

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 ☐ the DFVC program ☐ special extension (enter description)
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 GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 12/31/1970
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) GUARANTEE TRUST LIFE INSURANCE COMPANY 1275 MILWAUKEE AVENUE GLENVIEW, IL 60025
2b	Employer Identification Number (EIN) 36-1174500
2c	Plan Sponsor's telephone number 847-699-0600
2d	Business code (see instructions) 524140

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	Filed with authorized/valid electronic signature.	10/08/2024	BARBARA TAUBE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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

3a Plan administrator's name and address ☒ 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	5 337
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 287 6a(2) 273 6b 11 6c 51 6d 335 6e 0 6f 335 6g(1) 320 6g(2) 334 6h 13
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:
 2E 2H 2J 2K 2S 2T 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) 333	
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500	

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.
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1 Coverage Information:

(a) Name of insurance carrier JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)
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(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
01-0233346	65838	74350	344		

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
13554	4689

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
DEFINITI LLC 2201 TIMBERLOCK PL STE 150 THE WOODLANDS, TX 77380

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13554	4689	TPA FEES & COMPENSATION	5

(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	

(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	30422164

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.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****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)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****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)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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 ☐ paid in cash, or ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500

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

x

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

(b)

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

(b)

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

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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)

JOHN HANCOCK LIFE INSURANCE CO

01-0233346

(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?
15 28 59 60 62 63 67 68	RECORDKEEPER	854	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

COMMONWEALTH FINANCIAL NETWORK

04-2675571

(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?
26	RIA	49262	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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:	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:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>333</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GUARANTEE TRUST LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-1174500</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>AMERICAN FUNDS 2065 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>103571</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2060 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>393543</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2055 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>133015</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2050 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>252035</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2045 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>177211</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2040 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>329889</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2035 TD</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>326321</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230924
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 665408
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 740122
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 747742
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 944950
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3647704
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 493719
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799798
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319941
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234946

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222422
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 781840
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537688
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 806320
a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE SMALL-CAP OPPORTUNITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48933
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1490156
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238653
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2757462
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1038369
a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1902907

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 600266
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3585528
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERNATIONAL ST		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 157225
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31874
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 583184
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859625
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1204025
a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SOCIAL CHOICE EQUITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181338
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1012592
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTL BOND USD-HEDGED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180717

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179277
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a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1107951
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL**b** Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372974
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GUARANTEE TRUST LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-1174500</u>	

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	<u>3408</u>	<u>3277</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>718050</u>	<u>813221</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		<u>2808</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>273738</u>	<u>489428</u>
(2) U.S. Government securities	1c(2)	<u>2869359</u>	<u>3257913</u>
(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)	<u>12240177</u>	<u>14462394</u>
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	<u>218041</u>	<u>248939</u>
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	<u>24235514</u>	<u>30422164</u>
(11) Value of interest in master trust investment accounts	1c(11)		
(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	40558287	49700144
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40558287	49700144

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)	1244597	
(B) Participants	2a(1)(B)	1717567	
(C) Others (including rollovers)	2a(1)(C)	24002	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2986166
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)	16780	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16780
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2717437	
(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)		2717437
(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)		
(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)		

		(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)		5187958
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10908341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1666951	
(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)		1666951
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	45508	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	49262	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4763	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		99533
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1766484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9141857
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: **CRAIG & ASSOCIATES, LLC**

(2) EIN: **20-0529789**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	111
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	1700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) 333
C Plan sponsor's name as shown on line 2a of Form 5500 GUARANTEE TRUST LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-1174500

Part I	Distributions
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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): 01-0233346 33-6134835 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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

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

Schedule R (Form 5500) 2023
v. 230707

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

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

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

14a**14b****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) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 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. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan GUARANTEE TRUST LIFE INSURANCE COMPANY AND SELECT AFFILIATES 401(K) AND PROFIT SHARING PLAN	B Three-digit Plan number (PN) ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF GUARANTEE TRUST LIFE INSURANCE COMPANY	D Administrator's EIN 36-1174500	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer GUARANTEE TRUST LIFE INSURANCE CO.	2b EIN 36-1174500	2c Percentage of Total Contributions for the Plan Year 91.00	2d Aggregate Account Balances Attributable to Participating Employer 42804985
2a Name of Participating Employer INDEPENDENCE DIRECTOR, INC	2b EIN 36-2835500	2c Percentage of Total Contributions for the Plan Year 8.63	2d Aggregate Account Balances Attributable to Participating Employer 6568267

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer UNITED NATIONAL LIFE INSURANCE	2b EIN 37-1095206	2c Percentage of Total Contributions for the Plan Year 0.38	2d Aggregate Account Balances Attributable to Participating Employer 326892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

**Guarantee Trust Life Insurance Company
and Select Affiliates
401(k) and Profit Sharing Plan
Financial Statements and
Independent Auditor's Report
December 31, 2023 and 2022**

**Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan**

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CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

Independent Auditor's Report

Board of Trustees
Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Glenview, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section,

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Guarantee Trust Life Insurance Company and Select Affiliates's ability to continue as a going concern for one year after the date the financial statements are 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guarantee Trust Life Insurance Company and Select Affiliates's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4i – Schedule of Investment Assets (Acquired and Disposed of Within the Plan Year), Schedule H, Line 4j – Schedule of Reportable Transactions, and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2023, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by John Hancock Life Insurance Company (U.S.A.) and certified to, as a qualified institution, agrees to or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Craig & Associates, LLC

