#### **PUBLIC NOTICE**

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, 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 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 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 (SEAL) JON GODFREAD

Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

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

American West Insurance Company In the state of North Dakota 55,551,360 39,236,442 Total Assets Total Liabilities Aggregate write-ins for specia surplus funds Common Capital 3,000,000 Stock Preferred Capi-0 tal Stock Aggregate Write-ins for

Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 3,001,000 Contributed Surplus Unassigned 10,313,918

funds (surplus) Total Capital and 16,314,918 Surplus Total Liabilities, 55,551,360 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct 37,275,393

Premiums Earned Total Direct Losses 21,894,994 Incurred Total Accident and Health Direct Premiums Earned 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 Da-kota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in 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

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 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 (SEAL) JON GODFREAD

Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Transamerica Casualty Insurance

Company In the state of lowar 15,837,851

Total Assets Total Liabilities 2,510,256 Aggregate write-ins

surplus funds Common Capital 8,724,386 Stock Preferred Capi-

tal Stock Aggregate Write-ins for Other Than Special Surplus Funds

for special

Surplus

Surplus Notes Gross Paid in and 0

3,217,106 Contributed Surplus Unassigned 1,386,103 funds (surplus)

Total Capital and 13,327,595

#### **PUBLIC NOTICE**

Total Liabilities. 15,837,851 Capital And Surplus

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

Total Direct Premiums 868 Earned Total Direct Incurred Total Accident and Health Direct 316 Premiums Earned Total Accident 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 the office. this office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, 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 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, 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. 22 & 29; Jun. 5, 2025)

#### 28665 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the

The Cincinnati Casualty Company In the state of Ohio **Total Assets** 700,401,698 Total Liabilities 145.187.116 Aggregate write-ins for special surplus funds Common Capital 3,750,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus 0 Funds Surplus Notes Gross Paid in 0 18,000,000 and Contributed Surplus Unassigned 533,464,582 funds (surplus) Total Capital and 555,214,582 Surplus Total Liabilities, Capital 700,401,698

# NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct 135,862 **Total Direct** Losses 39,713 Total Accident and 0 Health Direct Premiums Earned Total Accident 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 fore-going is a true Abstract of Statement, as officially filed by the Company in this office. IN TESTIMONY WHEREOF, I have

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 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, 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, IN TESTIMONY WHEREOF. I have

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

(May. 8 & 15 & 22, 2025)

Commissioner of Insurance

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** 

of the Infinity Insurance Company In the state of Indiana Total Assets 1,018,176,369 974,514,681 Total Liabilities

### **PUBLIC NOTICE**

Aggregate write-ins for special 0 surplus funds Common Capital 3,000,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in and 29,766,341 Contributed Surplus Unassigned 10,895,347 funds (surplus) Total Capital and 43,661,688 Surplus Total Liabilities, 1,018,176,369 Capital And Surplus **NORTH DAKOTA BUSINESS** 

## ONLY FOR THE YEAR 2024

**Total Direct** Premiums 0 Earned Total Direct 0 Losses Incurred Total Accident 0 and Health Direct Premiums Earned Total Accident Health Direct Losses Incurred

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 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 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 (SEAL) JON GODFREAD

Commissioner of Insurance

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

# ABSTRACT OF STATEMENT FOR THE YEAR ENDING

**DECEMBER 31, 2024** of the Harleysville Insurance Company In the state of Ohio Total Assets Total Liabilities 138,967,184 64,083,181 Aggregate write-ins 0 surplus funds Common Capital 2,612,500 erred Ca tal Stock Aggregate Write-ins for Other Than Special Surplus Surplus Notes Gross Paid in and Contributed 33.719.729 Surplus Unassigned 38,551,774 funds (surplus)
Total Capital and 74,884,003 Surplus Total Liabilities,

138,967,184 Capital And Surplus **NORTH DAKOTA BUSINESS** ONLY FOR THE YEAR 2024

Total Direct 183,269 Premiums Total Direct 2.146 Losses Incurred Total Accident and Health Direct Premiums Earned **Total Accident** 0 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 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 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 representatives, to transact its appropriated business of authorized insurance in the state according to the laws

