

erwise defined herein shall have the meanings ascribed to them in the Sale Motion.

PLEASE TAKE FURTHER NOTICE that any written objections to consummation or approval of the Transactions must be filed with the Court and served on the following parties: (i) counsel to the Receiver, Cadwell Sanford Deibert & Garry LLP, Attn: James Simko, 200 E 10th St, Suite 200, Sioux Falls, SD 57104, Email: jsimko@cadlaw.com; (ii) counsel to the Purchaser, Bradley Arant Boult Cummings LLP, 1819 Fifth Avenue North, Birmingham, AL 35203, Attn: Edward S. Sledge, IV and James B. Bailey, Email: esledge@bradley.com, jbailey@bradley.com, May, Adam, Gerdes & Thompson LLP, 503 South Pierre Street, Pierre, SD 57501, Attn: Justin L. Bell, Email: jlb@mayadam.net; and (iii) counsel to Compeer Financial, PCA, Gislason & Hunter LLP, Suite 200, 124 East Walnut Street, PO Box 1268, Mankato, MN 56002, Attn: Jennifer G. Lurken and Rick J. Halbur, Email: jlurken@gislason.com, rhalbur@gislason.com.

Copies of the Motion and all related exhibits, and any other filings in the above-captioned action are available on the Court's CM/ECF website at https://ecf.sdd.uscourts.gov/ (charges may apply) or upon request to counsel to the Receiver, Cadwell Sanford Deibert & Garry LLP, Attn: James Simko, 200 E 10th St, Suite 200, Sioux Falls, SD 57104, Email: jsimko@cadlaw.com.

CONSEQUENCES OF FAILING TO TIMELY MAKE AN OBJECTION ANY PARTY OR ENTITY WHO FAILS TO TIMELY MAKE AN OBJECTION TO THE TRANSACTIONS ON OR BEFORE THE HEARING DATE SHALL BE DEEMED TO HAVE CONSENTED TO THE SALE AND TRANSFER OF THE PURCHASED ASSETS TO THE PURCHASER AND SHALL BE FOREVER BARRED FROM ASSERTING ANY OBJECTION TO THE TRANSACTIONS, INCLUDING WITH RESPECT TO THE TRANSFER OF THE TRANSFERRED ASSETS TO THE PURCHASER FREE AND CLEAR OF SUCCESSOR LIABILITY OF ANY KIND AND ALL LIENS, CLAIMS, ENCUMBRANCES, AND OTHER INTERESTS THAT SUCH PARTY OR ENTITY MAY HAVE AGAINST THE DEBTORS OR THE PURCHASED ASSETS.

Dated this 15th day of May, 2025.

CADWELL SANFORD DEIBERT & GARRY LLP  
By  
/s/ James S. Simko  
James S. Simko  
Claire E. Wilka  
200 East 10th St., Suite 200  
Sioux Falls SD 57104  
jsimko@cadlaw.com  
cwilka@cadlaw.com  
(605) 336-0828  
Attorneys for Pipestone Management II, LLC  
Electronically Filed  
(May. 22, 2025)

NOTICE OF PUBLIC HEARING

Notice is hereby given to the public that the Grand Forks Planning and Zoning Commission will hold a public hearing on the request for final approval of an ordinance to amend the zoning map to rezone and exclude from A-1 Agricultural Preservation District and to **include within the Birkholz Eighth PUD (Planned Unit Development), Concept Plan, All of Birkholz Eighth Addition to the City of Grand Forks, North Dakota.**

The public hearing will be held Wednesday, June 4th, 2025, at 5:30 p.m. in the City Council Chambers, City Hall, 255 N 4th St, where all interested citizens will be heard. Any individual requiring special accommodations to allow access or participation at this hearing is asked to notify the ADA coordinator (746-2665) of their needs one week prior to the hearing.

For further information, please call 746-2661.  
Dated this 15th Day of May 2025.

CITY PLANNING AND ZONING COMMISSION  
Ryan Brooks, Planning & Community Development Director

**Publish: Legal Ads – Wednesday, May 21st, 2025**  
(May. 22, 2025)

|  |               |
|--|---------------|
| 84174  |               |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the   |               |
| ELCO MUTUAL LIFE AND ANNUITY   |               |
| In the state of Illinois   |               |
| Total Assets   | 1,134,031,028 |
| Total Liabilities  | 1,051,016,878 |
| Aggregate write-ins  | 0             |
| for special surplus funds  |               |
| Common Capital Stock   | 0             |
| Preferred Capital Stock  | 0             |
| Aggregate Write-ins for  | 0             |
| Other Than Special Surplus Funds   |               |
| Surplus Notes  | 0             |
| Gross Paid in and  | 0             |
| Contributed Surplus  |               |
| Unassigned funds (surplus)   | 83,014,150    |
| Total Capital and Surplus  | 83,014,150    |
| Total Liabilities, Capital   | 1,134,031,028 |
| And Surplus  |               |
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024   |               |
| Total Life and Annuity Premiums Written  | 1,946,775     |
| Total Life and Annuity Direct Losses Paid  | 1,785,684     |
| Total Accident and   | 0             |
| Health Direct Premiums Earned  | 0             |
| Total Accident and   | 0             |
| Health Direct Losses Paid  |               |
| STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE  |               |
| I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.  |               |
| IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).   |               |
| JON GODFREAD Commissioner of Insurance   |               |
| STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE  |               |
| COMPANY'S CERTIFICATE OF AUTHORITY   |               |
| WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the |               |