Northbrook, Illinois

September 26, 2024

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	December 31,	
	2023	2022
Assets:		
Investments, at fair value:		
Nonparticipant directed:		
Cash and cash equivalents	\$ 1,277,001	\$ 626,720
Common stocks	8,289,676	6,494,985
Fixed-rate capital securities and bonds	3,844,118	3,841,383
Exchange traded funds	1,692,180	1,732,596
Mutual funds	3,106,760	2,687,590
Participant directed:		
Cash and cash equivalents	3,277	3,408
Mutual funds	30,422,164	24,235,514
Total investments, at fair value	<u>48,635,176</u>	<u>39,622,196</u>
Receivables:		
Company contributions	813,221	718,050
Company contributions - other	2,823	-
Interest/dividends receivable	39,170	24,885
Participant contributions	111	10
Participant notes receivable	248,939	218,041
Total receivables	<u>1,104,264</u>	<u>960,986</u>
Total Assets	<u>49,739,440</u>	<u>40,583,182</u>
Liabilities:		
Excess contributions payable	<u>326</u>	<u>40,928</u>
Net Assets Available for Benefits	<u>\$ 49,739,114</u>	<u>\$ 40,542,254</u>

See accompanying auditor's report and notes to financial statements.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

	December 31, 2023
Additions to net assets attributed to:	
Investment income:	
Net appreciation (depreciation)	
in fair value of investments	\$ 2,377,784
Net appreciation (depreciation)	
in fair value of investments - pooled accounts	5,194,029
Dividend and interest income	
(net of foreign taxes withheld)	353,938
Loan interest	16,780
Miscellaneous income	15
Total Investment Income	7,942,546
Contributions:	
Participants'	1,717,342
Employer safe harbor	752,471
Employer discretionary	60,750
Employer match	431,376
Other	3,029
Rollover	20,973
Total Contributions	2,985,941
Total Additions	10,928,487
Deductions from net assets attributed to:	
Benefits paid to participants	1,632,094
Administrative Expenses	99,533
Total Deductions	1,731,627
Net Increase	9,196,860
Net assets available for benefits:	
Beginning of year	40,542,254
End of year	\$ 49,739,114

See accompanying auditor's report and notes to financial statements.

**Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022**

1) Description of Plan

The following description of the Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General:

The Plan is a defined contribution plan covering all full-time employees with ninety days of eligible service. After meeting the eligibility requirement, the employee is automatically enrolled into the Plan at the first day of the following quarter unless they opt-out in writing.

Effective August 1, 2018 the Plan was amended and restated to comply with the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), the Emergency Economic Stabilization Act of 2018 (EESA), the Workers, Retiree, and Employer Recovery Act of 2008 (WRERA), as well as the required changes from the 2010 Cumulative List of Changes in Plan Qualification Requirements described in Section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. Participating companies are Guarantee Trust Life Insurance Company, Independence Director, Inc., Independence Realty Development Co., and United National Life Insurance Company of America. The Plan also includes Cornerstone Senior Services, LLC as a related, non-participating company whose employees are eligible for deferrals but not eligible for either profit sharing or employer match. All of the above companies combined shall be referred to as the "Company".

During 2020, CARES Act provisions were administered by the Plan although the Plan document has not yet been amended. These provisions include permission for participants to withdraw up to \$100,000 from the Plan for coronavirus-related distributions without being subject to the 10% early distribution penalty and for that distribution to be repaid to the Plan over a 3 year period and temporary suspension of required minimum distribution requirements.

The Plan was restated on January 1, 2022 to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37).

The Plan was amended effective January 1, 2023 to qualify as a Safe Harbor 401(k) Plan.

b) Contributions:

Employee 401(k) contributions can be made as pre-tax or as Roth deferrals. Safe Harbor employer contributions are 3% of eligible employees' Plan compensation. Matching employer contributions are discretionary. In addition, the Company may annually contribute a discretionary profit sharing contribution to the participants' accounts. Contributions are subject to certain limitations. For the plan years ended December 31, 2023 and 2022, the Company made safe harbor contributions of \$752,471 and \$-0-, respectively, and employer matching contributions in the amount of \$431,376 and \$387,950, respectively, to the Plan. The Company made discretionary profit sharing contributions in the amount of \$60,750 and \$718,050 for the plan years ended December 31, 2023 and 2022, respectively.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
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1) Description of Plan (continued)

c) Participants' Accounts:

Each participant's account is credited with any applicable 401(k) contributions, safe harbor and matching contributions as well as the allocation of (a) the company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Rollovers into the Plan from other qualified plans are permitted at the discretion of the Plan Administrator.

d) Vesting:

Participants' voluntary 401(k) and the Plan Sponsor's safe harbor contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 0%, 20%, 40%, 60% and 100% after 1, 2, 3, 4 and 5 years of service, respectively. Participants are 100% vested after 5 years of credited service. With regards to matching contributions, participants are vested 100% after two years of credited service. Participants are 100% vested immediately in their rollover.

e) Payment of Benefits:

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

f) Forfeitures:

At December 31, 2023 and 2022 forfeited nonvested accounts totaled \$5,502 and \$11,624, respectively. These monies can be used by the Plan to pay Plan expenses, allocated as additional Employer contributions, or to reduce other Employer contributions under the Plan. During the years ended December 31, 2023 and 2022, the additional discretionary nonelective contribution paid to participants was \$2,825 and \$10,782, respectively, from forfeited nonvested accounts.

g) Participants' Loans:

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator.

h) Reclassifications:

Reclassifications have been made to the prior year balances to conform to the current year presentation. Such reclassifications were made for comparative purposes only, and do not restate the prior year financial statements.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
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December 31, 2023 and 2022

2) Summary of Significant Accounting Policies

a) Basis of Presentation:

The accompanying financial statements are prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan currently holds no fully benefit-responsive investment contracts.

b) Use of Estimates:

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

c) 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 investment committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodians.

