PUBLIC NOTICE

1. NOTICE IS HEREBY GIVEN that Lisa Lundvall has been appoint-ed Personal Representative of the above estate

2. All persons having claims against the deceased are required to present their claims within three (3) months after the date of the first publication of this notice or to those known creditors whom a mailing of the notice of creditors has been sent or said claims will be forever barred.

3. Claims must be presented to Scott Richard Sandness, Attorney for the Personal Representative, at P.O. Box 915, Jamestown, ND 58402-0915, or filed with the Clerk of District Court at the following address: 511 2nd Ave. SE, Jamestown, ND 58401.

Dated this 13th day of May, 2025.

SANDNESS LAW OFFICE 211 First Ave. North PO Box 915 Jamestown, ND 58402-0915 ssandness@hotmail.com (701) 952-5291

/s/ Scott Richard Sandness Scott Richard Sandness, ID #06124 Attorney at Law

(May. 15 & 22 & 29, 2025) IN THE DISTRICT COURT OF STUTSMAN COUNTY STATE OF NORTH DAKOTA

In the Matter of the Estate of Marion Emma Halverson, a/k/a Marion E. Halverson,a/k/a, Marion Halverson, Deceased. Probate No. 47-2025-PR-00043 Notice to Creditors is Hereby Given

That the undersigned have been appointed co-personal representa-tivesof the above estate. All persons having claims against the deceased are required to present their claims within three (3) months after the date of the first publication of this notice or to those known creditors whom a mailing of the notice of creditors a mailing of the notice of creditors has been sent or said claims will be forever barred. Claims must be presented to Scott B. Scholz or Shannon W. Scholz co-personal representatives of the estate, at their below addresses, or to Lawrence P. Kropp, Attorney for the co-personal representative, at 105 Tenth Street SE, Jamestown, ND 58401, or filed with the Clerk of District Court at the following addresse; 511 2nd Ave SE following address: 511 2nd Ave SE, Jamestown, ND 58401 Dated this 14th day of May, 2025.

Scott B. Scholz
Co-Personal Representative
424 2 nd Ave. SW Jamestown, ND 58426 701-252-5324 **Shannon W. Scholz** Co-Personal Representative 616 1st ST S Montpelier, ND 58472

701-680-9470 KROPP LAW OFFICES, PC 105 Tenth Street SE Jamestown, ND 58401 (701) 252-5505

kropplaw@csicable.net Attorney for the Co-Personal Representatives (May. 15 & 22 & 29, 2025)

PUBLIC NOTICE

77828 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Companion Life Insurance Company

In the state of South Carolina Total Assets Total Liabilities 775,867,885.00 285,842,108.00

Aggregate write-ins for special 0.00 surplus funds Common Capital 2,500,001.00 Stock Preferred Capi- 0.00 tal Stock Aggregate Write-ins for 0.00

Other Than

Total Life and

Health Direct

Losses Paid

Special Surplus Funds 0.00 Gross Paid in and Contributed 94,243,783.00

Surplus Unassigned 393,281,993.00 Funds Total Capital and 490,025,777.00

Surplus Total Liabilities, Capital 775,867,885.00 And Surplus

NORTH DAKOTA BUSINESS

FOR THE YEAR 2024

139.132.00

Annuity Premi-ums Written Total Life and Annuity Direct 41,961.00 Losses Paid Total Accident 5,393,180.00 and Health Direct Premiums Written Total Accident 4,702,872.06

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
because set my hand and affixed

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD

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

AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its
state or country of domicile, has filed

in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of

organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GOD-

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

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

PUBLIC NOTICE

JON GODFREAD Commissioner of Insurance (Mav. 22 & 29; Jun. 5, 2025)

61271 ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024 of the Principal Life Insurance Company In the state of Iowa

Total Assets 239,799,143,111 Total Liabil-235,103,608,340 Aggregate

write-ins 0 for special surplus funds Common 2,500,000 Capital Preferred 0

Capital Stock Aggregate
Write-ins for 497,207,017
Other Than Special Surplus Funds Surplus Notes

Gross Paid 2,159,064,209 in and Contributed Surplus Unassigned 2,036,763,544 Funds Total 4,695,534,771 Capital and Surplus Total Liabili-

ties, Capital 239,799,143,111 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premi-ums Written 93,724,455 Total Life and

Annuity Direct Losses Paid 17.414.923 Total Accident 7,453,851 Health Direct Premiums Total Accident 3.847.305 Health Direct Losses Paid

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

kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office

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

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

AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of isstate 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 NOW THEREFORE, I, JON GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, ION GODEREAD

Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

The Reliable Life Insurance Com-In the state of Missouri Total Assets Total Liabilities Aggregate write-ins 49,022,542 21,236,123 0 for special surplus funds Common Capital 4,000,000 Stock Preferred Capi-tal Stock Aggregate Write-ins for Other Than 350,062 Special Surplus Surplus Notes Gross Paid in 0 29.350.000 and Contributed Surplus Unassigned -5.913.643 Funds Total Capital and 27,786,419 Surplus Total Liabilities, 49,022,542

And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premi-ums Written Total Life and Annuity Direct Losses Paid 292 Total Accident 0 Health Direct Premiums Written Total Accident 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 Da-

kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office this office IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its

PUBLIC NOTICE

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 GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 JON GODFREAD

Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025)

86231 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Transamerica Life Insurance Com-

pany In the state of Iowa Total Assets 179,107,004,426 Total Liabil-173,181,529,569

Aggregate 1,043,273,628 write-ins for special surplus funds 6,761,900 Common Capital Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid

4.660.839.417 in and Contributed Surplus Unassigned 214,599,912 Funds Total Capital 5,925,474,857 and Surplus Total Liabili-

ties, Capital And Surplus 179,107,004,426 NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Life and Annuity Premi-ums Written 14,434,637

Total Life and Annuity Direct 53,346,313 Losses Paid Total Accident 8,203,225 Health Direct Premiums Written Total Accident 22.121.681 and Health Direct Losses Paid

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

kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office.

this office.

