| COMPANY NAME | DOMICILE STATE | COMPANY TYPE | MAILING ADDRESS | MAILING CITY | MAILING STATE | MAILING ZIP | MAILING PHONE | LINES OF BUSINESS | EFFECTIVE DATE |
|---------------------------------------|-------------------|---|---|----------------|------------------|----------------|------------------|--|----------------|
| Horizon Obligor Services Corp. | DE | Vehicle Protection Product | Harborside Two, 200 Hudson St., Ste 800 | Jersey City | NJ | 07311 | 678-258- 8075 | Vehicle Protection Product | 6/25/2024 |
| Progressive Life Insurance Company | ОН | Life, Accident, and Health | 800 West St. Clair Ave., Ste 200 | Cleveland | ОН | 44113 | 440-461- 5000 | Life Insurance and Annuities Non-Participating | 6/12/2024 |
| Ascent Administration Services LLC | AZ | Property Service Contract Provider | 360 South Smith Rd. | Tempe | AZ | 85281 | 866-660- 7003 | Service Contract Provider | 6/11/2024 |
| InsuraGuest, Inc. | UT | Property Service Contract Provider | 6465 South 3000 East, Ste 102 | Salt Lake City | UT | 84121 | 801-560- 4605 | Service Contract Provider | 6/11/2024 |
| West Bend Select Insurance Company | WI | Property and Casualty | 1900 South 18th Ave. | West Bend | WI | 53095 | 800-236- 5010 | Aircraft Automobile Disability Insurance Fidelity Insurance Fire, Inland Marine and Other Property Insurance Liability and Incidental Medical Expense Insurance (other than automobile) Miscellaneous Ocean Marine Insurance Surety Insurance Workers Compensation | 6/4/2024 |

| | DOMICILE | COMPANY | MAILING | | MAILING | MAILING | MAILING | | EFFECTIVE |
|-------------------|----------|--------------|-----------------|--------------|---------|---------|----------|---|-----------|
| COMPANY NAME | STATE | TYPE | ADDRESS | MAILING CITY | STATE | ZIP | PHONE | LINES OF BUSINESS | DATE |
| West Bend Premier | WI | Property and | 1900 South 18th | West Bend | WI | 53095 | 800-236- | Aircraft | 6/4/2024 |
| Insurance Company | | Casualty | Ave. | | | | 5010 | | |
| | | | | | | | | Automobile | |
| | | | | | | | | Disability Insurance | |
| | | | | | | | | Fidelity Insurance | |
| | | | | | | | | Fire, Inland Marine and Other Property Insurance | |
| | | | | | | | | Liability and Incidental Medical Expense Insurance (other than automobile) | |
| | | | | | | | | Miscellaneous | |
| | | | | | | | | Ocean Marine Insurance | |
| | | | | | | | | Surety Insurance | |
| | | | | | | | | Workers Compensation | |

Name Changes 06/01/2024 - 06/30/2024

| COMPANY NAME | PREVIOUS NAME | NAIC COCODE | COMPANY TYPE | CHANGE EFFECTIVE DATE |
|-----------------------|------------------------|-------------|--------------------------|--------------------------|
| Assured Guaranty Inc. | Assured Guaranty Corp. | 30180 | Property and Casualty | 5/24/2024 |

Mergers 06/01/2024 - 06/30/2024

| SURVIVING COMPANY NAME | STATE OF DOMICILE | SURVIVING NAIC COCODE | SURVIVING COMPANY GROUP NO | MERGED COMPANY NAME | STATE OF DOMICILE MERGED COMPANY | MERGED NAIC COCODE | MERGED COMPANY GROUP NUMBER | MERGER EFFECTIVE DATE |
|--|-------------------|-----------------------------|----------------------------------|---|---|--------------------------|--------------------------------------|-----------------------------|
| Blue Cross Blue Shield of Wisconsin | WI | 54003 | | Wisconsin Collaborative Insurance Company | WI | 15929 | 671 Elevance Hlth Inc Grp | 6/1/2024 |

Rehabilitation 06/01/2024 - 06/30/2024

| COMPANY NAME | NAIC COCODE | GROUP NUMBER | DOMICILE STATE | COMPANY TYPE | EFFECTIVE DATE |
|--------------------------------|-------------|-----------------|----------------|-------------------------------|----------------|
| PHL Variable Insurance Company | 93548 | 4736 GGC Grp | | Life, Accident, and Health | 5/20/2024 |
| Gateway Insurance Company | 28339 | | IL | Property and Casualty | 6/13/2024 |

Dissolutions 06/01/2024 - 06/30/2024

| COMPANY NAME | NAIC COCODE | DOMICILE STATE | COMPANY TYPE | EFFECTIVE DATE |
|---------------------------------|----------------|-------------------|--|-------------------|
| Dental Com Insurance Plan, Inc. | 11826 | | Limited Service Health Organization | 5/15/2024 |

Withdrawals 06/01/2024 - 06/30/2024

| COMPANY NAME | NAIC COCODE | DOMICILE STATE | COMPANY TYPE | EFFECTIVE DATE | |
|--|----------------|-------------------|---------------|----------------|--|
| Milwaukee Service Contract Corporation | | WI | Warranty Plan | 5/28/2024 | |