**80055**

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

Wysh Life And Health Insurance Company
In the state of Wisconsin

| | |
|---|---|
| Total Assets | 21,983,772 |
| Total Liabilities | 9,082,272 |
| Aggregate write-ins for special surplus funds | 202,838 |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 80,003,359 |
| Unassigned Funds | (69,804,697) |
| Total Capital and Surplus | 12,901,500 |
| Total Liabilities, Capital And Surplus | 21,983,772 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 5352 |
| Total Life and Annuity Direct Losses Paid | 0 |
| 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

**60445**

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

Sagicor Life Insurance Company
In the state of Arizona

| | |
|---|---|
| Total Assets | 6386932275 |
| Total Liabilities | 6227384339 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2499999 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 125966848 |
| Gross Paid in and | |
| Contributed Surplus | 452848434 |
| Unassigned Funds | -421767345 |
| Total Capital and Surplus | 0 |
| Total Liabilities, Capital And Surplus | 159547936 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 8033755 |
| Total Life and Annuity Direct Losses Paid | 9658085 |
| 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

**80020**

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

Mountain Life Insurance Company
In the state of Tennessee

| | |
|---|---|
| Total Assets | 85440853 |
| Total Liabilities | 64610042 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2530004 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 20000000 |
| Gross Paid in and | |
| Contributed Surplus | 5297333 |
| Unassigned Funds | -6996526 |
| Total Capital and Surplus | 20830811 |
| Total Liabilities, Capital And Surplus | 85440853 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 888650.91 |
| Total Life and Annuity Direct Losses Paid | 0 |
| 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

**61506**

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

Resource Life Insurance Company
In the state of IL

| | |
|---|---|
| Total Assets | 6,382,910 |
| Total Liabilities | 27,680 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 3,751,097 |
| Unassigned Funds | 104,133 |
| Total Capital and Surplus | 6,355,230 |
| Total Liabilities, Capital And Surplus | 6,382,910 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 0 |
| Total Life and Annuity Direct Losses Paid | 0 |
| 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

**65838**

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

John Hancock Life Insurance Company (USA)
In the state of MA

| | |
|---|---|
| Total Assets | 271,591,892,920 |
| Total Liabilities | 261,064,823,811 |
| Aggregate write-ins for special surplus funds | 920,678,764 |
| Common Capital Stock | 4,728,941 |
| Preferred Capital Stock | 100,000 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 135,762,459 |
| Gross Paid in and | |
| Contributed Surplus | 3,556,327,820 |
| Unassigned Funds | 5,909,471,125 |
| Total Capital and Surplus | 10,527,069,109 |
| Total Liabilities, Capital And Surplus | 271,591,892,920 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 24,773,742 |
| Total Life and Annuity Direct Losses Paid | 120,626,527 |
| Total Accident and Health Direct Premiums Written | 5,275,358 |
| Total Accident and Health Direct Losses Paid | 4,846,747 |

**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

**95683**

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

Sanford Health Plan
In the state of SD

| | |
|---|---|
| Total Assets | 322846660.01 |
| Total Liabilities | 165603825.81 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 0 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than Special | 21995436.73 |
| Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 336436236.49 |
| Unassigned Funds | -201188839.02 |
| Total Capital and Surplus | 157242834.20 |
| Total Liabilities, Capital And Surplus | 322846660.01 |

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

ACCIDENT & HEALTH

| | |
|---|---|
| Total Premiums Earned | 691681789.42 |
| Total Amount Incurred | 657004971.14 |

**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. 2025 (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

**67148**

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

Occidental Life Insurance Company Of North Carolina
In the state of Texas

| | |
|---|---|
| Total Assets | 375,612,982 |
| Total Liabilities | 307,218,476 |
| Aggregate write-ins for special surplus funds | 4,410,241 |
| Common Capital Stock | 2,500,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 40,311,966 |
| Unassigned Funds | 21,172,299 |
| Total Capital and Surplus | 68,394,506 |
| Total Liabilities, Capital And Surplus | 375,612,982 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 307,294 |
| Total Life and Annuity Direct Losses Paid | 50,104 |
| 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

**61700**

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

Renaissance Life & Health Insurance Company Of America
In the state of Indiana

| | |
|---|---|
| Total Assets | 129,913,083 |
| Total Liabilities | 80,664,601 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 3,000,000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 23,376,765 |
| Unassigned Funds | 22,871,717 |
| Total Capital and Surplus | 49,248,482 |
| Total Liabilities, Capital And Surplus | 129,913,083 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 0 |
| Total Life and Annuity Direct Losses Paid | 0 |
| Total Accident and Health Direct Premiums Written | 24,264 |
| Total Accident and Health Direct Losses Paid | 16,885 |

