

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>WESTERN &amp; SOUTHERN FINANCIAL GROUP PENSION PLAN</u>                                                                                                                                                                                                                                                                                              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1938</u></td> </tr> </table>                                                                          | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>004</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1938</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                          | <u>004</u>                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1938</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY</u><br><br><u>400 BROADWAY</u><br><u>CINCINNATI, OH 45202</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-0487145</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-629-1800</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>524140</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0487145</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-629-1800</u> | <b>2d</b> Business code (see instructions)<br><u>524140</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-0487145</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-629-1800</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>524140</u>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                  |                                                             |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2020 | STEPHEN G. HUSSEY JR.                                        |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 7740                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 3080<br><b>6a(2)</b> 2799<br><b>6b</b> 2747<br><b>6c</b> 1363<br><b>6d</b> 6909<br><b>6e</b> 606<br><b>6f</b> 7515<br><b>6g</b><br><b>6h</b> 240    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                  |                                                             |     |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                       |                                                             |     |
| <b>A</b> Name of plan<br>WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN                                         | <b>B</b> Three-digit plan number (PN) ▶                     | 004 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY | <b>D</b> Employer Identification Number (EIN)<br>31-0487145 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY |
|-----------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-0487145 | 70483         | PENSION                               | 7515                                                                        | 01/01/2019              | 12/31/2019 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid             |
|                                                                                                              |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|                                                                                                  |

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |            |
|--------------------------------------------------------------------------------------------------------|----------|------------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |            |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 1087145997 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                                         |              |   |
|---------------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year.....                                                   | <b>7b</b>    | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |   |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |   |
| (4) Transferred from separate account.....                                                              | <b>7c(4)</b> |   |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |   |
| ▶                                                                                                       |              |   |
| (6) Total additions.....                                                                                | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 0 |
| <b>e</b> Deductions:                                                                                    |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |   |
| (3) Transferred to separate account.....                                                                | <b>7e(3)</b> |   |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |   |
| ▶                                                                                                       |              |   |
| (5) Total deductions.....                                                                               | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|----------|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |          |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |          |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |          |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | <b>0</b> |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |          |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |          |
| (3) Incurred claims (add (1) and (2)) .....                                                                                                       |                 | <b>9b(3)</b>    | <b>0</b> |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |          |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |          |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |          |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |          |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |          |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |          |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |          |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |          |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |          |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | <b>0</b> |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |          |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |          |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |          |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |          |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |          |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WESTERN &amp; SOUTHERN FINANCIAL GROUP PENSION PLAN</u>                                                                     | <b>B</b> Three-digit plan number (PN) ►                            | <u>004</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>31-0487145</u> |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                    |            |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                    |            |

|               |                                                                                                                                                                                                                |                            |                           |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                       |                            |                           |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>                                                                                                                                       |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b>                  | <u>932170520</u>          |
|               | <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b>                  | <u>953436449</u>          |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                     | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <u>3307</u>                | <u>518331932</u>          |
|               | <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>1353</u>                | <u>64745092</u>           |
|               | <b>c</b> For active participants .....                                                                                                                                                                         | <u>3080</u>                | <u>213732435</u>          |
|               | <b>d</b> Total.....                                                                                                                                                                                            | <u>7740</u>                | <u>796809459</u>          |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                                   |                            |                           |
|               | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |
|               | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                                  | <b>5</b>                   | <u>5.53</u> %             |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                        | <b>6</b>                   | <u>14917576</u>           |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>MATTHEW D. DAVIS</u></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>BUCK GLOBAL, LLC</u></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"><u>11 STANWIX STREET<br/>SUITE 700<br/>PITTSBURGH, PA 15222</u></div> <div style="text-align: center;">Address of the firm</div> | <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: right;"><u>10/12/2020</u></div> <div style="text-align: right;">Date</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: right;"><u>20-08289</u></div> <div style="text-align: right;">Most recent enrollment number</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: right;"><u>412-281-2506</u></div> <div style="text-align: right;">Telephone number (including area code)</div> |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2019  
v. 190130**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 5205888               | 103975236              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 5205888               | 103975236              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-0.91</u> % .....                                                                                | -47374                | -946175                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.70</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 5158514               | 103029061              |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.07 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 118.50 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 105.99 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.74 %2nd segment:  
5.35 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

64

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 14917576**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 14917576**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment ..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2019</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

|                                                                                                                         |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>WESTERN &amp; SOUTHERN FINANCIAL GROUP PENSION PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>004</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>31-0487145</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**TOUCHSTONE ADVISORS, INC**

**31-1394672**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**FORT WASHINGTON INVESTMENT ADVISORS**

**31-1301863**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE WESTERN AND SOUTHERN LIFE INSUR

31-0487145

| (b)<br>Service Code(s)        | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 12 14<br>29 35 36<br>38 50 | PLAN SPONSOR                                                                                      | 279674                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

CONDUENT HR SERVICES, LLC

13-3954297

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17<br>50         | NONE                                                                                              | 116270                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

BUCK GLOBAL, LLC

13-3954297

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 17<br>50         | NONE                                                                                              | 69461                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>       |  |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| A Name of plan<br>WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN                                                                                                                 |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 004                                                                  |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY                                                                  |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>31-0487145                                                  |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: FORT WASHINGTON CORE PLUS FIXED INC                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): FORT WASHINGTON MASTER COLLECTIVE INVESTMENT TRUST                                                                                     |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN 82-2768520-108                                                                                                                                                           |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44185340 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                                                                                                                        |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN                                                                                                                                                                          |  | d Entity code                                                                                                                                                                                                                     |  | e Dollar value                                                                                        |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>WESTERN &amp; SOUTHERN FINANCIAL GROUP PENSION PLAN</b>                                                                                                                                                                                      | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>004</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY</b>                                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br><b>31-0487145</b>                                                                                                                                                                                                           |                                                                                           |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                 |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       | 30818278              | 17133338        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 1593831               | 277384          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> | 127302526             | 138988595       |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 328458204             | 415316047       |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    | 230610579             | 249901737       |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    | 40304468              | 44185340        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 179682497             | 221620940       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 938770383             | 1087423381      |

**Liabilities**

|                                                                           |           |         |        |
|---------------------------------------------------------------------------|-----------|---------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |         |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |         |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |         |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 5014089 | 277384 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 5014089 | 277384 |

**Net Assets**

|                                                           |           |           |            |
|-----------------------------------------------------------|-----------|-----------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 933756294 | 1087145997 |
|-----------------------------------------------------------|-----------|-----------|------------|

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 26722764   |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 26722764  |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 1791652    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 1791652   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            | 175079129 |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 203593545 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 49924168 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |          |          |
| (3) Other .....                                                                      | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4) |          | 49924168 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |          |          |
| (2) Contract administrator fees .....                                                | 2i(2) |          |          |
| (3) Investment advisory and management fees .....                                    | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 279674   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |          | 279674   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 50203842 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 153389703 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  |           |
| (2) From this plan .....                                 | 2l(2) |  |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK SCHAFFER HACKETT

(2) EIN: 31-0800053

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                     |     | X  |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4244917. (See instructions.)

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 004                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>31-0487145                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                          | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 31-0487145                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 62                                                                                            |
| Part II                                                                                                                                                                                                                                                                                                                                                         | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                        | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                         | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2019 v. 190130                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year ..... **14a**

**b** The plan year immediately preceding the current plan year ..... **14b**

**c** The second preceding plan year ..... **14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year ..... **15a**

**b** The corresponding number for the second preceding plan year ..... **15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year ..... **16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... **16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 55.9 % Investment-Grade Debt: 28.8 % High-Yield Debt: 8.0 % Real Estate: 1.8 % Other: 5.5 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_



Western & Southern Financial Group Pension Plan  
Audited Financial Statements and Supplemental Schedule  
Years Ended December 31, 2019 and 2018

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## **Report of Independent Auditors**

To the Benefits Committee and Participants  
Western & Southern Financial Group

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the Western & Southern Financial Group Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2019 and 2018, and the changes in its financial status for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2019, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Cincinnati, Ohio  
October 1, 2020

Western & Southern Financial Group Pension Plan

Statements of Net Assets Available for Benefits

|                                   | <b>December 31</b>             |                              |
|-----------------------------------|--------------------------------|------------------------------|
|                                   | <b>2019</b>                    | <b>2018</b>                  |
| <b>Assets</b>                     |                                |                              |
| Deposit administration contract:  |                                |                              |
| Non-pooled separate account       | <b>\$ 1,087,145,997</b>        | <b>\$ 933,756,294</b>        |
| Net assets available for benefits | <b><u>\$ 1,087,145,997</u></b> | <b><u>\$ 933,756,294</u></b> |

*See accompanying notes.*

# Western & Southern Financial Group Pension Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                                                                  | <b>Year Ended December 31</b>  |                              |
|--------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
|                                                                                                  | <b>2019</b>                    | <b>2018</b>                  |
| <b>Additions</b>                                                                                 |                                |                              |
| Dividend and interest income                                                                     | \$ 26,722,764                  | \$ 21,786,521                |
| Net realized and unrealized appreciation in fair value<br>of the deposit administration contract | 176,870,781                    | —                            |
| Total additions                                                                                  | <u>203,593,545</u>             | <u>21,786,521</u>            |
| <b>Deductions</b>                                                                                |                                |                              |
| Benefits paid directly to participants                                                           | 49,924,168                     | 49,244,849                   |
| Net realized and unrealized depreciation in fair value<br>of the deposit administration contract | —                              | 31,919,360                   |
| Administrative expenses                                                                          | 279,674                        | 269,307                      |
| Total deductions                                                                                 | <u>50,203,842</u>              | <u>81,433,516</u>            |
| Net change in net assets available for benefits                                                  | 153,389,703                    | (59,646,995)                 |
| Net assets available for benefits, beginning of year                                             | 933,756,294                    | 993,403,289                  |
| Net assets available for benefits, end of year                                                   | <u><u>\$ 1,087,145,997</u></u> | <u><u>\$ 933,756,294</u></u> |

*See accompanying notes.*

## **1. Description of the Plan**

Western & Southern Financial Group Pension Plan (the Plan) is a noncontributory defined benefit plan that covers substantially all employees and provides for retirement benefits that are integrated with Social Security payments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Information about the Plan Agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the plan document and the Summary Plan Description. Copies of these documents are available from The Western and Southern Life Insurance Company (the Company), the Plan's sponsor.

The Company purchased 100% of the common stock of Gerber Life Insurance Company from Nestlé S.A. on December 31, 2018, which resulted in approximately 500 associates becoming eligible for the Plan. Gerber Life associates were enrolled in the Plan as of December 31, 2018, and benefit costs for match contributions have increased in a proportional manner in 2019.

### **Eligibility and Vesting**

An eligible employee becomes a participant in the Plan immediately after attaining 1,000 hours of service in the consecutive 12-month period from hire date and after attaining age 21. Active participants become fully vested at five years of service.

## **2. Summary of Significant Accounting Policies**

### **Basis of Presentation**

The following describes the significant accounting policies followed in the preparation of these financial statements, which have been prepared on the accrual basis of accounting.

### **Payment of Benefits**

Benefits are recorded when paid.

### **Deposit Administration Contract**

The Plan's assets are managed under the terms of a deposit administration contract with the Company, which provides for a non-pooled separate account. The separate account is maintained exclusively for the Plan. Earnings on separate account assets are credited to the Plan. All benefit payments are made directly by the Plan.

### **Investment Valuation and Income Recognition of Non-Pooled Separate Account**

The Plan's deposit administration contract with the Company is valued as follows:

Western & Southern Financial Group Pension Plan  
Notes to Financial Statements  
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The investments in the non-pooled separate account are held at the fair value. The other assets and other liabilities in the non-pooled separate account primarily consist of accrued investment income, receivables for securities sold, payable for securities purchased, collateral held under securities lending arrangements, and a liability to return collateral under securities lending arrangements. The other assets and liabilities are carried at the historical cost basis which approximates fair value due to their short-term duration. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation techniques and inputs used for each major class of the Plan's assets measured at fair value. There generally have been no changes in the methodologies used in 2019 and 2018:

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*Debt securities:* The fair values of U.S. Treasury securities and obligations of U.S. government corporations and agencies have been determined utilizing inputs from publicly quoted prices obtained from third-party pricing services. The fair values of all other debt securities have been determined through inputs from third-party pricing services utilizing market observable inputs. Less liquid private placement securities and auction rate securities trading in less liquid or illiquid markets with limited or no pricing information are valued using either broker quotes or by discounting the expected cash flows using current market-consistent rates applicable to the yield, credit quality, and maturity of each security.

*Equity securities:* The fair values of actively traded equity securities have been determined utilizing publicly quoted prices obtained from third-party pricing services. The fair values of certain equity securities for which no publicly quoted prices are available have been determined through the use of third-party pricing services utilizing market observable inputs. Actively traded mutual funds are valued using the net asset values (NAV) of the funds.

*Collective trust:* The fair value of this fund has been estimated at NAV, which is based on the fair value of the underlying investment contracts in the fund as reported by the issuer of the fund. NAV is used as a practical expedient in determining the fair value of the Plan's interest in the collective trust. This practical expedient would not be used if it is determined to be probable that the fund would sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. There are no unfunded commitments related to the collective trust and units are redeemable at NAV. There are no notice period requirements for the redemption of the investment.

