NEWS • PUBLIC NOTICES

City Court Report

JUNE 2025 FORFEITURES Care required - Zachariah Hooper. Driving without liability insurance - Javier Aguado Zavala and JoVana Martinez.

Drove through a red light - Mya Wollenberg.

No child restraint device - Juan Gomez and Kierstyn Olivarez.

Animal license required - Ricardo Hernandez.

Failure to display number plates -Nicholas Shearer.

Animals at large - Melissa Espinoza Rios.

Use of wireless device prohibited -Mya Wollenberg.

Speeding - Zachariah Hooper. **IUNE 2025 DISPOSITIONS**

Paul Hernandez, Grafton, disorderly conduct. Defendant shall pay a \$100 fine and \$100 in fees. Defendant shall serve 6 months deferred imposition, have no further criminal violations of law within the 6 months period, 10 days in Walsh County Correction Center all suspended, comply with payment agreement and 6 months unsupervised probations. Derek White, Grafton, disorderly con-

duct. Defendant shall pay a \$200 fine and \$100 in fees. Defendant shall serve 10 days in Walsh County Correction Center with all suspended for one year on condition the defendant have no further criminal violations of law within the one year period, comply with payment agreement and one year unsupervised probation. Jason Hartman, Grafton, criminal trespass. Defendant shall pay a \$100 fine. Defendant shall 10 days in Walsh County Correctional Center with all suspended for one year on the condition the defendant have no further criminal violations of law within the one year period, comply with payment agreement and one year unsupervised probation.

Melissa Espinoza Rios, Grafton, harboring a dangerous animal. Defendant shall pay a \$250 fine, \$155.51 in restitution and \$100 in fees. Defendant shall serve 10 days in Lake Region Law Enforcement Center with all suspended for one year on condition the defendant have no further criminal violations of law within the one year period, comply with payment agreement and one year unsupervised probation.

Cristobal Garza, Grafton, disorderly

ABSTRACT OF STATEMENT

80802

conduct. Defendant shall pay a \$200 fine and \$100 in fees. Defendant shall serve 10 days in Walsh County Correction Center all suspended for one year on condition the defendant have no further criminal violations of law within the one year period, comply with payment agreement, provide proof of alcohol evaluation within 60 days and one year unsupervised probation.

Saray Salis, Grafton, disorderly conduct. Defendant shall pay a \$200 fine and \$100 in fees. Defendant shall serve 10 days in Lake Region Law Enforcement Center with all suspended for one year on condition the defendant have no further criminal violations of law within the one year period, comply with payment agreement and one year unsupervised probation.

Caspen Blackcloud, Grafton, interfering with property of another. Defendant shall pay a \$300 fine, \$100 restitution and \$100 in fees. Defendant shall serve 30 days in Walsh County Correction Center and after serving 14 days the balance is suspended for one year on condition the defendant have no further criminal violation of law within the one year period, comply with payment agreement and one year unsupervised probation.

4,061 citations issued during Click It or Ticket enforcement campaign

Law enforcement agencies across the state participated in the Click It or Ticket enforcement campaign from May 1 to June 2, to help save lives on North Dakota roads.

A total of 4,061 citations were attributed to the overtime enforcement patrols. Of the total citations, 2,848 were citations for failure to wear a seat belt and 38 were child restraint citations. Tickets for speeding totaled 418. Traffic stops also resulted in 311 other traffic

citations (i.e. disobeying traffic signals, equipment violations), 133 uninsured motorists, 122 suspended/ revoked license violations, five drug arrests, 15 citations for distracted driving, 17 warrants served and five driving under the influence arrests.

