

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1958</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY</u> <u>4704 VESTAL PARKWAY EAST</u> <u>P.O. BOX 1381</u> <u>BINGHAMPTON, NY 13902</u>	2b Employer Identification Number (EIN) <u>15-0274455</u>
	2c Plan Sponsor's telephone number <u>607-724-2472</u>
	2d Business code (see instructions) <u>524140</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>LESLEY A. FREY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/16/2023</u>	<u>LESLEY FREY</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 989
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 113
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 15-0274455

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	435	SA 12829	0	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	
Specify nature of costs.			

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>15-0274455</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>115313584</u>	
b Actuarial value.....	2b	<u>115313584</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>541</u>	<u>60452075</u>	<u>60452075</u>
b For terminated vested participants.....	<u>345</u>	<u>18091458</u>	<u>18091458</u>
c For active participants.....	<u>113</u>	<u>16919899</u>	<u>17143489</u>
d Total	<u>999</u>	<u>95463432</u>	<u>95687022</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.36 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>826075</u>	
c Total (line 6a + line 6b)	6c	<u>826075</u>	

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

SIGN HERE		
	Signature of actuary	<u>10/09/2023</u> Date
	<u>DAVID E. FORBES, FSA, EA, MAAA</u> Type or print name of actuary	<u>23-05261</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>973-278-8860</u> Telephone number (including area code)
	<u>150 CLOVE ROAD 8TH FLOOR LITTLE FALLS, NJ 07424</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	1494960
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1494960
10	Interest on line 9 using prior year's actual return of <u>6.11</u> %	0	91342
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	1586302

Part III Funding Percentages			
14	Funding target attainment percentage	14	118.85 %
15	Adjusted funding target attainment percentage	15	120.51 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	120.92 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	826075
b Excess assets, if applicable, but not greater than line 31a	31b	826075

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>15-0274455</u>	

Part I Service Provider Information (see instructions)

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

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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)

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	212079	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	145857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
56 62 72	CONTRACT ADMINISTRATOR	105972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	38678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) 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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) 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) 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 (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 (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 (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)

a Name: LEE TOWNSEND	b EIN: 91-0675641
c Position: ENROLLED ACTUARY	
d Address: 71 S. WACKER DRIVE 31ST FLOOR CHICAGO, IL 60606	e Telephone: 312-873-9640

Explanation: THE ACTUARY WAS CHANGED DUE TO AN INTERNAL REASSIGNMENT.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2022</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY</u>		
		D Employer Identification Number (EIN) <u>15-0274455</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-G</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>99VVB57B6</u>		
b Name of sponsor of entity listed in (a): <u>COLUMBIAN LIFE INS MTU</u>		
c EIN-PN <u>15-0274455-999</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022			
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBIAN MUTUAL LIFE INSURANCE COMPANY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 15-0274455</td> </tr> </table>	D Employer Identification Number (EIN) 15-0274455	
D Employer Identification Number (EIN) 15-0274455			

Part I	Asset and Liability Statement
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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
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1014915	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)	1987658	0
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	112311011	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	115313584	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	115313584	0

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-24351733
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-24351733
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8401622	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8401622
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	145857	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	360716	
(4) Other	2i(4)	542216	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1048789
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9450411
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-33802144
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		81511440

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: **DERMODY, BURKE & BROWN, CPAS, LLC**

(2) EIN: **01-0723685**

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
4a		X	

		Yes	No	Amount
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.).....	4b		X	
c 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.)	4c		X	
d 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.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g 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?	4g		X	
h 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?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j 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.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n 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.	4n			

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)
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY PENSION PLAN	15-0274455	014

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 477333.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE CO.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIAN MUTUAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>15-0274455</u>	

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):
EIN(s): _____

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	7
---	---

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)? Yes No N/A
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 _____
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? Yes No 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? Yes No 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..... Increase Decrease Both 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?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes 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.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____

**RETIREMENT PLAN FOR EMPLOYEES
OF COLUMBIAN MUTUAL LIFE
INSURANCE COMPANY**

FINANCIAL STATEMENTS
December 31, 2022 and 2021

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Dermody, Burke & Brown, CPAs, LLC

INDEPENDENT AUDITORS' REPORT

TO THE TRUSTEES AND PARTICIPANTS OF THE RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

Opinion

We have audited the accompanying financial statements of the **RETIREMENT PLAN FOR EMPLOYEES OF COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**, 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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Retirement Plan for Employees of Columbian Mutual Life Insurance Company as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, 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 Retirement Plan for Employees of Columbian Mutual Life Insurance Company 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.

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Emphasis of Matter – Plan Merger

As discussed in Note 1 to the financial statements, the governing body of the Retirement Plan for Employees of Columbian Mutual Life Insurance Company approved a plan merger effective December 31, 2022. All assets and liabilities from the Retirement Plan for Employees of Columbian Mutual Life Insurance Company transferred to the Columbian Mutual Life Insurance Company Pension Plan effective December 31, 2022. The terms of the Plan in effect prior to the plan merger effective date remained in effect for all participants subsequent to the plan merger effective date. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Retirement Plan for Employees of Columbian Mutual Life Insurance Company's ability to continue as a going concern within one year after the date the financial statements are 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, individually or in the aggregate, there is a substantial likelihood that they would influence the judgment made by a reasonable user based on the financial statements.