*Partnerships/joint ventures:* The fair values of private equity investments have been determined using available sales prices, the NAV of the funds or internal valuation methodologies appropriate for the specific assets. The NAV of the funds are used as practical expedients in determining the fair value of the Plan's interests in the funds. The Sponsor validates the fair value assessment based on the funds' audited financial statements, when they become available, by reconciling the audited numbers to the Plan's accounting records. The Plan invests in private equity funds that primarily make direct and indirect venture capital and buyout investments. The fair value of the real estate partnership investment has been determined utilizing internal valuation methodologies appropriate for the asset. The unfunded commitment to private equity partnerships with the underlying characteristics of equity funds was \$21,246,476 and \$23,228,792 at December 31, 2019 and 2018, respectively.

*Collateral held under securities lending arrangements:* Collateral held under securities lending arrangements is primarily invested in cash equivalents which are valued at the NAV of the shares held by the Plan at year-end.

*Other assets:* Other assets primarily consist of a money market fund; also included are net payable/receivable for securities, investment income due and accrued, and other liabilities. The money market fund fair value has been determined utilizing publicly quoted prices obtained from third-party pricing services.

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Notes to Financial Statements  
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Assets measured at fair value on a recurring basis are outlined below:

At December 31, 2019:

|                                                                                         | Total                  | Amount<br>Measured at<br>NAV | Fair Value Hierarchy Level |                       |                      |
|-----------------------------------------------------------------------------------------|------------------------|------------------------------|----------------------------|-----------------------|----------------------|
|                                                                                         |                        |                              | Level 1                    | Level 2               | Level 3              |
| <b>Investments</b>                                                                      |                        |                              |                            |                       |                      |
| Debt securities:                                                                        |                        |                              |                            |                       |                      |
| Asset and mortgage-backed securities                                                    | \$ 13,175,776          | \$ —                         | \$ —                       | \$ 13,175,776         | \$ —                 |
| Corporate debt securities                                                               | 125,812,819            | —                            | —                          | 125,812,819           | —                    |
|                                                                                         | <b>138,988,595</b>     | <b>—</b>                     | <b>—</b>                   | <b>138,988,595</b>    | <b>—</b>             |
| Common stocks                                                                           | 415,316,047            | —                            | 415,316,047                | —                     | —                    |
| Mutual funds                                                                            | 221,620,940            | —                            | 221,620,940                | —                     | —                    |
| Collective trust                                                                        | 44,185,340             | 44,185,340                   | —                          | —                     | —                    |
| Partnerships/joint ventures                                                             | 249,901,737            | 230,057,741 <sup>(a)</sup>   | —                          | —                     | 19,843,996           |
| Total investments                                                                       | <b>1,070,012,659</b>   | <b>274,243,081</b>           | <b>636,936,987</b>         | <b>138,988,595</b>    | <b>19,843,996</b>    |
| Net other assets                                                                        | 17,133,338             | —                            | 17,133,338                 | —                     | —                    |
| Net assets available for benefits                                                       | <b>\$1,087,145,997</b> | <b>\$ 274,243,081</b>        | <b>\$ 654,070,325</b>      | <b>\$ 138,988,595</b> | <b>\$ 19,843,996</b> |
| Collateral held under securities lending arrangements – cash equivalents <sup>(b)</sup> | <b>\$ 54,175,384</b>   | <b>\$ —</b>                  | <b>\$ 54,175,384</b>       | <b>\$ —</b>           | <b>\$ —</b>          |

<sup>(a)</sup> These are private funds investing primarily in domestic fixed income securities and partnerships with the underlying characteristics of equity that primarily make direct and indirect venture capital and buyout investments. For private fund investments, the Plan has the right to redeem its limited partnership investments at their NAV. The Plan has no future funding commitments associated with the investments. For limited partnership investments, the Plan does not have the right to redeem its limited partnership investment at its NAV. Instead, the Plan receives distributions as the underlying assets of the fund are liquidated. It is estimated that the underlying assets of the partnerships will be liquidated over approximately 1 to 20 years.

<sup>(b)</sup> There is no impact from securities lending on net assets available for benefits, as illustrated below.

|                                                                                  |                                |
|----------------------------------------------------------------------------------|--------------------------------|
| Total assets before impact of securities lending                                 | <u>\$ 1,087,145,997</u>        |
| Collateral held under securities lending arrangements – cash equivalents         | 54,175,384                     |
| Less: Obligation to return collateral held under securities lending arrangements | <u>54,175,384</u>              |
| Net assets available for benefits                                                | <u><u>\$ 1,087,145,997</u></u> |

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Notes to Financial Statements  
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At December 31, 2018:

|                                                                                         | Amount<br>Measured at<br>NAV |                            | Fair Value Hierarchy Level |                |               |         |
|-----------------------------------------------------------------------------------------|------------------------------|----------------------------|----------------------------|----------------|---------------|---------|
|                                                                                         |                              |                            | Total                      | Level 1        | Level 2       | Level 3 |
| <b>Investments</b>                                                                      |                              |                            |                            |                |               |         |
| Debt securities:                                                                        |                              |                            |                            |                |               |         |
| Asset and mortgage-backed securities                                                    | \$ 15,668,574                | \$ —                       | \$ —                       | \$ 15,064,125  | \$ 604,449    |         |
| Corporate debt securities                                                               | 111,633,952                  | —                          | —                          | 111,633,952    | —             |         |
|                                                                                         | 127,302,526                  | —                          | —                          | 126,698,077    | 604,449       |         |
| Common stocks                                                                           | 328,458,204                  | —                          | 328,458,204                | —              | —             |         |
| Mutual funds                                                                            | 179,682,497                  | —                          | 179,682,497                | —              | —             |         |
| Collective trust                                                                        | 40,304,468                   | 40,304,468                 | —                          | —              | —             |         |
| Partnerships/joint ventures                                                             | 230,610,579                  | 212,558,235 <sup>(a)</sup> | —                          | —              | 18,052,344    |         |
| Total investments                                                                       | 906,358,274                  | 252,862,703                | 508,140,701                | 126,698,077    | 18,656,793    |         |
| Net other assets                                                                        | 27,398,020                   | —                          | 27,398,020                 | —              | —             |         |
| Net assets available for benefits                                                       | \$ 933,756,294               | \$ 252,862,703             | \$ 535,538,721             | \$ 126,698,077 | \$ 18,656,793 |         |
| Collateral held under securities lending arrangements – cash equivalents <sup>(b)</sup> | \$ 22,365,800                | \$ —                       | \$ 22,365,800              | \$ —           | \$ —          |         |

<sup>(a)</sup> These are private funds investing primarily in domestic fixed income securities and partnerships with the underlying characteristics of equity that primarily make direct and indirect venture capital and buyout investments. For private fund investments, the Plan has the right to redeem its limited partnership investments at their NAV. The Plan has no future funding commitments associated with the investments. For limited partnership investments, the Plan does not have the right to redeem its limited partnership investment at its NAV. Instead, the Plan receives distributions as the underlying assets of the fund are liquidated. It is estimated that the underlying assets of the partnerships will be liquidated over approximately 1 to 20 years.

<sup>(b)</sup> There is no impact from securities lending on net assets available for benefits, as illustrated below.

|                                                                                  |                              |
|----------------------------------------------------------------------------------|------------------------------|
| Total assets before impact of securities lending                                 | <u>\$ 933,756,294</u>        |
| Collateral held under securities lending arrangements – cash equivalents         | 22,365,800                   |
| Less: Obligation to return collateral held under securities lending arrangements | <u>22,365,800</u>            |
| Net assets available for benefits                                                | <u><u>\$ 933,756,294</u></u> |

Western & Southern Financial Group Pension Plan  
Notes to Financial Statements  
December 31, 2019 and 2018

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2019:

|                                                    | <b>Partnerships/<br/>Joint<br/>Ventures</b> | <b>Debt<br/>Securities</b> | <b>Total of Level 3<br/>Assets</b> |
|----------------------------------------------------|---------------------------------------------|----------------------------|------------------------------------|
| Balance, beginning of year                         | \$ 18,052,344                               | \$ 604,413                 | \$ 18,656,757                      |
| Realized gains (losses)                            | —                                           | —                          | —                                  |
| Unrealized gains (losses)*                         | 1,791,652                                   | —                          | 1,791,652                          |
| Purchases, sales, issuances, and settlements (net) | —                                           | (604,413)                  | (604,413)                          |
| Transfer in (out) of Level 3                       | —                                           | —                          | —                                  |
| Balance, end of year                               | <u>\$ 19,843,996</u>                        | <u>\$ —</u>                | <u>\$ 19,843,996</u>               |

\*Included in changes in net assets related to positions still held.

The gross purchases, issuances, sales, and settlements included in the reconciliation for all assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2019, is as follows:

|                             | <b>Purchases</b> | <b>Issuances</b> | <b>Sales</b> | <b>Settlements</b>  | <b>Purchases,<br/>Issuances,<br/>Sales, and<br/>Settlements</b> |
|-----------------------------|------------------|------------------|--------------|---------------------|-----------------------------------------------------------------|
| Assets:                     |                  |                  |              |                     |                                                                 |
| Debt securities             | \$ —             | \$ —             | \$ —         | \$ (604,413)        | \$ (604,413)                                                    |
| Partnerships/joint ventures | —                | —                | —            | —                   | —                                                               |
| Total                       | <u>\$ —</u>      | <u>\$ —</u>      | <u>\$ —</u>  | <u>\$ (604,413)</u> | <u>\$ (604,413)</u>                                             |

Western & Southern Financial Group Pension Plan  
Notes to Financial Statements  
December 31, 2019 and 2018

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2018:

|                                                    | <b>Partnerships/<br/>Joint<br/>Ventures</b> | <b>Debt<br/>Securities</b> | <b>Total of Level 3<br/>Assets</b> |
|----------------------------------------------------|---------------------------------------------|----------------------------|------------------------------------|
| Balance, beginning of year                         | \$ 16,625,471                               | \$ —                       | \$ 16,625,471                      |
| Realized gains (losses)                            | —                                           | —                          | —                                  |
| Unrealized gains (losses)*                         | 1,426,873                                   | (5,477)                    | 1,421,396                          |
| Purchases, sales, issuances, and settlements (net) | —                                           | (1,147,200)                | (1,147,200)                        |
| Transfer in (out) of Level 3**                     | —                                           | 1,757,126                  | 1,757,126                          |
| Balance, end of year                               | <u>\$ 18,052,344</u>                        | <u>\$ 604,449</u>          | <u>\$ 18,656,793</u>               |

\* Included in changes in net assets related to positions still held.

\*\*Transfers into level 3 assets are related to securities where the price source has changed to utilizing a valuation methodology that incorporates significant unobservable inputs.

The gross purchases, issuances, sales, and settlements included in the reconciliation for all assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2018, is as follows:

|                             | <b>Purchases</b> | <b>Issuances</b> | <b>Sales</b> | <b>Settlements</b>    | <b>Purchases,<br/>Issuances,<br/>Sales, and<br/>Settlements</b> |
|-----------------------------|------------------|------------------|--------------|-----------------------|-----------------------------------------------------------------|
| Assets:                     |                  |                  |              |                       |                                                                 |
| Debt securities             | \$ —             | \$ —             | \$ —         | \$ (1,147,200)        | \$ (1,147,200)                                                  |
| Partnerships/joint ventures | —                | —                | —            | —                     | —                                                               |
| Total                       | <u>\$ —</u>      | <u>\$ —</u>      | <u>\$ —</u>  | <u>\$ (1,147,200)</u> | <u>\$ (1,147,200)</u>                                           |

The Plan did not have any assets measured at fair value on a nonrecurring basis as of December 31, 2019 or 2018.

The net appreciation (depreciation) in the fair value of the deposit administration contract presented in the statements of changes in net assets available for benefits consists of realized gains or losses and the net unrealized appreciation or depreciation on the separate account.

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The non-pooled separate account loaned \$52,975,817 and \$21,837,366 of various corporate debt securities, and common stocks as part of a securities lending program administered by Deutsche Bank (the custodian) as of December 31, 2019 and 2018, respectively. The following presents the breakout by investment classification of the fair value of the securities on loan:

|                         | <b>December 31</b>   |                      |
|-------------------------|----------------------|----------------------|
|                         | <b>2019</b>          | <b>2018</b>          |
| Corporate debt          | \$ 4,577,975         | \$ —                 |
| Common stocks           | 48,397,842           | 21,837,366           |
| Total loaned securities | <u>\$ 52,975,817</u> | <u>\$ 21,837,366</u> |

The non-pooled separate account requires collateral in the amount of 102% of fair value of the applicable securities loaned. The non-pooled separate account monitors the fair value of the underlying securities as compared with the related receivable or payable, including accrued interest, and requests additional collateral as necessary. The non-pooled separate account maintains effective control over all loaned securities, and therefore, continues to report such securities as invested assets. The non-pooled separate account records an offsetting liability for the obligation to return the collateral. The Plan had \$54,175,384 and \$22,365,800 of collateral held in short term overnight repurchase agreements as of December 31, 2019 and 2018, respectively.

The non-pooled separate account contains \$277,384 and \$5,014,089 of other liabilities at December 31, 2019 and 2018, respectively. The other liabilities consist primarily of amounts payable for securities purchased and other transfers to general account.