### **PUBLIC NOTICE**

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) ABSTRACT OF STATEMENT FOR THE YEAR ENDING

**DECEMBER 31, 2024** of the Colonial American Casualty And Surety Company In the state of Illinois Total Assets Total Liabilities 20,211,233 1,998,408

0

Aggregate write-ins

Capital

And Surplus

for special surplus funds Common Capital 5,000,000 Stock Preferred Capi-0 tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in and 5,000,000 Contributed Surplus Unassigned 8,212,825 funds (surplus)
Total Capital and 18,212,825 Surplus Total Liabilities,

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

20,211,233

Total Direct Premiums 0 Total Direct 2,697 Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct 0 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.
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 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 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 becaused as a law to the state according to the law that are the state of the st

hereunto set my hand and seal at Bismarck this first day of March, 2025 (SEAL) JON GODFREAD Commissioner of Insurance

(May. 8 & 15 & 22, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the
American Family Connect Property

And Casualty Insurance Company In the state of Wisconsin Total Assets Total Liabilities 1,475,593,054 885,794,078 Aggregate write-ins for special surplus funds Common Capital 5,000,000 Stock

Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes 0 Gross Paid in 533,903,241 Contributed Surplus Unassigned 50,895,735 funds (surplus) Total Capital and 589,798,976 Surplus Total Liabilities

**NORTH DAKOTA BUSINESS** FOR THE YEAR 2024 **Total Direct** 

Capital

And Surplus

1,475,593,054

Premiums 23,806,199 Earned Total Direct Losses 18.910.425 Incurred Total Accident and Health Direct Premiums Earned **Total Accident** 0 Health Direct Losses Incurred

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,

STATE OF NORTH DAKOTA

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

**PUBLIC NOTICE** 

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 GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuon 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.

N. 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

Total Assets

Total Liabilities

(May. 15 & 22 & 29, 2025) 21229 ABSTRACT OF STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2024 of the MemberSelect Insurance Company In the state of Michigan

633,319,532 508,788,639

Aggregate write-ins for special surplus funds Common Capital 5,000,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 5,700,000 and Contributed Surplus Unassigned 113.830.893

633.319.532 Capital And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Surplus Total Liabilities,

funds (surplus) Total Capital and 124,530,893

Total Direct Premiums 415,543 Earned Total Direct Losses 453,301 Total Accident and 0 Health Direct Premiums Earned Total Accident 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 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

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 exin this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of

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. 8 & 15 & 22, 2025)

In the state of lowa

#### ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the AMCO Insurance Company

Total Assets Total Liabilities 560,196,398 354,440,236 Aggregate write-ins for special surplus funds Common Capital 3,000,000 Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for Other Than Special Surplus Surplus Notes Gross Paid in and Contributed 177,486,674 Surplus Unassigned 25,269,488 funds (surplus) Total Capital and 205,756,162 Surplus Total Liabilities, 560,196,398 Capital

And Surplus

#### ONLY FOR THE YEAR 2024 Total Direct Premiums 5,977,388

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

Losses Incurred

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

### **PUBLIC NOTICE**

OF INSURANCE

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

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

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

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

A D 2026 IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March,

Commissioner of Insurance (May. 8 & 15 & 22, 2025)

Total Liabilities Aggregate write-ins for special surplus funds Common Capital 3,586,355 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 363,410,416 and Contributed Surplus Unassigned 8,235,693,417 funds (surplus) Total Capital and 8,602,690,188 Surplus Total Liabilities 22,730,881,278 Capital

Total Direct Premiums Earned 14,293,753 Total Direct Losses 4,059,770 Incurred Total Accident

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 foregoing is a true Abstract of Statement, as officially filed by the Company in

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

in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024

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. 8 & 15 & 22, 2025)

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I, Jon Godfread, Commissioner of Insurance of the State of North Dathis office

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

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

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

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., 2025 (SEAL) JON GODFREAD

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 14,128,191,090

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

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

the laws of this State regarding the

IN TESTIMONY WHEREOF, I have

COMPANY'S CERTIFICATE OF AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed

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

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