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

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are paid by the participant. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

d) Excess Contributions Payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions in the prior year and a reduction of distributions to participants in the following year, the year of the actual distribution. The Plan distributed the 2023 excess contributions to the applicable participants prior to March 15, 2024.

e) Payment of Benefits:

Benefits are recorded when paid.

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401(k) and Profit Sharing Plan
Notes to Financial Statements
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2) Summary of Significant Accounting Policies (continued)

f). Disclosure of Evaluation of Subsequent Events:

In accordance with ASC Topic 855, the Plan evaluated subsequent events through the report date, the date these financial statements were issued. There were no material events that required recognition or additional disclosures in these financial statements.

3) Information Certified by Custodian

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.).

Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared by and certified to as complete and accurate by the Trustee. The amounts are reported on the cash basis except for participant loans and loan interest income which include accrued interest.

	<u>2023</u>	<u>2022</u>
Investments at fair value		
Mutual funds	\$ 30,422,164	\$ 24,235,514
Notes receivable - participants' loans	248,939	218,041
Investment gain/(loss) from pooled separate accounts	5,194,029	(5,606,854)
Interest income - notes receivable - participant loans	16,780	11,990
Fees paid by Plan	99,458	103,634

4) Tax Status of the Plan

The company received a favorable opinion letter dated June 30, 2020 for its prototype plan from the Internal Revenue Service qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions, generally for three years after returns are filed; however, there are currently no audits for any tax periods in progress.

Guarantee Trust Life Insurance Company and Select Affiliates
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5) Trustee and Investment Manager

Under the terms of the trust agreement R.S. Holson III, Michael Lockett, Donald P. Abbs, and Barbara L. Taube are Trustees. The investment advisor and investments are selected by the Trustees and may change from time to time. With regard to the 401(k) and employer match contributions, investment activities are at the discretion of the participants based upon those investments made available under the Plan.

6) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts.

7) Transactions Required to be Reported

ERISA requires that transactions or aggregates of transactions with respect to plan assets when the amount of the transaction or aggregate of transactions exceeding 5% of the fair value of plan assets at the beginning of the plan year be separately disclosed. Such transactions are shown in the Schedule H, Line 4j – Schedule of Reportable Transactions in the supplementary information section. There were no transactions required to be reported for 2023 and 2022 as all such transactions were participant driven and not required to be reported.

8) Nonparticipant Directed Investments

Information about net assets and significant components of the changes in net assets related to the nonparticipant directed investments is as follows:

	2023	2022
Net Assets		
Cash	\$ 1,277,001	\$ 626,720
Common stocks	8,289,676	6,494,985
Exchange traded funds	1,692,180	1,732,596
Fixed-rate capital securities and bonds	3,844,118	3,841,383
Mutual Funds	3,106,760	2,687,590
Employer safe harbor receivable	752,471	-
Employer discretionary receivable	60,750	718,050
Employer contribution - other	2,823	-
Interest and dividends receivable	39,170	24,885
	<u>\$ 19,064,949</u>	<u>\$ 16,126,209</u>

Guarantee Trust Life Insurance Company and Select Affiliates
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8) Nonparticipant Directed Investments (continued)

	<u>2023</u>
Changes in Net Assets	
Net appreciation (depreciation)	\$ 2,377,784
Dividend and interest income	353,938
Contributions	816,044
Benefits paid to participants	(608,951)
Fees paid	(75)
	<u>\$ 2,938,740</u>

9) Administrative Costs

A significant amount of the expenses associated with the Plan are paid by the Plan's sponsor. Those expenses are excluded from these financial statements. The remaining expenses of maintaining the Plan are paid by the Plan and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

10) Fair Value Measurements

As of January 1, 2008, the Plan adopted ASC 820 which establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below.

Basis of Fair Value Measurement:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Guarantee Trust Life Insurance Company and Select Affiliates
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Notes to Financial Statements
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10) Fair Value Measurements (continued)

As of December 31, 2023 and 2022, the Plan's investments measured at fair value on a recurring basis were as follows:

Investment Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 8,289,676	-	-	\$ 8,289,676
Exchange Traded Funds	1,692,180	-	-	1,692,180
Mutual Funds	3,106,760	-	-	3,106,760
Fixed-rate Capital Securities	3,257,913	-	-	3,257,913
Fixed-rate Bonds	586,205	-	-	586,205
Pooled Separate Accounts	30,422,164	-	-	30,422,164
Total Investments	\$ 47,354,898	-	-	\$ 47,354,898

Investment Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 6,494,985	-	-	\$ 6,494,985
Exchange Traded Funds	1,732,596	-	-	1,732,596
Mutual Funds	2,687,590	-	-	2,687,590
Fixed-rate Capital Securities	2,962,111	-	-	2,962,111
Fixed-rate Bonds	879,272	-	-	879,272
Pooled Separate Accounts	24,235,514	-	-	24,235,514
Total Investments	\$ 38,992,068	-	-	\$ 38,992,068

Total Level 3 assets were 0.0% of total "Net Assets Available for Benefits" on the Plan's statements of net assets available for plan benefits at fair value as of December 31, 2023 and 2022.

