Surplus 609,19
Unassigned Funds 119,88
Total Capital and Surplus 734,86
Total Liabilities, Capital and Surplus 3,789,99
NORTH DAKOTA BUSINESS ONLY 609.192.647

NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023

Total Direct Premiums Earned 2,517,324
Total Direct Losses Incurred 1,404,875
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 officially filed by the Company in this office.

integring is a title Austract 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 May, A.D. 2024 (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 the year ending December 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 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

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

May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the

American Zurich Insurance Company In the state of Illinois **Total Liabilities** Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds 5,000,000 Surplus Notes Gross Paid in and Contributed Surplus
Unassigned Funds
Total Capital and Surplus
Total Liabilities, Capital 192,140,590.40 5,696,670.59 202,837,260.99

and Surplus 290,951,214.91
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
Premiums Earned

O 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

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 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 December 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

ments 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 sutherized insurance in the total concerning. ness of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D.

JON GODFREAD

May 1, 8, 15, 2024

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

Farmington Casualty Company In the state of Connecticut Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds 6,000,000 Surplus Notes Gross Paid in and Contributed 126 174 589

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 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 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 share companion duly one

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, 2023 conformable to the requirements of the laws of this State regarding the business of incurrence and

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 requirement of focusion of confined to the control of the confined to the confin 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. 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

Liberty Insurance Corporation In the state of Illinois
Total Assets Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed

Total Direct Premiums Earned
Total Direct Losses Incurred

COMPANY'S CERTIFICATE
OF AUTHORITY

WHEREAS, the above corporation duly organized has filed in this office a sworn statement exhibiting

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 require-

2025.

IN TESTIMONY WHEREOF, I have hereunto set this first day of May,

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

Aggregate write-ins for special surplus funds 0
Common Capital Stock 3,500,000 156.162.500

3.088.691

Total Accident and Health Direct
Premiums Earned
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 offitoregoing 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 May, A.D. 2024 (SEAL).

JON GODFREAD

Commissioner of Insurance

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER

OF INSURANCE

COMPANY'S CEPTIFICATE

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

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.

nissioner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the Agri General Insurance Company

In the state of lowa Total Assets Total Liabilities 402,995,022 303,432 Adgregate write-ins for special surplus funds 0 Common Capital Stock 16,837,810 Preferred Capital Stock 0 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 35,775,437 Unassigned Funds 350,078,343 Total Capital and Surplus 402,691,590 Total Liabilities, Capital and Surplus 402,99
NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023 402,995,022

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

Total Accident and Health Direct Losses Incurred 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 May, A.D. 2024 (SEAL).
JON GODFREAD
Commissioner of Insurance

aissioner 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 December 31, 2023 conformable to the requirements of the laws of this laws. of the laws of this State regarding the business of

MHEREAS, 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, 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

ABSTRACT OF STATEMENT
FOR THE YEAR ENDING
DECEMBER 31, 2023
of the
Northwestern Mutual Life Insurance Company
Is the state of Wisconsin

Aggregate write-ins for special surplus funds Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than

Aggregate Write-Ins Ito Orler Hall
Special Surplus Funds 2,458,053,171
Surplus Notes 4,485,580,059
Gross Paid in and Contributed Surplus 0
Unassigned Funds 23,366,603,582
Total Capital and Surplus 30,310,236,812
Total Liabilities, Capital 358,828,605,531

NORTH DAKOTA BUSINESS ONLY

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-

indegoing is a fue Abstract of Statement, as officially filled 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 May, A.D. 2024 (SEAL).

JON GODFREAD

Company in the purpose.

JON GOFREAD

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, 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 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, 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

May 1, 8, 15, 2024

sioner of Insurance

FOR THE YEAR 2023
Total Life and Annuity Premiums

Written Total Life and Annuity Direct

Losses Paid
Total Accident & Health Direct
Premiums Written
Total Accident & Health Direct

Losses Paid

358.828.605.531

358.828.605.531

40,569,013

3,920,127

1.368.866

In the state of Wisconsin

Total Assets Total Liabilities

Commissioner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the

Chesapeake Life Insurance Company In the state of Oklahoma Total Assets 273,792,093 185,951,527 Total Liabilities Aggregate write-ins for special surplus funds 0 Common Capital Stock 2,668,000 Preferred Capital Stock 0 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus 68,967,320 Unassigned Funds 16,205,246 Total Capital and Surplus 87,840,566 Total Liabilities, Capital and Surplus 273,792,093 Total Liabilities, Capital and Surplus 273,79

NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2023

Total Life and Annuity Premiums Written Total Life and Annuity Direct Losses Paid Total Accident and Health Direct 292,383 Premiums Written Total Accident and Health Direct 71,401

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the

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 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

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, 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 requirements 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 STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

Aggregate write-ins for special surplus funds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for Other Than
Special Surplus Funds

Gross Paid in and Contributed Surplus 46,313,167

Gross Paid in and Contributed Surplus 46,313,167
Unassigned Funds
Total Capital and Surplus
Total Liabilities, Capital and Surplus
NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023

Total Life and Annuity Premiums Written
Total Life and Annuity Premiums Paid
Total Accident and Health Direct
Premiums Written
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 offi-

integring is a fuel 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 May, A.D. 2024 (SEAL).

