

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><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 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan       </div> <div> <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 type="checkbox"/> a DFE (specify) _____       </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report       </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)       </div> </div>                                                                                                               |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)       </div> <div> <input type="checkbox"/> automatic extension<br/> <input type="checkbox"/> the DFVC program       </div> </div>                                                                                                                                          |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |

|                |                                                                                                                                                                                                                                                                                                                                      |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                        |
| <b>1a</b>      | Name of plan<br><u>RENASANT BANK 401(K) PLAN</u>                                                                                                                                                                                                                                                                                     |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>004</u>                                                                                                                                                                                                                                                                                            |
| <b>1c</b>      | Effective date of plan<br><u>01/01/1997</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>RENASANT BANK</u><br><br><u>209 TROY STREET</u><br><u>TUPELO, MS 38804</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>64-0220550</u>                                                                                                                                                                                                                                                                            |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>662-680-1021</u>                                                                                                                                                                                                                                                                               |
| <b>2d</b>      | Business code (see instructions)<br><u>522110</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. | 06/24/2022 | LESLIE BARRY                                                 |
|                  | 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.

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3202 |
| <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> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2599 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2461 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 720  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3188 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3188 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3136 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 315  |
| <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>2E 2H 2J 2K 2S 2T 3H                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <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>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 C<br/>(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>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>RENASANT BANK 401(K) 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>RENASANT BANK             | <b>D</b> Employer Identification Number (EIN)<br>64-0220550 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <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 |
|                                                                                                            |
| (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 |
|                                                                                                            |
| (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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**(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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**(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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPER                                                                                      | 12372                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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"/>                                     |

**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:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>RENASANT BANK 401(K) PLAN</b>                                                | <b>B</b> Three-digit plan number (PN) ►                            | <b>004</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RENASANT BANK</b>                    | <b>D</b> Employer Identification Number (EIN)<br><b>64-0220550</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** 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. **Round off amounts to the nearest dollar.** 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>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 10811001              | 5053141         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 186942                | 218640          |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 3364342               | 3359264         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <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>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 239439753             | 279492250       |
| <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>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> | 25742479              | 25960781        |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 279544517             | 314084076       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 279544517 | 314084076 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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> | 12128507   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 13049761   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 2096407    |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 27274675  |
| (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>    |            |           |
| <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> | 116        |           |
| <b>(B)</b> U.S. Government securities.....                                                                 | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 161892     |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 162008    |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 630589     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 6115879    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 6746468   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 5927887    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 5267672    |           |
| <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> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 2705919    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 2705919   |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 25741302  |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 63290587  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 28735822   |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 28735822  |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 2834      |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 12372      |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 0          |           |
| (4) Other.....                                                                                 | 2i(4)  | 0          |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 12372     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 28751028  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 34539559  |
| 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** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **HORNE LLP**

(2) EIN: **20-1941244**

**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.).....

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) ..... |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <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   |    | 15000000 |
| <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** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2021</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>RENASANT BANK 401(K) PLAN                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RENASANT BANK                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>64-0220550                                            |     |
| 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>EIN(s): 20-3691708                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               |     |
| 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 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 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 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) 2021 v. 201209                                                           |     |

**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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**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: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**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 \_\_\_\_\_

# **Renasant Bank**

## **401(k) Plan**

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**Audited Financial Statements**  
**Years Ended December 31, 2021 and 2020**

Renasant Bank 401(k) Plan  
For the Year Ended December 31, 2021

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## INDEPENDENT AUDITOR'S REPORT

To the Audit Committee  
Renasant Bank 401(k) Plan

### Opinion

We have audited the financial statements of the Renasant Bank 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, the related statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years ended December 31, 2021 and 2020, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 the audits 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

HORNE LLP



Memphis, Tennessee  
June 24, 2022

Renasant Bank 401(k) Plan  
Statements of Net Assets Available for Benefits

*(In Thousands)*

|                                          | <b>December 31,</b> |                   |
|------------------------------------------|---------------------|-------------------|
|                                          | <b>2021</b>         | <b>2020</b>       |
| <b>Assets</b>                            |                     |                   |
| Investments, at fair value               |                     |                   |
| Mutual funds                             | \$ 138,964          | \$ 115,570        |
| Separately managed accounts              | 140,528             | 123,870           |
| Renasant Corporation common stock        | 25,961              | 25,742            |
| Total investments                        | 305,453             | 265,182           |
| Receivables                              |                     |                   |
| Company contributions                    | 5,053               | 10,811            |
| Participant contributions                | 219                 | 187               |
| Notes receivable from participants       | 3,359               | 3,365             |
| Total receivables                        | 8,631               | 14,363            |
| <b>Total assets</b>                      | <b>\$ 314,084</b>   | <b>\$ 279,545</b> |
| <b>Net assets available for benefits</b> | <b>\$ 314,084</b>   | <b>\$ 279,545</b> |

*See Notes to Financial Statements.*

Renasant Bank 401(k) Plan  
Statements of Changes in Net Assets Available for Benefits

(In Thousands)

|                                                   | <b>Year Ended December 31,</b> |                   |
|---------------------------------------------------|--------------------------------|-------------------|
|                                                   | <b>2021</b>                    | <b>2020</b>       |
| Investment income                                 |                                |                   |
| Interest                                          | \$ 162                         | \$ 180            |
| Dividends                                         | 6,746                          | 3,887             |
| Net appreciation in fair value of investments     | 29,107                         | 28,226            |
| Other income                                      | —                              | 3                 |
| Total investment income                           | 36,015                         | 32,296            |
| Contributions                                     |                                |                   |
| Company                                           | 12,129                         | 18,077            |
| Participants                                      | 13,050                         | 13,123            |
| Rollovers                                         | 2,096                          | 2,019             |
| Total contributions                               | 27,275                         | 33,219            |
| Deductions                                        |                                |                   |
| Benefits paid to participants                     | 28,736                         | 23,692            |
| Corrective distributions                          | 3                              | —                 |
| Administrative expenses and fees                  | 12                             | 13                |
| Total deductions                                  | 28,751                         | 23,705            |
| Net increase in net assets available for benefits | 34,539                         | 41,810            |
| Net assets available for benefits:                |                                |                   |
| Beginning of year                                 | 279,545                        | 237,735           |
| End of year                                       | <u>\$ 314,084</u>              | <u>\$ 279,545</u> |