11) Fully Benefit-Responsive Investment Contracts

The Plan holds no fully benefit-responsive investment contracts.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

12) Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 49,739,114	\$ 40,542,254
Employee 401(k) contributions due at December 31, 2023 and 2022	(111)	-
Company contributions - other due at December 31, 2023 and 2022	(15)	(10)
Interest/dividends receivable at December 31, 2023 and 2022	(39,170)	(24,885)
Excess contributions payable at December 31, 2023 and 2022	<u>326</u>	<u>40,928</u>
Net assets available for benefits per Form 5500	\$ <u><u>49,700,144</u></u>	\$ <u><u>40,558,287</u></u>

The following is a reconciliation of company contributions - other receivables per the financial statements at December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Receivables: Participant contributions per the financial statements	\$ 111	\$ -
Less: Participant contributions not yet made at December 31, 2023 and 2022	<u>(111)</u>	<u>-</u>
Receivables: Participant contributions per Form 5500	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>

The following is a reconciliation of interest/dividends receivable per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Interest/dividends receivable per the financial statements	\$ 39,170	\$ 24,885
Less: Interest/dividends receivable at December 31, 2023 and 2022	<u>(39,170)</u>	<u>(24,885)</u>
Interest/dividends receivable per Form 5500	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>

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12) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of excess contributions payable per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Excess contributions payable per the financial statements	\$ 326	\$ 40,928
Less: Current year excess contributions not accrued at December 31, 2023 and 2022	<u>(326)</u>	<u>(40,928)</u>
Excess contributions payable per Form 5500	\$ <u>-</u>	\$ <u>-</u>

The following is a reconciliation of both net appreciation/(depreciation) in fair value of investments and interest/dividends income per the financial statements for the year ended December 31, 2023 to dividends (common stock) reported on Schedule H Form 5500.

	<u>2023</u>
Net appreciation/(depreciation) in fair value of investments per financial statements	\$ 2,377,784
Interest/dividends (net of foreign taxes withheld) per financial statements	353,938
Add: Accrued interest/dividends at December 31, 2022	24,885
Less: Accrued interest/dividends at December 31, 2023	<u>(39,170)</u>
Dividends: Common stock per Form 5500	\$ <u>2,717,437</u>

The following is a reconciliation of net appreciation/(depreciation) in fair value of investments - pooled accounts per the financial statements for the year ended December 31, 2023 to net investment gain (loss) from pooled separate accounts reported on Schedule H Form 5500.

	<u>2023</u>
Net appreciation/(depreciation) in fair value of investments - pooled accounts per the financial statements	\$ 5,194,029
Less: Lost earnings on corrective distributions accrued December 31, 2022, paid in 2023	<u>(6,071)</u>
Net investment gain (loss) from pooled separate accounts per Form 5500	\$ <u>5,187,958</u>

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
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12) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2023 to Schedule H Form 5500.

	<u>2023</u>
Participant contributions per the financial statements	\$ 1,717,342
Add: Accrued employee contributions receivable at December 31, 2022	10
Less: Accrued employee contributions receivable at December 31, 2023	(111)
Less: Excess current year contributions payable at December 31, 2023	<u>326</u>
Participant contributions per Form 5500	\$ <u><u>1,717,567</u></u>

The following is a reconciliation of rollover contributions and miscellaneous income per the financial statements for the year ended December 31, 2023 to rollover contributions on Schedule H Form 5500.

	<u>2023</u>
Rollover contributions per the financial statements	\$ 20,973
Add: Contributions - other per the financial statements	<u>3,029</u>
Total rollover contributions per Form 5500	\$ <u><u>24,002</u></u>

The following is a reconciliation of participant distributions per the financial statements for the year ended December 31, 2023 to Schedule H Form 5500.

	<u>2023</u>
Total distributions per financial statements	\$ 1,632,094
Add: PY excess contributions distributed December 31, 2023 for the year ended December 31, 2022	<u>34,857</u>
Total distributions per Form 5500	\$ <u><u>1,666,951</u></u>

Guarantee Trust Life Insurance Company and Select Affiliates
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13) Risks and Uncertainties

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

14) Contingencies

There are no known contingencies as of the date of these financial statements.