At December 31, 2019 and 2018, the non-pooled separate account owned \$105,944,390 and \$85,559,732, respectively, of mutual funds administered by Touchstone Advisors, Inc., a wholly owned subsidiary of the Company, which represents 9.75% and 9.16% of the net assets available for benefits, respectively. At December 31, 2019 and 2018, the non-pooled separate account's investment in partnerships and joint ventures with underlying characteristics of bonds administered by Fort Washington Investment Advisors was \$169,965,940 and \$150,534,246, respectively, which represents 15.63% and 16.12% of the net assets available for benefits, respectively. At December 31, 2019 and 2018, the non-pooled separate account owned \$35,366,751 and \$40,039,119 respectively, of partnerships and joint ventures with underlying characteristics of equity administered by Fort Washington Investment Advisors, which represents 3.25% and 4.29% of the net assets available for benefits, respectively. Fort Washington Investment Advisors is a wholly owned subsidiary of the Company.

#### **Actuarial Present Value of Accumulated Benefits**

Accumulated benefits are those estimated future periodic payments attributable under the Plan's provisions for services rendered by employees to the valuation date. Accumulated benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and

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presently active employees or their beneficiaries. The accumulated benefits for active employees are based on retirement credits, which they have accumulated as of the valuation date.

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits, determined by an independent actuary, is the amount which results from applying actuarial assumptions to adjust accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, and retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were:

|                                                                   |                                                                           |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| Life expectancy of current beneficiaries of deceased participants | Pri-2012 Contingent Survivor Mortality with modified scale MP-2019        |
| Life expectancy of all other participants                         | Pri-2012 Total Employee and Retiree Mortality with modified scale MP-2019 |
| Life expectancy of participants for 2018 valuation                | RP-2014 Healthy Pre/Post Commencement with modified scale MP-2018         |
| Retirement age assumption                                         | Company experience rate which averages age 64                             |
| Assumed rate of return on investments                             | 7.25% in 2019 (7.50% in 2018)                                             |

The Plan's mortality assumption for plan participants, including future mortality improvements, is generally derived from tables published by the Society of Actuaries (SOA). In 2019, the SOA released tables for current beneficiaries of deceased participants (Pri-2012 Contingent Survivor Mortality) and all other participants (Pri-2012 Total Employee and Retiree Mortality). In 2018, the SOA released an updated mortality modified improvement scale (MP-2018). The Plan incorporated the new tables and the modified improvement scale into the December 31, 2019 and 2018, benefit obligations, respectfully.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. Actuarial assumptions are reviewed on an annual basis.

### **Administrative Expenses**

Administrative expenses presented in the statements of changes in net assets available for benefits are allocated costs of services provided or paid by the Company.

### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

### **Reclassifications**

Certain amounts in the 2018 financial statements have been reclassified to conform to the 2019 presentation.

### **Subsequent Events**

The Plan and the Company are exposed to potential risk associated with the ongoing outbreak of the novel coronavirus ("COVID-19") and are actively monitoring developments through governmental briefings and the relevant health authorities. The effects of the outbreak on the Plan and the Company are uncertain and difficult to predict, as the situation is actively evolving. Risks to the Plan could potentially include (but are not limited to) lower investment returns on pension plan assets and the disruption of business operations due to changing work environments for employees and business partners. The Plan and the Company have business continuity plans in place to mitigate the risks posed to business operations by disruptive incidents such as these.

Management evaluated subsequent events through the report date, the date the financial statements were available to be issued.

### **3. Funding Policy**

The Company contributes amounts necessary on an actuarial basis to provide the Plan with assets sufficient to meet the future benefit obligations of the Plan. The contributions are designed to fund the Plan's normal service costs on a current basis and to fund accrued benefit costs arising from qualifying service before the establishment of the Plan. Earnings on investments of the Plan serve to reduce future contributions and to provide benefits under the Plan. The Plan has met the ERISA minimum funding requirements.

The required employer contribution is calculated based on data at the end of the plan year. No pension contribution was required in 2019 or 2018.

### **4. Accumulated Benefits**

A comparison of the total actuarial present value of accumulated benefits is presented below as of the end of each plan year is as follows:

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|                                                            | <b>December 31</b>           |                              |
|------------------------------------------------------------|------------------------------|------------------------------|
|                                                            | <b>2019</b>                  | <b>2018</b>                  |
| Actuarial present value of accumulated benefits:           |                              |                              |
| Vested benefits:                                           |                              |                              |
| Active participants                                        | <b>\$ 162,082,295</b>        | \$ 154,552,889               |
| Retired participants currently receiving payments          | <b>451,671,524</b>           | 438,509,242                  |
| Terminated participants                                    | <b>52,000,978</b>            | 49,227,637                   |
| Nonvested benefits                                         | <b>11,737,222</b>            | 12,099,001                   |
| Total actuarial present value of accumulated plan benefits | <b><u>\$ 677,492,019</u></b> | <b><u>\$ 654,388,769</u></b> |

A comparison of the change in the actuarial present value of accumulated benefits is presented below as of the most recent valuation dates for which complete data is available:

|                                                                    | <b>December 31</b>           |                              |
|--------------------------------------------------------------------|------------------------------|------------------------------|
|                                                                    | <b>2019</b>                  | <b>2018</b>                  |
| Change in the actuarial present value of accumulated benefits:     |                              |                              |
| Actuarial present value of accumulated benefits, beginning of year | <b>\$ 654,388,769</b>        | \$ 648,555,519               |
| Change in actuarial assumptions <sup>(a)</sup>                     | <b>11,906,294</b>            | (1,183,485)                  |
| Interest accumulated                                               | <b>47,237,212</b>            | 46,806,048                   |
| Benefits accumulated                                               | <b>13,883,912</b>            | 9,455,536                    |
| Benefits paid during year                                          | <b>(49,924,168)</b>          | (49,244,849)                 |
| Total actuarial present value of accumulated benefits, end of year | <b><u>\$ 677,492,019</u></b> | <b><u>\$ 654,388,769</u></b> |

<sup>(a)</sup> Change in actuarial assumptions can be attributed to a combination of the decreasing discount rate and the morality table changes discussed in Note 2.

## 5. Termination Priorities

In the event the Plan terminates, all benefits accrued by participants, retired or former participants, and beneficiaries to the extent then funded, will be nonforfeitable. Upon any such termination of the Plan, the assets of the Plan shall first be allocated among the current, retired, and former participants and their beneficiaries, in the order prescribed under Title IV of ERISA. Whether a particular participant's accumulated benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets of the Plan and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

## 6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 20, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue

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Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

## **7. Risks and Uncertainties**

The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

## Supplemental Schedule

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Line 26 – Schedule of Active Participant Data**

| Attained Age | Years of Credited Service |            |       |            |       |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
|--------------|---------------------------|------------|-------|------------|-------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|
|              | Under 1                   |            | 1 - 4 |            | 5 - 9 |            | 10 - 14 |            | 15 - 19 |            | 20 - 24 |            | 25 - 29 |            | 30 - 34 |            | 35 - 39 |            | 40 & up |            |
|              | No.                       | Avg. Comp. | No.   | Avg. Comp. | No.   | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. |
| Under 25     | 10                        |            | 52    | 47,690     |       |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| 25 - 29      | 36                        | 38,677     | 188   | 55,393     | 36    | 67,830     |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| 30 - 34      | 46                        | 41,985     | 168   | 64,392     | 106   | 82,122     | 33      | 77,934     |         |            |         |            |         |            |         |            |         |            |         |            |
| 35 - 39      | 85                        | 62,237     | 111   | 77,047     | 81    | 91,595     | 58      | 84,839     | 15      |            | 2       |            |         |            |         |            |         |            |         |            |
| 40 - 44      | 60                        | 66,081     | 97    | 81,576     | 88    | 107,071    | 48      | 94,200     | 38      | 104,681    | 15      |            |         |            |         |            |         |            |         |            |
| 45 - 49      | 69                        | 77,040     | 107   | 82,923     | 84    | 92,301     | 44      | 93,553     | 36      | 95,917     | 22      | 92,592     | 13      |            | 11      |            |         |            |         |            |
| 50 - 54      | 60                        | 67,853     | 105   | 76,113     | 74    | 108,043    | 55      | 105,490    | 45      | 98,408     | 22      | 98,946     | 16      |            | 47      | 82,799     | 5       |            |         |            |
| 55 - 59      | 70                        | 84,482     | 104   | 71,593     | 83    | 105,436    | 44      | 85,367     | 37      | 89,918     | 31      | 88,774     | 12      |            | 43      | 109,356    | 45      | 80,696     | 15      |            |
| 60 - 64      | 36                        | 70,875     | 65    | 69,987     | 65    | 100,090    | 32      | 89,088     | 18      |            | 32      | 107,108    | 5       |            | 9       |            | 12      |            | 20      | 68,351     |
| 65 - 69      | 10                        |            | 24    | 44,561     | 15    |            | 11      |            | 6       |            | 3       |            |         |            | 2       |            | 2       |            | 10      |            |
| 70 & up      | 2                         |            | 10    |            | 8     |            | 3       |            | 2       |            |         |            | 1       |            |         |            | 2       |            | 3       |            |

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

#### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

##### Funding interest rates

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 2.28%                | 3.74%                       |
| Second Segment Rate | 3.81%                | 5.35%                       |
| Third Segment Rate  | 4.46%                | 6.11%                       |
| Effective Rate      | 4.02%                | 5.53%                       |

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.75%                | 3.92%                       |
| Second Segment Rate | 3.76%                | 5.52%                       |
| Third Segment Rate  | 4.66%                | 6.29%                       |
| Effective Rate      | 4.05%                | 5.70%                       |

\* Used for maximum tax-deduction.

\*\* Used for minimum funding and benefit restriction purposes.

##### Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis.

##### Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The retirement and withdrawal rates were based on anticipated future experience. Actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review. These assumptions remain appropriate given historic gain and loss experience of the plan.

#### Salary increases

|                           |       |
|---------------------------|-------|
| Current and Future Years: | 3.75% |
| Prior Year:               | 3.75% |

#### Social Security

|                                       |       |
|---------------------------------------|-------|
| Annual increase in maximum wage base: | 3.75% |
|---------------------------------------|-------|

#### Expenses

Expected plan administrative expenses of \$1,000,000 were added to the Target Normal Cost.

#### Frequency of optional payment forms

| Form                                                 | WSL Employees | Affiliates and Lafayette Life Employees |
|------------------------------------------------------|---------------|-----------------------------------------|
| Single life annuity                                  | 35.00%        | 100%                                    |
| Life annuity with 10 years certain                   | 10.00%        | 0%                                      |
| Joint and 50% survivor annuity                       | 35.00%        | 0%                                      |
| Joint and 75% survivor annuity                       | 10.00%        | 0%                                      |
| Joint and 2/3 survivor annuity with 10 years certain | 10.00%        | 0%                                      |

Terminated vested participants are assumed to commence receiving benefits at age 65 in the form of a single life annuity.

#### Marital percentage

##### Affiliate and WSL

80% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

##### Lafayette Life Employees

100% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods (continued)

##### Retirement rates

| Age | Affiliates and<br>WSL Non-Field<br>Employees | WSL Field Employees | Lafayette Life<br>Employees |
|-----|----------------------------------------------|---------------------|-----------------------------|
| 55  | 10.0%                                        | 20.0%               | 10.0%                       |
| 56  | 5.0%                                         | 15.0%               | 5.0%                        |
| 57  | 5.0%                                         | 15.0%               | 5.0%                        |
| 58  | 5.0%                                         | 15.0%               | 5.0%                        |
| 59  | 5.0%                                         | 15.0%               | 5.0%                        |
| 60  | 10.0%                                        | 20.0%               | 10.0%                       |
| 61  | 10.0%                                        | 20.0%               | 10.0%                       |
| 62  | 20.0%                                        | 50.0%               | 20.0%                       |
| 63  | 10.0%                                        | 50.0%               | 10.0%                       |
| 64  | 10.0%                                        | 50.0%               | 10.0%                       |
| 65  | 50.0%                                        | 100.0%              | 50.0%                       |
| 66  | 50.0%                                        | 100.0%              | 50.0%                       |
| 67  | 50.0%                                        | 100.0%              | 50.0%                       |
| 68  | 50.0%                                        | 100.0%              | 50.0%                       |
| 69  | 50.0%                                        | 100.0%              | 50.0%                       |
| 70  | 100.0%                                       | 100.0%              | 100.0%                      |

Terminated vested participants are assumed to commence receiving benefits at age 65.

##### Late Retirement

Actives – Actuarial Equivalent adjustments are made to the benefits for actives over age 65.

Terminated Vested – An adjustment equal to one time lump sum payment for those over age 65 is made at the valuation date equal to the sum of payments that could have been made beginning at age 65.