*See Notes to Financial Statements.*

## **Note A – Description of Plan**

This description of the Renasant Bank 401(k) Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General: The Plan is a defined contribution plan that includes a “safe harbor” arrangement within the meaning of Section 401(k)(13) of the Internal Revenue Code of 1986, as amended (the “Internal Revenue Code”), and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan covers substantially all employees of Renasant Bank (the “Bank”) and its parent company, Renasant Corporation (the “Company”), as well as all employees of the Bank's wholly-owned subsidiaries, Renasant Insurance, Inc. and Park Place Capital Corporation. The Plan was amended in 2020 to: (a) change the Bank's profit-sharing contribution to a discretionary contribution; (b) modify the class of participants eligible to receive an allocation of the profit-sharing contribution; (c) add Park Place Capital Corporation as a participating employer; and (d) incorporate some provisions of the CARES Act, modifying rules related to certain distributions and loans made during 2020. The Plan was amended in 2021, such that executive officers are no longer eligible to receive an allocation of the Bank's profit-sharing contributions.

Eligibility: Common law employees, other than employees subject to a collective bargaining agreement, non-resident aliens and temporary and seasonal workers, are immediately eligible to participate in the Plan.

Contributions: Participants may voluntarily defer compensation up to applicable IRS limits, as defined in the Plan document. Any deferrals in excess of applicable IRS limits are distributed to the participant in accordance with the terms of the Plan and are included in the line item “Corrective distributions” in the Statements of Changes in Net Assets Available for Benefits. Participants may also rollover distributions from other qualified retirement plans, subject to the approval of the Plan administrator.

Provisions of the Plan allow participants who were age 50 years or older during the calendar year to make catch-up contributions to the Plan. Catch-up contributions represent participant compensation deferrals in excess of regular plan and statutory limits.

The Bank matches 100% of each eligible participant's voluntary deferrals, including catch-up contributions, up to 4% of compensation. The Bank may elect to make a profit sharing contribution in any year, allocated as a level percentage of the compensation of each eligible participant and the same percentage of compensation of each eligible participant in excess of the Social Security wage base.

Participant Accounts; Allocations: The Plan maintains one or more accounts for each participant, including a money purchase account for participants in a predecessor plan - The Peoples Bank & Trust Company Money Purchase Plan - and an ESOP account for those participants who previously participated in the Renasant Bank Employee Stock Ownership Plan. Deferrals and rollover contributions are allocated to their respective accounts when made. Profit sharing contributions are made and allocated at the end of the Plan Year to the accounts of eligible participants (a) who are employed on the last day of the Plan Year and are credited with 1,000 hours of service during such year, (b) who die or become disabled during the Plan Year, or (c) who attain the normal retirement age while employed. No additional contributions are allocated to money purchase accounts or ESOP accounts.

Investments: Participants direct the investment of their accounts in an ERISA Section 404(c) arrangement. Earnings are allocated to accounts each business day. The Plan allows participants to invest in common stock of the Bank's parent company - Renasant Corporation (“Employer Stock”). Participants may elect annually whether cash dividends paid on Employer Stock will be re-invested in additional shares of Employer Stock within the individual participant's account or be paid to the participant in cash.

Vesting: Participants are fully vested in deferrals and rollovers and earnings allocable to such contributions. Matching contributions made prior to January 1, 2017 and nondiscretionary profit sharing contributions vest under a six-year graduated schedule as presented below:

**Note A – Description of Plan (continued)**

| <u>Years of Service</u>   | <u>Vested %</u> |
|---------------------------|-----------------|
| Less than two             | 0%              |
| Two, but less than three  | 20%             |
| Three, but less than four | 40%             |
| Four, but less than five  | 60%             |
| Five, but less than six   | 80%             |
| Six or more               | 100%            |

Safe harbor matching contributions made after January 1, 2017, vest 100% after two years of service.

Forfeitures: Forfeitures of non-vested contributions are used to reduce future employer contributions. There were forfeitures used in the amount of \$400,000 and \$476,960 for the years ended December 31, 2021 and 2020, respectively.

Benefits: Benefits are equal to the vested value of each participant's accounts. Upon termination of service, benefits are paid in the form of a single sum, except those amounts allocable to a participant's money purchase account, which are paid in the form of an annuity, unless a participant otherwise elects.

Administrative Expenses: Processing fees of the Plan are charged against the individual participant account balance that was responsible for the expense. Administrative expenses are paid by the Plan or may be paid by the Company at the Company's discretion.

Notes Receivable from Participants: Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years, unless the loan is for the purchase of a principal residence. The loans are secured by the balance in the participant's accounts and bear interest at 1% over the Prime Rate published in the Wall Street Journal on the first business day of the month before the loan is originated. At December 31, 2021, the Prime Rate was 3.25%. The interest rate is fixed for the life of the loan. Principal and interest are paid ratably through payroll deductions.