Auditor’s Responsibilities for the Audit of the Financial Statements – Continued

In performing an audit in accordance with generally accepted auditing standards, 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 Retirement Plan for Employees of Columbian Mutual Life Insurance Company’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 Retirement Plan for Employees of Columbian Mutual Life Insurance Company’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 Schedules 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) at December 31, 2022 and the schedule of reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



DERMODY, BURKE & BROWN, CPAs, LLC

Syracuse, NY

October 15, 2023

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	2022	2021
ASSETS		
Investments at Fair Value	\$ 0	\$ 3,002,573
Plan Interest in Columbian Pension Master Trust	<u>0</u>	<u>112,311,011</u>
Total Investments	<u>0</u>	<u>115,313,584</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 0</u></u>	<u><u>\$ 115,313,584</u></u>

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	2022	2021
INVESTMENT INCOME (LOSS)		
Net Appreciation in Fair Value of Investments	\$ 147,255	\$ 358,653
Change in Plan Interest in Columbian Pension Master Trust	(24,554,700)	6,192,466
Interest and Dividend Income	<u>12,755</u>	<u>375,964</u>
Total Investment Income (Loss)	(24,394,690)	6,927,083
DEDUCTIONS		
Benefits Paid to Participants	8,401,622	8,854,814
Administrative Expenses	<u>1,005,832</u>	<u>826,075</u>
Total Deductions	<u>9,407,454</u>	<u>9,680,889</u>
NET DECREASE	(33,802,144)	(2,753,806)
Transfer to the Columbian Mutual Life Insurance Company Pension Plan	<u>(81,511,440)</u>	<u>0</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(115,313,584)	(2,753,806)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>115,313,584</u>	<u>118,067,390</u>
End of Year	<u><u>\$ 0</u></u>	<u><u>\$ 115,313,584</u></u>

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Retirement Plan for Employees of Columbian Mutual Life Insurance Company (the “Plan”) is provided for general information purposes only. The Plan Document should be referred to for more complete information.

Plan Merger

Effective December 31, 2022, the Retirement Plan for Employees of Columbian Mutual Life Insurance Company and the Columbian Family Life Insurance Company of New York Retirement Plan were merged with and into The Philanthropic Mutual Life Insurance Company Agents Retirement Plan. As part of the merger of the Plans, the surviving plan was renamed “The Columbian Financial Group Pension Plan,” with Plan number 014. The merger of the Plans did not change or impact the participants’ accrued benefits, and did not change or impact any other benefit, right or feature to which the participants are entitled under the terms of the Plan.

General

The Plan is a defined benefit pension plan which covers the eligible employees of the Columbian Mutual Life Insurance Company (the “Sponsor,” the “Company” or the “Plan Administrator”) who have met certain service requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Management controls and manages the operation and the administration of the Plan. Massachusetts Mutual Life Insurance Company serves as the Trustee of the monies for the Plan. The Pension Committee is responsible for oversight of the Plan. The Pension Committee determines the appropriateness of the Plan’s investments and monitors investment performance.

Funding

The Plan’s funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There were no contributions made by the Sponsor for plan years ending December 31, 2022 and 2021, respectively. Minimum funding requirements for the Plan under ERISA have been met for 2022 and 2021.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN – Continued

Pension Benefits

Effective January 1, 2012, the Mutual of Detroit Insurance Company Employees Retirement Plan, the Retirement Plan for Employees of Farmers and Traders Life Insurance Company, and the Unity Mutual Life Insurance Company Retirement Plan and all associated assets and liabilities were transferred into the Retirement Plan for Employees of Columbian Mutual Life Insurance Company.

IRC Section 401 (a)(12) requires that each participant in the Plan would (if the Plan then terminated) receive a benefit immediately after the transfer which is greater than or equal to the benefit he/she would have been entitled to receive immediately before the transfer (if the Plan had then terminated). This requirement can be satisfied if, in the event of a Plan termination during the next 5 years, the Plan assets are allocated to participants in accordance with the special schedule of benefits described in regulation 1.414(1).

Participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or they may choose a monthly annuity payable for their lifetime or joint and survivor annuities, as defined by the Plan.

Plan Amendments

Effective January 1, 2010, the Plan was amended so that no new participants will be admitted to the Plan, and those already in the Plan will cease to accrue eligible years of service. Effective January 1, 2015, the Plan was amended to fully freeze the Plan, by disregarding changes in compensation on or after January 1, 2015.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES – Continued

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could 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 orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, trustees, and insurance company. See Note 6 for a discussion of fair value measurements.

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) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan Document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Plan Management has evaluated subsequent events through October 15, 2023, which is the date the financial statements were available to be issued.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on Plan provisions at the time of retirement.

For the Retirement Plan for Employees of Columbian Mutual Life Insurance Company and the Retirement Plan for Employees of Farmers and Traders Life Insurance Company, the accumulated plan benefits for active employees are based on their years of service and their average compensation during the 3 highest years preceding the valuation date.

For the Mutual of Detroit Insurance Company Employees Retirement Plan, the accumulated plan benefits for active employees are based on their average compensation during the 5 years ending on the date as of which the benefit information is presented (the valuation date).

For the Unity Mutual Life Insurance Company Retirement Plan, the accumulated plan benefits are based on an average of the employee's average eligible earnings for the highest 5 consecutive years within the final 10 years of credited service.