Preliminary data for 2024 shows that 47 percent of motor vehicle fatalities where seat belts were present in the vehicle were not buckled. Seat belts are the single most effective safety

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

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NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024

73,570

1,056

0

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 State-ment, as officially filed by the Company in this

IN TESTIMONY WHEREOF, I have hereunto set

my hand and affixed the seal of this office at Bis-marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-

ment exhibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State

WHEREAS, the said company has filed in this office a duly certified copy of its charter with cer-tificate of organization in compliance with the requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commis-

cording to the laws thereof, until the 30th day

IN TESTIMONY WHEREOF, I have hereunto set

my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the

0

0

572,167,714

385,738,440

5.000.000

133,193,818 48,235,456

24554

regarding the business of insurance and

61,914,704 4,102,607

4,500,888

38,862,500 14,448,709

57,812,097

61,914,704

T.H.E. Insurance Company

In the state of Delaware

Aggregate write-ins

for special surplus

funds Common Capital

Stock Preferred Capital

Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus)

(surplus) Total Capital and

Surplus Total Liabilities,

Total Direct Premiums

Earned Total Direct Losses

Incurred Total Accident and

Health Direct Premi-

ums Earned Total Accident and

Health Direct Losses

Commissioner of Insurance

Incurred

Capital

And Surplus

Total Assets Total Liabilities

12866

device to prevent death and injury in a motor vehicle crash.

High-visibility enforcement for traffic safety is one element of a collaborative effort to help meet the state's goal of zero motor vehicle fatalities and serious injuries on North Dakota roads.

Learn more about traffic safety at VisionZero. ND.gov. Join the conversation on the Vision Zero ND Facebook page.

61832

| | | 40436 | | |
|---|------------------|-------------|--|--|
| ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the | | | | |
| Stratford Insurance Cor | mpany | S | | |
| In the state of New Ha | | l. | | |
| Total Assets | 506,094,853 | 1 | | |
| Total Liabilities | 419,292,957 | 1 | | |
| Aggregate write-ins | | 4 | | |
| for special surplus | 0 | f | | |
| funds | 4 200 000 | f | | |
| Common Capital Stock | 4,200,000 | | | |
| Preferred Capital | 0 | Ē | | |
| Stock | • | 9 | | |
| Aggregate Write-ins | | A | | |
| for Other Than | 0 | f | | |
| Special Surplus Funds | | | | |
| Surplus Notes Gross Paid in and | 0 | | | |
| Contributed Surplus | 12,100,000 | Ċ | | |
| Unassigned funds | 70,501,896 | i | | |
| (surplus) | | | | |
| Total Capital and | 86,801,896 | | | |
| Surplus | | (| | |
| Total Liabilities, | E06 004 8E3 | A | | |
| Capital And Surplus | 506,094,853 | , | | |
| And Surplus | | | | |
| NORTH DAKOTA BUSINESS ONLY | | | | |
| FOR THE YEAR 2024 | | | | |
| Total Direct Premiums | | A | | |
| Earned | 2,857,944 | 1 | | |
| Total Direct Losses Incurred | -1105045 | 4 | | |
| Total Accident and | -1105045 | | | |
| Health Direct Premi- | 0 | F | | |
| ums Earned | • | ŀ | | |
| Total Accident and | | ι | | |
| Health Direct Losses | 0 | 1 | | |
| Incurred | | ł | | |
| STATE OF NO | ORTH DAKOTA | 1 | | |
| OFFICE OF THE COMMISSIONER | | | | |
| OF INS | URANCE | | | |
| I, Jon Godfread, Commissioner of Insurance of | | | | |
| the State of North D | akota, do hereby | certify I | | |
| that the foregoing is a true Abstract of State- | | | | |
| ment, as officially filed | l by the Company | | | |
| office. | | r to cot | | |

office IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bisck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

ssioner 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 state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State regarding the business of insurance and regarcing the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with cer-tificate of organization in compliance with the requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dako-ce surgents to the archites of card hour de