##### Disability rates

None assumed.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

**Non-Prescribed Funding Assumptions and Methods (continued)**

Withdrawal rates for active participants not eligible for retirement

| Years of Service | Affiliates and WSL Non-Field Employees |        | WSL Field Employees |        | Lafayette Life Employees |
|------------------|----------------------------------------|--------|---------------------|--------|--------------------------|
|                  | Male                                   | Female | Male                | Female | Unisex                   |
| 1                | 15.4%                                  | 22.0%  | 59.3%               | 56.8%  | N/A                      |
| 2                | 13.3%                                  | 19.0%  | 45.1%               | 50.6%  | N/A                      |
| 3                | 11.2%                                  | 16.0%  | 29.2%               | 35.5%  | N/A                      |
| 4                | N/A                                    | N/A    | 24.5%               | 24.4%  | N/A                      |
| 5                | N/A                                    | N/A    | 21.0%               | 21.0%  | N/A                      |

Thereafter

| Age | Affiliates and WSL Non-Field Employees |        | WSL Field Employees |        | Lafayette Life Employees |
|-----|----------------------------------------|--------|---------------------|--------|--------------------------|
|     | Male                                   | Female | Male                | Female | Unisex                   |
| 25  | 7.5%                                   | 7.5%   | 13.8%               | 16.7%  | 5.3%                     |
| 30  | 6.9%                                   | 6.9%   | 13.5%               | 16.4%  | 4.8%                     |
| 35  | 5.8%                                   | 5.8%   | 13.1%               | 15.9%  | 4.5%                     |
| 40  | 4.8%                                   | 4.8%   | 11.9%               | 15.4%  | 3.8%                     |
| 45  | 3.8%                                   | 3.8%   | 8.9%                | 14.9%  | 3.2%                     |
| 50  | 2.1%                                   | 2.1%   | 6.1%                | 14.4%  | 1.5%                     |
| 55  | 0.0%                                   | 0.0%   | 4.1%                | 10.9%  | 0.3%                     |
| 60  | 0.0%                                   | 0.0%   | 2.0%                | 5.5%   | 0.0%                     |
| 64  | 0.0%                                   | 0.0%   | 0.4%                | 1.1%   | 0.0%                     |

**Asset valuation method**

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2019 Expected Return | 7.50%                | 6.11%              | 6.11%                |
| 2018 Expected Return | 7.50%                | 6.29%              | 6.29%                |
| 2017 Expected Return | 7.50%                | 6.48%              | 6.48%                |

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

#### **Non-Prescribed Funding Assumptions and Methods (continued)**

##### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

##### **Summary of Changes from the January 1, 2018 Valuation**

- The funding segment rates have been updated as specified in IRS Reg. 1.430(h)(2)-1. These rates are constrained in accordance with HATFA. This change increased the Funding Target by approximately \$29 million.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis. This change decreased the Funding Target by approximately \$3.5 million.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN                                                                  | <b>B</b> Three-digit plan number (PN) ▶ 004                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY               | <b>D</b> Employer Identification Number (EIN)<br>31-0487145                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                    |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2019                                                                                                                                                    |                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                                             |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 932,170,520                                                                                       |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 953,436,449                                                                                       |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             |                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants 3,307 (2) Vested Funding Target 518,331,932 (3) Total Funding Target 518,331,932 |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 1,353 64,745,092 64,745,092                                                                                 |
| <b>c</b> For active participants .....                                                                                                                                                                          | 3,080 198,496,034 213,732,435                                                                               |
| <b>d</b> Total .....                                                                                                                                                                                            | 7,740 781,573,058 796,809,459                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                                   |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.53%                                                                                              |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> 14,917,576                                                                                         |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                       |                               |                                        |
|-------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                      | Matthew D. Davis MDD          | 10/12/2020                             |
|                                                       | Signature of actuary          | Date                                   |
| Matthew D. Davis                                      |                               | 2008289                                |
|                                                       | Type or print name of actuary | Most recent enrollment number          |
| Buck Global, LLC                                      |                               | 412-281-2506                           |
|                                                       | Firm name                     | Telephone number (including area code) |
| 11 Stanwix Street<br>Suite 700<br>Pittsburgh PA 15222 |                               |                                        |
|                                                       | Address of the firm           |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

## Part II Beginning of Year Carryover and Prefunding Balances

| Part II Beginning of Year Carryover and Retaining Balance |                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                                      | 5,205,888             | 103,975,236            |
| <b>8</b>                                                  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                  | 0                     | 0                      |
| <b>9</b>                                                  | Amount remaining (line 7 minus line 8).....                                                                                                                         | 5,205,888             | 103,975,236            |
| <b>10</b>                                                 | Interest on line 9 using prior year's actual return of <u>-0.91%</u> .....                                                                                          | -47,374               | -946,175               |
| <b>11</b>                                                 | Prior year's excess contributions to be added to prefunding balance:                                                                                                |                       |                        |
|                                                           | <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
|                                                           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.70%</u> ..... |                       | 0                      |
|                                                           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
|                                                           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
|                                                           | <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b>                                                 | Other reductions in balances due to elections or deemed elections.....                                                                                              | 0                     | 0                      |
| <b>13</b>                                                 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                                   | 5,158,514             | 103,029,061            |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                  |           |         |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 106.07% |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 118.50% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 105.99% |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ►                 | 18(b)                             | 0 18(c)                         |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

## 20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

**C** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.74 %                                                                                                                       | 2nd segment:<br>5.35 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    | <b>21b</b>                                                                                                                                   |                        |                        | 4                                                   |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                                                                                                                    |                        |                        | 64                                                  |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                    |               |  |                     |             |                                                       |   |   |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|--|---------------------|-------------|-------------------------------------------------------|---|---|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                    | 14,917,576         |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                    | 14,917,576         |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                    |               |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                           | Installment        |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                             | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                             | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                     |                    |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>                                                                                                                                                                                                                                                                                                                     | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
|                                                                                                                                                                                      | Carryover balance                                                                                                                                                                                                                                                                                                             | Prefunding balance | Total balance |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                                                                                                                                                                                                                                                                                                                             | 0                  | 0             |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                     | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                     | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                               |                    |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                    | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                    | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                     | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                     | 0                  |               |  |                     |             |                                                       |   |   |                                                |   |   |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

#### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

##### Funding interest rates

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 2.28%                | 3.74%                       |
| Second Segment Rate | 3.81%                | 5.35%                       |
| Third Segment Rate  | 4.46%                | 6.11%                       |
| Effective Rate      | 4.02%                | 5.53%                       |

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

|                     | Unconstrained Rates* | Rates Reflecting Corridor** |
|---------------------|----------------------|-----------------------------|
| First Segment Rate  | 1.75%                | 3.92%                       |
| Second Segment Rate | 3.76%                | 5.52%                       |
| Third Segment Rate  | 4.66%                | 6.29%                       |
| Effective Rate      | 4.05%                | 5.70%                       |

\* Used for maximum tax-deduction.

\*\* Used for minimum funding and benefit restriction purposes.

##### Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis.

##### Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The retirement and withdrawal rates were based on anticipated future experience. Actual experience is reviewed each year and compared to the assumption. Changes are then made, as appropriate, based on this review. These assumptions remain appropriate given historic gain and loss experience of the plan.

#### Salary increases

|                           |       |
|---------------------------|-------|
| Current and Future Years: | 3.75% |
| Prior Year:               | 3.75% |

#### Social Security

|                                       |       |
|---------------------------------------|-------|
| Annual increase in maximum wage base: | 3.75% |
|---------------------------------------|-------|

#### Expenses

Expected plan administrative expenses of \$1,000,000 were added to the Target Normal Cost.

#### Frequency of optional payment forms

| Form                                                 | WSL Employees | Affiliates and Lafayette Life Employees |
|------------------------------------------------------|---------------|-----------------------------------------|
| Single life annuity                                  | 35.00%        | 100%                                    |
| Life annuity with 10 years certain                   | 10.00%        | 0%                                      |
| Joint and 50% survivor annuity                       | 35.00%        | 0%                                      |
| Joint and 75% survivor annuity                       | 10.00%        | 0%                                      |
| Joint and 2/3 survivor annuity with 10 years certain | 10.00%        | 0%                                      |

Terminated vested participants are assumed to commence receiving benefits at age 65 in the form of a single life annuity.

#### Marital percentage

##### Affiliate and WSL

80% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

##### Lafayette Life Employees

100% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods (continued)

##### Retirement rates

| Age | Affiliates and<br>WSL Non-Field<br>Employees | WSL Field Employees | Lafayette Life<br>Employees |
|-----|----------------------------------------------|---------------------|-----------------------------|
| 55  | 10.0%                                        | 20.0%               | 10.0%                       |
| 56  | 5.0%                                         | 15.0%               | 5.0%                        |
| 57  | 5.0%                                         | 15.0%               | 5.0%                        |
| 58  | 5.0%                                         | 15.0%               | 5.0%                        |
| 59  | 5.0%                                         | 15.0%               | 5.0%                        |
| 60  | 10.0%                                        | 20.0%               | 10.0%                       |
| 61  | 10.0%                                        | 20.0%               | 10.0%                       |
| 62  | 20.0%                                        | 50.0%               | 20.0%                       |
| 63  | 10.0%                                        | 50.0%               | 10.0%                       |
| 64  | 10.0%                                        | 50.0%               | 10.0%                       |
| 65  | 50.0%                                        | 100.0%              | 50.0%                       |
| 66  | 50.0%                                        | 100.0%              | 50.0%                       |
| 67  | 50.0%                                        | 100.0%              | 50.0%                       |
| 68  | 50.0%                                        | 100.0%              | 50.0%                       |
| 69  | 50.0%                                        | 100.0%              | 50.0%                       |
| 70  | 100.0%                                       | 100.0%              | 100.0%                      |

Terminated vested participants are assumed to commence receiving benefits at age 65.

##### Late Retirement

Actives – Actuarial Equivalent adjustments are made to the benefits for actives over age 65.

Terminated Vested – An adjustment equal to one time lump sum payment for those over age 65 is made at the valuation date equal to the sum of payments that could have been made beginning at age 65.

##### Disability rates

None assumed.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates for active participants not eligible for retirement

| Years of Service | Affiliates and WSL Non–Field Employees |        | WSL Field Employees |        | Lafayette Life Employees |
|------------------|----------------------------------------|--------|---------------------|--------|--------------------------|
|                  | Male                                   | Female | Male                | Female | Unisex                   |
| 1                | 15.4%                                  | 22.0%  | 59.3%               | 56.8%  | N/A                      |
| 2                | 13.3%                                  | 19.0%  | 45.1%               | 50.6%  | N/A                      |
| 3                | 11.2%                                  | 16.0%  | 29.2%               | 35.5%  | N/A                      |
| 4                | N/A                                    | N/A    | 24.5%               | 24.4%  | N/A                      |
| 5                | N/A                                    | N/A    | 21.0%               | 21.0%  | N/A                      |

Thereafter

| Age | Affiliates and WSL Non–Field Employees |        | WSL Field Employees |        | Lafayette Life Employees |
|-----|----------------------------------------|--------|---------------------|--------|--------------------------|
|     | Male                                   | Female | Male                | Female | Unisex                   |
| 25  | 7.5%                                   | 7.5%   | 13.8%               | 16.7%  | 5.3%                     |
| 30  | 6.9%                                   | 6.9%   | 13.5%               | 16.4%  | 4.8%                     |
| 35  | 5.8%                                   | 5.8%   | 13.1%               | 15.9%  | 4.5%                     |
| 40  | 4.8%                                   | 4.8%   | 11.9%               | 15.4%  | 3.8%                     |
| 45  | 3.8%                                   | 3.8%   | 8.9%                | 14.9%  | 3.2%                     |
| 50  | 2.1%                                   | 2.1%   | 6.1%                | 14.4%  | 1.5%                     |
| 55  | 0.0%                                   | 0.0%   | 4.1%                | 10.9%  | 0.3%                     |
| 60  | 0.0%                                   | 0.0%   | 2.0%                | 5.5%   | 0.0%                     |
| 64  | 0.0%                                   | 0.0%   | 0.4%                | 1.1%   | 0.0%                     |

#### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

|                      | Actuary's Assumption | Third Segment Rate | Reflecting PPA Limit |
|----------------------|----------------------|--------------------|----------------------|
| 2019 Expected Return | 7.50%                | 6.11%              | 6.11%                |
| 2018 Expected Return | 7.50%                | 6.29%              | 6.29%                |
| 2017 Expected Return | 7.50%                | 6.48%              | 6.48%                |

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)**

#### **Non-Prescribed Funding Assumptions and Methods (continued)**

##### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

##### **Summary of Changes from the January 1, 2018 Valuation**

- The funding segment rates have been updated as specified in IRS Reg. 1.430(h)(2)-1. These rates are constrained in accordance with HATFA. This change increased the Funding Target by approximately \$29 million.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2018-02, applied on a static basis. This change decreased the Funding Target by approximately \$3.5 million.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions**

#### **Eligibility**

An employee who has completed 1,000 hours of service during the first year of employment or during any subsequent anniversary year, attained age 21, and completed one year of employment is eligible on the earlier of January 1 or the first of the month which is six (6) months after all these conditions are satisfied.

Transition Group: Participants in the Plan at December 31, 2010 whose age and service are at least 70. This group continues the formula in effect at December 31, 2010 through December 31, 2015. This group is also eligible for the Social Security Temporary Annuity benefit if they retire on or before December 31, 2012.

Effective January 1, 2011 associates who work at various investment subsidiaries become eligible. They are granted Years of Membership commencing January 1, 2010.

#### **Employee Contributions**

None.

#### **Definitions for Benefit Computations**

##### **Plan Year**

The twelve (12) consecutive month period beginning January 1 and ending on December 31.

##### **Computation Period**

The initial twelve (12) consecutive month period beginning on the Employee's first date of employment and each subsequent 12-month period beginning on the anniversary of the Employee's first date of employment.

##### **Year of Service**

An Employee shall receive one (1) Year of Service for each Computation Period during which he works 1,000 or more Credited Hours.

##### **Years of Membership**

Effective January 1, 2011, an Employee shall receive one (1) Year of Membership for each calendar year during which he works at least 52 times the number of hours in a full-time regular work week. If an Employee completes less hours, a pro rata portion will be credited.

##### **Compensation**

The amount paid to an Employee by a Participating Employer for his services as such, including base salary, commissions, payment for company rule days, overtime and shift differential pay, and legion awards, but excluding pay in lieu of vacation time, moving and expense allowances, accrued credits, Security Plan allowance, any extra compensation for special services, bonuses and the cost to the Participating Employer of other incentive plans or employee benefits. Compensation shall also include Compensation not paid to an employee but credited on behalf of an Employee to a plan that qualifies under Section 125 or Section 401(k) of the Code. Highest Compensation is the largest average during 5 consecutive years in the 10-year period before termination.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Normal Retirement**

**Eligibility**

The first day of the month following the member's 65<sup>th</sup> birthday.