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

Commissioner of Insurance
STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement ex-hibiting 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

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

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

Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the United Insurance Company Of

America In the state of Illinois Total Assets Total Liabilities Aggregate 4,166,458,133 4,038,081,821 0 write-ins for special surplus funds Common Capital 10,152,088 Stock Preferred Capi-tal Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and 107,623,537 Contributed Surplus Unassigned 6.411.801 Funds Total Capital and 128,376,312 Surplus Total Liabilities, 4,166,458,133 And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Life and Annuity Premi-ums Written 1,586 Total Life and Annuity Direct 0 Losses Paid Total Accident Health Direct Premiums Written Total Accident and Health Direct

PUBLIC NOTICE

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE Jon Godfread. Commissioner of

Insurance of the State of North Da-kota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (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 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 NOW THEREFORE, I, JON GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 JON GODFREAD

Commissioner of Insurance (May. 22 & 29; Jun. 5, 2025)

84174 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the ELCO MUTUAL LIFE AND ANNU-

In the state of Illinois 1,134,031,028 1,051,016,878 **Total Assets** Total Liabilities Aggregate write-ins 0 for special surplus funds Common Capital 0 Stock Preferred Capital Stock Aggregate 0 Write-ins for Other Than Special Surplus 0

Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned 83,014,150 Funds Total Capital and 83,014,150 Surplus Total Liabilities, 1,134,031,028 Capital 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 Total Accident 1,785,684 and Health Direct 0 Premiums Written Total Accident and Health Direct

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the fore going is a true Abstract of Statement, as officially filed by the Company in 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 NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-

ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF. I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 JON GODFREAD Commissioner of Insurance

(May. 8 & 15 & 22, 2025) ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024 of the Centre Life Insurance Company In the state of Massachusetts

Total Assets Total Liabilities 1,208,912,395 1,143,150,324 Aggregate write-ins 0 for special surplus funds Common Capital 2,500,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed 127,157,500 Surplus Unassigned 63,895,430

PUBLIC NOTICE

Total Liabilities Capital And Surplus 1,272,807,824

NORTH DAKOTA BUSINESS ONLY **FOR THE YEAR 2024**

Total Life and Annuity Premi-ums Written 0 Total Life and Annuity Direct Losses Paid 0 Total Accident and Health Direct 6,123 Premiums Written Total Accident 23,232 and

Health Direct

Losses Paid

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in 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

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its
state or country of domicile, has filed
in this office a sworn statement exhibiting its condition and business for
the year ending December 31, 2024 the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid. NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-

ant 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,

(SEAL) JON GODFREAD Commissioner of Insurance

(May. 8 & 15 & 22, 2025) 22543 ABSTRACT OF STATEMENT

, 2025

Total Assets

FOR THE YEAR ENDING DECEMBER 31, 2024 of the SECURA Insurance Company In the state of Wisconsin

1,909,920,545 1,202,346,040 Total Liabilities Aggregate write-ins for special surplus funds Common Capital 3,000,000 Stock Preferred Capital Stock
Aggregate
Write-ins for
Other Than
Special Surplus Funds Surplus Notes Gross Paid in 125,000,000 1,175,000 and Contributed

Surplus Unassigned 578,399,505 funds (surplus) Total Capital and 707,574,505 Surplus Total Liabilities,

Capital And Surplus

and

Health Direct

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct 8,061,560

1,909,920,545

Total Direct Losses 3,046,071 Incurred Total Accident and 0 Health Direct Premiums Earned Total Accident

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

0

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in 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

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 state or country of domicile, has filed in this office a sworn statement ex-hibiting 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 GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck this first day of March,

A.D., 2025 JON GODFREAD Commissioner of Insurance

(May. 22 & 29; Jun. 5, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

Worldwide

Response

5.156

Aggregate write-ins 0 0 42,344,057 -29,144,068 funds (surplus) Total Capital and 16,199,989 Surplus Total Liabilities, 16,205,145

Total Direct

osses 0 Incurred Total Accident 0 and Health Direct Premiums Earned Total Accident and Health Direct

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

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance

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

Commissioner of Insurance

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

Total Assets 27,378,846 Total Liabilities 4,160,719 Aggregate write-ins for special surplus funds ommon Capital Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 18,201,887 and Contributed Surplus Unassigned 791,240 funds (surplus) Total Capital and 23,218,127 Surplus Total Liabilities, Capital 27,378,846

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

remiums 0 0 0 and Health Direct Losses 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

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

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-

Funds Total Capital and 129,657,500 In the state of Illinois Losses Paid 16,205,145 Total Assets state or country of domicile, has filed

PUBLIC NOTICE

Total Liabilities

for special surplus funds Common Capital 3,000,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned

Capital And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Premiums Earned 0 Total Direct

Losses 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.

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 December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

A.D., 2025 JON GODFREAD

(May. 22 & 29; Jun. 5, 2025)

Unitrin Auto And Home Insurance Company In the state of New York

And Surplus

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck,

the first day of March, A.D. 2025 JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its
state or country of domicile, has filed
in this office a sworn statement ex-

business of insurance and organization in compliance with the requirements of insurance law afore-

ant to the provisions of said laws, do Insurance

Continued on next page