**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

**87963**

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

National Teachers Associates Life Insurance Company
In the state of Texas

| | |
|---|---|
| Total Assets | 687213635 |
| Total Liabilities | 627860518 |
| Aggregate write-ins for special surplus funds | 1999498 |
| Common Capital Stock | 2500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 41486690 |
| Unassigned Funds | 13366929 |
| Total Capital and Surplus | 59353117 |
| Total Liabilities, Capital And Surplus | 687213635 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 0 |
| Total Life and Annuity Direct Losses Paid | 0 |
| Total Accident and Health Direct Premiums Written | 29253 |
| Total Accident and Health Direct Losses Paid | 375 |

**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

**68594**

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

American Amicable Life Insurance Company Of TX
In the state of Texas

| | |
|---|---|
| Total Assets | 536,658,549 |
| Total Liabilities | 451,091,696 |
| Aggregate write-ins for special surplus funds | 6,721,980 |
| Common Capital Stock | 3,158,420 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 280,398,747 |
| Unassigned Funds | (204,712,294) |
| Total Capital and Surplus | 85,566,853 |
| Total Liabilities, Capital And Surplus | 536,658,549 |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 517,862 |
| Total Life and Annuity Direct Losses Paid | 199,925 |
| 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

**18058**

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

Philadelphia Indemnity Insurance Company
In the state of Pennsylvania

| | |
|---|---|
| Total Assets | 13580101258 |
| Total Liabilities | 9352494186 |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 4500000 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 386071167 |
| Unassigned funds (surplus) | 3837035905 |
| Total Capital and Surplus | 4227607071.59 |
| Total Liabilities, Capital And Surplus | 13580101258.05 |

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

| | |
|---|---|
| Total Direct Premiums Earned | 6,361694 |
| Total Direct Losses Incurred | 542914 |
| Total Accident and Health Direct Premiums Earned | 57347 |
| Total Accident and Health Direct Losses Incurred | -1729 |

**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

**93610**

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

John Hancock Life & Health Insurance Company
In the state of MA

| | |
|---|---|
| Total Assets | |
| Total Liabilities | |
| Aggregate write-ins for special surplus funds | 0 |
| Common Capital Stock | 10,955,800 |
| Preferred Capital Stock | 0 |
| Aggregate Write-ins for Other Than | 0 |
| Special Surplus Funds | |
| Surplus Notes | 0 |
| Gross Paid in and | |
| Contributed Surplus | 623,139,692 |
| Unassigned Funds | 890,650,141 |
| Total Capital and Surplus | |
| Total Liabilities, Capital And Surplus | |

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

| | |
|---|---|
| Total Life and Annuity Premiums Written | 287 |
| Total Life and Annuity Direct Losses Paid | |
| Total Accident and Health Direct Premiums Written | 4,587 |
| 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

**Have a story idea you'd like published? Contact the New Rockford Transcript at (701) 947-2417**

## Public Notice

**NOTICE OF PUBLIC HEARING**
COLVIN TOWNSHIP BOARD
OF SUPERVISORS
EDDY COUNTY,
NORTH DAKOTA

Notice is hereby given that the Colvin Township Board of Supervisors will hold a public hearing on Wednesday, May 20, 2026. Time of the meeting is at 7:00 p.m. at the Hamar County Shop.

The hearing is to receive public comments on the proposal for Colvin Township to assume zoning authority from Eddy County pursuant to North Dakota Century Code Chapter 58-03.

Immediately following the hearing, the Board will hold a special meeting to consider and vote on the matter.

All interested people may attend and will be given an opportunity to speak. Written comments may be submitted in advance to the Township Chairman at 2089 92nd Ave NE, Hamar, ND, 58380, 701/351-2981.

Dated: April 26, 2026

By Order of the Colvin Township Board of Supervisors
Jeff Anderson, Chairman
Colvin Township,
Eddy County, ND
Contact information:
701-351-2981

**Published May 4 & 11, 2026**

## Services


**We Solve Livestock Water Problems**

Since 1921 Ritchie waters 'em right.

**Ritchie Cattle Waterers**
Sales, Service & Parts
Fresh water on demand
24 hours a day.

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**KLEMETSRUD** Devils Lake
PLUMBING, HEATING & AIR CONDITIONING 662-4934


## Thank you!

Our family would like to extend our deepest appreciation to the community after our recent loss. The countless acts of kindness, thoughtfulness, and messages of sympathy have brought much comfort to us all during this difficult time.

A very special thanks to Father Weber, the St. John's Catholic Church Caring Hearts, all of the staff and residents at the Heritage House, The Lake Region District Health Unit team, John & Kelly McKnight, Mike & Cheri Nicolai, Carter & Mary Richter, Glenda Collier and Evan's Funeral Home.

Thank you for your generosity and support.

With sincere thanks,
*The family of Patricia "Pat" Gathman*