**Note B – Summary of Significant Accounting Policies**

Basis of Accounting: The Plan's financial statements are prepared using the accrual basis of accounting, with the exception of the payment of benefits, which are recognized as a reduction in the net assets available for benefits of the Plan as they are disbursed to participants.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an arms-length transaction between market participants at the measurement date. Refer to Note G, "Fair Value Measurements," for a discussion of the methods and assumptions used by the Plan to estimate the fair values of the Plan's investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments, as recorded in the Statements of Changes in Net Assets Available for Benefits, includes changes in the fair value of investments acquired, sold or held during the year.

**Note B – Summary of Significant Accounting Policies (continued)**

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Subsequent Events: The Plan has evaluated, for consideration of recognition or disclosure, subsequent events that have occurred after December 31, 2021 through the date of issuance of its financial statements.

No significant events that required adjustment to or disclosure in the financial statements occurred prior to the issuance of the accompanying financial statements.

**Note C – Related Party Transactions**

Renasant Bank sponsors the Plan. Common stock of the Company is one of the investment options in the Plan. Renasant Bank is the trustee of the Plan. Great-West Life & Annuity Insurance Company and related subsidiaries are third party administrators of the Plan. Transactions between the Plan and these entities constitute exempt party-in-interest transactions.

Certain of the Plan's investments are offered in the form of separately managed accounts, each consisting of mutual funds. Although these separately managed accounts bear the name of Renasant Bank, they do not consist of shares of the Company, and the underlying mutual funds are not proprietary to the Company.

**Note D – Risks and Uncertainties**

The Plan invests in various investment 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

**Note E – Tax Status**

The Plan obtained its latest determination letter on July 27, 2017, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan sponsor believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Note F – Plan Termination**

Although it has not expressed any intent to do so, the Company has the right at any time to terminate the Plan, in whole or in part, subject to the provisions of ERISA. In the event of Plan termination, affected participants will become 100% vested in their accounts.

**Note G – Fair Value Measurements**

*(In Thousands)*

Financial Accounting Standards Board Accounting Standards Codification Topic 820, "Fair Value Measurements," provides guidance for using fair value to measure assets and liabilities and also establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The fair value hierarchy gives the highest priority to a valuation based on quoted prices in active markets for identical assets and liabilities (Level 1), moderate priority to a valuation based on quoted prices in active markets for similar assets and liabilities and/or based on assumptions that are observable in the market (Level 2), and the lowest priority to a valuation based on assumptions that are not observable in the market (Level 3).

**Note G – Fair Value Measurements (continued)**

The following methods and assumptions are used by the Plan to estimate the fair values of the Plan's financial instruments on a recurring basis:

Mutual funds: These investments are valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and transact at that price. The mutual funds held by the Plan are deemed to be actively traded. (Level 1)

Separately managed accounts: The initial pricing inputs are the quoted share prices obtained for the underlying mutual funds. (Level 1)

Renasant Corporation common stock: The Company's common stock is traded on the NASDAQ Global Select Market and is valued using the closing price on the last day of the Plan year. (Level 1)

The following table presents the Plan's financial instruments that are measured at fair value on a recurring basis at December 31, 2021 and 2020:

|                                   | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets |         |            |
|-----------------------------------|---------------------------------------------------------------|---------|------------|
|                                   | (Level 1)                                                     |         | Totals     |
| December 31, 2021                 |                                                               |         |            |
| Mutual funds                      | \$                                                            | 138,964 | \$ 138,964 |
| Separately managed accounts       |                                                               | 140,528 | 140,528    |
| Renasant Corporation common stock |                                                               | 25,961  | 25,961     |
| Total investments                 | \$                                                            | 305,453 | \$ 305,453 |
| December 31, 2020                 |                                                               |         |            |
| Mutual funds                      | \$                                                            | 115,570 | \$ 115,570 |
| Separately managed accounts       |                                                               | 123,870 | 123,870    |
| Renasant Corporation common stock |                                                               | 25,742  | 25,742     |
| Total investments                 | \$                                                            | 265,182 | \$ 265,182 |

Transfers between levels of the fair value hierarchy are reported at the beginning of the reporting period in which they occur.

## **SUPPLEMENTAL SCHEDULE**

**RENASANT BANK**  
**401(k) Plan**  
**Employer Identification Number 64-0220550**  
**Schedule H, Line 4i – Schedule of Assets (Held At End of Year)**  
**December 31, 2021**  
*(In Thousands)*