ta, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents

| FOR THE YEAR ENDING DECEMBER 31, 2024 of the | | | | |
|--|--|--|--|--|
| Sun Life Assurance Cor In the state of Michiga | npany Of Canada | | | |
| Total Assets Total Liabilities Aggregate write-ins | 19,031,405,466 18,215,383,883 | | | |
| for special surplus | 0 | | | |
| funds Common Capital | 0 | | | |
| Stock Preferred Capital Stock | 0 | | | |
| Aggregate Write-ins for Other Than Special Surplus Funds | -593978417 | | | |
| Surplus Notes Gross Paid in and | 1,410,000,000 | | | |
| Contributed Surplus Unassigned Funds Total Capital and | 0 0 816,021,583 | | | |
| Surplus Total Liabilities, Capital And Surplus | 19,031,405,466 | | | |
| NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 | | | | |
| Total Life and | 2 402 047 | | | |
| Annuity Premiums Written Total Life and | 2,103,817 | | | |
| Annuity Direct Losses Paid | 1,107,458 | | | |
| Total Accident and Health Direct Premi- ums Written | 3,209,801 | | | |
| Total Accident and Health Direct Losses Paid | 2,005,196 | | | |
| OFFICE OF THE | ORTH DAKOTA COMMISSIONER SURANCE | | | |
| l, Jon Godfread, Com the State of North D that the foregoing is ment, as officially filed | missioner of Insurance of akota, do hereby certify a true Abstract of State- d by the Company in this | | | |
| Office. | FOF I have bereunto set | | | |

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the Symetra Life Insurance Company In the state of Iowa Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital 57 527 399 362 54,853,542,835 0 5,000,000 Stock Preferred Capital 0 Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned Funds Total Capital and 1,088,960,292 1,288,983,512 2,382,943,804 Surplus Total Liabilities, Capital And Surplus 57.236.486.639 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and 9,992,357 Annuity Premiums Writter Total Life and Annuity Direct Losses 13,487,505 Annuity Direct Losses Paid Total Accident and Health Direct Premi-ums Written Total Accident and Health Direct Losses Paid 1,717,335 829,358

STATE OF NORTH DAKOTA

84549

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 State-ment, 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 Bis-merk the first drug of Marsh A 2025 (ESL)

marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

State of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF

AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or county of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conform-able 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 cer-

tificate of organization in compliance with the equirements of insurance law aforesaid. NOW THEREFORE, I, JON GODFREAD, Commis

NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dako-ta, pursuant to the provisions of said laws, do sioner of Insurance of the State of North Dako-ta, pursuant to the provisions of said laws, do hereby certify that the above named company is hereby certify that the above named company is ed throuah its authorized and representatives to transact its appropriated business of authorized insurance in the state ac ording to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March A D 2025 (SEAL) JON GODFREAD Commissioner of Insurance July 9, 16, 23, 2025

ABSTRACT OF STATEMENT

FOR THE YEAR ENDING

DECEMBER 31, 2024

0

199,160,370 89,092,676

of the

In the state of Wisconsin

Total Assets Total Liabilities

90581 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Symetra National Life Insurance Company In the state of Iowa Total Assets Total Liabilities 32,910,593 16,771,426 Aggregate write-ins 0 for special surplus funds Common Capital 2,500,000 Stock Preferred Capital Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus 0 0 0 4,500,000 5,707,799 12,707,799 Surplus Total Liabilities, 29,479,225 Capital And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premiums Written Total Life and

Annuity Direct Losses 0 Paid Total Accident and Health Direct Premi-0 ums Written Total Accident and Health Direct Losses 0

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

OFICE 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 State-ment, 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 Bis-marck, the first day of March, A.D. 2025 (SEAL).

JON GODFREAD issioner of Insurance STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state ment exhibiting its condition and business fo the year ending December 31, 2024 conform able 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 cer-tificate of organization in compliance with the requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance of the State of North Dako-

sioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is ta, pursuant to the provisions of said laws, do fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state acreby certify that the above named company is

of April. A.D. 2026.

JON GODFREAD

July 2, 9, 16, 2025

21172

Commissioner of Insurance

XI Insurance America, Inc.