**Benefit**

Greater of

- (a) (i) 1.0% times Years of Membership times Highest Compensation, plus
- (ii) 0.5% times Years of Membership not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation, or
- (b) (i) Accrued benefit as of December 31, 2010, plus
- (ii) 1.0% times Years of Membership after December 31, 2010 times Highest Compensation, plus
- (iii) 0.5% times Years of Membership after December 31, 2010 not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation.

For members of the Transition Group, December 31, 2010 is replaced with December 31, 2015 in part (b) of the above formula.

**Late Retirement**

**Eligibility**

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

**Benefit**

Greater of benefit accrued to date of late retirement or the actuarial increase of the Normal Retirement Benefit.

# WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN

## EIN/PN: 31-0487145 / 004

### Schedule SB, Part V – Summary of Plan Provisions (continued)

#### Early Retirement

##### Eligibility

The first day of the month following age 55 and fifteen (15) years of service.

Benefit through December 31, 2010 (December 31, 2015 for members of the Transition Group)

Benefit accrued to date of early retirement based on Years of Membership at date of termination and assuming no future earnings for calculation of the Social Security Benefit offset. The benefit may commence immediately but it will be reduced according to the appropriate percentage from the following table interpolated for exact age and Years of Employment between 20 and 25:

| Age | 15 to 20 Full Years<br>of Employment | 25 or More Full Years<br>of Employment |
|-----|--------------------------------------|----------------------------------------|
| 55  | 50%                                  | 75%                                    |
| 56  | 56%                                  | 80%                                    |
| 57  | 62%                                  | 85%                                    |
| 58  | 68%                                  | 90%                                    |
| 59  | 74%                                  | 95%                                    |
| 60  | 80%                                  | 100%                                   |
| 61  | 84%                                  | 100%                                   |
| 62  | 88%                                  | 100%                                   |
| 63  | 92%                                  | 100%                                   |
| 64  | 96%                                  | 100%                                   |
| 65  | 100%                                 | 100%                                   |

Benefit after December 31, 2010 (December 31, 2015 for members of the Transition Group)

| Age | Early Retirement Factor |
|-----|-------------------------|
| 55  | 50%                     |
| 56  | 55%                     |
| 57  | 60%                     |
| 58  | 65%                     |
| 59  | 70%                     |
| 60  | 75%                     |
| 61  | 80%                     |
| 62  | 85%                     |
| 63  | 90%                     |
| 64  | 95%                     |
| 65  | 100%                    |

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Termination Benefits**

##### **Eligibility**

Completion of five (5) years of service.

##### **Benefit through December 31, 2010 (December 31, 2015 for members of the Transition Group)**

The monthly benefit earned to date of termination with payments commencing at his or her normal retirement date. The benefit is determined based on anticipated Years of Membership at Normal Retirement Date, multiplied by the ratio of Years of Membership prior to termination date to anticipated Years of Membership at Normal Retirement Date. The Social Security Benefit offset assumes level earnings from date of termination until age 65.

##### **Benefit after December 31, 2010 (December 31, 2015 for members of the Transition Group)**

The monthly benefit earned to date of termination with payments commencing at his or her normal retirement date. The benefit is based on Years of Membership at date of termination and the benefit formula described above under Normal Retirement.

A participant may elect early commencement at age 55 if he had completed 15 years of service at date of termination. Such benefit is reduced 6% per year before age 65.

#### **Pre-retirement Death Benefits**

##### **Prior to Earliest Retirement Age**

##### **Eligibility**

If a member dies after becoming vested, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing at the Member's earliest retirement date, which is equal to the survivor portion of the Member and Survivor Annuity.

##### **After Earliest Retirement Age but before Normal Retirement Age**

##### **Eligibility**

If a member dies after Early Retirement Age, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing at the Member's earliest retirement date, which is equal to the survivor portion of the Member and Survivor Annuity.

##### **Subsequent to Normal Retirement Age**

##### **Eligibility**

If a member dies after Normal Retirement Age, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing on the first of the month following the date of death, which is equal to the survivor portion of the Member and Survivor Annuity.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Form of Benefits**

##### **Automatic Form**

A life annuity for unmarried employees and a Member and Survivor Annuity, 50% payable to surviving spouse for married employees.

##### **Current Options Available**

Life Only

Life and ten years certain

Member and Survivor Annuity with 50% payable to spouse

Joint and 50% survivor, with ten years certain

Joint and 66-2/3% survivor, with ten years certain

Lump Sum – if value is less than \$3,500

A few grandfathered benefits are available at different options than listed above.

##### **Actuarial Equivalence**

2018 IRS Applicable Mortality table and an interest rate of 6%.

##### **Grandfathered benefits (except as noted below)**

Certain employees who were participants on January 1, 1985 are eligible for death benefit annuities under the prior plan provisions. These benefits have not been valued due to the limited number of employees eligible for such benefits.

##### **Columbus Life Insurance Company (CLIC)**

Effective July 1, 1996, the CLIC pension plan was merged with this plan. The 63 employees who moved from Columbus to Cincinnati received special grandfathered benefits. As a minimum benefit, they received benefits earned under the CLIC plan accrued through June 30, 1998. A brief description of some of the significant provisions follows.

##### **1. Normal Retirement Benefit**

- (i) 2.0% times credited service not in excess of 25 times final average compensation, plus
- (ii) 1.0% times credited service in excess of 25 times final average compensation, minus
- (iii) 2.0% times credited service not in excess of 25 times Social Security Benefit.

##### **2. Final Average Earnings**

Based on years of service. A five-year average if less than 15 years, four-year average if between 15 and 25 and a three-year average if greater than 25 years of service.

##### **3. Early Retirement**

- (i) Eligible at age 55 with 10 years of service
- (ii) Benefit reduced by 3.0% per year for commencement before age 65.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Lafayette Life Insurance Company Benefits**

##### **Eligibility Requirements**

Participation in the plan is frozen.

##### **Vesting Service**

One full year granted for each plan year in which a participant completes 1,000 hours.

##### **Average Monthly Earnings**

The average of the monthly compensation for the sixty (60) highest consecutive calendar months out of the one hundred twenty (120) calendar months immediately preceding the date of retirement, termination or death. Annual compensation is limited to \$100,000 for Group Regional Directors and Regional Sales Vice Presidents for plan years beginning on or after January 1, 1999.

##### **Normal Form of Payment**

A monthly annuity payable for life.

##### **Monthly Accrued Benefit**

The monthly benefit payable to a participant at their normal retirement date is equal to (a) plus (b) below:

(a) Service and earnings used in (1) and (2) below were frozen as of December 31, 2011:

1) Before January 1, 2001

- a. 2.0% of average monthly earnings multiplied by service (for the first 20 years), plus
- b. 1.0% of average monthly earnings multiplied by service (for the next 20 years).

2) After December 31, 2000

- a. 2.0% of average monthly earnings multiplied by service (for the first 10 years), plus
- b. 1.0% of average monthly earnings multiplied by service (for the next 30 years).

(b) 1) 1.0% times Years of Membership after December 31, 2011 times Highest Compensation, plus

- 2) 0.5% times Years of Membership after December 31, 2011 not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation.

##### **Normal Retirement**

The later of age 65 and 5 years of participation.

##### **Early Retirement**

Age 55 and 5 years of Vesting Service: the accrued benefit reduced by 5/24 of 1% for each month retirement precedes age 60, payable immediately. If the participant is age 60 with 5 years of Vesting Service, the unreduced accrued benefit payable immediately.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Termination**

100% vested after 5 years of Vesting Service.

#### **Pre-Retirement Death**

##### **Eligibility**

Death of a participant who has earned the right to a vested benefit.

##### **Amount**

The amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment.

#### **Voluntary After-Tax Account**

Prior to 1997, participants in the Lafayette Life Insurance Company Pension Plan were eligible to make voluntary after-tax contributions to the Plan. Participants can elect to withdraw all or part of their after-tax account balance at any time without impact to any other benefits provided by the Plan.

#### **Gerber Life**

Active former employees of Gerber Life as of January 1, 2019 became participants in the Western & Southern Financial Group Pension Plan on that date. Gerber Life employees receive vesting service credit for their prior employment with Gerber Life. Benefits under this plan first begin to accrue as of January 1, 2019.

#### **Summary of Changes from the January 1, 2018 Valuation**

Active former Gerber Life employees became participants in the plan effective January 1, 2019 and receive vesting service credit for their employment with Gerber Life.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| (1)<br>Age                                                         | (2)<br>Expected Active<br>Headcount | (3)<br>Retirement Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted Age<br>(1)*(4) |
|--------------------------------------------------------------------|-------------------------------------|------------------------|-------------------------------------------|--------------------------------|
| 55                                                                 | 1,277.2061                          | 0.0410                 | 52.3501                                   | 2,879.2532                     |
| 56                                                                 | 1,304.1125                          | 0.0433                 | 56.4628                                   | 3,161.9184                     |
| 57                                                                 | 1,348.4650                          | 0.0431                 | 58.1227                                   | 3,312.9940                     |
| 58                                                                 | 1,369.0577                          | 0.0436                 | 59.6356                                   | 3,458.8652                     |
| 59                                                                 | 1,385.5655                          | 0.0437                 | 60.5074                                   | 3,569.9341                     |
| 60                                                                 | 1,388.0649                          | 0.0815                 | 113.1528                                  | 6,789.1662                     |
| 61                                                                 | 1,329.1747                          | 0.0805                 | 107.0052                                  | 6,527.3145                     |
| 62                                                                 | 1,287.4698                          | 0.1637                 | 210.7056                                  | 13,063.7493                    |
| 63                                                                 | 1,121.0439                          | 0.0871                 | 97.6567                                   | 6,152.3752                     |
| 64                                                                 | 1,060.2931                          | 0.0838                 | 88.8805                                   | 5,688.3508                     |
| 65                                                                 | 999.8170                            | 0.4587                 | 458.6628                                  | 29,813.0841                    |
| 66                                                                 | 562.2140                            | 0.5367                 | 301.7505                                  | 19,915.5335                    |
| 67                                                                 | 269.3365                            | 0.5059                 | 136.2625                                  | 9,129.5859                     |
| 68                                                                 | 145.8567                            | 0.5189                 | 75.6923                                   | 5,147.0772                     |
| 69                                                                 | 77.4563                             | 0.5046                 | 39.0860                                   | 2,696.9334                     |
| 70                                                                 | 46.9438                             | 1.0000                 | 46.9438                                   | 3,286.0692                     |
| 71                                                                 | 5.0000                              | 1.0000                 | 5.0000                                    | 355.0000                       |
| 72                                                                 | 9.0000                              | 1.0000                 | 9.0000                                    | 648.0000                       |
| 73                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 74                                                                 | 2.0000                              | 1.0000                 | 2.0000                                    | 148.0000                       |
| 75                                                                 | 1.0000                              | 1.0000                 | 1.0000                                    | 75.0000                        |
| 76                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 77                                                                 | 2.0000                              | 1.0000                 | 2.0000                                    | 154.0000                       |
| 78                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 79                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 80                                                                 | 1.0000                              | 1.0000                 | 1.0000                                    | 80.0000                        |
| 81                                                                 | 1.0000                              | 1.0000                 | 1.0000                                    | 81.0000                        |
| 82                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 83                                                                 | 2.0000                              | 1.0000                 | 2.0000                                    | 166.0000                       |
| 84                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 85                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 86                                                                 | 0.0000                              | 1.0000                 | 0.0000                                    | 0.0000                         |
| 87                                                                 | 1.0000                              | 1.0000                 | <u>1.0000</u>                             | <u>87.0000</u>                 |
| <b>Total</b>                                                       |                                     |                        | <b>1,986.8773</b>                         | <b>126,386.2042</b>            |
| <b>Weighted Average Retirement Age = 126,386.2042 / 1,986.8773</b> |                                     |                        |                                           | <b>63.61</b>                   |
| <b>Rounded Weighted Average Retirement Age</b>                     |                                     |                        |                                           | <b>64</b>                      |

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
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**Schedule SB, Line 22 - Description of Weighted Average Retirement Age (continued)**