| (a)                                                       | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b><i>Equity and fixed income mutual funds</i></b>        |                                                           |                                                                                                             |          |                   |
|                                                           | Baird                                                     | Core Plus Bond Institutional                                                                                | *** \$   | 1,941             |
|                                                           | Columbia                                                  | Small Cap Growth 13                                                                                         | ***      | 122               |
| **                                                        | Federated                                                 | Government Obligation Premier                                                                               | ***      | 16,278            |
| **                                                        | Federated                                                 | Institutional High Yield Bond R6                                                                            | ***      | 2,603             |
| **                                                        | Federated                                                 | Small Cap FD R6FKALX                                                                                        | ***      | 6,081             |
| **                                                        | Federated                                                 | Total Return Bond R6                                                                                        | ***      | 1,369             |
|                                                           | Hartford                                                  | Dividend and Growth R6                                                                                      | ***      | 2,475             |
|                                                           | Oppenheimer                                               | International Small-Mid Co Y                                                                                | ***      | 6,052             |
|                                                           | John Hancock                                              | International Growth R6                                                                                     | ***      | 1,159             |
|                                                           | JP Morgan                                                 | Equity Income R6                                                                                            | ***      | 4,827             |
|                                                           | JP Morgan                                                 | Growth Advantage R6                                                                                         | ***      | 17,514            |
|                                                           | JP Morgan                                                 | Hedged Equity R6                                                                                            | ***      | 7,885             |
|                                                           | JP Morgan                                                 | Undiscovered MGRS Behavioral Value L                                                                        | ***      | 3,099             |
|                                                           | Metropolitan West                                         | Total Return Bond - I                                                                                       | ***      | 5,054             |
|                                                           | MFS                                                       | Mid Cap Growth R6                                                                                           | ***      | 6,880             |
|                                                           | MFS                                                       | Mid Cap Value R6                                                                                            | ***      | 2,823             |
|                                                           | T. Rowe Price                                             | Blue Chip Growth                                                                                            | ***      | 12,162            |
|                                                           | T. Rowe Price                                             | Emerging Markets Stock I                                                                                    | ***      | 724               |
|                                                           | Vanguard                                                  | Developed Markets Index Admiral                                                                             | ***      | 2,956             |
|                                                           | Vanguard                                                  | Large Cap Index Admiral                                                                                     | ***      | 8,463             |
|                                                           | Vanguard                                                  | Mid Cap Index Admiral                                                                                       | ***      | 5,413             |
|                                                           | Vanguard                                                  | Small Cap Index Fund Admiral                                                                                | ***      | 5,284             |
|                                                           | Vanguard                                                  | Total Intl Stock Index Admiral                                                                              | ***      | 764               |
|                                                           | Vanguard                                                  | Total Stock MRK Index Admiral                                                                               | ***      | 17,036            |
|                                                           |                                                           |                                                                                                             |          | 138,964           |
| <b><i>Separately managed accounts (fund of funds)</i></b> |                                                           |                                                                                                             |          |                   |
| **/* <b><u>Renasant Bank Income Account:</u></b>          |                                                           |                                                                                                             |          |                   |
|                                                           | Baird                                                     | Core Plus Bond Institutional                                                                                | ***      | 744               |
|                                                           | Calamos Timpani                                           | Small Cap Growth R6                                                                                         | ***      | 78                |
|                                                           | Federated                                                 | Government Obligation Premier                                                                               | ***      | 700               |
|                                                           | Federated                                                 | Institutional High Yield Bond R6                                                                            | ***      | 351               |
|                                                           | Federated                                                 | Total Return Bond R6                                                                                        | ***      | 746               |
|                                                           | First Eagle                                               | Global I                                                                                                    | ***      | 78                |
|                                                           | Hartford                                                  | Dividend & Growth R6                                                                                        | ***      | 156               |
|                                                           | MFS                                                       | Mid Cap Growth R6                                                                                           | ***      | 78                |
|                                                           | MFS                                                       | Mid Cap Value R6                                                                                            | ***      | 311               |
|                                                           | Oppenheimer                                               | International Small-Mid Company                                                                             | ***      | 233               |

**RENASANT BANK**  
**401(k) Plan**  
**Employer Identification Number 64-0220550**  
**Schedule H, Line 4i – Schedule of Assets (Held At End of Year)**  
**December 31, 2021**  
*(In Thousands)*

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | Pimco                                                     | Income Institutional                                                                                        | ***      | 960               |
|     | Janus Henderson                                           | Global Equity                                                                                               | ***      | 163               |
|     | John Hancock                                              | International Growth R6                                                                                     | ***      | 163               |
|     | JP Morgan                                                 | Equity Income                                                                                               | ***      | 155               |
|     | JP Morgan                                                 | Global Bond Opportunities R6                                                                                | ***      | 622               |
|     | JP Morgan                                                 | Growth Advantage R6                                                                                         | ***      | 117               |
|     | JP Morgan                                                 | Hedged Equity R6                                                                                            | ***      | 155               |
|     | JP Morgan                                                 | Undiscovered Mgrs Behavioral                                                                                | ***      | 233               |
|     | T. Rowe Price                                             | Blue Chip Growth Inv                                                                                        | ***      | 117               |
|     | T. Rowe Price                                             | Emerging Markets Stock I                                                                                    | ***      | 78                |
|     | Schwab                                                    | Treasury Inflation Report                                                                                   | ***      | 117               |
|     | Vanguard                                                  | Developed Markets Index Admiral Class                                                                       | ***      | 218               |
|     | Vanguard                                                  | Large Cap Index Admiral Class                                                                               | ***      | 311               |
|     | Vanguard                                                  | Real Estate Index Admiral                                                                                   | ***      | 155               |
|     | Western Asset                                             | Core Bond IS                                                                                                | ***      | 746               |
|     | Total Renasant Bank Income Fund                           |                                                                                                             |          | 7,785             |

**\*/\*\* Renasant Bank Conservative Growth Account:**

|  |                 |                                  |     |       |
|--|-----------------|----------------------------------|-----|-------|
|  | Baird           | Core Plus Bond Institutional     | *** | 6,326 |
|  | Calamos Timpani | Small Cap Growth R6              | *** | 1,595 |
|  | Federated       | Government Obligation Premier    | *** | 5,584 |
|  | Federated       | Institutional High Yield Bond R6 | *** | 2,804 |
|  | Federated       | Total Return Bond R6             | *** | 6,349 |
|  | First Eagle     | Global I                         | *** | 798   |
|  | Hartford        | Dividend & Growth R6             | *** | 1,196 |
|  | MFS             | Mid Cap Growth R6                | *** | 798   |
|  | MFS             | Mid Cap Value R6                 | *** | 3,191 |
|  | Oppenheimer     | International Small-Mid Company  | *** | 2,393 |
|  | Pimco           | Income Institutional             | *** | 8,163 |
|  | Janus Henderson | Global Equity                    | *** | 2,393 |
|  | John Hancock    | International Growth R6          | *** | 2,393 |
|  | JP Morgan       | Equity Income                    | *** | 1,196 |
|  | JP Morgan       | Global Bond Opportunities R6     | *** | 6,382 |
|  | JP Morgan       | Growth Advantage R6              | *** | 798   |
|  | JP Morgan       | Hedged Equity R6                 | *** | 2,393 |
|  | JP Morgan       | Undiscovered Mgrs Behavioral     | *** | 3,191 |
|  | T. Rowe Price   | Blue Chip Growth Inv             | *** | 798   |
|  | T. Rowe Price   | Emerging Markets Stock I         | *** | 1,595 |