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS – Continued**

The accumulated plan benefits information as of January 1, 2022 and 2021, and the changes in accumulated plan benefits for the years then ended are as follows:

Actuarial Present Value of Accumulated Plan Benefits

	2022	2021
Vested Benefits:		
Participants Currently Receiving Payments	\$ 59,210,221	\$ 59,206,274
Other Participants	<u>36,562,863</u>	<u>37,987,726</u>
Total Vested Accumulated Plan Benefits	95,773,084	97,194,000
Nonvested Accumulated Plan Benefits	<u>153,446</u>	<u>871,100</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 95,926,530</u>	<u>\$ 98,065,100</u>

For the years ended December 31, 2021 and 2020, the actuarial present value of accumulated plan benefits increased (decreased) by \$(2,138,580) and \$4,664,610, respectively, as a result of the following factors:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits – Beginning of Year	\$ 98,065,100	\$ 93,400,490
Increase (Decrease) During the Year Attributable to:		
Benefits Paid	(8,854,814)	(7,584,417)
Interest Due to the Decrease in the Discount Period	5,059,579	5,559,249
Methodology Changes	1,415,312	6,715,752
Effect of Assumption Change	<u>241,343</u>	<u>(25,974)</u>
Actuarial Present Value of Accumulated Plan Benefits – End of Year	<u>\$ 95,926,520</u>	<u>\$ 98,065,100</u>

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

**NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED
PLAN BENEFITS – Continued**

Significant assumptions underlying the actuarial computations of the actuarial present value of accumulated plan benefits are as follows:

- a. The Discount Rate: 5.40%.
- b. Assumed Rate of Return on Investments: The discount rate of 5.40% is also the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation. This assumption represents an estimate of future experience and is based on both historical returns and projections. This assumption was determined by the Plan Sponsor. Prior to January 1, 2022, it was assumed that the Plan's investments would earn 7.0% annual compound interest in future periods.
- c. Mortality: The mortality table employed was the Pri-2012 for Annuitants and Non-Annuitants, projected fully generationally using Scale MP-2021. Prior to January 1, 2022, the mortality table employed was the Pri-2012 for Annuitants and Non-Annuitants, projected fully generationally using Scale MP-2020.
- d. Administrative Expenses Assumption: Effective January 1, 2022, the administrative expense assumption was changed from actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium to the prior year's administrative expenses.
- e. Lump Sum Assumption: lump sum benefits are calculated using November IRC Section 417(e) interest rates and the mortality table prescribed by the IRS to calculate lump sums during 2022. The lump sum basis described reflects provisions of the Plan.
- f. Assumed Retirement Age: It is assumed that the retirement age is from ages 55 to 65. For Farmers & Traders only, the retirement age is assumed to be the earlier of 62 and 20 years of service or 65. For terminated-vested participants, it is assumed that once eligible for retirement, all terminated-vested participants are assumed to retire at age 65.
- g. Form of Payment Assumption: It is assumed to be 80% annuity and 20% lump sum, provided that a lump sum is available; otherwise, 100% single life annuity is assumed. For Farmers & Traders only, the form of payment is assumed to be 10 year certain & life annuity.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 4 – PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

The three levels of the fair value hierarchy are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Money Market Funds: Valued at carrying cost, which approximates fair value.

Mezzanine Fund: Consists of underlying portfolio companies whose enterprise values are computed for each class of security owned by the Partnership. Generally, these enterprise valuations are derived by multiplying a key performance metric of the investee company (e.g. EBITDA) by the relevant valuation multiple observed for comparable companies or transactions, adjusted by management for differences between the investment and the referenced comparable. The fair value of the Partnership's investments in debt securities is further estimated using recently executed transactions, market price quotations and traded yields of corporate transactions (all when observable). When observable data is not available, fair value is estimated based on analysis of the collateral, cash flow models with yield curve analysis, the seniority of the debt, enterprise value relative to debt levels, projected financial condition and operating results, payment history and ability to generate sufficient cash flows to make payments when due, and prepayment penalties. Investments in the equity and debt securities of portfolio companies may also be valued at cost for a period of time after acquisition as the best indicator of fair value. The determination of fair value using these methodologies takes into account consideration of a range of factors, including, but not limited to the price at which the investment was acquired, the nature of the investment, local market conditions, trading values on public exchanges for comparable securities, current and projected operating performance, and financing transactions subsequent to the acquisition of the investment. These valuation methodologies involve a significant degree of judgment by Plan Management.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2022 and 2021. The following table does not include the plan’s interest in the Columbian Pension Master Trust because that information is presented in a separate table (see Note 6).

Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 0	\$ 0	\$ 0	\$ 0
Mezzanine Fund	0	0	0	0
Total Investments in the Fair Value Hierarchy, Excluding Plan Interest in Columbian Pension Master Trust, at Fair Value	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 412,969	\$ 601,946	\$ 0	\$ 1,014,915
Mezzanine Fund	0	0	1,987,658	1,987,658
Total Investments in the Fair Value Hierarchy, Excluding Plan Interest in Columbian Pension Master Trust, at Fair Value	<u>\$ 412,969</u>	<u>\$ 601,946</u>	<u>\$ 1,987,658</u>	<u>\$ 3,002,573</u>

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 5 – FAIR VALUE MEASUREMENTS – Continued

Level 3 Fair Value Measurement

The following table sets forth a summary of changes in the fair value of the Plan’s Level 3 assets for the year ended December 31, 2022.

	Mezzanine Fund	Limited Partnerships
Balance, Beginning of Year	\$ 1,987,658	\$ 0
Purchases (Sales)	(281,988)	0
Earnings	147,255	0
Transfer to the Columbian Mutual Life Insurance Company Pension Plan	<u>(1,852,925)</u>	<u>0</u>
Balance, End of Year	<u>\$ 0</u>	<u>\$ 0</u>

The following table sets forth a summary of changes in the fair value of the Plan’s Level 3 assets for the year ended December 31, 2021.