Supplementary Information

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(c)	(d)	(e)
Party-in-Interest	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Common Stocks - Nonparticipant Directed</u>			
	400 Adobe Inc	\$ 149,957	\$ 238,640
	2,500 Alphabet Inc. Class A	66,244	349,225
	2,000 Amazon.com Inc.	60,139	303,880
	800 Aon PLC	68,408	232,816
	2,250 Apple Inc.	81,931	433,193
	1,800 Advanced Micro Devices, Inc	215,563	265,338
	1,000 Booz Allen Hamilton Hldg Corp Cl A	224,725	255,820
	2,000 Dexcom inc	223,166	248,180
	3,000 Doubleverify Hldgs Inc Com	95,580	110,340
	500 Cooper Cos Inc	181,133	264,908
	575 Costco Wholesale Corp-New	33,182	379,546
	1,000 Danaher Corp	94,125	231,340
	800 Icon Plc Ord Euro.06	195,036	226,456
	1,500 Fiserv Inc	127,950	199,260
	700 Meta Platforms Inc Cl A Com	221,364	247,772
	500 Mongoddb Inc Cl A	156,422	204,425
	1,800 Intercontinental Exchange Inc Com	119,144	231,174
	500 Intuit Com	102,657	250,012
	700 Motorola Solutions Inc	207,586	219,163
	1,500 JP Morgan Chase	164,925	255,150
	4,000 Marvell Technology Inc COM	106,920	241,240
	600 MasterCard Inc.	61,962	255,906
	750 Microsoft Corp	145,467	282,030
	1,250 Nestle SA-Sponsored ADR	6,632	144,538
	400 Nvidia Corporation Com	140,871	198,088
	800 Palo Alto Networks Inc Com USD 0.0001	170,941	235,904
	1,500 Progressive Corp Com	150,090	238,920
	1,000 Salesforce.com Incorporated	26,209	263,140
	300 Servicenow Inc Com	134,622	211,947
	1,000 Verisk Analytics Inc. Class A	87,575	238,860
	1,000 Visa Inc. Class A Common Stock	22,935	260,350
	1,000 Workday Inc	114,491	276,060
	1,500 Zoetis Inc	80,420	296,055
	Total Common Stocks - Nonparticipant Directed	\$ 4,038,372	\$ 8,289,676

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(c)	(d)	(e)	
Party-in-Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/23
<u>Mutual Funds - Nonparticipant Directed</u>				
	55,592	DFA International Sustain Core 1 Port	\$ 529,165	\$ 699,380
	16,467	T Rowe Price Capital Appreciation	427,739	582,303
	10,895	Cohen & Steers Instl Realty Shares	521,474	522,671
	14,048	MFS Mid Cap Value Fund	356,908	446,071
	8,518	Vanguard International Value Port Inc	382,049	353,582
	4,290	T Rowe Price International Discovery	217,960	277,187
	7,913	DFA Emerging Markets Portfolio	278,748	225,566
		Total Mutual Funds - Nonparticipant Directed	\$ 2,714,043	\$ 3,106,760

Party-in-Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/23
<u>Exchange Traded Funds - Nonparticipant Directed</u>				
	5,250	Vanguard Value ETF	\$ 461,501	\$ 784,875
	15,000	Invesco ETF TR FTSE RAFI	461,466	528,000
	4,850	Vanguard Int'l Equity Index Fds	200,932	199,335
	1,000	Vanguard Small Cap Value ETF	110,244	179,970
		Total Exchange Traded Funds - Nonparticipant Directed	<u>\$ 1,234,143</u>	<u>\$ 1,692,180</u>

Party-in-Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/23
<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>				
	250,000	United States Treasury Note 02/29/24 2.375%	\$ 250,887	\$ 248,820
	200,000	United States Treasury Note 05/15/25 2.750%	192,422	195,266
	200,000	United States Treasury Note 04/15/24 0.375%	200,039	197,250
	150,000	United States Treasury Note 08/31/24 3.250%	147,598	148,224
	200,000	United States Treasury Note 07/15/25 3.000%	195,938	195,632
	100,000	United States Treasury Note 01/15/26 3.875%	98,453	99,238
	150,000	United States Treasury Note 02/15/26 4.000%	147,164	149,315
	150,000	United States Treasury Note 07/31/24 3.000%	149,367	148,230
	150,000	United States Treasury Note 02/29/24 2.125%	150,238	149,231
	150,000	United States Treasury Note 09/30/25 3.000%	148,031	146,543
	150,000	United States Treasury Note 06/15/25 2.875%	148,664	146,601
	150,000	United States Treasury Note 02/28/25 2.750%	145,289	146,784
	150,000	United States Treasury Note 04/15/25 2.625%	149,168	146,327
	150,000	United States Treasury Note 11/30/25 2.875%	150,186	146,121
	150,000	United States Treasury Note 10/31/24 2.250%	146,988	146,766
		Subtotal Forward	<u>\$ 2,420,432</u>	<u>\$ 2,410,348</u>

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
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Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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(a)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Fair Value 12/31/23
<u>Fixed-Rate Capital Securities - Nonparticipant Directed (continued)</u>			
	Subtotal Forward	\$ 2,420,432	\$ 2,410,348
	150,000	United States Treasury Note 11/15/24 2.250%	146,643
	100,000	United States Treasury Note 03/15/26 4.625%	100,867
	250,000	United States Treasury Note 04/15/26 3.750%	247,675
	150,000	United States Treasury Note 06/15/26 4.125%	149,966
	100,000	United States Treasury Note 07/15/26 4.500%	100,930
	100,000	United States Treasury Note 10/15/26 4.625%	101,484
	100,000	Huntsville Alabama Pub Bldg Auth Lease Rev 2/1/2025 1.000%	95,927
	Total Fixed Rate Capital Securities - Nonparticipant Directed	\$ 3,371,737	\$ 3,353,840