**RENASANT BANK**  
**401(k) Plan**  
**Employer Identification Number 64-0220550**  
**Schedule H, Line 4i – Schedule of Assets (Held At End of Year)**  
**December 31, 2021**  
*(In Thousands)*

| (a)  | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|      | Schwab                                                    | Treasury Inflation Report                                                                                   | ***      | 1,196             |
|      | Vanguard                                                  | Developed Markets Index Admiral Class                                                                       | ***      | 3,191             |
|      | Vanguard                                                  | Large Cap Index Admiral Class                                                                               | ***      | 6,382             |
|      | Vanguard                                                  | Real Estate Index Admiral                                                                                   | ***      | 2,393             |
|      | Western Asset                                             | Core Bond IS                                                                                                | ***      | 6,337             |
|      | Total Renasant Bank Conservative Growth Plan              |                                                                                                             |          | 79,835            |
|      |                                                           |                                                                                                             |          |                   |
| */** | <b><u>Renasant Bank Moderate Growth Account:</u></b>      |                                                                                                             |          |                   |
|      | Baird                                                     | Core Plus Bond Institutional                                                                                | ***      | 1,329             |
|      | Calamos Timpani                                           | Small Cap Growth R6                                                                                         | ***      | 439               |
|      | Federated                                                 | Government Obligation Premier                                                                               | ***      | 1,096             |
|      | Federated                                                 | Institutional High Yield Bond R6                                                                            | ***      | 881               |
|      | Federated                                                 | Total Return Bond R6                                                                                        | ***      | 1,334             |
|      | First Eagle                                               | Global I                                                                                                    | ***      | 439               |
|      | Hartford                                                  | Dividend & Growth R6                                                                                        | ***      | 373               |
|      | MFS                                                       | Mid Cap Growth R6                                                                                           | ***      | 439               |
|      | MFS                                                       | Mid Cap Value R6                                                                                            | ***      | 1,096             |
|      | Oppenheimer                                               | International Small-Mid Company                                                                             | ***      | 877               |
|      | Pimco                                                     | Income Institutional                                                                                        | ***      | 1,716             |
|      | Janus Henderson                                           | Global Equity                                                                                               | ***      | 789               |
|      | John Hancock                                              | International Growth R6                                                                                     | ***      | 789               |
|      | JP Morgan                                                 | Equity Income                                                                                               | ***      | 373               |
|      | JP Morgan                                                 | Global Bond Opportunities R6                                                                                | ***      | 1,316             |
|      | JP Morgan                                                 | Growth Advantage R6                                                                                         | ***      | 263               |
|      | JP Morgan                                                 | Hedged Equity R6                                                                                            | ***      | 658               |
|      | JP Morgan                                                 | Undiscovered Mgrs Behavioral                                                                                | ***      | 877               |
|      | T. Rowe Price                                             | Blue Chip Growth Inv                                                                                        | ***      | 263               |
|      | T. Rowe Price                                             | Emerging Markets Stock I                                                                                    | ***      | 658               |
|      | Schwab                                                    | Treasury Inflation Report                                                                                   | ***      | 439               |
|      | Vanguard                                                  | Developed Markets Index Admiral Class                                                                       | ***      | 1,053             |
|      | Vanguard                                                  | Large Cap Index Admiral Class                                                                               | ***      | 2,456             |
|      | Vanguard                                                  | Real Estate Index Admiral                                                                                   | ***      | 658               |
|      | Western Asset                                             | Core Bond IS                                                                                                | ***      | 1,334             |
|      | Total Renasant Bank Moderate Growth Plan                  |                                                                                                             |          | 21,945            |
|      |                                                           |                                                                                                             |          |                   |
| */** | <b><u>Renasant Bank Growth Account:</u></b>               |                                                                                                             |          |                   |
|      | Baird                                                     | Core Plus Bond Institutional                                                                                | ***      | 639               |
|      | Calamos Timpani                                           | Small Cap Growth R6                                                                                         | ***      | 484               |

**RENASANT BANK**  
**401(k) Plan**  
**Employer Identification Number 64-0220550**  
**Schedule H, Line 4i – Schedule of Assets (Held At End of Year)**  
**December 31, 2021**  
*(In Thousands)*