JON GODFREAD

JON GOFREAD
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, 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 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

nissioner of Insurance

of the Everlake Assurance Company

In the state of Illinois

Total Assets

Total Liabilities

Surplus Notes

70866

120,735,440 71,090,596

3,000,000

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the ManhattanLife Insurance and Annuity Company

In the state of Texas 824,062,913 584,662,073 Total Assets Total Liabilities Total Liabilities 584,662,073
Aggregate write-ins for special surplus funds 0
Common Capital Stock 2,700,000
Preferred Capital Stock 0
Aggregate Write-ins for Other
Than Special Surplus Funds 0
Surplus Notes 11,000,000 Surplus Notes 11,000,000
Gross Paid in and Contributed Surplus 39,436,734
Unassigned Funds 186,264,106
Total Capital and Surplus 239,400,840 Total Liabilities, Capital and Surplus
NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023

Total Life and Annuity Premiums Written Total Life and Annuity Direct Losses Paid Total Accident and Health Direct 1,333,879 Premiums Written Total Accident and Health Direct

972,116 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 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 December 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 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 byte. 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

78077 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

America In the state of Arizona Total Assets Total Liabilities Total Liabilities 2
Aggregate write-ins 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 1,884,648,867 1,858,300,196 Surplus Unassigned Funds Total Capital and Surplus Total Liabilities, Capital and 4.408.491.225

Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2023

Total Life and Annuity 6,813,061 1,142,073

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

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 requirement of our property of the said control of the said cont

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.

32 491.079,858

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

of the
Equitable Financial Life Insurance Company of

32.491.079.858

Premiums Written
Total Life and Annuity Premiums Paid
Total Accident and Health Direct
Premiums Written
Total Accident and Health Direct
Locate Paid 758.108

Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE
OF AUTHORITY
WHEREAS the above corporation duly one

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, 2023 conformable to the requirements of the laws of this State regarding the business of insurance and

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

Unassigned Funds 177,570,021
Total Capital and Surplus 216,817,145
Total Liabilities, Capital and Surplus NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023
Total Premiums Earned 133,798
Total Premiums Earned 133,798
Total Premiums Earned 133,798 Total Amount Incurred

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of Insurance of the
State of North Dakota, do hereby certify that the
foregoing is a true Abstract of Statement, as officially 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 May, A.D. 2024 (SEAL).
JON GODFREAD
Commissioner of Insurance Commissioner of Insurance
STATE OF NORTH DAKOTA

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 afforestid. 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

MHEREAS, 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,

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

Americo Financial Life and Annuity Insurance Company In the state of Texas Total Assets
Total Liabilities
Aggregate write-ins for special 7,165,488,931 6,364,669,783 surplus tunds
Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for Other Than
Special Surplus Funds
Surplus Notes
Cross Paid in and surplus funds 2,638,308

Gross Paid in and Contributed Surplus Unassigned Funds

Losses Paid
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER

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 May, A.D. 2024 (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 the year engling Deits 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 order regarding. The laws of this order with certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid, NOW, THEREFORE, I, JON GODFREAD, Complications of Insurance of the State of North Damester of North Damest 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.

2025. IN TESTIMONY WHEREOF, I have hereunto set

sioner of Insurance May 1, 8, 15, 2024

85766

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023 of the United Concordia Insurance Company In the state of Arizona Total Assets 316,194,447
Total Liabilities 99,377,302
Aggregate write-ins for special surplus funds 0
Common Capital Stock 2,500,000

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 36,747,124
Hassigned Eunds 177,570,021

STATE OF NORTH DAKOTA

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE
OF AUTHORITY
WHEREAS, the above corporation duly organized
under the laws of its state or country of domicile,
has filed in this office a sworn statement exhibiting
its condition and business for the year ending December 31, 2023 conformable to the requirements
of the laws of this State regarding the business of
insurance and

Commissioner of Insurance May 1, 8, 15, 2024

ABSTRACT OF STATEMENT FOR THE YEAR ENDING

DECEMBER 31, 2023

of the Equitable Financial Life Insurance Company

In the state of New York 226.696.312.821 Total Assets Total Liabilities Aggregate write-ins for special surplus funds
Common Capital Stock 1,002,184,178 2,500,000 Preferred Capital Stock
Aggregate Write-ins for Other Than
Special Surplus Funds
Surplus Notes
Gross Paid in and Contributed
Surplus Notes

Losses Paid

1,650,166,591 -955,514,638 Unassigned Funds Total Capital and Surplus 1.699,336,131 Total Liabilities, Capital and Surplus 226,696,312,821
NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023

Total Life and Annuity Premiums Written 6,969,384
Total Life and Annuity Direct

54.358.359

Losses Paid
Total Accident & Health Direct
Premiums Written
Total Accident & 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 this office. 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
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 business for the year ending De-cember 31, 2023 conformable to the requirements of the laws of this State regarding the business of where As, 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 or insurance law arroesaid, 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.

Commissioner of Insurance May 1, 8, 15, 2024

2025. IN TESTIMONY WHEREOF, I have hereunto set

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2023

of the Lincoln Benefit Life Company In the state of Nebraska Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital Stock
Preferred Capital Stock
Aggregate Write-ins for Other Than
Special Surplus Funds Gross Paid in and Contributed Surplus
Unassigned Funds
Total Capital and Surplus
Total Liabilities, Capital

Premiums Written Total Accident & Health Direct

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

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

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, 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

my hand and seal at Bismarck, this first day of May, A.D., 2024 (SEAL) JON GODEREAD sioner of Insurance May 1, 8, 15, 2024

11,725,167,817 11,437,501,360 2,500,000 60,000,000 320.738.647

and Surplus 11,725,167,817

NORTH DAKOTA BUSINESS ONLY
FOR THE YEAR 2023

Total Life and Annuity Premiums Written 1,234,872

Total Life and Annuity Direct
Losses Paid 3,866,383

Total Accident & Health Direct
Premiums Written 200 004 206,004 537.836

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE my hand and affixed the seal of this office at Bismarck, the first day of May, A.D. 2024 (SEAL).

JON GODFREAD
Commissioner of Incurees

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

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