

41750

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

Travelers Constitution State Insurance Co
In the state of CT

| | |
|------------------------------------|-----------|
| Total Assets | 292457206 |
| Total Liabilities | 233569969 |
| Aggregate write-ins | 0 |
| for special surplus funds | 146947 |
| Common Capital Stock | 3000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 16812294 |
| Unassigned funds (surplus) | 48598265 |
| Total Capital and Surplus | 69057506 |
| Total Liabilities, Capital | 292457205 |
| And Surplus | 0 |

31986

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

Frankenmuth Insurance
In the state of Michigan

| | |
|------------------------------------|---------------|
| Total Assets | 2247865007 |
| Total Liabilities | 2235643946 |
| Aggregate write-ins | 0 |
| for special surplus funds | 250000 |
| Common Capital Stock | 100000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 2300100 |
| Unassigned funds (surplus) | 242,978,513 |
| Total Capital and Surplus | 1,359,278,513 |
| Total Liabilities, Capital | 2,247,865,007 |
| And Surplus | 0 |

25151

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

State Farm General Insurance Company
In the state of IL

| | |
|------------------------------------|---------------|
| Total Assets | 8,961,374,531 |
| Total Liabilities | 262,507,618 |
| Aggregate write-ins | 0 |
| for special surplus funds | 18,800,000 |
| Common Capital Stock | 10,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 400,000,000 |
| Gross Paid in and | 0 |
| Contributed Surplus | 687,500,000 |
| Unassigned funds (surplus) | 459,662,539 |
| Total Capital and Surplus | 1,359,278,513 |
| Total Liabilities, Capital | 8,961,374,531 |
| And Surplus | 0 |

41769

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

The Travelers Casualty Company
In the state of CT

| | |
|------------------------------------|-------------|
| Total Assets | 2957237224 |
| Total Liabilities | 226567633 |
| Aggregate write-ins | 0 |
| for special surplus funds | 146947 |
| Common Capital Stock | 3000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 19812365 |
| Unassigned funds (surplus) | 459,662,539 |
| Total Capital and Surplus | 691,557,1 |
| Total Liabilities, Capital | 2957237224 |
| And Surplus | 0 |

35769

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

Protective Property & Casualty Insurance Company
In the state of Missouri

| | |
|------------------------------------|-------------|
| Total Assets | 465,018,526 |
| Total Liabilities | 247,148,171 |
| Aggregate write-ins | 0 |
| for special surplus funds | 0 |
| Common Capital Stock | 4,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 81,942,999 |
| Unassigned funds (surplus) | 131,927,356 |
| Total Capital and Surplus | 217,870,355 |
| Total Liabilities, Capital | 465,018,526 |
| And Surplus | 0 |

62383

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

Lantern Insurance Company
In the state of Iowa

| | |
|------------------------------------|------------|
| Total Assets | 8105445 |
| Total Liabilities | 63392700 |
| Aggregate write-ins | 0 |
| for special surplus funds | 0 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 32401797 |
| Unassigned funds (surplus) | 172,403,52 |
| Total Capital and Surplus | 17661445 |
| Total Liabilities, Capital | 8105445 |
| And Surplus | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|---|
| Total Direct Premiums | 0 |
| Earned | 0 |
| Total Direct Losses | 0 |
| Incurred | 0 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|-------|
| Total Direct Premiums | 48513 |
| Earned | 48513 |
| Total Direct Losses | 679 |
| Incurred | 679 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|---|
| Total Direct Premiums | 0 |
| Earned | 0 |
| Total Direct Losses | 0 |
| Incurred | 0 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|------|
| Total Direct Premiums | 0 |
| Earned | 0 |
| Total Direct Losses | -409 |
| Incurred | -409 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|--------|
| Total Direct Premiums | 34,225 |
| Earned | 34,225 |
| Total Direct Losses | 0 |
| Incurred | 0 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|--|-------|
| Total Life and Annuity Premiums Written | 7737 |
| Total Life and Annuity Direct Losses Paid | 25490 |
| Total Accident and Health Direct Premiums | 0 |
| Written | 0 |
| Total Accident and Health Direct Losses Paid | 0 |

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (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, 2025 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. 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (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, 2025 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. 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (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, 2025 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. 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (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, 2025 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. 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (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, 2025 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. 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (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, 2025 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. 2027.