| (a)                                                        | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                                            | Federated                                                 | Government Obligation Premier                                                                               | ***      | 645               |
|                                                            | Federated                                                 | Institutional High Yield Bond R6                                                                            | ***      | 729               |
|                                                            | Federated                                                 | Total Return Bond R6                                                                                        | ***      | 642               |
|                                                            | First Eagle                                               | Global I                                                                                                    | ***      | 323               |
|                                                            | Hartford                                                  | Dividend & Growth R6                                                                                        | ***      | 403               |
|                                                            | MFS                                                       | Mid Cap Growth R6                                                                                           | ***      | 323               |
|                                                            | MFS                                                       | Mid Cap Value R6                                                                                            | ***      | 968               |
|                                                            | Oppenheimer                                               | International Small-Mid Company                                                                             | ***      | 807               |
|                                                            | Pimco                                                     | Income Institutional                                                                                        | ***      | 825               |
|                                                            | Janus Henderson                                           | Global Equity                                                                                               | ***      | 581               |
|                                                            | John Hancock                                              | International Growth R6                                                                                     | ***      | 581               |
|                                                            | JP Morgan                                                 | Equity Income                                                                                               | ***      | 403               |
|                                                            | JP Morgan                                                 | Global Bond Opportunities R6                                                                                | ***      | 807               |
|                                                            | JP Morgan                                                 | Growth Advantage R6                                                                                         | ***      | 403               |
|                                                            | JP Morgan                                                 | Hedged Equity R6                                                                                            | ***      | 484               |
|                                                            | JP Morgan                                                 | Undiscovered Mgrs Behavioral                                                                                | ***      | 807               |
|                                                            | T. Rowe Price                                             | Blue Chip Growth Inv                                                                                        | ***      | 403               |
|                                                            | T. Rowe Price                                             | Emerging Markets Stock I                                                                                    | ***      | 645               |
|                                                            | Schwab                                                    | Treasury Inflation Report                                                                                   | ***      | 403               |
|                                                            | Vanguard                                                  | Developed Markets Index Admiral Class                                                                       | ***      | 774               |
|                                                            | Vanguard                                                  | Large Cap Index Admiral Class                                                                               | ***      | 1,936             |
|                                                            | Vanguard                                                  | Real Estate Index Admiral                                                                                   | ***      | 484               |
|                                                            | Western Asset                                             | Core Bond IS                                                                                                | ***      | 641               |
|                                                            | Total Renasant Bank Growth Plan                           |                                                                                                             |          | 16,140            |
| *** <b><u>Renasant Bank Aggressive Growth Account:</u></b> |                                                           |                                                                                                             |          |                   |
|                                                            | Baird                                                     | Core Plus Bond Institutional                                                                                | ***      | 347               |
|                                                            | Calamos Timpani                                           | Small Cap Growth R6                                                                                         | ***      | 444               |
|                                                            | Federated                                                 | Government Obligation Premier                                                                               | ***      | 593               |
|                                                            | Federated                                                 | Institutional High Yield Bond R6                                                                            | ***      | 446               |
|                                                            | Federated                                                 | Total Return Bond R6                                                                                        | ***      | 346               |
|                                                            | First Eagle                                               | Global I                                                                                                    | ***      | 296               |
|                                                            | Hartford                                                  | Dividend & Growth R6                                                                                        | ***      | 393               |
|                                                            | MFS                                                       | Mid Cap Growth R6                                                                                           | ***      | 444               |
|                                                            | MFS                                                       | Mid Cap Value R6                                                                                            | ***      | 889               |
|                                                            | Oppenheimer                                               | International Small-Mid Company                                                                             | ***      | 889               |
|                                                            | Pimco                                                     | Income Institutional                                                                                        | ***      | 446               |
|                                                            | Janus Henderson                                           | Global Equity                                                                                               | ***      | 667               |

**RENASANT BANK**  
**401(k) Plan**  
**Employer Identification Number 64-0220550**  
**Schedule H, Line 4i – Schedule of Assets (Held At End of Year)**  
**December 31, 2021**  
*(In Thousands)*

| (a) | (b) Identity of issuer, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | John Hancock                                              | International Growth R6                                                                                     | ***      | 667               |
|     | JP Morgan                                                 | Equity Income                                                                                               | ***      | 393               |
|     | JP Morgan                                                 | Global Bond Opportunities R6                                                                                | ***      | 593               |
|     | JP Morgan                                                 | Growth Advantage R6                                                                                         | ***      | 319               |
|     | JP Morgan                                                 | Hedged Equity R6                                                                                            | ***      | 593               |
|     | JP Morgan                                                 | Undiscovered Mgrs Behavioral                                                                                | ***      | 741               |
|     | T. Rowe Price                                             | Blue Chip Growth Inv                                                                                        | ***      | 318               |
|     | T. Rowe Price                                             | Emerging Markets Stock I                                                                                    | ***      | 889               |
|     | Schwab                                                    | Treasury Inflation Report                                                                                   | ***      | 296               |
|     | Vanguard                                                  | Developed Markets Index Admiral Class                                                                       | ***      | 889               |
|     | Vanguard                                                  | Large Cap Index Admiral Class                                                                               | ***      | 1,986             |
|     | Vanguard                                                  | Real Estate Index Admiral                                                                                   | ***      | 593               |
|     | Western Asset                                             | Core Bond IS                                                                                                | ***      | 346               |
|     | Total Renasant Bank Aggressive Growth Plan                |                                                                                                             |          | 14,823            |
|     | Total Separately managed accounts (fund of funds)         |                                                                                                             |          | \$ 140,528        |
|     | <b><i>Common stock fund</i></b>                           |                                                                                                             |          |                   |
| **  | Renasant Corporation                                      | Common Stock                                                                                                | ***      | \$ 25,961         |
|     | <b><i>Receivables</i></b>                                 |                                                                                                             |          |                   |
| **  | Company Contributions                                     | Company's matching and nondiscretionary contribution                                                        | ***      | \$ 5,053          |
| **  | Participant Contributions                                 | Participant contributions made in 2022 earned in 2021                                                       | ***      | \$ 219            |
| **  | Notes Receivable from Participants                        | Range of interest rates from 3.50% to 6.50% with maturity dates through 2031                                | ***      | \$ 3,359          |
|     | <b><i>Total assets (held at end of year)</i></b>          |                                                                                                             |          | \$ 314,084        |

\* Asset allocation plan administered by Renasant Trust Division-not a registered equity mutual fund under the Investment Company Act of 1940, as amended.

\*\* Denotes party-in-interest.

\*\*\* Cost information has been omitted for participant-directed investments.