In the state of Delaware

Total Assets Total Liabilities

Aggregate write-ins

for special surplus for spec. funds Common Capital

Stock Preferred Capital

Aggregate Write-ins for Other Than

Special Surplus Funds Surplus Notes Gross Paid in and

Contributed Surplus

Unassigned funḋs

(surplus)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the or the The Chesapeake Life Insurance Company In the state of Oklahoma 317,578,881 213,438,573 Total Assets Total Liabilities Aggregate write-ins for special surplus 0 funds Common Capital 2,668,000 Stock Preferred Capital 0 Stock Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 0 Contributed Surplus 68.967.320 Unassigned Funds Total Capital and 32,504,988 104,140,308 Surplus Total Liabilities, Capital And Surplus 317,578,881 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Life and Annuity Premium 29,631 Written Total Life and Annuity Direct Losses Paid Total Accident and 15,000 Health Direct Premi-ums Written Total Accident and 279,841 71,940 Health Direct Losses Paid

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

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 State-ment, 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 Bis arck, the first day of March, A.D. 2025 (SEAL).

Marck, the first day of March, A.D. 2025 (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 orga-nized under the laws of its state or country of domicile, has filed in this office a sworn statewhere the shibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this fifting endine setting the grant of the term with the set office a duly certified copy of its charter with cer-tificate of organization in compliance with the requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commis-sioner of Insurance of the State of North Dako-ta, pursuant to the provisions of said laws, do hereby certify that the above named company is fullv e ered through and representatives, to transact its appropriated business of authorized insurance in appropriate business of authorized insurance in the state ac-cording to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD Commissioner of Insurance July 2, 9, 16, 2025 40193 ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the XL Insurance Company Of New York, Inc In the state of New York Total Assets Total Liabilities 572,167,714 385,738,440 Aggregate write-ins for special surplus 0 funds Common Capital 5,000,000 Stock Preferred Capital 0 Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 133,193,818 48,235,456 Contributed Surplus Unassigned funds (surplus) Total Capital and 186,429,274 Surplus Total Liabilities, Capital 572,167,714 And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 0 Earned Total Direct Losses 0 Incurred Total Accident and 0 Health Direct Premi-

| and representatives, to transact its appropriated business of authorized insurance in the state ac- cording to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March A.D. 2025 | and repr business cording of April, IN TEST my hand |
|---|--|
| March, A.D., 2025 (SEAL) | my hand March, A |
| JON GODFREAD | (SEAL) |
| Commissioner of Insurance | JON GO |
| | Commiss |

July 16, 23, 30, 2025

35416

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the U.S. Underwriters Insurance Company In the state of North Dakota 211,501,392 Total Assets Total Liabilities 50.909.914 Aggregate write-ins 0 for special surplus funds Common Capital 4,200,000 Stock Preferred Capital 0 Stock Aggregate Write-ins for Other Than 0 Special Surplus Funds Surplus Notes Gross Paid in and 14,000,000 142,391,478 Contributed Surplus Unassigned funds (surplus) Total Capital and 160,591,478 Surplus Total Liabilities, 211,501,392 Capital And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct Premiums 3,601,520 Earned Total Direct Losses 1,169,805 Incurred Total Accident and Health Direct Premi-0 ums Earned Total Accident and Health Direct Losses 0 Incurred

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bis-marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD Commissioner of Insurance

STATE OF NORTH DAKOTA

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State regarding the business of insurance and

regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with cer-tificate of organization in compliance with the requirements of incurance law aforecaid

requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commis sioner 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 ac cording to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD Commissioner of Insurance

July 2, 9, 16, 2025

spowered unrough its authorized agents presentatives, to transact its appropriated is of authorized insurance in the state ac-it to the laws thereof, until the 30th day I, A.D. 2026. IMONY WHEREOF, I have hereunto set d and seal at Bismarck this first day of A.D., 2025 **DDFREAD** ssioner of Insurance

ABSTRACT OF STATEMENT

DECEMBER 31, 2024

of the

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NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 ACCIDENT & HEALTH

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER OF INSURANCE

, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of State-ment, as officially filed by the Company in this

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).

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for

the year ending December 31, 2024 conform-able to the requirements of the laws of this State

WHEREAS, the said company has filed in this office a duly certified copy of its charter with cer-

tificate of organization in compliance with the

NOW THEREFORE, I. JON GODFREAD, Commissioner of Insurance of the State of North Dako-ta, 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 ac

cording to the laws thereof, until the 30th day

of April, A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set

my hand and seal at Bismarck this first day of

March, A.D., 2025

ON GODFREAD

July 2, 9, 16, 2025

mmissioner of Insurance

(SEAL

requirements of insurance law aforesaid,

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

971,101

812,492

232,750,668

2,500,000

79,820,651

6,926,691 89,247,342

232,750,668

UnitedHealthcare Ins Co Of America

FOR THE YEAR ENDING

IN TESTIMONY WHEREOF, I have hereunto set

my hand and affixed the seal of this office at Bis

marck, the first day of March, A.D. 2025 (SEAL).