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
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**Schedule SB, Line 26 – Schedule of Active Participant Data**

| Attained Age | Years of Credited Service |            |       |            |       |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
|--------------|---------------------------|------------|-------|------------|-------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|
|              | Under 1                   |            | 1 - 4 |            | 5 - 9 |            | 10 - 14 |            | 15 - 19 |            | 20 - 24 |            | 25 - 29 |            | 30 - 34 |            | 35 - 39 |            | 40 & up |            |
|              | No.                       | Avg. Comp. | No.   | Avg. Comp. | No.   | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. | No.     | Avg. Comp. |
| Under 25     | 10                        |            | 52    | 47,690     |       |            |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| 25 - 29      | 36                        | 38,677     | 188   | 55,393     | 36    | 67,830     |         |            |         |            |         |            |         |            |         |            |         |            |         |            |
| 30 - 34      | 46                        | 41,985     | 168   | 64,392     | 106   | 82,122     | 33      | 77,934     |         |            |         |            |         |            |         |            |         |            |         |            |
| 35 - 39      | 85                        | 62,237     | 111   | 77,047     | 81    | 91,595     | 58      | 84,839     | 15      |            | 2       |            |         |            |         |            |         |            |         |            |
| 40 - 44      | 60                        | 66,081     | 97    | 81,576     | 88    | 107,071    | 48      | 94,200     | 38      | 104,681    | 15      |            |         |            |         |            |         |            |         |            |
| 45 - 49      | 69                        | 77,040     | 107   | 82,923     | 84    | 92,301     | 44      | 93,553     | 36      | 95,917     | 22      | 92,592     | 13      |            | 11      |            |         |            |         |            |
| 50 - 54      | 60                        | 67,853     | 105   | 76,113     | 74    | 108,043    | 55      | 105,490    | 45      | 98,408     | 22      | 98,946     | 16      |            | 47      | 82,799     | 5       |            |         |            |
| 55 - 59      | 70                        | 84,482     | 104   | 71,593     | 83    | 105,436    | 44      | 85,367     | 37      | 89,918     | 31      | 88,774     | 12      |            | 43      | 109,356    | 45      | 80,696     | 15      |            |
| 60 - 64      | 36                        | 70,875     | 65    | 69,987     | 65    | 100,090    | 32      | 89,088     | 18      |            | 32      | 107,108    | 5       |            | 9       |            | 12      |            | 20      | 68,351     |
| 65 - 69      | 10                        |            | 24    | 44,561     | 15    |            | 11      |            | 6       |            | 3       |            |         |            | 2       |            | 2       |            | 10      |            |
| 70 & up      | 2                         |            | 10    |            | 8     |            | 3       |            | 2       |            |         |            | 1       |            |         |            | 2       |            | 3       |            |

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

| <b>(1)<br/>Age</b>                                                 | <b>(2)<br/>Expected Active<br/>Headcount</b> | <b>(3)<br/>Retirement Rate</b> | <b>(4)<br/>Expected<br/>Retirements<br/>(2)*(3)</b> | <b>(5)<br/>Weighted Age<br/>(1)*(4)</b> |
|--------------------------------------------------------------------|----------------------------------------------|--------------------------------|-----------------------------------------------------|-----------------------------------------|
| 55                                                                 | 1,277.2061                                   | 0.0410                         | 52.3501                                             | 2,879.2532                              |
| 56                                                                 | 1,304.1125                                   | 0.0433                         | 56.4628                                             | 3,161.9184                              |
| 57                                                                 | 1,348.4650                                   | 0.0431                         | 58.1227                                             | 3,312.9940                              |
| 58                                                                 | 1,369.0577                                   | 0.0436                         | 59.6356                                             | 3,458.8652                              |
| 59                                                                 | 1,385.5655                                   | 0.0437                         | 60.5074                                             | 3,569.9341                              |
| 60                                                                 | 1,388.0649                                   | 0.0815                         | 113.1528                                            | 6,789.1662                              |
| 61                                                                 | 1,329.1747                                   | 0.0805                         | 107.0052                                            | 6,527.3145                              |
| 62                                                                 | 1,287.4698                                   | 0.1637                         | 210.7056                                            | 13,063.7493                             |
| 63                                                                 | 1,121.0439                                   | 0.0871                         | 97.6567                                             | 6,152.3752                              |
| 64                                                                 | 1,060.2931                                   | 0.0838                         | 88.8805                                             | 5,688.3508                              |
| 65                                                                 | 999.8170                                     | 0.4587                         | 458.6628                                            | 29,813.0841                             |
| 66                                                                 | 562.2140                                     | 0.5367                         | 301.7505                                            | 19,915.5335                             |
| 67                                                                 | 269.3365                                     | 0.5059                         | 136.2625                                            | 9,129.5859                              |
| 68                                                                 | 145.8567                                     | 0.5189                         | 75.6923                                             | 5,147.0772                              |
| 69                                                                 | 77.4563                                      | 0.5046                         | 39.0860                                             | 2,696.9334                              |
| 70                                                                 | 46.9438                                      | 1.0000                         | 46.9438                                             | 3,286.0692                              |
| 71                                                                 | 5.0000                                       | 1.0000                         | 5.0000                                              | 355.0000                                |
| 72                                                                 | 9.0000                                       | 1.0000                         | 9.0000                                              | 648.0000                                |
| 73                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 74                                                                 | 2.0000                                       | 1.0000                         | 2.0000                                              | 148.0000                                |
| 75                                                                 | 1.0000                                       | 1.0000                         | 1.0000                                              | 75.0000                                 |
| 76                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 77                                                                 | 2.0000                                       | 1.0000                         | 2.0000                                              | 154.0000                                |
| 78                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 79                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 80                                                                 | 1.0000                                       | 1.0000                         | 1.0000                                              | 80.0000                                 |
| 81                                                                 | 1.0000                                       | 1.0000                         | 1.0000                                              | 81.0000                                 |
| 82                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 83                                                                 | 2.0000                                       | 1.0000                         | 2.0000                                              | 166.0000                                |
| 84                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 85                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 86                                                                 | 0.0000                                       | 1.0000                         | 0.0000                                              | 0.0000                                  |
| 87                                                                 | 1.0000                                       | 1.0000                         | <u>1.0000</u>                                       | <u>87.0000</u>                          |
| <b>Total</b>                                                       |                                              |                                | <b>1,986.8773</b>                                   | <b>126,386.2042</b>                     |
| <b>Weighted Average Retirement Age = 126,386.2042 / 1,986.8773</b> |                                              |                                |                                                     | <b>63.61</b>                            |
| <b>Rounded Weighted Average Retirement Age</b>                     |                                              |                                |                                                     | <b>64</b>                               |

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Line 22 - Description of Weighted Average Retirement Age (continued)**

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions**

#### **Eligibility**

An employee who has completed 1,000 hours of service during the first year of employment or during any subsequent anniversary year, attained age 21, and completed one year of employment is eligible on the earlier of January 1 or the first of the month which is six (6) months after all these conditions are satisfied.

Transition Group: Participants in the Plan at December 31, 2010 whose age and service are at least 70. This group continues the formula in effect at December 31, 2010 through December 31, 2015. This group is also eligible for the Social Security Temporary Annuity benefit if they retire on or before December 31, 2012.

Effective January 1, 2011 associates who work at various investment subsidiaries become eligible. They are granted Years of Membership commencing January 1, 2010.

#### **Employee Contributions**

None.

#### **Definitions for Benefit Computations**

##### **Plan Year**

The twelve (12) consecutive month period beginning January 1 and ending on December 31.

##### **Computation Period**

The initial twelve (12) consecutive month period beginning on the Employee's first date of employment and each subsequent 12-month period beginning on the anniversary of the Employee's first date of employment.

##### **Year of Service**

An Employee shall receive one (1) Year of Service for each Computation Period during which he works 1,000 or more Credited Hours.

##### **Years of Membership**

Effective January 1, 2011, an Employee shall receive one (1) Year of Membership for each calendar year during which he works at least 52 times the number of hours in a full-time regular work week. If an Employee completes less hours, a pro rata portion will be credited.

##### **Compensation**

The amount paid to an Employee by a Participating Employer for his services as such, including base salary, commissions, payment for company rule days, overtime and shift differential pay, and legion awards, but excluding pay in lieu of vacation time, moving and expense allowances, accrued credits, Security Plan allowance, any extra compensation for special services, bonuses and the cost to the Participating Employer of other incentive plans or employee benefits. Compensation shall also include Compensation not paid to an employee but credited on behalf of an Employee to a plan that qualifies under Section 125 or Section 401(k) of the Code. Highest Compensation is the largest average during 5 consecutive years in the 10-year period before termination.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Normal Retirement**

**Eligibility**

The first day of the month following the member's 65<sup>th</sup> birthday.

**Benefit**

Greater of

- (a) (i) 1.0% times Years of Membership times Highest Compensation, plus
- (ii) 0.5% times Years of Membership not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation, or
- (b) (i) Accrued benefit as of December 31, 2010, plus
- (ii) 1.0% times Years of Membership after December 31, 2010 times Highest Compensation, plus
- (iii) 0.5% times Years of Membership after December 31, 2010 not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation.

For members of the Transition Group, December 31, 2010 is replaced with December 31, 2015 in part (b) of the above formula.

**Late Retirement**

**Eligibility**

The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.

**Benefit**

Greater of benefit accrued to date of late retirement or the actuarial increase of the Normal Retirement Benefit.

**WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**  
**EIN/PN: 31-0487145 / 004**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Early Retirement**

**Eligibility**

The first day of the month following age 55 and fifteen (15) years of service.

Benefit through December 31, 2010 (December 31, 2015 for members of the Transition Group)

Benefit accrued to date of early retirement based on Years of Membership at date of termination and assuming no future earnings for calculation of the Social Security Benefit offset. The benefit may commence immediately but it will be reduced according to the appropriate percentage from the following table interpolated for exact age and Years of Employment between 20 and 25:

| <b>Age</b> | <b>15 to 20 Full Years<br/>of Employment</b> | <b>25 or More Full Years<br/>of Employment</b> |
|------------|----------------------------------------------|------------------------------------------------|
| 55         | 50%                                          | 75%                                            |
| 56         | 56%                                          | 80%                                            |
| 57         | 62%                                          | 85%                                            |
| 58         | 68%                                          | 90%                                            |
| 59         | 74%                                          | 95%                                            |
| 60         | 80%                                          | 100%                                           |
| 61         | 84%                                          | 100%                                           |
| 62         | 88%                                          | 100%                                           |
| 63         | 92%                                          | 100%                                           |
| 64         | 96%                                          | 100%                                           |
| 65         | 100%                                         | 100%                                           |

Benefit after December 31, 2010 (December 31, 2015 for members of the Transition Group)

| <b>Age</b> | <b>Early Retirement Factor</b> |
|------------|--------------------------------|
| 55         | 50%                            |
| 56         | 55%                            |
| 57         | 60%                            |
| 58         | 65%                            |
| 59         | 70%                            |
| 60         | 75%                            |
| 61         | 80%                            |
| 62         | 85%                            |
| 63         | 90%                            |
| 64         | 95%                            |
| 65         | 100%                           |

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Termination Benefits**

##### **Eligibility**

Completion of five (5) years of service.

##### **Benefit through December 31, 2010 (December 31, 2015 for members of the Transition Group)**

The monthly benefit earned to date of termination with payments commencing at his or her normal retirement date. The benefit is determined based on anticipated Years of Membership at Normal Retirement Date, multiplied by the ratio of Years of Membership prior to termination date to anticipated Years of Membership at Normal Retirement Date. The Social Security Benefit offset assumes level earnings from date of termination until age 65.

##### **Benefit after December 31, 2010 (December 31, 2015 for members of the Transition Group)**

The monthly benefit earned to date of termination with payments commencing at his or her normal retirement date. The benefit is based on Years of Membership at date of termination and the benefit formula described above under Normal Retirement.

A participant may elect early commencement at age 55 if he had completed 15 years of service at date of termination. Such benefit is reduced 6% per year before age 65.

#### **Pre-retirement Death Benefits**

##### **Prior to Earliest Retirement Age**

##### **Eligibility**

If a member dies after becoming vested, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing at the Member's earliest retirement date, which is equal to the survivor portion of the Member and Survivor Annuity.

##### **After Earliest Retirement Age but before Normal Retirement Age**

##### **Eligibility**

If a member dies after Early Retirement Age, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing at the Member's earliest retirement date, which is equal to the survivor portion of the Member and Survivor Annuity.

##### **Subsequent to Normal Retirement Age**

##### **Eligibility**

If a member dies after Normal Retirement Age, but before retiring, his surviving spouse is entitled to a pre-retirement death benefit.

##### **Benefit**

A monthly income, payable for life commencing on the first of the month following the date of death, which is equal to the survivor portion of the Member and Survivor Annuity.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Form of Benefits**

##### **Automatic Form**

A life annuity for unmarried employees and a Member and Survivor Annuity, 50% payable to surviving spouse for married employees.

##### **Current Options Available**

Life Only

Life and ten years certain

Member and Survivor Annuity with 50% payable to spouse

Joint and 50% survivor, with ten years certain

Joint and 66-2/3% survivor, with ten years certain

Lump Sum – if value is less than \$3,500

A few grandfathered benefits are available at different options than listed above.

##### **Actuarial Equivalence**

2018 IRS Applicable Mortality table and an interest rate of 6%.

##### **Grandfathered benefits (except as noted below)**

Certain employees who were participants on January 1, 1985 are eligible for death benefit annuities under the prior plan provisions. These benefits have not been valued due to the limited number of employees eligible for such benefits.

##### **Columbus Life Insurance Company (CLIC)**

Effective July 1, 1996, the CLIC pension plan was merged with this plan. The 63 employees who moved from Columbus to Cincinnati received special grandfathered benefits. As a minimum benefit, they received benefits earned under the CLIC plan accrued through June 30, 1998. A brief description of some of the significant provisions follows.

##### **1. Normal Retirement Benefit**

- (i) 2.0% times credited service not in excess of 25 times final average compensation, plus
- (ii) 1.0% times credited service in excess of 25 times final average compensation, minus
- (iii) 2.0% times credited service not in excess of 25 times Social Security Benefit.

##### **2. Final Average Earnings**

Based on years of service. A five-year average if less than 15 years, four-year average if between 15 and 25 and a three-year average if greater than 25 years of service.

##### **3. Early Retirement**

- (i) Eligible at age 55 with 10 years of service
- (ii) Benefit reduced by 3.0% per year for commencement before age 65.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Lafayette Life Insurance Company Benefits**

##### **Eligibility Requirements**

Participation in the plan is frozen.