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |               |
|--|---------------|
| 80896  |               |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the |               |
| Centre Life Insurance Company In the state of Massachusetts        |               |
| Total Assets   | 1,208,912,395 |
| Total Liabilities  | 1,143,150,324 |
| Aggregate write-ins  | 0             |
| for special surplus funds  |               |
| 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  | 127,157,500   |
| Contributed Surplus  |               |
| Unassigned funds (surplus)   | 63,895,430    |
| Total Capital and Surplus  | 129,657,500   |
| Total Liabilities, Capital   | 1,272,807,824 |
| And Surplus  |               |

|  |        |
|--|--------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |        |
| Total Life and Annuity Premiums Written      | 0      |
| Total Life and Annuity Direct Losses Paid    | 0      |
| Total Accident and                           | 6,123  |
| Health Direct Premiums Written               |        |
| Total Accident and                           | 23,232 |
| Health Direct Losses Paid                    |        |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |            |
|--|------------|
| 27855  |            |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the     |            |
| Zurich American Insurance Company Of Illinois In the state of Illinois |            |
| Total Assets   | 55,553,681 |
| Total Liabilities  | 21,254,632 |
| Aggregate write-ins  | 0          |
| for special surplus funds  |            |
| Common Capital Stock   | 5,000,000  |
| Preferred Capital Stock  | 0          |
| Aggregate Write-ins for Other Than Special Surplus Funds               | 0          |
| Surplus Notes  | 0          |
| Gross Paid in and  | 28,295,295 |
| Contributed Surplus  |            |
| Unassigned funds (surplus)   | 1,003,754  |
| Total Capital and Surplus  | 34,299,049 |
| Total Liabilities, Capital   | 55,553,681 |
| And Surplus  |            |

|  |         |
|--|---------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |         |
| Total Direct Premiums Earned                 | 280,856 |
| Total Direct Losses Incurred                 | 82,686  |
| Total Accident and                           | 0       |
| Health Direct Premiums Earned                | 0       |
| Total Accident and                           | 0       |
| Health Direct Losses Incurred                |         |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

(SEAL).

**JON GODFREAD**  
Commissioner of Insurance

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |            |
|--|------------|
| 22306  |            |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the |            |
| Massachusetts Bay Insurance Company In the state of New Hampshire  |            |
| Total Assets   | 82,409,532 |
| Total Liabilities  | 126,143    |
| Aggregate write-ins  | 0          |
| for special surplus funds  |            |
| Common Capital Stock   | 5,000,000  |
| Preferred Capital Stock  | 0          |
| Aggregate Write-ins for Other Than Special Surplus Funds           | 0          |
| Surplus Notes  | 0          |
| Gross Paid in and  | 44,000,000 |
| Contributed Surplus  |            |
| Unassigned funds (surplus)   | 33,283,389 |
| Total Capital and Surplus  | 82,283,389 |
| Total Liabilities, Capital   | 82,409,532 |
| And Surplus  |            |

|  |             |
|--|-------------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |             |
| Total Direct Premiums Earned                 | 649,795,292 |
| Total Direct Losses Incurred                 | 316,695,099 |
| Total Accident and                           | 0           |
| Health Direct Premiums Earned                | 0           |
| Total Accident and                           | 0           |
| Health Direct Losses Incurred                |             |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|   |             |
|---|-------------|
| 39306   |             |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the    |             |
| The Fidelity And Deposit Company Of Maryland In the state of Illinois |             |
| Total Assets  | 248,444,067 |
| Total Liabilities   | 45,108,495  |
| Aggregate write-ins   | 0           |
| for special surplus funds   |             |
| Common Capital Stock  | 5,000,000   |
| Preferred Capital Stock   | 0           |
| Aggregate Write-ins for Other Than Special Surplus Funds              | 0           |
| Surplus Notes   | 0           |
| Gross Paid in and   | 146,842,402 |
| Contributed Surplus   |             |
| Unassigned funds (surplus)  | 51,493,170  |
| Total Capital and Surplus   | 203,335,572 |
| Total Liabilities, Capital  | 248,444,067 |
| And Surplus   |             |

|  |           |
|--|-----------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |           |
| Total Direct Premiums Earned                 | 1,348,006 |
| Total Direct Losses Incurred                 | 1,283,670 |
| Total Accident and                           | 0         |
| Health Direct Premiums Earned                | 0         |

