

2025 Insurance Abstracts

65005

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

RiverSource Life Insurance Company
In the state of Minnesota

Total Assets	123,873,957,104
Total Liabilities	121,381,197,626
Aggregate write-ins for special surplus funds	2,264,955,466
Common Capital	3,000,000
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	500,000,000
Gross Paid in and	0
Contributed Surplus	
Unassigned Funds	-275,195,988
Total Capital and Surplus	2,492,759,478
Total Liabilities, Capital And Surplus	123,873,957,104

38318

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

Starr Indemnity & Liability Company
In the state of Texas

Total Assets	11,429,847,279
Total Liabilities	7,281,641,937
Aggregate write-ins for special surplus funds	0
Common Capital	5,000,000
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and	2,006,660,366
Contributed Surplus	
Unassigned funds (surplus)	2,136,544,976
Total Capital and Surplus	4,148,205,342
Total Liabilities, Capital And Surplus	11,429,847,279

22268

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

Infinity Insurance Company
In the state of Indiana

Total Assets	968,842,939
Total Liabilities	945,256,175
Aggregate write-ins for special surplus funds	0
Common Capital	3,000,000
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and	16,098,173
Contributed Surplus	
Unassigned funds (surplus)	4,488,592
Total Capital and Surplus	23,586,764
Total Liabilities, Capital And Surplus	968,842,939

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Direct Premiums Earned	883055786
Total Direct Losses Incurred	534734765
Total Accident and Health Direct Premiums Earned	0
Total Accident and Health Direct Losses Incurred	0

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
(May 7, 14, 28)

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Life and Annuity Premiums Written	33,640,959
Total Life and Annuity Direct Losses Paid	37,917,083
Total Accident and Health Direct Premiums Written	1,024,890
Total Accident and Health Direct Losses Paid	2,978,992

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Direct Premiums Earned	10118093
Total Direct Losses Incurred	-9616717
Total Accident and Health Direct Premiums Earned	2361
Total Accident and Health Direct Losses Incurred	-2226

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Direct Premiums Earned	0.00
Total Direct Losses Incurred	0.00
Total Accident and Health Direct Premiums Earned	0.00
Total Accident and Health Direct Losses Incurred	0.00

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
(May 7, 14, 28)

10212

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

Allmerica Financial Alliance Insurance Co
In the state of NH

Total Assets	32450494
Total Liabilities	38198
Aggregate write-ins for special surplus funds	0
Common Capital	5000000
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and	
Contributed Surplus	17000000
Unassigned funds (surplus)	10412296
Total Capital and Surplus	32412296
Total Liabilities, Capital And Surplus	32450494

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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).

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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).

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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).

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

21415

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

Employers Mutual Casualty Company
In the state of Iowa

Total Assets	5984126807
Total Liabilities	3976288568
Aggregate write-ins for special surplus funds	0
Common Capital	0
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	100000000
Gross Paid in and	0
Contributed Surplus	
Unassigned funds (surplus)	1907838239
Total Capital and Surplus	2007838239
Total Liabilities, Capital And Surplus	5984126807

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Direct Premiums Earned	247134042
Total Direct Losses Incurred	152270151
Total Accident and Health Direct Premiums Earned	0
Total Accident and Health Direct Losses Incurred	0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 seal at Bismarck this first day of March, A.D., 2026

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 seal at Bismarck this first day of March, A.D., 2026

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 seal at Bismarck this first day of March, A.D., 2026

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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).

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

You can't "Delete" a newspaper.

Websites can crash and social media posts can be edited, but a public notice in print is a permanent, verifiable record of history. It is the third-party "receipt" for local government actions that can be referenced for decades to come.

OFFICIAL. PERMANENT. PUBLIC.

41840

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2025 of the

Allmerica Financial Benefit Ins Co.
In the state of MI

Total Assets	120523283
Total Liabilities	218359
Aggregate write-ins for special surplus funds	0
Common Capital	4200000
Stock Preferred Capital	0
Aggregate Write-ins for Other Than Special Surplus Funds	0
Surplus Notes	0
Gross Paid in and	91998909
Contributed Surplus	
Unassigned funds (surplus)	24106015
Total Capital and Surplus	120304924
Total Liabilities, Capital And Surplus	120523283

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2025

Total Direct Premiums Earned	11764726
Total Direct Losses Incurred	4652300
Total Accident and Health Direct Premiums Earned	0
Total Accident and Health Direct Losses Incurred	0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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 seal at Bismarck this first day of March, A.D., 2026

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

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).

(SEAL)
JON GODFREAD
Commissioner of Insurance
(May 7, 14, 28)