##### **Vesting Service**

One full year granted for each plan year in which a participant completes 1,000 hours.

##### **Average Monthly Earnings**

The average of the monthly compensation for the sixty (60) highest consecutive calendar months out of the one hundred twenty (120) calendar months immediately preceding the date of retirement, termination or death. Annual compensation is limited to \$100,000 for Group Regional Directors and Regional Sales Vice Presidents for plan years beginning on or after January 1, 1999.

##### **Normal Form of Payment**

A monthly annuity payable for life.

##### **Monthly Accrued Benefit**

The monthly benefit payable to a participant at their normal retirement date is equal to (a) plus (b) below:

(a) Service and earnings used in (1) and (2) below were frozen as of December 31, 2011:

1) Before January 1, 2001

- a. 2.0% of average monthly earnings multiplied by service (for the first 20 years), plus
- b. 1.0% of average monthly earnings multiplied by service (for the next 20 years).

2) After December 31, 2000

- a. 2.0% of average monthly earnings multiplied by service (for the first 10 years), plus
- b. 1.0% of average monthly earnings multiplied by service (for the next 30 years).

(b) 1) 1.0% times Years of Membership after December 31, 2011 times Highest Compensation, plus

- 2) 0.5% times Years of Membership after December 31, 2011 not in excess of thirty-five (35) years times Highest Compensation in excess of Covered Compensation.

##### **Normal Retirement**

The later of age 65 and 5 years of participation.

##### **Early Retirement**

Age 55 and 5 years of Vesting Service: the accrued benefit reduced by 5/24 of 1% for each month retirement precedes age 60, payable immediately. If the participant is age 60 with 5 years of Vesting Service, the unreduced accrued benefit payable immediately.

# **WESTERN & SOUTHERN FINANCIAL GROUP PENSION PLAN**

## **EIN/PN: 31-0487145 / 004**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Termination**

100% vested after 5 years of Vesting Service.

#### **Pre-Retirement Death**

##### **Eligibility**

Death of a participant who has earned the right to a vested benefit.

##### **Amount**

The amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment.

#### **Voluntary After-Tax Account**

Prior to 1997, participants in the Lafayette Life Insurance Company Pension Plan were eligible to make voluntary after-tax contributions to the Plan. Participants can elect to withdraw all or part of their after-tax account balance at any time without impact to any other benefits provided by the Plan.

#### **Gerber Life**

Active former employees of Gerber Life as of January 1, 2019 became participants in the Western & Southern Financial Group Pension Plan on that date. Gerber Life employees receive vesting service credit for their prior employment with Gerber Life. Benefits under this plan first begin to accrue as of January 1, 2019.

#### **Summary of Changes from the January 1, 2018 Valuation**

Active former Gerber Life employees became participants in the plan effective January 1, 2019 and receive vesting service credit for their employment with Gerber Life.

Western & Southern Financial Group Pension Plan  
EIN #31-0487145 Plan #004  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2019

| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost         | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|--------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |              |               |
| Corporate debt securities                                 |                                        |                     |                      |              |               |
| AT&T                                                      | 11/15/2031                             | 8.25 %              | 1,431,000 \$         | 1,319,368 \$ | 2,146,956     |
| AT&T Inc                                                  | 03/09/2048                             | 4.50                | 1,959,000            | 1,864,681    | 2,165,092     |
| Activision Blizzard                                       | 06/15/2027                             | 3.40                | 2,000,000            | 1,870,800    | 2,089,494     |
| American Express Co                                       | 10/30/2024                             | 3.00                | 2,000,000            | 1,895,320    | 2,067,208     |
| Apple Inc                                                 | 05/13/2045                             | 4.38                | 3,000,000            | 2,989,050    | 3,623,704     |
| Boston Properties LP                                      | 10/01/2026                             | 2.75                | 3,000,000            | 2,709,690    | 3,040,006     |
| Cnooc Finance                                             | 05/21/2033                             | 5.50                | 1,000,000            | 877,130      | 1,242,782     |
| CVS Corp                                                  | 03/25/2048                             | 5.05                | 5,000,000            | 4,971,500    | 5,917,960     |
| Cintas Corp No 2                                          | 08/15/2036                             | 6.15                | 3,000,000            | 2,980,560    | 3,980,831     |
| Cox Communications Inc                                    | 08/15/2027                             | 3.50                | 5,000,000            | 4,607,950    | 5,218,525     |
| Dowdupont Inc                                             | 11/15/2025                             | 4.49                | 3,000,000            | 3,000,000    | 3,301,213     |
| Essex Portfolio LP                                        | 04/01/2025                             | 3.50                | 2,000,000            | 1,914,540    | 2,099,618     |
| Orange SA                                                 | 03/01/2031                             | 9.00                | 5,000,000            | 4,714,450    | 7,754,124     |
| Gilead Sciences Inc                                       | 03/01/2026                             | 3.65                | 5,000,000            | 4,847,350    | 5,377,240     |
| Goldman Sachs Group Inc                                   | 11/15/2021                             | 3.07                | 5,000,000            | 5,000,000    | 5,038,643     |
| Home Depot                                                | 12/06/2028                             | 3.90                | 2,000,000            | 1,986,260    | 2,240,158     |
| Huntington Bancshares Inc                                 | 05/15/2025                             | 4.00                | 2,000,000            | 1,981,300    | 2,162,305     |
| Hutchison Whampoa Intl                                    | 11/24/2033                             | 7.45                | 1,000,000            | 1,152,640    | 1,465,683     |
| Jpmorgan Chase & Co                                       | 12/05/2029                             | 4.45                | 5,000,000            | 5,000,000    | 5,688,997     |
| Lam Research Corp                                         | 03/15/2025                             | 3.80                | 5,000,000            | 4,928,300    | 5,350,312     |
| Magellan Midstream Prtns                                  | 03/01/2026                             | 5.00                | 2,000,000            | 2,101,880    | 2,255,969     |
| Martin Marietta Materials                                 | 12/15/2047                             | 4.25                | 3,700,000            | 3,659,115    | 3,873,445     |
| MEAG TXB PLT                                              | 04/01/2057                             | 6.66                | 1,984,000            | 1,984,000    | 2,757,324     |
| Northern States Pwr                                       | 09/01/2038                             | 6.38                | 610,000              | 840,659      | 838,536       |
| Old Dominion Electric                                     | 12/01/2028                             | 5.68                | 749,960              | 749,960      | 852,933       |
| Priceline Group Inc.                                      | 03/15/2025                             | 3.65                | 2,335,000            | 2,274,127    | 2,494,655     |
| Rochester Gas & Electric                                  | 12/15/2033                             | 8.00                | 3,000,000            | 3,000,000    | 4,653,953     |
| San Diego Gas & El                                        | 08/15/2040                             | 4.50                | 4,000,000            | 4,047,080    | 4,492,651     |
| Smucker Jm Co                                             | 03/15/2025                             | 3.50                | 3,500,000            | 3,499,084    | 3,683,094     |
| Starbucks Corp                                            | 06/15/2026                             | 2.45                | 1,035,000            | 918,914      | 1,047,693     |
| Suncor Energy Inc                                         | 12/01/2034                             | 5.95                | 1,000,000            | 961,440      | 1,302,458     |
| Target Corp                                               | 01/15/2038                             | 7.00                | 2,000,000            | 2,033,580    | 3,104,822     |
| Texas Eastern Transmissi                                  | 01/15/2048                             | 4.15                | 3,000,000            | 2,973,510    | 3,161,527     |
| Trinity                                                   | 12/01/2045                             | 4.13                | 1,500,000            | 1,498,515    | 1,642,429     |
| Virginia Electric & Power                                 | 11/15/2038                             | 8.88                | 5,000,000            | 5,131,993    | 8,462,491     |

Western & Southern Financial Group Pension Plan  
 EIN #31-0487145 Plan #004  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2019

| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost         | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|--------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |              |               |
| Corporate debt securities (continued)                     |                                        |                     |                      |              |               |
| Westrock Co                                               | 03/15/2025                             | 3.75 %              | 3,000,000            | \$ 2,855,220 | \$ 3,157,310  |
| Guardian Life Insurance                                   | 06/19/2064                             | 4.88                | 3,000,000            | 2,989,950    | 3,716,773     |
| Entergy Arkansas Inc                                      | 06/01/2063                             | 4.75                | 56,096               | 1,133,008    | 1,446,155     |
| Entergy Louisiana Holdings LLC                            | 06/01/2063                             | 4.70                | 35,000               | 697,489      | 897,750       |
|                                                           |                                        |                     |                      | 103,960,413  | 125,812,819   |
| Residential mortgage-backed securities                    |                                        |                     |                      |              |               |
| CWALT 2005-46CB A14                                       | 10/25/2035                             | 5.50 %              | 647,908              | \$ 625,079   | \$ 626,470    |
| FHMS FHR 3763 JM                                          | 12/15/2038                             | 4.00                | 539,368              | 530,519      | 553,048       |
| FNR 2004-23 Z                                             | 04/25/2034                             | 4.50                | 381,903              | 375,929      | 402,839       |
| FNMA # 733735                                             | 09/01/2033                             | 5.50                | 104,874              | 104,153      | 117,498       |
| FN # 933427                                               | 03/01/2038                             | 5.00                | 177,279              | 179,370      | 195,869       |
| FHASI 2005-FA6 A5                                         | 09/25/2035                             | 5.50                | 423,581              | 359,233      | 360,397       |
|                                                           |                                        |                     |                      | 2,174,283    | 2,256,121     |
| Asset-backed securities                                   |                                        |                     |                      |              |               |
| ADMSO 2018-1 A                                            | 11/15/2048                             | 4.81 %              | 2,950,797            | \$ 2,950,708 | \$ 3,061,409  |
| AAL                                                       | 06/15/2028                             | 3.65                | 2,820,705            | 2,679,669    | 2,923,273     |
| Brazos                                                    | 06/25/2029                             | 3.30                | 5,000,000            | 4,203,125    | 4,934,973     |
|                                                           |                                        |                     |                      | 9,833,502    | 10,919,655    |
| Common stocks                                             |                                        |                     |                      |              |               |
| Aflac Inc                                                 |                                        |                     | 19,972               | \$ 874,587   | \$ 1,056,519  |
| AT&T Inc                                                  |                                        |                     | 130,775              | 4,681,968    | 5,110,687     |
| Abbvie Inc                                                |                                        |                     | 15,690               | 1,171,721    | 1,389,193     |
| APD                                                       |                                        |                     | 4,138                | 793,588      | 972,389       |
| Alibaba Group Holding-Sp Adr                              |                                        |                     | 14,757               | 2,215,335    | 3,129,960     |
| Alphabet                                                  |                                        |                     | 7,972                | 2,433,870    | 10,658,723    |
| Alphabet                                                  |                                        |                     | 928                  | 282,319      | 1,242,954     |
| Amazon.com Inc                                            |                                        |                     | 6,888                | 2,083,337    | 12,727,922    |
| American Tower Corp                                       |                                        |                     | 7,209                | 1,401,583    | 1,656,772     |
| Amerisourcebergen Corp                                    |                                        |                     | 17,694               | 1,516,535    | 1,504,344     |
| Analog Devices                                            |                                        |                     | 8,538                | 933,367      | 1,014,656     |
| Apple Inc                                                 |                                        |                     | 49,557               | 5,435,482    | 14,552,413    |
| Automatic Data Processing Inc                             |                                        |                     | 5,468                | 833,024      | 932,294       |
| Avnet Inc                                                 |                                        |                     | 62,763               | 2,106,335    | 2,663,662     |
| Baidu Inc - Spon Adr                                      |                                        |                     | 9,047                | 1,924,707    | 1,143,541     |
| Bank Of America Corp                                      |                                        |                     | 235,702              | 2,839,847    | 8,301,424     |

