# Public Notices

**42376**

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

Technology Insurance Company
In the state of Delaware

| | |
|---|---|
| Total Assets | 8099193190 |
| Total Liabilities | 6327824649 |
| Aggregate write-ins for special surplus funds | 184763346 |
| Common Capital Stock | 4500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 1148897816 |
| Unassigned funds (surplus) | 433207379 |
| Total Capital and Surplus | 1771368541 |
| Total Liabilities, Capital And Surplus | 8099193190 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 354737 |
| Total Direct Losses Incurred | 22117 |
| 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**

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).
**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

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

**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 Written | 0 |
| Total Accident and Health Direct Losses Paid | 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 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

**24031**

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

Northland Casualty Company
In the state of CT

| | |
|---|---|
| Total Assets | 151566113 |
| Total Liabilities | 109060815 |
| Aggregate write-ins for special surplus funds | 70940 |
| Common Capital Stock | 3000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 10003262 |
| Unassigned funds (surplus) | 29431095 |
| Total Capital and Surplus | 42505297 |
| Total Liabilities, Capital And Surplus | 151566112 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | -26 |
| 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**

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).
**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

**13986**

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

Frankenmuth Insurance
In the state of Michigan

| | |
|---|---|
| Total Assets | 2247865007 |
| Total Liabilities | 1335643946 |
| Aggregate write-ins for special surplus funds | 250000 |
| Common Capital Stock | 100000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 2300100 |
| Unassigned funds (surplus) | 809670961 |
| Total Capital and Surplus | 912221061.00 |
| Total Liabilities, Capital And Surplus | 2247865007.00 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 48513 |
| Total Direct Losses Incurred | 679 |
| 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**

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).
**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

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

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

| | |
|---|---|
| Total Direct Premiums Earned | 34,225 |
| Total Direct Losses Incurred | 0 |
| 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**

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).
**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

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

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

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | -2483 |
| 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**

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).
**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

**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 for special surplus funds | 12561472 |
| Common Capital Stock | 20000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 3238382533 |
| Unassigned funds (surplus) | 5362039273 |
| Total Capital and Surplus | 8632983278 |
| Total Liabilities, Capital And Surplus | 28349310951 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 665891 |
| Total Direct Losses Incurred | -3528450 |
| 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**

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).
**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

**26662**

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

Milford Casualty Insurance Company
In the state of Delaware

| | |
|---|---|
| Total Assets | 28009484 |
| Total Liabilities | 433666 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 4200000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 6497829 |
| Unassigned funds (surplus) | 16877989 |
| Total Capital and Surplus | 27575818 |
| Total Liabilities, Capital And Surplus | 28009484 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 185126 |
| Total Direct Losses Incurred | 98970 |
| 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**

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).
**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

**79227**

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

Pruco Life Insurance Company
In the state of AZ

| | |
|---|---|
| Total Assets | 216273657699 |
| Total Liabilities | 210452207322 |
| Aggregate write-ins for special surplus funds | 189569023 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 5218910533 |
| Unassigned Funds | 410470821 |
| Total Capital and Surplus | 5821450377 |
| Total Liabilities, Capital And Surplus | 216273657699 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 39765134 |
| Total Life and Annuity Direct Losses Paid | 54172000 |
| Total Accident and Health Direct Premiums Written | 0 |
| Total Accident and Health Direct Losses Paid | 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 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

**19879**

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

Security National Insurance Company
In the state of Delaware

| | |
|---|---|
| Total Assets | 1206608101 |
| Total Liabilities | 891600860 |
| Aggregate write-ins for special surplus funds | 31954080 |
| Common Capital Stock | 4000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 224495310 |
| Unassigned funds (surplus) | 54557851 |
| Total Capital and Surplus | 315007241 |
| Total Liabilities, Capital And Surplus | 1206608101 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 492198 |
| Total Direct Losses Incurred | 552142 |
| 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**

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).
**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