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

JON GODFREAD
Commissioner of Insurance

66974

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

North American Company For Life And Health Insurance
In the state of Iowa

| | |
|------------------------------------|-------------|
| Total Assets | 4691824452 |
| Total Liabilities | 44457642885 |
| Aggregate write-ins | 0 |
| for special surplus funds | 132170034 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 431000000 |
| Gross Paid in and | 0 |
| Contributed Surplus | 882491131 |
| Unassigned funds (surplus) | 1012440502 |
| Total Capital and Surplus | 2460601667 |
| Total Liabilities, Capital | 4691824452 |
| And Surplus | 0 |

16330

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

RAM Mutual Insurance Company
In the state of Minnesota

| | |
|------------------------------------|---------------|
| Total Assets | \$156,318,191 |
| Total Liabilities | \$75,023,851 |
| Aggregate write-ins | \$0 |
| for special surplus funds | \$0 |
| Common Capital Stock | \$0 |
| Preferred Capital Stock | \$0 |
| Aggregate Write-ins for Other Than | \$0 |
| Special Surplus Funds | \$19,725,000 |
| Surplus Notes | \$0 |
| Gross Paid in and | \$0 |
| Contributed Surplus | \$61,569,340 |
| Unassigned funds (surplus) | \$81,294,340 |
| Total Capital and Surplus | \$156,318,191 |
| Total Liabilities, Capital | \$156,318,191 |
| And Surplus | \$0 |

19224

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

St. Paul Protective Insurance Company
In the state of CT

| | |
|------------------------------------|-----------|
| Total Assets | 731571669 |
| Total Liabilities | 488423605 |
| Aggregate write-ins | 0 |
| for special surplus funds | 293895 |
| Common Capital Stock | 4200000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 201201337 |
| Unassigned funds (surplus) | 37452832 |
| Total Capital and Surplus | 243148064 |
| Total Liabilities, Capital | 731571669 |
| And Surplus | 0 |

60542

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

American Home Life Insurance Company
In the state of KS

| | |
|------------------------------------|-----------|
| Total Assets | 271015490 |
| Total Liabilities | 251875313 |
| Aggregate write-ins | 0 |
| for special surplus funds | 400000 |
| Common Capital Stock | 0 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 0 |
| Unassigned Funds | 193740178 |
| Total Capital and Surplus | 1914078 |
| Total Liabilities, Capital | 271015491 |
| And Surplus | 0 |

99775

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

Funeral Directors Life Insurance Company
In the state of Texas

| | |
|------------------------------------|------------|
| Total Assets | 2695371260 |
| Total Liabilities | 2682261447 |
| Aggregate write-ins | 0 |
| for special surplus funds | 0 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 3031000 |
| Unassigned funds (surplus) | 193078234 |
| Total Capital and Surplus | 198609234 |
| Total Liabilities, Capital | 2682261447 |
| And Surplus | 0 |

24767

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025

of the

St. Paul Fire And Marine Insurance Comp
In the state of CT

| | |
|------------------------------------|-------------|
| Total Assets | 28349310950 |
| Total Liabilities | 19716327673 |
| Aggregate write-ins | 0 |
| for special surplus funds | 12561472 |
| Common Capital Stock | 20000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and | 0 |
| Contributed Surplus | 3238382533 |
| Unassigned funds (surplus) | 19362039273 |
| Total Capital and Surplus | 8632983278 |
| Total Liabilities, Capital | 28349310951 |
| And Surplus | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|--|----------|
| Total Life and Annuity Premiums Written | 1034440 |
| Total Life and Annuity Direct Losses Paid | 10879980 |
| Total Accident and Health Direct Premiums | 0 |
| Written | 0 |
| Total Accident and Health Direct Losses Paid | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|------------|
| Total Direct Premiums | 18,905,269 |
| Earned | 18,905,269 |
| Total Direct Losses | 17,493,349 |
| Incurred | 17,493,349 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|-------|
| Total Direct Premiums | 0 |
| Earned | 0 |
| Total Direct Losses | -2483 |
| Incurred | -2483 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|--|--------|
| Total Life and Annuity Premiums Written | 155703 |
| Total Life and Annuity Direct Losses Paid | 8551 |
| Total Accident and Health Direct Premiums | 50264 |
| Written | 50264 |
| Total Accident and Health Direct Losses Paid | 50274 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|--|---------|
| Total Life and Annuity Premiums Written | 6636205 |
| Total Life and Annuity Direct Losses Paid | 2219728 |
| Total Accident and Health Direct Premiums | 0 |
| Written | 0 |
| Total Accident and Health Direct Losses Paid | 0 |

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

| | |
|---|----------|
| Total Direct Premiums | 665891 |
| Earned | 665891 |
| Total Direct Losses | -3528450 |
| Incurred | -3528450 |
| Total Accident and Health Direct Premiums | 0 |
| Earned | 0 |
| Total Accident and Health Direct Losses | 0 |
| Incurred | 0 |

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD
Commissioner of Insurance

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfreed, 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. 2026 (SEAL).

JON GODFREAD