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)****Renasant Bank 401(k) Plan****01-JAN-21 to 31-DEC-21****10-JAN-22 12:47:06**

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS        | CURRENT VALUE         |
|-------------------|---------------|---------------|-----------------------|-----------------------|
| 1RB1INC           |               |               | 6,412,404.85          | 7,785,010.16          |
| 1RB2CGR           |               |               | 59,415,753.21         | 79,835,528.86         |
| 1RB3MGR           |               |               | 14,229,290.82         | 21,945,173.96         |
| 1RB4GRO           |               |               | 10,772,540.84         | 16,140,107.07         |
| 1RB5AGR           |               |               | 9,695,887.42          | 14,822,560.50         |
| 1JIGTX            |               |               | 1,148,592.51          | 1,158,819.86          |
| 1OSMYX            |               |               | 4,833,022.94          | 6,052,173.98          |
| 1PRZIX            |               |               | 782,138.15            | 724,273.25            |
| 1VTMGX            |               |               | 2,366,889.10          | 2,956,197.65          |
| 1VTIAX            |               |               | 729,431.32            | 763,753.72            |
| 1JHQRX            |               |               | 7,396,794.74          | 7,884,882.61          |
| 1CSGYX            |               |               | 145,279.94            | 121,568.07            |
| 1FKALX            |               |               | 5,567,540.06          | 6,080,465.07          |
| 1UBVLX            |               |               | 2,366,778.19          | 3,098,893.81          |
| 1VSMAX            |               |               | 3,498,415.15          | 5,284,215.71          |
| 1OTCKX            |               |               | 5,496,622.85          | 6,879,783.35          |
| 1MVCKX            |               |               | 2,142,533.80          | 2,822,664.17          |
| 1VIMAX            |               |               | 3,600,435.58          | 5,413,336.90          |
| 1HDGVX            |               |               | 2,034,285.67          | 2,475,402.89          |
| 1OIEJX            |               |               | 3,895,846.93          | 4,827,081.46          |
| 1JGVVX            |               |               | 14,232,188.73         | 17,514,232.58         |
| 1TR-BCG           |               |               | 9,337,208.61          | 12,161,850.90         |
| 1VLCAX            |               |               | 5,788,496.93          | 8,463,414.80          |
| 1VTSAX            |               |               | 9,637,509.21          | 17,036,136.22         |
| 1BCOIX            |               |               | 1,971,905.75          | 1,940,762.99          |
| 1FIHLX            |               |               | 2,583,898.70          | 2,602,815.06          |
| 1FTRLX            |               |               | 1,392,625.17          | 1,368,732.20          |
| 1MWTIX            |               |               | 5,097,825.36          | 5,054,402.21          |
| 1GOFXX            |               |               | 15,646,819.83         | 15,646,819.66         |
| 1ERRNST           |               |               | 15,705,220.93         | 21,973,708.44         |
| 1E2RNST           |               |               | 1,643,463.38          | 3,987,071.99          |
|                   |               |               | <b>229,567,646.67</b> | <b>304,821,840.10</b> |
| PARTICIPANT LOANS | VARIOUS       | 3.500-6.500   | 3,359,133.18          | 3,359,264.17          |
| FORFEITURES       |               |               | 631,190.36            | 631,190.36            |

Attachment to Form 5500, Schedule H, Part 4, Item I

EIN # 64-0220550

Plan 003

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Renasant Bank 401(k) Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 12:47:06

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|         |                                          |         |                                          |
|---------|------------------------------------------|---------|------------------------------------------|
| 1RB1INC | Renasant Bank Income Fund                | 1RB2CGR | Renasant Bank Conservative Growth Fund   |
| 1RB3MGR | Renasant Bank Moderate Growth Fund       | 1RB4GRO | Renasant Bank Growth Fund                |
| 1RB5AGR | Renasant Bank Aggressive Growth Fund     | 1JIGTX  | JHancock International Growth R6         |
| 1OSMYX  | Invesco International Small-Mid Compy Y  | 1PRZIX  | T. Rowe Price Emerging Markets Stock I   |
| 1VTMGX  | Vanguard Developed Markets Index Admiral | 1VTIAX  | Vanguard Total Intl Stock Index Admiral  |
| 1JHQRX  | JPMorgan Hedged Equity R6                | 1CSGYX  | Columbia Small Cap Growth I3             |
| 1FKALX  | Federated Hermes Kaufmann Small Cp Fd R6 | 1UBVLX  | Undiscovered Mgrs Behavioral Value L     |
| 1VSMAX  | Vanguard Small Cap Index Fund - Admiral  | 1OTCKX  | MFS Mid Cap Growth R6                    |
| 1MVCKX  | MFS Mid Cap Value R6                     | 1VIMAX  | Vanguard Mid Cap Index Adm               |
| 1HDGVX  | Hartford Dividend and Growth R6          | 1OIEJX  | J P Morgan Equity Income R6              |
| 1JGVVX  | JPMorgan Growth Advantage R6             | 1TR-BCG | T. Rowe Price Blue Chip Growth           |
| 1VLCAX  | Vanguard Large Cap Index Adm             | 1VTSAX  | Vanguard Total Stock Mrk Index - Admiral |
| 1BCOIX  | Baird Core Plus Bond Inst                | 1FIHLX  | Federated Hermes Instl High Yield Bd R6  |
| 1FTRLX  | Federated Hermes Total Return Bond Fd R6 | 1MWTIX  | Metropolitan West Total Return Bond I    |
| 1GOFXX  | Federated Hermes Govt Obligations Fd Prm | 1ERRNST | Renasant Corporation Employer Stock      |
| 1E2RNST | Renasant Corporation ESOP                |         |                                          |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

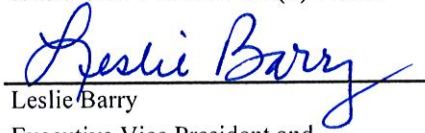
## SIGNATURE

**The Plan.** Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this Annual Report on Form 11-K to be signed on its behalf by the undersigned hereunto duly authorized.