	Mezzanine Fund	Limited Partnerships
Balance, Beginning of Year	\$ 1,700,344	\$ 2,243,884
Purchases (Sales)	0	(2,266,550)
Earnings	<u>287,314</u>	<u>22,666</u>
Balance, End of Year	<u>\$ 1,987,658</u>	<u>\$ 0</u>

There were no realized or unrealized gains (losses) on the Level 3 assets in 2022 and 2021. Plan Management determines fair value measurement policies and procedures, subject to oversight by the Pension Committee. These policies and procedures are reassessed at least annually to determine the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on the current market conditions and other third-party information.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 6 – INTEREST IN MASTER TRUST

The Plan's investments are in the Master Trust which was established for the investment of assets of the Plan, the Retirement Plan for Employees of Columbian Mutual Life Insurance Company, the Philanthropic Mutual Life Insurance Company Agent's Retirement Plan, and the Columbian Family Life Insurance Company. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held under Bank of New York Mellon (Trustee or BNY Mellon).

Effective December 31, 2022, the Retirement Plan for Employees of Columbian Mutual Life Insurance Company and the Columbian Family Life Insurance Company of New York Retirement Plan were merged with and into The Philanthropic Mutual Life Insurance Company Agents Retirement Plan. As part of the merger of the Plans, the surviving plan was renamed "The Columbian Financial Group Pension Plan," with Plan number 014. The Columbian Financial Group Pension Plan kept the investments in the Master Trust at December 31, 2022.

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income, less actual distributions, allocated administrative expenses, and transfers, as applicable. Prior to the plan merger effective December 31, 2022, the Plan's interests in the net assets of the Master Trust was approximately 96%. Total investment income (including net appreciation (depreciation) in the fair value of investments) and certain shared administrative expenses of the Columbian Pension Master Trust are allocated to the individual plans based upon average monthly balances invested by each Plan in the Master Trust.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 6 – INTEREST IN MASTER TRUST – Continued

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2022 and 2021:

	<u>2022</u>		<u>2021</u>	
	Columbian Pension	Plan's Interest	Columbian Pension	Plan's Interest
Collective Investment Trusts	\$ 81,999,547	\$ 0	\$ 116,467,178	\$ 112,311,011
Money Market Funds	700,812	0	1,104,877	1,014,915
Mezzanine Fund	<u>1,852,925</u>	<u>0</u>	<u>1,987,658</u>	<u>1,987,658</u>
Total Assets, at Fair Value	<u>\$ 84,553,284</u>	<u>\$ 0</u>	<u>\$ 119,559,713</u>	<u>\$ 115,313,584</u>

The following are net appreciation (depreciation) in the fair value of investments and investment loss for the Master Trust for the years ended December 31, 2022 and 2021:

	Columbian Pension 2022	Columbian Pension 2021
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 6,453,362	\$ 6,223,619
Investment Income (Loss)	<u>(32,461)</u>	<u>(31,153)</u>
Total	<u>\$ 6,420,901</u>	<u>\$ 6,192,466</u>

Refer to Note 5 for description of the valuation methodologies used.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 6 – INTEREST IN MASTER TRUST – Continued

The following table sets forth by level, within the fair value hierarchy, the assets at fair value of the Columbian Pension Master Trust as of December 31, 2022 and 2021.

Columbian Pension Master Trust Assets at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Collective Investment Trust	\$ 0	\$ 81,999,547	\$ 0	\$ 81,999,547
Money Market Fund	700,812	0	0	700,812
Mezzanine Fund	<u>0</u>	<u>0</u>	<u>1,852,925</u>	<u>1,852,925</u>
Total Assets, at Fair Value	<u>\$ 700,812</u>	<u>\$ 81,999,547</u>	<u>\$ 1,852,925</u>	<u>\$ 84,553,284</u>

Columbian Pension Master Trust Assets at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Collective Investment Trust	\$ 0	\$ 116,467,178	\$ 0	\$ 116,467,178
Money Market Fund	412,969	691,908	0	1,104,877
Mezzanine Fund	<u>0</u>	<u>0</u>	<u>1,987,658</u>	<u>1,987,658</u>
Total Investments at Fair Value	<u>\$ 412,969</u>	<u>\$ 117,159,086</u>	<u>\$ 1,987,658</u>	<u>\$ 119,559,713</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

NOTE 7 – RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 8 – TAX STATUS

The Internal Revenue Service issued its latest determination letter for the Plan on June 2, 2003, which stated the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the 2003 determination letter, and an application for a favorable determination letter was filed on January 29, 2016. However, the Company and Plan Management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS

The Company or the Plan paid certain expenses related to plan operations and investment activity to various service providers. Services provided by the Plan's attorney, actuary, trustees, accountants, consultants and other service providers are party-in-interest transactions under ERISA and are exempt from prohibited transaction rules.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

Plan # 001

EIN # 15-0274455

Schedule H, Part IV, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Columbian Pension Master Trust:				
* SSGA S&P 500	Collective Investment Trust	\$ 0	\$ 0	
* SSGA Russell Small/Mid Cap	Collective Investment Trust	0	0	
* SSGA Global Equity ex USA	Collective Investment Trust	0	0	
* Aon Multi-Asset Credit	Collective Investment Trust	0	0	
* Aon High Yield Plus	Collective Investment Trust	0	0	
* Aon Long Credit	Collective Investment Trust	0	0	
* Aon Intermediate Credit	Collective Investment Trust	0	0	
* Aon Intermediate Gov't	Collective Investment Trust	0	0	
* Aon US Long Government Index	Collective Investment Trust	0	0	
* 20+ YR US Treasury	Collective Investment Trust	0	0	
Total Common Investment Trusts		0	0	
Federated Government Obligations Fund	Money Market Fund	0	0	
Premium US. Gov't Money Market	Money Market Fund	0	0	
Pine Street Capital Partners III LP	Mezzanine Fund	0	0	
Total Investments		<u>\$ 0</u>	<u>\$ 0</u>	