(a)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares	Description	Fair Value 12/31/23
<u>Fixed-Rate Bonds - Nonparticipant Directed</u>			
	100,000	Google Inc 2/25/2024 3.375%	99,658
	100,000	Colgate Palmolive 02/01/2023 1.950%	
	100,000	Exxon Mobil Corp 3/1/23 2.726%	
	100,000	Deere John Capital Corp Ser F 3/6/23 2.800%	
	100,000	Apple Inc 05/03/2023 2.400%	
	100,000	Caterpillar Financial Services 5/17/2024 2.850%	98,967
	100,000	Charles Schwab Corp 3/18/2024 0.750%	98,973
	100,000	3M Co 2/14/25 2.000%	96,162
	100,000	WW Grainger Inc 2/15/2025 1.850%	96,518
	Total Fixed-Rate Bonds - Nonparticipant Directed	\$ 502,909	\$ 490,278

See auditor's report on supplementary information.

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401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Borrower	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Mutual Funds - Participant Directed</u>				
		John Hancock Multimanager Balanced LS	\$ 3,508,588	\$ 3,647,704
		Capital Appreciation Fund	2,275,231	3,585,528
		500 Index Fund	2,123,330	2,757,462
		The Growth Fund of America	1,014,277	1,902,907
		T Rowe Price Science & Technology	1,063,967	1,490,156
		T Rowe Price Equity Inc.	866,251	1,204,025
		Money Market Fund	1,057,618	1,107,951
		EuroPacific Growth Fund	821,976	1,038,369
		Fidelity Advisor Total Bond	1,022,060	1,012,592
		John Hancock Multimanager Growth LS	859,961	944,950
		John Hancock Disciplined Value	575,272	859,625
		Mid Cap Index Fund	536,895	806,320
		John Hancock Multimanager Conservative LS	853,301	799,798
		Franklin Small-Mid Growth	498,561	781,840
		John Hancock Multimanager Aggressive LS	636,052	747,742
		American Funds 2010 TD	671,523	740,122
		American Funds 2025 TD	528,479	665,408
		Investment Company of America	336,260	600,266
		Franklin Mutual Beacon Fund	511,267	583,184
		JPMorgan MidCap Value Fund	406,451	537,688
		John Hancock Multimanager Moderate LS	509,440	493,719
		American Funds 2060 TD	333,730	393,543
		Vanguard Short-Term Federal	378,934	372,974
		American Funds 2040 TD	264,294	329,889
		American Funds 2035 TD	283,193	326,321
		American Century Heritage	249,022	319,941
		American Funds 2050 TD	214,937	252,035
		Vanguard Explorer	171,292	238,653
		New World Fund	199,081	234,946
		American Funds 2030 TD	200,990	230,924
		Subtotal Forward	\$ 22,972,233	\$ 29,006,582

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company 401(k) and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Borrower	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Mutual Funds - Participant Directed (continued)</u>				
		Subtotal Forward	\$ 22,972,233	\$ 29,006,582
		DFA U.S. Small Cap Fund	201,090	222,422
		TIAA-CREF Social Choice Equity	141,474	181,338
		PIMCO Intl Bond USD-Hedged	168,303	180,717
		Strategic Income Opp Fund	167,875	179,277
		American Funds 2045 TD	143,847	177,211
		Dodge & Cox International Stock	141,786	157,225
		American Funds 2055 TD	112,217	133,015
		American Funds 2065 TD	91,901	103,571
		Royce Small Cap Opportunity	39,840	48,933
		Fidelity Adv Leveraged Co Stk	22,143	31,873
		Total Mutual Funds - Participant Directed	<u>\$ 24,202,709</u>	<u>\$ 30,422,164</u>
	Participant Notes			
*	Receivable	3.25% - 10.25%	-	248,939
		Forfeitures	3,277	3,277

See auditor's report on supplementary information

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Recapitulation
December 31, 2023

Recapitulation	Cost	Fair Value 12/31/23	Fair Value Over (Under) Cost
Nonparticipant Directed:			
Common Stocks	\$ 4,038,372	\$ 8,289,676	\$ 4,251,304
Mutual Funds	2,714,043	3,106,760	392,717
Exchange Traded Funds	1,234,143	1,692,180	458,037
Fixed-Rate Bonds	502,909	490,278	(12,631)
United States Treasury Notes	<u>3,371,737</u>	<u>3,353,840</u>	<u>(17,897)</u>
Subtotal	\$ <u><u>11,861,204</u></u>	\$ 16,932,734	\$ <u><u>5,071,530</u></u>

Participant Directed:

Mutual Funds	\$ 30,422,164
Participant Loans	<u>248,939</u>
Total	\$ <u><u>47,603,837</u></u>

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets
(Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2023

(a) Identity of Issue	(c) Cost of Acquisitions	(d) Proceeds of Disposition
500 shares Carmax, Inc	41,640	30,659
3000 shares Toast, Inc	54,328	48,559

NOTE: Labor regulations Section 2520.103-11(b)(2)(vi) excludes participation in Pooled Separate Accounts and labor regulations Section 2520.103-11(b)(2)(vii) excludes securities purchased from a broker-dealer and listed on a registered national securities exchange from the definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year.

Accordingly, all transactions in the participant directed Pooled Separate Accounts are excluded from this report.

