

|                                                                                       |                |
|---------------------------------------------------------------------------------------|----------------|
|                                                                                       | 38652          |
| <b>ABSTRACT OF STATEMENT<br/>FOR THE YEAR ENDING<br/>DECEMBER 31, 2025<br/>of the</b> |                |
| Trusted Resource Underwriters Ex-<br>change Of Ohio<br>In the state of Ohio           |                |
| Total Assets                                                                          | 26,348,776.59  |
| Total Liabilities                                                                     | 1,601,766.84   |
| Aggregate write-ins<br>for special surplus<br>funds                                   | 0              |
| Common Capital<br>Stock                                                               | 0              |
| Preferred Capital<br>Stock                                                            | 0              |
| Aggregate Write-ins<br>for Other Than<br>Special Surplus<br>Funds                     | 0              |
| Surplus Notes                                                                         | 25,000,000.00  |
| Gross Paid in and<br>Contributed Surplus                                              | 0              |
| Unassigned funds<br>(surplus)                                                         | -10,122,990.25 |
| Total Capital and<br>Surplus                                                          | 14,877,009.75  |
| Total Liabilities,<br>Capital<br>And Surplus                                          | 16,478,776.59  |

**NORTH DAKOTA BUSINESS ONLY  
FOR THE YEAR 2025**

|                                                          |         |
|----------------------------------------------------------|---------|
| Total Direct Premiums<br>Earned                          | 0       |
| Total Direct Losses<br>Incurred                          | -766.00 |
| Total Accident and<br>Health Direct Premi-<br>ums Earned | 0       |
| Total Accident and<br>Health Direct Losses<br>Incurred   | 0       |

**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 here-  
unto 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 char-  
ter with certificate of organization in compli-  
ance 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 provi-  
sions 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 accord-  
ing to the laws thereof, until the 30th day of  
April, A.D. 2027.

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

(SEAL)  
**JON GODFREAD**  
Commissioner of Insurance  
(September 10, 17 & 24 , 2026)