* Party-in-Interest as defined by ERISA

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2022

Plan # 001
EIN # 15-0274455
Schedule H, Line 4j

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>						
Cash at MassMutual:						
Money Market Fund	Premium US. Gov't Money Market	\$ 0	\$ 493,664	\$ 493,664	\$ 493,664	\$ 0
Money Market Fund	Premium US. Gov't Money Market	500,000	0	500,000	500,000	0
Money Market Fund	Premium US. Gov't Money Market	600,000	0	600,000	600,000	0
Money Market Fund	Premium US. Gov't Money Market	490,000	0	490,000	490,000	0
Money Market Fund	Premium US. Gov't Money Market	0	492,571	492,571	492,571	0
Money Market Fund	Premium US. Gov't Money Market	0	487,648	487,648	487,648	0
Money Market Fund	Premium US. Gov't Money Market	500,000	0	500,000	500,000	0
Money Market Fund	Premium US. Gov't Money Market	1,400,000	0	1,400,000	1,400,000	0
Money Market Fund	Premium US. Gov't Money Market	0	1,332,319	1,332,319	1,332,319	0
Money Market Fund	Premium US. Gov't Money Market	0	490,988	490,988	490,988	0
Money Market Fund	Premium US. Gov't Money Market	0	190,231	190,231	190,231	0

Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:

None

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
<u>Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:</u>						
Cash at MassMutual:						
Money Market Fund	Premium US. Gov't Money Market	3,002,988	0	3,002,988	3,002,988	0
Money Market Fund	Premium US. Gov't Money Market	0	3,604,934	3,604,934	3,604,934	0
Cash at NBT						
Money Market Fund	Federated Government Obligations Fund	289,545	0	289,545	289,545	0
Money Market Fund	Federated Government Obligations Fund	0	1,702	1,702	1,702	0

Category (iv) - Security Transactions with or in Conjunction with the Same Person with Whom Any Prior Single 5% Security Transaction Took Place:

None

* Denotes a Party-in-Interest

See notes to financial statements.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

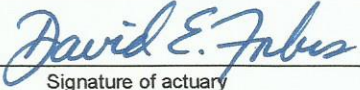
▶ **Round off amounts to nearest dollar.**

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

A Name of plan Retirement Plan for Employees of Columbian Mutual Life Insurance Co.		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Columbian Mutual Life Insurance Company		D Employer Identification Number (EIN) 15-0274455	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information				
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2022</u>			
2	Assets:			
	a Market value	2a	115,313,584	
	b Actuarial value	2b	115,313,584	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	541	60,452,075	60,452,075
	b For terminated vested participants	345	18,091,458	18,091,458
	c For active participants	113	16,919,899	17,143,489
	d Total	999	95,463,432	95,687,022
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.36 %	
6	Target normal cost			
	a Present value of current plan year accruals	6a	0	
	b Expected plan-related expenses	6b	826,075	
	c Total (line 6a + line 6b)	6c	826,075	

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

SIGN HERE	 Signature of actuary	<u>10/9/2023</u> Date
	David E. Forbes, FSA, EA, MAAA Type or print name of actuary	23-05261 Most recent enrollment number
	Milliman, Inc. Firm name	(973) 278-8860 Telephone number (including area code)
	150 Clove Road 8th Floor Little Falls NJ 07424 Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

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

The weighted average retirement age is equal to the normal retirement age of 64

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Actuarial Assumptions

Interest:	January, 2022 IRS Segmented Yield Curve limited by the MAP-21 corridor as amended by HATFA in 2014, BBA in 2015 and ARPA in 2021
Preretirement Mortality:	IRC Sec 430 2022 Static Non-Annuitant Tables
Postretirement Mortality:	IRC Sec 430 2022 Static Annuitant Tables
Retirement Age:	For Farmers & Traders only: the earlier of 62 and 20 years of service or 65 Non F&T participants: See table on the next page
Termination:	Crocker T-5 table
Lump Sum Conversion Mortality Assumption:	IRS 2022 Applicable Table under 417(e)(3)
Lump Sum Conversion Interest Assumption:	4.75% / 5.18% / 5.92%
Form of Payment Assumption (Actives):	80% Annuity, 20% Lump Sum provided that a lump sum option is available; otherwise 100% single life annuity (F&T only - 10 year certain & life annuity)
Form of Payment Assumption (TV's):	100% single life annuity (F&T only - 10 year certain & life annuity)
Marriage:	It is assumed that 90% of males and 60% of females are married and that a male is 3 years older than his female spouse.
Expenses:	Based on previous year's, adjusted to the current year's PBGC.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service and salary increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of assets is equal to market value.