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of		Purchase	Selling	Lease	Expense	Cost of	Current Value of Asset	Net Gain
<u>Party Involved</u>	<u>Description of Assets</u>	<u>Price</u>	<u>Price</u>	<u>Rental</u>	<u>Incurred</u>	<u>Asset</u>	<u>On Transaction Date</u>	<u>(or Loss)</u>

No reportable transactions

NOTE: Labor regulation Section 2520.103-6(c)(3) excludes plans contributing in Pooled Separate Accounts from reporting their individual transactions. Therefore, all Pooled Separate Account transactions are excluded from this report.

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2023

Participant Contribution Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP & PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included X	111	-	-	-

See auditor's report on supplementary information.

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 2023 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ 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 ☐ the DFVC program ☐ special extension (enter description)
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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	1b	Three-digit plan number (PN) ▶	333
1c Effective date of plan 12/31/1970			
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) Guarantee Trust Life Insurance Company 1275 Milwaukee Avenue Glenview, IL 60025	2b	Employer Identification Number (EIN) 36-1174500	
2c Plan Sponsor's telephone number (847) 699-0600			
2d Business code (see instructions) 524140			

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	Barbara Taube	10/8/24	Barbara Taube
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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 (2023)
v. 230728

3a Plan administrator's name and address ☒ 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	5 337
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 287 6a(2) 273 6b 11 6c 51 6d 335 6e 0 6f 335 6g(1) 320 6g(2) 334 6h 13
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: 2E 2H 2J 2K 2S 2T 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☒ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) – Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 Guarantee Trust Life Insurance Company	D Employer Identification Number (EIN) 36-1174500

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.
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1 Coverage Information:

(a) Name of insurance carrier John Hancock Life Insurance Company (U.S.A.)					
(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
01-0233346	65838	74350	344		

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 13554	(b) Total amount of fees paid 4689

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 Definiti LLC 2201 Timberlock Pl Ste 150 The Woodlands, TX 77380	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13554	4689	TPA Fees & Compensation	5

(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	

(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	30422164

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**c** Premiums due but unpaid at the end of the year.....**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 ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year..... **7b****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d****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)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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 ☐ paid in cash, or ☐ 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 C (Form 5500) Department of the Treasury Internal Revenue Service	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	B Three-digit plan number (PN) ►	333
C Plan sponsor's name as shown on line 2a of Form 5500 Guarantee Trust Life Insurance Company	D Employer Identification Number (EIN) 36-1174500	

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

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

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)

John Hancock Life Insurance Co

01-0233346

(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?
15 28 59 60 62 63 67 68	Recordkeeper	854	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

Commonwealth Financial Network

04-2675571

(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?
26	RIA	49262	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.	

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.

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:	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:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	B Three-digit plan number (PN) ▶	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Guarantee Trust Life Insurance Company	D Employer Identification Number (EIN) 36-1174500	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2065 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	103571
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2060 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	393543
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2055 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	133015
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2050 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	252035
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2045 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	177211
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2040 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	329889
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2035 TD			
b Name of sponsor of entity listed in (a): John Hancock USA			
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	326321

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

a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2030 TD		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230924
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2025 TD		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 665408
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds 2010 TD		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 740122
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager Aggressive LS		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 747742
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager Growth LS		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 944950
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager Balanced LS		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3647704
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager Moderate LS		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 493719
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager Conserv LS		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799798
a Name of MTIA, CCT, PSA, or 103-12 IE: American Century Heritage		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319941
a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds New World Fund		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 234946

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. Small Cap Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	222422
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a Name of MTIA, CCT, PSA, or 103-12 IE: Franklin Small-Mid Growth

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	781840
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMorgan MidCap Value Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	537688
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a Name of MTIA, CCT, PSA, or 103-12 IE: Mid Cap Index Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	806320
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a Name of MTIA, CCT, PSA, or 103-12 IE: Royce Small-Cap Opportunity

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48933
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. Rowe Price Sci & Tech

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1490156
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a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Explorer Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	238653
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a Name of MTIA, CCT, PSA, or 103-12 IE: 500 Index Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2757462
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a Name of MTIA, CCT, PSA, or 103-12 IE: American Funds EuroPac Growth

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1038369
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a Name of MTIA, CCT, PSA, or 103-12 IE: AF The Growth Fund of America

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1902907
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a Name of MTIA, CCT, PSA, or 103-12 IE: Investment Company of America

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	600266
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a Name of MTIA, CCT, PSA, or 103-12 IE: Capital Appreciation Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3585528
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a Name of MTIA, CCT, PSA, or 103-12 IE: Dodge & Cox International St

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	157225
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a Name of MTIA, CCT, PSA, or 103-12 IE: Fidelity Adv Leveraged Co Stk

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31874
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a Name of MTIA, CCT, PSA, or 103-12 IE: Franklin Mutual Beacon Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	583184
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a Name of MTIA, CCT, PSA, or 103-12 IE: John Hancock Disciplined Value

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	859625
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. Rowe Price Equity Inc

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1204025
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a Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF Social Choice Equity

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	181338
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a Name of MTIA, CCT, PSA, or 103-12 IE: Fidelity Advisor Total Bond

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1012592
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO Intl Bond USD-Hedged

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	180717
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a Name of MTIA, CCT, PSA, or 103-12 IE: Strategic Income Opp Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179277
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a Name of MTIA, CCT, PSA, or 103-12 IE: Money Market Fund