**68241**

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

Prudential Insurance Company Of America
In the state of NJ

| | |
|---|---|
| Total Assets | 325813063405 |
| Total Liabilities | 309903780159 |
| Aggregate write-ins for special surplus funds | 1411367207 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 287000000 |
| Gross Paid in and Contributed Surplus | 10426206021 |
| Unassigned Funds | 3782210018 |
| Total Capital and Surplus | 15909283246 |
| Total Liabilities, Capital And Surplus | 325813063405 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 31741051 |
| Total Life and Annuity Direct Losses Paid | 47029500 |
| Total Accident and Health Direct Premiums Written | 6275646 |
| Total Accident and Health Direct Losses Paid | 1951993 |

**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. 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

**25887**

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

United States Fidelity And Guaranty Comp
In the state of CT

| | |
|---|---|
| Total Assets | 4472595781 |
| Total Liabilities | 3421687163 |
| Aggregate write-ins for special surplus funds | 2234614 |
| Common Capital Stock | 35214075 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 236805261 |
| Unassigned funds (surplus) | 776654667 |
| Total Capital and Surplus | 1050908617 |
| Total Liabilities, Capital And Surplus | 4472595780 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 5535 |
| Total Direct Losses Incurred | -63166 |
| 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**

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).
**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

**36463**

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

TravCo Personal Insurance Company
In the state of CT

| | |
|---|---|
| Total Assets | 177934262 |
| Total Liabilities | 110790400 |
| Aggregate write-ins for special surplus funds | 70940 |
| Common Capital Stock | 6300000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 52332417 |
| Unassigned funds (surplus) | 8440505 |
| Total Capital and Surplus | 67143862 |
| Total Liabilities, Capital And Surplus | 177934262 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | -7369 |
| 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**

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).
**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

**10819**

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

American Equity Specialty Insurance Company
In the state of CT

| | |
|---|---|
| Total Assets | 31415093 |
| Total Liabilities | 134440 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 3500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 21000000 |
| Unassigned funds (surplus) | 6780653 |
| Total Capital and Surplus | 31280653 |
| Total Liabilities, Capital And Surplus | 31415093 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | 0 |
| 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**

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**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

**35386**

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

Fidelity And Guaranty Insurance Company
In the state of IA

| | |
|---|---|
| Total Assets | 67666909 |
| Total Liabilities | 45275946 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 5000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 11600000 |
| Unassigned funds (surplus) | 5790963 |
| Total Capital and Surplus | 22390963 |
| Total Liabilities, Capital And Surplus | 67666909 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 1118916 |
| Total Direct Losses Incurred | 275119 |
| 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**

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**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

**23680**

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

Odyssey Reinsurance Company
In the state of CT

| | |
|---|---|
| Total Assets | 18510424112 |
| Total Liabilities | 12197347321 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 7512617 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 1315306835 |
| Unassigned funds (surplus) | 4990257339 |
| Total Capital and Surplus | 6313076791 |
| Total Liabilities, Capital And Surplus | 18510424112 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 0 |
| Total Direct Losses Incurred | 0 |
| 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**

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.
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**JON GODFREAD**
Commissioner of Insurance

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

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**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

**25011**

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

Wesco Insurance Company
In the state of Delaware

| | |
|---|---|
| Total Assets | 2403929013 |
| Total Liabilities | 1748729414 |
| Aggregate write-ins for special surplus funds | 58582480 |
| Common Capital Stock | 5000000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 615077660 |
| Unassigned funds (surplus) | -23460541 |
| Total Capital and Surplus | 655199599 |
| Total Liabilities, Capital And Surplus | 2403929013 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 1937815 |
| Total Direct Losses Incurred | 601898 |
| 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**

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.
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**JON GODFREAD**
Commissioner of Insurance

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

**24791**

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

St. Paul Mercury Insurance Company
In the state of CT

| | |
|---|---|
| Total Assets | 435979351 |
| Total Liabilities | 310107973 |
| Aggregate write-ins for special surplus funds | 202686 |
| Common Capital Stock | 4230000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special Surplus Funds | 0 |
| Surplus Notes | 0 |
| Gross Paid in and Contributed Surplus | 99230274 |
| Unassigned funds (surplus) | 22208417 |
| Total Capital and Surplus | 125871377 |
| Total Liabilities, Capital And Surplus | 435979350 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 377331 |
| Total Direct Losses Incurred | -368198 |
| 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**

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).
**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