Total Accident and 0

Health Direct Losses Incurred

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |                |
|--|----------------|
| 10677  |                |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the |                |
| The Cincinnati Insurance Company In the state of Ohio              |                |
| Total Assets   | 22,730,881,278 |
| Total Liabilities  | 14,128,191,090 |
| Aggregate write-ins  | 0              |
| for special surplus funds  |                |
| Common Capital Stock   | 3,586,355      |
| Preferred Capital Stock  | 0              |
| Aggregate Write-ins for Other Than Special Surplus Funds           | 0              |
| Surplus Notes  | 0              |
| Gross Paid in and  | 363,410,416    |
| Contributed Surplus  |                |
| Unassigned funds (surplus)   | 8,235,693,417  |
| Total Capital and Surplus  | 8,602,690,188  |
| Total Liabilities, Capital   | 22,730,881,278 |
| And Surplus  |                |

|  |            |
|--|------------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |            |
| Total Direct Premiums Earned                 | 14,293,753 |
| Total Direct Losses Incurred                 | 4,059,770  |
| Total Accident and                           | 0          |
| Health Direct Premiums Earned                | 0          |
| Total Accident and                           | 0          |
| Health Direct Losses Incurred                |            |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and 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**

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |            |
|--|------------|
| 44270  |            |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the |            |
| American West Insurance Company In the state of North Dakota       |            |
| Total Assets   | 55,551,360 |
| Total Liabilities  | 39,236,442 |
| Aggregate write-ins  | 0          |
| for special surplus funds  |            |
| 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  | 3,001,000  |
| Contributed Surplus  |            |
| Unassigned funds (surplus)   | 10,313,918 |
| Total Capital and Surplus  | 16,314,918 |
| Total Liabilities, Capital   | 55,551,360 |
| And Surplus  |            |

|  |            |
|--|------------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |            |
| Total Direct Premiums Earned                 | 37,275,393 |
| Total Direct Losses Incurred                 | 21,894,994 |
| Total Accident and                           | 0          |
| Health Direct Premiums Earned                | 0          |
| Total Accident and                           | 0          |
| Health Direct Losses Incurred                |            |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|   |             |
|---|-------------|
| 26247   |             |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the          |             |
| American Guarantee And Liability Insurance Company In the state of New York |             |
| Total Assets  | 288,524,520 |
| Total Liabilities   | 105,277,153 |
| Aggregate write-ins   | 0           |
| for special surplus funds   |             |
| Common Capital Stock  | 5,000,027   |
| Preferred Capital Stock   | 0           |
| Aggregate Write-ins for Other Than Special Surplus Funds                    | 0           |
| Surplus Notes   | 0           |
| Gross Paid in and   | 172,270,401 |
| Contributed Surplus   |             |
| Unassigned funds (surplus)  | 5,976,939   |
| Total Capital and Surplus   | 183,247,367 |
| Total Liabilities, Capital  | 288,524,520 |
| And Surplus   |             |

|  |           |
|--|-----------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |           |
| Total Direct Premiums Earned                 | 2,950,264 |
| Total Direct Losses Incurred                 | 653       |
| Total Accident and                           | 0         |
| Health Direct Premiums Earned                | 0         |
| Total Accident and                           | 0         |
| Health Direct Losses Incurred                |           |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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**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 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**

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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. 2026.

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**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

|  |               |
|--|---------------|
| 14184  |               |
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the |               |
| Acuity, A Mutual Insurance Company In the state of Wisconsin       |               |
| Total Assets   | 7,426,420,819 |
| Total Liabilities  | 4,197,240,625 |
| Aggregate write-ins  | 17,764,000    |
| for special surplus funds  |               |
| 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  | 3,211,416,194 |
| Contributed Surplus                                      |               |
| Unassigned funds (surplus)                               | 0             |
| Total Capital and Surplus                                | 3,229,180,194 |
| Total Liabilities, Capital                               | 7,426,420,819 |
| And Surplus  |               |

|  |            |
|--|------------|
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 |            |
| Total Direct Premiums Earned                 | 40,011,227 |
| Total Direct Losses Incurred                 | 12,644,053 |
| Total Accident and                           | 0          |
| Health Direct Premiums Earned                | 0          |
| Total Accident and                           | 0          |
| Health Direct Losses Incurred                |            |

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

**COMPANY'S CERTIFICATE OF AUTHORITY**

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

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).

**JON GODFREAD**  
Commissioner of Insurance

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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, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

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

**NOW THEREFORE, I, JON GODFREAD**, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

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

**JON GODFREAD**  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

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

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

NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said law do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D. 2025

(SEAL)

JON GODFREAD  
Commissioner of Insurance

(May. 8 & 15 & 22, 2025)