Actuarial Assumptions

Assumed Retirement Age

<u>Age</u>	<u>Probability of Retirement</u>	
55	5.00%	
56	1.00%	
57	3.00%	✓
58	5.00%	
59	5.00%	
60	5.00%	
61	6.00%	
62	21.00%	
63	14.00%	
64	12.00%	
65	100.00%	

Schedule SB, Part V - Summary of Plan Provisions

Summary

Plan: Retirement Plan for Employees of Columbian Mutual Life Insurance Company

Employer Identification Number/Plan Number: 15-0274455/001

Effective Date: January 1, 1976. The valuation reflects all plan amendments adopted as of the valuation date.

Plan Year: January 1 – December 31

Employer: Columbian Mutual Life Insurance Company

Employee: Any person who is employed by the Employer.

Division: Employees under Columbian Mutual Life Insurance Company

Participation: An Employee will be eligible for participation on January 1st following date of employment. Effective January 1, 2010, the plan is closed to new Participants.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1,000 Hours of Service, except for Service in excess of 40 years. No Participant will receive Credited Service for any period after December 31, 2009.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday, or five years of Participation, if later.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 5 years of Vesting Service.

Earnings: Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(g)(3), 457 and 132(f)(4). Please refer to Plan Document for more details.

Average Earnings: Average of the Employee's Earnings received for the three highest consecutive calendar years. Earnings after December 31, 2014 are disregarded.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

1.5% of the Participant's final Average Earnings up to \$20,000, plus 1.9% of Final Average Earnings in excess of \$20,000, multiplied by the number of years of Credited Service.

For each Participant who retires directly from the employment of the employer, the minimum annual annuity shall be 15% of Final Average Earnings less the January 1, 1994 benefit under Columbian Family Life Insurance Co.

The accrued benefit as of December 31, 1990 under Pre-TRA of 1986 benefit formula shall be a minimum benefit for all Participants.

For Participants from Washington National, the greater of the Columbian Mutual benefit with Credited Service after January 1, 1994, or the Columbian Mutual Benefit with Credited Service from date of hire less the Washington National Benefit.

For Participants from Golden Eagle, the greater of the Columbian Mutual Benefit with Credited Service from the original date of employment with Golden Eagle, or the Columbian Mutual Benefit after January 1, 1998 plus the Golden Eagle accrued benefit as of January 1, 1998.

For Participants from Philanthropic, the greater of the Columbian Mutual Benefit with Credited Service from original date of employment and the Philanthropic Accrued Benefit plus benefit under this plan for service beginning March 6, 2006.

Termination Benefit: A Participant with 5 years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

The Philanthropic Accrued benefit is reduced by 1/360 for the first 36 months and by 1/180 for each additional month by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form: Annuity payable for life.

Optional Forms: 50%, 75%, and 100% Joint and Survivor Annuity, Life Annuity with 15, 10, 5 or 3 years guaranteed and Single Lump Sum.

**Death Benefits**

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

If Participant has attained age 50 with five years of Service and age plus Service equals at least 60, then the death benefit is 100% of the amount that would have been payable to the Participant under the 100% Joint and Survivor options

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

Summary

Plan: the Former - The Unity Mutual Life Insurance Company Retirement Plan

Plan Year: January 1 – December 31

Division: Employees other than Debit Managers or Weekly Premium Agents

Eligible Employee: Any person who is not under the Debit Managers or under the Weekly Premium Agents Provisions.

Participation: An Employee will be eligible for participation on the first of the month after attaining age 21 and completing one Year of Service. No Employee shall become eligible to participate in the Plan after May 9, 2006.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1000 Hours of Service. In his first and last year of participation, if he completes less than 1000 Hours, credited service is found by dividing his number of hours by 1000. Service after December 31, 2014 will be disregarded.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Monthly Earnings: 1/12 of a Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h) and 403(b). Please refer to Plan Document for more details. Effective January 1, 2007, Earnings taken into account for purposes of the Plan's normal retirement benefit formula will not exceed Earnings as of December 31, 2006.

Average Monthly Earnings: Average of the Employee's Monthly earnings received for the five highest consecutive calendar years of the last 10 consecutive calendar years. Effective January 1, 2007, Earnings taken into account for purposes of the Plan's normal retirement benefit formula will not exceed Earnings as of December 31, 2006.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

The amount of monthly benefit is the sum of (a) and (b) reduced by (c), and the resulting amount added to (d) and (e) as applicable:

- a) 40.5% of the Participant's Average Monthly Earnings not in excess of his Covered Compensation
- b) 60% of the Participant's Average Monthly Earnings in excess of Covered Compensation
- c) $1/30^{\text{th}}$ of such sum by which the Participant's years of Credited Service is less than 30
- d) Accrued Benefit as of November 30, 1989 of those Employees who were Participants in the Pension Plan for Progressive Life Insurance Company Employees
- e) Accrued Benefit as of August 18, 1991 of those Employees who were Participants in the Empire State Life Insurance Company Pension Plan.

Termination Benefit: A Participant with 5 years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

There is no reduction for an Active or Vested Terminated Participant who has attained age 62 and his combined age and service is at least 85 or has attained age 60 and his combined age and service is at least 88.

Disability Benefit: The monthly amount will be equal to benefit based on his Average Monthly Earnings as of his Disability Retirement Date and his Credited Service as of his Normal Retirement Date.

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed and Social Security Adjustment Option.

Death Benefits

the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint

Post-Retirement: None except as provided by the annuity form elected.

Division: Weekly Premium Agents

Eligible Employee: Any person who is

- a) Duly licensed by the appropriate state insurance supervisory authority
- b) Assigned to and collects premiums on business originally written on a weekly premium debit
- c) Is not a General Agent, Branch Manager, Assistant Branch Manager, Staff Manager or other supervisory field or home office of the Employer
- d) Is a member of a collective bargaining unit.