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-

ment exhibiting its condition and business for the year ending December 31, 2024 conform-

able 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 cer-

tificate of organization in compliance with the requirements of insurance law aforesaid,

Marck, the first day of March, A.D. 2025 (JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

July 16, 23, 30, 2025

In the state of Illinois

Aggregate write-ins

for special surplus

Common Capital

Stock Preferred Capital

Aggregate Write-ins

for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned Funds Total Capital and Surplus

Surplus Total Liabilities,

Total Premiums

JON GODFREAD

Earned Total Amount

Incurred

Capital

And Surplus

Total Assets Total Liabilities

funds

Stock

ully 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. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD Commissioner of Insurance

July 9, 16, 23, 2025 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the

392.864.310 168,518,613 0 3,000,000 0 4,142,442 217,203,255 224,345,697 392.864.310 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 528,088 177,829

Total Capital and 186,429,274 Surplus Total Liabilities, 572,167,714 Capital And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 Total Direct Premiums 1,847,243 Earned Total Direct Losses 372,168 Incurred Total Accident and 0 Health Direct Premiums Earned Total Accident and Health Direct Losses 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 Bis-marck, 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 orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able 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 cer-tificate of organization in compliance with the requirement of insurance law aforecaid

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 ac cording to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD Commissioner of Insurance

July 2, 9, 16, 2025

Incurred STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

0

ums Earned Total Accident and

Health Direct Losses

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 Bis-marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD Commissioner of Insurance

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

WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State reparding the business of insurance and regarding the business of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with cer-tificate of organization in compliance with the requirement of incurrance law accessid

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. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD Commissioner of Insurance

July 2, 9, 16, 2025

Aggregate write-ins for special surplus funds Common Capital 6,000,000 Stock Preferred Capital 0 Stock Aggregate Write-ins 0 Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 Contributed Surplus Unassigned Funds Total Capital and 180,332,982 -76265288 110,067,694 Surplus Total Liabilities, Capital And Surplus 199,160,370 NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 ACCIDENT & HEALTH

Total Premiums 0 Earned Total Amount 0 Incurred

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 Bis-marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD mmissioner of Insurance

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

WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able 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 cer-tificate of organization in compliance with the requirements of incurance law aforecaid

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. 2026.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD Commissioner of Insurance July 2, 9, 16, 2025

Vanliner Insurance Company 97179 In the state of Ohio Total Assets Total Liabilities Aggregate write-ins UnitedHealthcare Life Insurance Company for special surplus funds Common Capital Stock Preferred Capital Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed Surplus Unassigned funds (surplus) Total Capital and Surplus Total Liabilities, Capital And Surplus Total Direct Premiums Earned Total Direct Losses

Incurred Total Accident and Health Direct Premi-0 ums Earned Total Accident and Health Direct Losses 0 Incurred

> STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER

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 Bis-marck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

STATE OF NORTH DAKOTA

WHEREAS, the above corporation duly orga-nized under the laws of its state or country of domicile, has filed in this office a sworn state-ment exhibiting its condition and business for the year ending December 31, 2024 conform-able to the requirements of the laws of this State

sioner of Insurance of the State of North Dakosioner of insurance of the state of North Dako-ta, 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 ac-

WHEREAS, the said company has filed in 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 cer-tificate of organization in compliance with the requirements of insurance law aforesaid, NOW THEREFORE, I, JON GODFREAD, Commis-cinger of lawyrance of the State of North Dake

JON GODFREAD Commissioner of Insurance July 9, 16, 23, 2025

OF INSURANCE

Commissioner of Insurance

OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY

cording to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF. I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

Incurred