RENASANT BANK 401(k) PLAN

Date: June 24, 2022

by:



Leslie Barry

Executive Vice President and  
Chief Human Resources Officer

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Renasant Bank 401(k) Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 12:47:06

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS        | CURRENT VALUE         |
|-------------------|---------------|---------------|-----------------------|-----------------------|
| 1RB1INC           |               |               | 6,412,404.85          | 7,785,010.16          |
| 1RB2CGR           |               |               | 59,415,753.21         | 79,835,528.86         |
| 1RB3MGR           |               |               | 14,229,290.82         | 21,945,173.96         |
| 1RB4GRO           |               |               | 10,772,540.84         | 16,140,107.07         |
| 1RB5AGR           |               |               | 9,695,887.42          | 14,822,560.50         |
| 1JIGTX            |               |               | 1,148,592.51          | 1,158,819.86          |
| 1OSMYX            |               |               | 4,833,022.94          | 6,052,173.98          |
| 1PRZIX            |               |               | 782,138.15            | 724,273.25            |
| 1VTMGX            |               |               | 2,366,889.10          | 2,956,197.65          |
| 1VTIAX            |               |               | 729,431.32            | 763,753.72            |
| 1JHQRX            |               |               | 7,396,794.74          | 7,884,882.61          |
| 1CSGYX            |               |               | 145,279.94            | 121,568.07            |
| 1FKALX            |               |               | 5,567,540.06          | 6,080,465.07          |
| 1UBVLX            |               |               | 2,366,778.19          | 3,098,893.81          |
| 1VSMAX            |               |               | 3,498,415.15          | 5,284,215.71          |
| 1OTCKX            |               |               | 5,496,622.85          | 6,879,783.35          |
| 1MVCKX            |               |               | 2,142,533.80          | 2,822,664.17          |
| 1VIMAX            |               |               | 3,600,435.58          | 5,413,336.90          |
| 1HDGVX            |               |               | 2,034,285.67          | 2,475,402.89          |
| 1OIEJX            |               |               | 3,895,846.93          | 4,827,081.46          |
| 1JGVVX            |               |               | 14,232,188.73         | 17,514,232.58         |
| 1TR-BCG           |               |               | 9,337,208.61          | 12,161,850.90         |
| 1VLCAX            |               |               | 5,788,496.93          | 8,463,414.80          |
| 1VTSAX            |               |               | 9,637,509.21          | 17,036,136.22         |
| 1BCOIX            |               |               | 1,971,905.75          | 1,940,762.99          |
| 1FIHLX            |               |               | 2,583,898.70          | 2,602,815.06          |
| 1FTRLX            |               |               | 1,392,625.17          | 1,368,732.20          |
| 1MWTIX            |               |               | 5,097,825.36          | 5,054,402.21          |
| 1GOFXX            |               |               | 15,646,819.83         | 15,646,819.66         |
| 1ERRNST           |               |               | 15,705,220.93         | 21,973,708.44         |
| 1E2RNST           |               |               | 1,643,463.38          | 3,987,071.99          |
|                   |               |               | <b>229,567,646.67</b> | <b>304,821,840.10</b> |
| PARTICIPANT LOANS | VARIOUS       | 3.500-6.500   | 3,359,133.18          | 3,359,264.17          |
| FORFEITURES       |               |               | 631,190.36            | 631,190.36            |

Attachment to Form 5500, Schedule H, Part 4, Item I

EIN # 64-0220550

Plan 003

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

Renasant Bank 401(k) Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 12:47:06

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|         |                                          |         |                                          |
|---------|------------------------------------------|---------|------------------------------------------|
| 1RB1INC | Renasant Bank Income Fund                | 1RB2CGR | Renasant Bank Conservative Growth Fund   |
| 1RB3MGR | Renasant Bank Moderate Growth Fund       | 1RB4GRO | Renasant Bank Growth Fund                |
| 1RB5AGR | Renasant Bank Aggressive Growth Fund     | 1JIGTX  | JHancock International Growth R6         |
| 1OSMYX  | Invesco International Small-Mid Compy Y  | 1PRZIX  | T. Rowe Price Emerging Markets Stock I   |
| 1VTMGX  | Vanguard Developed Markets Index Admiral | 1VTIAX  | Vanguard Total Intl Stock Index Admiral  |
| 1JHQRX  | JPMorgan Hedged Equity R6                | 1CSGYX  | Columbia Small Cap Growth I3             |
| 1FKALX  | Federated Hermes Kaufmann Small Cp Fd R6 | 1UBVLX  | Undiscovered Mgrs Behavioral Value L     |
| 1VSMAX  | Vanguard Small Cap Index Fund - Admiral  | 1OTCKX  | MFS Mid Cap Growth R6                    |
| 1MVCKX  | MFS Mid Cap Value R6                     | 1VIMAX  | Vanguard Mid Cap Index Adm               |
| 1HDGVX  | Hartford Dividend and Growth R6          | 1OIEJX  | J P Morgan Equity Income R6              |
| 1JGVVX  | JPMorgan Growth Advantage R6             | 1TR-BCG | T. Rowe Price Blue Chip Growth           |
| 1VLCAX  | Vanguard Large Cap Index Adm             | 1VTSAX  | Vanguard Total Stock Mrk Index - Admiral |
| 1BCOIX  | Baird Core Plus Bond Inst                | 1FIHLX  | Federated Hermes Instl High Yield Bd R6  |
| 1FTRLX  | Federated Hermes Total Return Bond Fd R6 | 1MWTIX  | Metropolitan West Total Return Bond I    |
| 1GOFXX  | Federated Hermes Govt Obligations Fd Prm | 1ERRNST | Renasant Corporation Employer Stock      |
| 1E2RNST | Renasant Corporation ESOP                |         |                                          |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year