Schedule SB, Part V - Summary of Plan Provisions

Participation: An Employee will be eligible for participation on the January 1 nearest completion of one Hour of Service. No additional participants shall be allowed after December 31, 2002.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: A Participant is 100% vested at all times.

Credited Service: Elapsed time from Date of Participation. Service after December 31, 2002 shall be disregarded.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 15 years of Credited Service or has completed 30 years of Credited Service.

Monthly Earnings: Commissions earned on weekly and monthly industrial, monthly debit ordinary, health and accident, hospitalization, and in-hospital policies. Monthly Earnings after December 31, 2002 are disregarded. Please refer to Plan Document for more details.

Normal Retirement Benefit:

The amount of monthly benefit is the sum of:

- a) \$2.50 times years of Credited Service as of January 1, 1961
- b) \$1.00 times years of Credited Service after January 1, 1961 and prior to January 1, 1968
- c) Monthly annuity that can be purchased by:
 - i.) 1% of monthly earnings between January 1, 1964 and December 31, 1964
 - ii.) 1.5% of Adjusted Annual Earnings between January 1, 1965 and December 31, 1967
 - iii.) 3% of Participant's Annual Registered Earnings between January 1, 1968 and December 31, 1983
 - iv.) 3.5% of Participant's Annual Registered Earnings between January 1, 1984 and May 31, 1987
 - v.) 4.5% of Participant's Annual Registered Earnings between June 1, 1987 and May 31, 1990
 - vi.) 5.5% of Participant's Annual Registered Earnings between June 1, 1991 and December 31, 2002
- d) Monthly annuity provided by Employee Voluntary Contribution plus interest.

Termination Benefit: A Participant has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Actuarial equivalent of the Normal Retirement Benefit.

Disability Benefit: Accrued Benefit.

Normal Form: Annuity payable for life.

Schedule SB, Part V - Summary of Plan Provisions

Optional Forms: Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Division: Debit Managers

Eligible Employee: Any person who is a Debit Manager and is not Highly Compensated.

Participation: An Employee will be eligible for participation on first of the month after attaining age 21.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Years and completed months from Date of Hire.

Credited Service: Years and completed months from Date of Participation.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Monthly Earnings: 1/12 of a Participant's Annual wages for each calendar year excluding bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h) and 403(b). Please refer to Plan Document for more details.

Average Monthly Earnings: Average of the Participant's monthly earnings

Normal Retirement Benefit:

The amount of monthly benefit is the sum of 3.5% of his Average Monthly Earnings for each year of Credited Service completed on and after January 1, 1989, plus his Accrued Benefit determined as of December 31, 1988.

Termination Benefit: A Participant with 5 years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit reduced by 5/9% for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Schedule SB, Part V - Summary of Plan Provisions

Disability Benefit: The greater of :

- a) 70% of his Accrued Benefit as of his Disability Retirement Date
- b) 100% of his Accrued Benefit reduced by 5/9% for each of the first 60 months, 5/18% for each of the next 60 months by which the Participant's Disability Retirement Date precedes age 65 and actuarially reduced thereafter.

Normal Form: Annuity payable for life.

Optional Forms: Joint and Survivor Annuity, Life Annuity with 120 payments guaranteed

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions are payable to a beneficiary.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

Summary

Plan: The Former - Retirement Plan for Employees of Farmers and Traders Life Insurance Company

Plan Year: January 1 – December 31

Participation: An Employee will be eligible for participation on the January 1 nearest attaining age 21 and completing one Year of Service. Effective January 1, 2010, the plan is closed to new Participants.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Plan Years in which a Participant completes 1,000 Hours of Service. Years of Benefit Service frozen as of December 31, 2009.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 10 years of Service.

Earnings: Participant's Annual wages for each calendar year including bonuses and including the sum of any salary reduction contributions under Code sections 125, 402(e)(3), 402(h), 403(b) and 457(b).. Please refer to Plan Document for more details.

Average Earnings: Average of the Employee's earnings received for the three highest consecutive calendar years. Earnings after December 31, 2014 will be disregarded.

Normal Retirement Benefit:

1.35% of Average Compensation per year of Credited Service up to 30 years, plus .5% of Average Compensation per year of Credited Service in excess of 30, PLUS
.45% of Average Compensation in excess of Covered Compensation per year of service up to 35 years.

Termination Benefit: A Participant with 5 years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Actuarial Equivalent of Accrued Benefit, reduced from age 62 if 20 years of service.

Normal Form: Annuity payable for life guaranteed for 10 years.

Optional Forms: Life Annuity, Joint and Survivor Annuity 50%, 75% and 100%, Life Annuity with 10 years guaranteed, 10 year certain only, Joint and Survivor 50% or 100% with 10 years certain.

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions with interest is payable to beneficiary.

Post-Retirement: None except as provided by the annuity form elected.

Schedule SB, Part V - Summary of Plan Provisions

Summary

Plan: the Former - Mutual of Detroit Insurance Company Employees Retirement Plan

Plan Year: January 1 – December 31

Participation: An Employee will be eligible for participation on the first day of the calendar month coincident with or next following attaining age 21 and completing one Year of Service. New participants will not be eligible after December 31, 2009 except as stated in plan amendment.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Vesting Service: Plan Years in which an Employee completes 1,000 Hours of Service.

Credited Service: Years and months for Date of Participation. Service frozen as of December 31, 2009.

Normal Retirement Date: The first day of the calendar month coincident with or next following the date on which the Participant attains his 65th birthday.

