

| ABSTRACT OF STATEMENT<br>FOR THE YEAR ENDING<br>DECEMBER 31, 2025<br>of the |               |
|-----------------------------------------------------------------------------|---------------|
| Amerisure Mutual Insurance Company<br>In the state of MI                    |               |
| Total Assets                                                                | 3059516787    |
| Total Liabilities                                                           | 1790436541    |
| Aggregate write-ins<br>for special surplus funds                            | 0             |
| Common Capital Stock                                                        | 5000000       |
| Preferred Capital Stock                                                     | 0             |
| Aggregate Write-ins for<br>Other Than                                       | 0             |
| Special Surplus Funds                                                       |               |
| Surplus Notes                                                               | 0             |
| Gross Paid in and                                                           |               |
| Contributed Surplus                                                         | 75000001      |
| Unassigned funds (surplus)                                                  | 1189080245    |
| Total Capital and Surplus                                                   | 1269080246.00 |
| Total Liabilities, Capital<br>And Surplus                                   | 3059516787.00 |
| NORTH DAKOTA BUSINESS ONLY<br>FOR THE YEAR 2025                             |               |
| Total Direct Premiums<br>Earned                                             | 296324        |

23396

|                                                        |         |
|--------------------------------------------------------|---------|
| Total Direct Losses<br>Incurred                        | -106856 |
| Total Accident and<br>Health Direct Premiums<br>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 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