

|                                                                                       |            |  |
|---------------------------------------------------------------------------------------|------------|--|
|                                                                                       | 72222      |  |
| <b>ABSTRACT OF STATEMENT<br/>FOR THE YEAR ENDING<br/>DECEMBER 31, 2025<br/>of the</b> |            |  |
| Amica Life Insurance Company<br>In the state of Rhode Island                          |            |  |
| Total Assets                                                                          | 1533454709 |  |
| Total Liabilities                                                                     | 1118974438 |  |
| 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<br>Contributed Surplus                                              | 313000000  |  |
| Unassigned Funds                                                                      | 96480271   |  |
| Total Capital and Surplus                                                             | 414480271  |  |
| Total Liabilities, Capital<br>And Surplus                                             | 1533454709 |  |
| <b>NORTH DAKOTA BUSINESS ONLY<br/>FOR THE YEAR 2025</b>                               |            |  |
| Total Life and<br>Annuity Premiums Written                                            | 35355      |  |
| Total Life and                                                                        |            |  |

Annuity Direct Losses Paid 0  
Total Accident and  
Health Direct Premiums 0  
Written  
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  
(August 26, September 2,9)