Early Retirement Date: The first of the month after a Participant who has attained age 55 and completed 15 years of Credited Service.

Earnings: Participant's Annual wages within meaning of Section 415(c)(3) of the Code, excluding: reimbursements and other expense allowances, fringe benefits, overtime pay, gifts, awards, other irregular or additional compensation. Earnings include service allowances and amounts contributed by the Employer under Code section 125. Please refer to Plan Document for more details.

Average Earnings: Average of the Employee's final 60 months earnings. Earnings after December 31, 2014 will be disregarded.

Normal Retirement Benefit:

Benefit at Normal Retirement Date is:

(a) 55% of the participants' Average Monthly Compensation offset by 70% of the Primary Insurance Amount multiplied by years of Credited Service to Normal Retirement Date divided by 30.
minus

(b) Actuarial Equivalent of Participant's Separate Account Balance

For the Plan Year ending December 31, 2010, the Accrued Benefit for all Non-Highly Compensated Employees who are Participants in the Plan shall receive a minimum increase in their monthly accrued benefit of the greater of \$10.00, or 1% of their monthly Accrued Benefit as of December 31, 2009.

Minimum benefit will be the lesser of \$240 and \$8 times Credited Service.

Termination Benefit: A Participant with 5 years of Vesting Service has a nonforfeitable right to his Accrued Benefit.

Early Retirement Benefit: Accrued Benefit reduced by .00833% for each of the first 36 months that his early retirement date precedes his normal retirement and .004167% for each of the next 24 months his early retirement date precedes his normal retirement date.

Schedule SB, Part V - Summary of Plan Provisions

Normal Form: Annuity payable for life.

Optional Forms: Life Annuity, Joint and Survivor Annuity 50%, 66-2/3%, 75% and 100%, Life Annuity with 5, 10 years guaranteed, and single sum for Separate Account Balance only.

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option. At all times the Participant's contributions with interest is payable to beneficiary.

Post-Retirement: None except as provided by the annuity form elected.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2022

Plan # 001

EIN # 15-0274455

Schedule H, Part IV, Line 4i

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Columbian Pension Master Trust:				
* SSGA S&P 500	Collective Investment Trust	\$ 0	\$ 0	
* SSGA Russell Small/Mid Cap	Collective Investment Trust	0	0	
* SSGA Global Equity ex USA	Collective Investment Trust	0	0	
* Aon Multi-Asset Credit	Collective Investment Trust	0	0	
* Aon High Yield Plus	Collective Investment Trust	0	0	
* Aon Long Credit	Collective Investment Trust	0	0	
* Aon Intermediate Credit	Collective Investment Trust	0	0	
* Aon Intermediate Gov't	Collective Investment Trust	0	0	
* Aon US Long Government Index	Collective Investment Trust	0	0	
* 20+ YR US Treasury	Collective Investment Trust	0	0	
Total Common Investment Trusts		0	0	
Federated Government Obligations Fund	Money Market Fund	0	0	
Premium US. Gov't Money Market	Money Market Fund	0	0	
Pine Street Capital Partners III LP	Mezzanine Fund	0	0	
Total Investments		<u>\$ 0</u>	<u>\$ 0</u>	

* Party-in-Interest as defined by ERISA

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2022

Plan # 001
EIN # 15-0274455
Schedule H, Line 4j

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
<u>Category (i) - Single Transaction in Excess of 5% of Plan Assets:</u>						
Cash at MassMutual:						
Money Market Fund	Premium US. Gov't Money Market	\$ 0	\$ 493,664	\$ 493,664	\$ 493,664	\$ 0
Money Market Fund	Premium US. Gov't Money Market	500,000	0	500,000	500,000	0
Money Market Fund	Premium US. Gov't Money Market	600,000	0	600,000	600,000	0
Money Market Fund	Premium US. Gov't Money Market	490,000	0	490,000	490,000	0
Money Market Fund	Premium US. Gov't Money Market	0	492,571	492,571	492,571	0
Money Market Fund	Premium US. Gov't Money Market	0	487,648	487,648	487,648	0
Money Market Fund	Premium US. Gov't Money Market	500,000	0	500,000	500,000	0
Money Market Fund	Premium US. Gov't Money Market	1,400,000	0	1,400,000	1,400,000	0
Money Market Fund	Premium US. Gov't Money Market	0	1,332,319	1,332,319	1,332,319	0
Money Market Fund	Premium US. Gov't Money Market	0	490,988	490,988	490,988	0
Money Market Fund	Premium US. Gov't Money Market	0	190,231	190,231	190,231	0

Category (ii) - Series of Transactions in Other Than Securities with the Same Person in Excess of 5% of Plan Assets:

None

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF
COLUMBIAN MUTUAL LIFE INSURANCE COMPANY**

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2022

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
<u>Category (iii) - Series of Security Transactions in Excess of 5% of Plan Assets:</u>						
Cash at MassMutual:						
Money Market Fund	Premium US. Gov't Money Market	3,002,988	0	3,002,988	3,002,988	0
Money Market Fund	Premium US. Gov't Money Market	0	3,604,934	3,604,934	3,604,934	0
Cash at NBT						
Money Market Fund	Federated Government Obligations Fund	289,545	0	289,545	289,545	0
Money Market Fund	Federated Government Obligations Fund	0	1,702	1,702	1,702	0

Category (iv) - Security Transactions with or in Conjunction with the Same Person with Whom Any Prior Single 5% Security Transaction Took Place:

None

* Denotes a Party-in-Interest

See notes to financial statements.