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2025 Insurance Abstracts

25879	24775	41750	41769	25887
ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the	ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the	ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the	ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the	ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the
Fidelity And Guaranty Insurance Underwriters	St. Paul Guardian Insurance Company	Travelers Constitution State Insurance Co	The Travelers Casualty Company	United States Fidelity And Guaranty Comp
In the state of WI	In the state of CT	In the state of CT	In the state of CT	In the state of CT
Total Assets 187204812	Total Assets 110848837	Total Assets 292457206	Total Assets 295723224	Total Assets 4472595781
Total Liabilities 85357518	Total Liabilities 85040772	Total Liabilities 223399699	Total Liabilities 226567653	Total Liabilities 3421687163
Aggregate write-ins for special surplus funds 50671	Aggregate write-ins for special surplus funds 50671	Aggregate write-ins for special surplus funds 146947	Aggregate write-ins for special surplus funds 146947	Aggregate write-ins for special surplus funds 2234614
Common Capital 13434900	Common Capital 4200000	Common Capital 3500000	Common Capital 3500000	Common Capital 35214075
Stock Preferred Capital 0	Stock Preferred Capital 0	Stock Preferred Capital 0	Stock Preferred Capital 0	Stock Preferred Capital 0
Stock Aggregate Write-ins for Other Than Special Surplus Funds 0	Stock Aggregate Write-ins for Other Than Special Surplus Funds 0	Stock Aggregate Write-ins for Other Than Special Surplus Funds 0	Stock Aggregate Write-ins for Other Than Special Surplus Funds 0	Stock Aggregate Write-ins for Other Than Special Surplus Funds 0
Surplus Notes 0	Surplus Notes 0	Surplus Notes 0	Surplus Notes 0	Surplus Notes 0
Gross Paid in and Contributed Surplus 72016120	Gross Paid in and Contributed Surplus 11000000	Gross Paid in and Contributed Surplus 16812294	Gross Paid in and Contributed Surplus 19812365	Gross Paid in and Contributed Surplus 236805261
Unassigned funds (surplus) 16345602	Unassigned funds (surplus) 10557394	Unassigned funds (surplus) 48598265	Unassigned funds (surplus) 45696259	Unassigned funds (surplus) 776654667
Total Capital and Surplus 101847293	Total Capital and Surplus 25808065	Total Capital and Surplus 69057506	Total Capital and Surplus 69155571	Total Capital and Surplus 1050908617
Total Liabilities, Capital And Surplus 187204811	Total Liabilities, Capital And Surplus 110848837	Total Liabilities, Capital And Surplus 292457205	Total Liabilities, Capital And Surplus 295723224	Total Liabilities, Capital And Surplus 4472595780
NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025	NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025
Total Direct Premiums Earned 0	Total Direct Premiums Earned 555042	Total Direct Premiums Earned 0	Total Direct Premiums Earned 0	Total Direct Premiums Earned 5535
Total Direct Losses Incurred -4863	Total Direct Losses Incurred 22200	Total Direct Losses Incurred 0	Total Direct Losses Incurred -409	Total Direct Losses Incurred -63166
Total Accident and Health Direct Premiums Earned 0	Total Accident and Health Direct Premiums Earned 0	Total Accident and Health Direct Premiums Earned 0	Total Accident and Health Direct Premiums Earned 0	Total Accident and Health Direct Premiums Earned 0
Total Accident and Health Direct Losses Incurred 0	Total Accident and Health Direct Losses Incurred 0	Total Accident and Health Direct Losses Incurred 0	Total Accident and Health Direct Losses Incurred 0	Total Accident and Health Direct Losses Incurred 0
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	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.	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.	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.	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.	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. 2026 (SEAL).	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).	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).	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).	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	JON GODFREAD Commissioner of Insurance	JON GODFREAD Commissioner of Insurance	JON GODFREAD Commissioner of Insurance	JON GODFREAD Commissioner of Insurance
STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE	STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE
COMPANY'S CERTIFICATE OF AUTHORITY	COMPANY'S CERTIFICATE OF AUTHORITY	COMPANY'S CERTIFICATE OF AUTHORITY	COMPANY'S CERTIFICATE OF AUTHORITY	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 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 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 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 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,	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,	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,	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,	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.	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.	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.	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.	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)	IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)	IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)	IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2026 (SEAL)	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 (June 11,18 &25),	JON GODFREAD Commissioner of Insurance (June 11,18 &25),	JON GODFREAD Commissioner of Insurance (June 11,18 &25),	JON GODFREAD Commissioner of Insurance (June 11,18 &25),	JON GODFREAD Commissioner of Insurance (June 11,18 &25),