Western & Southern Financial Group Pension Plan  
 EIN #31-0487145 Plan #004  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2019

| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost          | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|---------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |               |               |
| Common stocks (continued)                                 |                                        |                     |                      |               |               |
| Berkshire Hathaway Inc Del                                |                                        |                     | 77,757               | \$ 10,064,554 | \$ 17,611,961 |
| Bio-Rad Laboratories Inc                                  |                                        |                     | 7,457                | 855,020       | 2,759,314     |
| Biogen Inc                                                |                                        |                     | 11,624               | 2,808,943     | 3,449,190     |
| Blackrock Inc                                             |                                        |                     | 3,395                | 1,552,764     | 1,706,667     |
| Boeing Co                                                 |                                        |                     | 4,877                | 1,318,248     | 1,588,732     |
| Bristol-Myers Squibb                                      |                                        |                     | 104,415              | 5,727,983     | 6,702,399     |
| Broadcom Inc                                              |                                        |                     | 4,771                | 1,398,456     | 1,507,731     |
| Brookfield Asset Manage-CL A                              |                                        |                     | 10,123               | 248,523       | 585,109       |
| CVS Corp                                                  |                                        |                     | 22,594               | 1,607,383     | 1,678,508     |
| Carnival Cruise                                           |                                        |                     | 69,125               | 2,461,287     | 3,513,624     |
| Caterpillar Inc                                           |                                        |                     | 9,444                | 1,169,964     | 1,394,690     |
| Charter Communications Inc-A                              |                                        |                     | 1,869                | 425,328       | 906,615       |
| Chevron Corporation                                       |                                        |                     | 11,138               | 1,278,142     | 1,342,240     |
| Cincinnati Financial                                      |                                        |                     | 255,000              | 1,838,593     | 26,813,250    |
| Cisco Systems Inc                                         |                                        |                     | 55,660               | 2,386,792     | 2,669,454     |
| Cintas Corp                                               |                                        |                     | 184,238              | 486,187       | 49,574,761    |
| Coca-Cola Co                                              |                                        |                     | 37,452               | 1,877,176     | 2,072,968     |
| Comcast Corp                                              |                                        |                     | 196,616              | 6,194,784     | 8,841,822     |
| Consolidated Edison Inc                                   |                                        |                     | 5,705                | 457,272       | 516,131       |
| Cummins Engine                                            |                                        |                     | 3,909                | 606,842       | 699,555       |
| DTE Energy Company                                        |                                        |                     | 2,685                | 330,683       | 348,701       |
| Deere & Company                                           |                                        |                     | 29,591               | 4,050,556     | 5,126,937     |
| Disney                                                    |                                        |                     | 49,766               | 5,745,311     | 7,197,657     |
| Dominion Resources                                        |                                        |                     | 19,344               | 1,552,085     | 1,602,070     |
| Duke Energy                                               |                                        |                     | 13,205               | 1,084,829     | 1,204,428     |
| Dupont De Nemours Inc                                     |                                        |                     | 46,508               | 3,197,787     | 2,985,814     |
| Exxon Mobil Corp                                          |                                        |                     | 68,712               | 5,362,486     | 4,794,723     |
| Facebook Inc-A                                            |                                        |                     | 55,176               | 8,145,000     | 11,324,874    |
| Fedex Corp                                                |                                        |                     | 11,279               | 2,411,172     | 1,705,498     |
| Fox Corp                                                  |                                        |                     | 72,749               | 2,182,085     | 2,696,805     |
| Arthur J Gallagher & Co                                   |                                        |                     | 8,551                | 660,556       | 814,312       |
| General Electric Co                                       |                                        |                     | 103,715              | 2,435,626     | 1,157,459     |
| General Mills                                             |                                        |                     | 12,646               | 684,463       | 677,320       |
| General Motors Co                                         |                                        |                     | 24,292               | 885,835       | 889,087       |
| Gilead Sciences Inc                                       |                                        |                     | 18,142               | 1,243,986     | 1,178,867     |

Western & Southern Financial Group Pension Plan  
EIN #31-0487145 Plan #004  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2019

| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost         | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|--------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |              |               |
| Common stocks (continued)                                 |                                        |                     |                      |              |               |
| Goldman Sachs Group Inc                                   |                                        |                     | 27,364               | \$ 3,688,103 | \$ 6,291,805  |
| HP Inc                                                    |                                        |                     | 53,934               | 928,747      | 1,108,344     |
| Halliburton Company                                       |                                        |                     | 85,102               | 2,489,564    | 2,082,444     |
| Home Depot                                                |                                        |                     | 11,285               | 2,277,995    | 2,464,418     |
| Hubbell Inc -Cl B                                         |                                        |                     | 14,623               | 2,038,705    | 2,161,572     |
| Huntington Bancshares Inc                                 |                                        |                     | 33,300               | 477,343      | 502,164       |
| Intel Corporation                                         |                                        |                     | 46,141               | 2,315,665    | 2,761,539     |
| IBM                                                       |                                        |                     | 43,816               | 6,256,631    | 5,873,097     |
| Interpublic Group                                         |                                        |                     | 35,456               | 795,532      | 819,034       |
| JP Morgan Chase & Co                                      |                                        |                     | 19,205               | 2,349,165    | 2,677,177     |
| JD.com Inc-Adr                                            |                                        |                     | 60,960               | 2,329,334    | 2,147,621     |
| Johnson & Johnson                                         |                                        |                     | 64,333               | 6,695,414    | 9,384,255     |
| Jones Lang Lasalle Inc                                    |                                        |                     | 37,753               | 3,747,917    | 6,572,420     |
| KLA Corporation                                           |                                        |                     | 5,616                | 767,644      | 1,000,603     |
| Kellogg Co                                                |                                        |                     | 2,229                | 154,444      | 154,158       |
| Kimberly Clark                                            |                                        |                     | 13,430               | 1,518,208    | 1,847,297     |
| Eli Lilly                                                 |                                        |                     | 8,721                | 937,462      | 1,146,201     |
| Lockheed Martin                                           |                                        |                     | 1,158                | 371,245      | 450,902       |
| Mcdonalds                                                 |                                        |                     | 13,067               | 2,276,007    | 2,582,170     |
| Merck & Co Inc                                            |                                        |                     | 21,835               | 1,739,653    | 1,985,893     |
| Metlife Inc                                               |                                        |                     | 21,301               | 1,007,235    | 1,085,712     |
| Microsoft Corp                                            |                                        |                     | 117,405              | 6,749,194    | 18,514,769    |
| Monster Beverage Corp                                     |                                        |                     | 52,203               | 2,624,117    | 3,317,501     |
| Netflix Inc                                               |                                        |                     | 8,277                | 2,611,494    | 2,678,189     |
| Nextera Energy Inc                                        |                                        |                     | 5,415                | 1,149,530    | 1,311,296     |
| Novartis Ag-Adr                                           |                                        |                     | 25,384               | 1,829,554    | 2,403,611     |
| Omnicom Group                                             |                                        |                     | 9,047                | 716,220      | 732,988       |
| Oracle Corp                                               |                                        |                     | 108,104              | 3,956,232    | 5,727,350     |
| Paychex Inc                                               |                                        |                     | 7,211                | 545,535      | 613,368       |
| Pepsico Inc                                               |                                        |                     | 21,088               | 2,529,323    | 2,882,097     |
| Pfizer Inc                                                |                                        |                     | 48,931               | 1,778,100    | 1,917,117     |
| Phillips 66                                               |                                        |                     | 11,545               | 1,135,149    | 1,286,228     |
| T Rowe Price Group Inc                                    |                                        |                     | 11,524               | 1,179,741    | 1,404,084     |
| Principal Financial Group                                 |                                        |                     | 16,877               | 901,060      | 928,235       |
| Prudential Financial                                      |                                        |                     | 8,734                | 762,094      | 818,725       |
| Public Storage Inc                                        |                                        |                     | 810                  | 181,564      | 172,498       |

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| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost          | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|---------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |               |               |
| Common stocks (continued)                                 |                                        |                     |                      |               |               |
| Qualcomm                                                  |                                        |                     | 15,636               | \$ 1,219,950  | \$ 1,379,564  |
| Salesforce.com Inc                                        |                                        |                     | 45,191               | 3,148,308     | 7,349,864     |
| Schlumberger LTD                                          |                                        |                     | 93,431               | 6,859,745     | 3,755,926     |
| Signature Bank                                            |                                        |                     | 34,057               | 4,617,777     | 4,652,527     |
| Simon Property Grp Lp                                     |                                        |                     | 40,502               | 7,146,765     | 6,033,178     |
| Starbucks Corp                                            |                                        |                     | 17,886               | 1,385,475     | 1,572,537     |
| Sysco Corp                                                |                                        |                     | 4,698                | 342,912       | 401,867       |
| Target Corp                                               |                                        |                     | 5,959                | 603,000       | 764,003       |
| Texas Instruments                                         |                                        |                     | 10,656               | 1,180,764     | 1,367,058     |
| 3M Co.                                                    |                                        |                     | 9,932                | 1,741,985     | 1,752,203     |
| Truist Financial Corp                                     |                                        |                     | 17,329               | 831,983       | 975,969       |
| U S Bancorp                                               |                                        |                     | 16,927               | 948,221       | 1,003,602     |
| Unilever N V -NY Shares                                   |                                        |                     | 47,464               | 1,927,358     | 2,727,281     |
| Union Pacific Corp                                        |                                        |                     | 22,103               | 1,721,718     | 3,996,001     |
| United Parcel Service                                     |                                        |                     | 11,265               | 1,261,878     | 1,318,681     |
| United Technologies                                       |                                        |                     | 36,833               | 3,974,609     | 5,516,110     |
| Unitedhealth Group Inc                                    |                                        |                     | 21,914               | 5,393,449     | 6,442,278     |
| VF Corp                                                   |                                        |                     | 6,595                | 516,052       | 657,258       |
| Valero Energy Corp                                        |                                        |                     | 8,526                | 727,106       | 798,460       |
| Verizon Communications                                    |                                        |                     | 33,644               | 1,890,364     | 2,065,742     |
| Wal-Mart                                                  |                                        |                     | 11,875               | 1,168,160     | 1,411,225     |
| Wells Fargo & Co                                          |                                        |                     | 51,590               | 2,699,764     | 2,775,542     |
| Western Union Co-W/I                                      |                                        |                     | 20,315               | 492,662       | 544,036       |
| Whirlpool Corp                                            |                                        |                     | 1,081                | 172,286       | 159,480       |
| YUM! Brands Inc                                           |                                        |                     | 10,661               | 930,468       | 1,073,883     |
| YUM China Holdings Inc -W/I                               |                                        |                     | 47,917               | 1,270,263     | 2,300,495     |
| Eaton Corp PLC                                            |                                        |                     | 7,522                | 620,486       | 712,484       |
| Linde                                                     |                                        |                     | 7,009                | 1,173,556     | 1,492,216     |
| MDT                                                       |                                        |                     | 15,709               | 1,607,977     | 1,782,186     |
| Chubb LTD                                                 |                                        |                     | 6,622                | 975,029       | 1,030,781     |
|                                                           |                                        |                     |                      | 248,625,296   | 415,316,047   |
| Mutual funds                                              |                                        |                     |                      |               |               |
| Ishares Dj Us                                             |                                        |                     | 291,093              | \$ 39,161,992 | \$ 62,357,942 |
| First Eagle Overseas Fund                                 |                                        |                     | 2,176,270            | 46,600,647    | 53,318,608    |
| *Touchstone Vst Bond 816 Tbnd                             |                                        |                     | 3,429,714            | 33,347,626    | 34,331,437    |

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| Identity of Issuer, Borrower, Lessor, or<br>Similar Party | Description of Investment<br>Including |                     |                      | Cost          | Current Value |
|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|---------------|---------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |               |               |
| <b>Mutual funds (continued)</b>                           |                                        |                     |                      |               |               |
| *Touchstone Sand Capital Inst Growth                      |                                        |                     | 3,207,029            | \$ 70,080,496 | \$ 71,612,953 |
|                                                           |                                        |                     |                      | 189,190,761   | 221,620,940   |
| <b>Collective Trust</b>                                   |                                        |                     |                      |               |               |
| *Fort Washington Core Plus Fixed Income CIT               |                                        |                     | 4,042,575            | \$ 40,425,745 | \$ 44,185,340 |
|                                                           |                                        |                     |                      | 40,425,745    | 44,185,340    |
| <b>Partnerships/joint ventures</b>                        |                                        |                     |                      |               |               |
| Banc Fund VIII Trust                                      |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | \$ 1,383,555  | \$ 1,397,615  |
| Carlyle Riverstone III                                    |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 706,997       | 122,934       |
| Energy Fund XVA                                           |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 2,777,307     | 1,763,143     |
| European Strategic Partners I                             |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 1,892,945     | 89,653        |
| Goldman Sachs LP                                          |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 3,869,582     | 3,949,595     |
| *Ft. Washington High Yield LLC                            |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 5,354,821     | 5,564,882     |
| *Ft. Washington High Yield LLC #2                         |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 36,535,188    | 80,995,922    |
| *Ft. Washington Private Equity II                         |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 2,018,912     | 1,548,734     |
| *Ft. Washington Private Equity III                        |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 2,576,773     | 2,263,071     |
| *Ft. Washington Private Equity V                          |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 6,108,143     | 4,611,556     |
| *Ft. Washington Private Equity VI                         |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 7,119,324     | 7,491,558     |
| *Ft. Washington Private Equity VII                        |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 5,434,222     | 4,720,597     |
| *Ft. Washington Private Equity VIII                       |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 3,224,214     | 3,970,796     |
| *Ft. Washington Private Equity IX                         |                                        |                     |                      |               |               |
| Limited Partnership Interest                              |                                        |                     |                      | 6,450,000     | 7,382,861     |

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December 31, 2019

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|-----------------------------------------------------------|----------------------------------------|---------------------|----------------------|----------------|------------------|
|                                                           | Maturity<br>Date                       | Rate of<br>Interest | Par Value/<br>Shares |                |                  |
| Partnerships/joint ventures (continued)                   |                                        |                     |                      |                |                  |
| *Ft. Washington Private Equity Opp Fund III               |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | \$ 3,569,165   | \$ 3,377,578     |
| *Ft Washington Full Discretion Fixed Income               |                                        |                     |                      |                |                  |
| LLC Limited Partnership Interest                          |                                        |                     |                      | 43,815,644     | 83,405,136       |
| Lexington Capital II                                      |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 25,593         | 297              |
| Nycap Mezzanne Offshore Partners III                      |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 1,864,889      | 1,698,579        |
| Royalty Opportunity                                       |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 3,071,689      | 2,350,804        |
| Waterfall Eden Fund                                       |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 7,175,000      | 9,235,336        |
| Maranon Sr Credit Strategies                              |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 3,813,924      | 4,117,094        |
| 2017 Houston Trust Agreement, LLC                         |                                        |                     |                      |                |                  |
| Limited Partnership Interest                              |                                        |                     |                      | 15,326,000     | 19,843,996       |
|                                                           |                                        |                     |                      | 164,113,887    | 249,901,737      |
| Total investments                                         |                                        |                     |                      | \$ 758,323,887 | \$ 1,070,012,659 |

*\*Party-in interest*