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1107951
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a Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Short-Term Federal

b Name of sponsor of entity listed in (a): John Hancock USA

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372974
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	B Three-digit plan number (PN) ► 333	C Plan sponsor's name as shown on line 2a of Form 5500 Guarantee Trust Life Insurance Company
D Employer Identification Number (EIN) 36-1174500		

Part I Asset and Liability Statement			
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	3408	3277
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	718050	813221
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		2808
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	273738	489428
(2) U.S. Government securities	1c(2)	2869359	3257913
(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)	12240177	14462394
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	218041	248939
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	24235514	30422164
(11) Value of interest in master trust investment accounts	1c(11)		
(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	40558287	49700144

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	40558287	49700144
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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)	1244597	
(B) Participants	2a(1)(B)	1717567	
(C) Others (including rollovers)	2a(1)(C)	24002	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2986166

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)	16780	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16780
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2717437	
(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)		2717437
(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)		
(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)		

		(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)		5187958
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10908341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1666951	
(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)		1666951
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	45508	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	49262	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4763	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		99533
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1766484

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9141857
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: Craig & Associates, LLC

(2) EIN: 20-0529789

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	X		111
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1700000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan		B Three-digit plan number (PN) 333
C Plan sponsor's name as shown on line 2a of Form 5500 Guarantee Trust Life Insurance Company		D Employer Identification Number (EIN) 36-1174500
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): 01-0233346 33-6134835 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230728		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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) and (b):
	a Enter the percentage of plan assets held as: Public Equity: _____ % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: _____ % High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: _____ % Other: _____ %
	b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more
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.

Part VII	IRS Compliance Questions
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21a	Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
21b	If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
22	If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter _____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan	B Three-digit Plan number (PN) ▶	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF Guarantee Trust Life Insurance Company	D Administrator's EIN 36-1174500	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
---------------	---

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
----------------	--

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Guarantee Trust Life Insurance Co.	36-1174500	91.00	42804985
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Independence Director, Inc	36-2835500	8.63	6568267

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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Schedule MEP (2023)
v. 230728

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
United National Life Insurance	37-1095206	0.38	326892
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III **Pooled Employer Plan Information**

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

**Guarantee Trust Life Insurance Company
and Select Affiliates
401(k) and Profit Sharing Plan
Financial Statements and
Independent Auditor's Report
December 31, 2023 and 2022**

**Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan**

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CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

Independent Auditor's Report

Board of Trustees
Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Glenview, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section,

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit 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 Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Guarantee Trust Life Insurance Company and Select Affiliates's ability to continue as a going concern for one year after the date the financial statements are 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guarantee Trust Life Insurance Company and Select Affiliates's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4i – Schedule of Investment Assets (Acquired and Disposed of Within the Plan Year), Schedule H, Line 4j – Schedule of Reportable Transactions, and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2023, 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by John Hancock Life Insurance Company (U.S.A.) and certified to, as a qualified institution, agrees to or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Craig & Associates, LLC

Northbrook, Illinois

September 26, 2024

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	December 31,	
	2023	2022
Assets:		
Investments, at fair value:		
Nonparticipant directed:		
Cash and cash equivalents	\$ 1,277,001	\$ 626,720
Common stocks	8,289,676	6,494,985
Fixed-rate capital securities and bonds	3,844,118	3,841,383
Exchange traded funds	1,692,180	1,732,596
Mutual funds	3,106,760	2,687,590
Participant directed:		
Cash and cash equivalents	3,277	3,408
Mutual funds	30,422,164	24,235,514
Total investments, at fair value	<u>48,635,176</u>	<u>39,622,196</u>
Receivables:		
Company contributions	813,221	718,050
Company contributions - other	2,823	-
Interest/dividends receivable	39,170	24,885
Participant contributions	111	10
Participant notes receivable	248,939	218,041
Total receivables	<u>1,104,264</u>	<u>960,986</u>
Total Assets	<u>49,739,440</u>	<u>40,583,182</u>
Liabilities:		
Excess contributions payable	<u>326</u>	<u>40,928</u>
Net Assets Available for Benefits	<u>\$ 49,739,114</u>	<u>\$ 40,542,254</u>

See accompanying auditor's report and notes to financial statements.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

	December 31, 2023
Additions to net assets attributed to:	
Investment income:	
Net appreciation (depreciation)	
in fair value of investments	\$ 2,377,784
Net appreciation (depreciation)	
in fair value of investments - pooled accounts	5,194,029
Dividend and interest income	
(net of foreign taxes withheld)	353,938
Loan interest	16,780
Miscellaneous income	15
Total Investment Income	7,942,546
Contributions:	
Participants'	1,717,342
Employer safe harbor	752,471
Employer discretionary	60,750
Employer match	431,376
Other	3,029
Rollover	20,973
Total Contributions	2,985,941
Total Additions	10,928,487
Deductions from net assets attributed to:	
Benefits paid to participants	1,632,094
Administrative Expenses	99,533
Total Deductions	1,731,627
Net Increase	9,196,860
Net assets available for benefits:	
Beginning of year	40,542,254
End of year	\$ 49,739,114

See accompanying auditor's report and notes to financial statements.

**Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022**

1) Description of Plan

The following description of the Guarantee Trust Life Insurance Company and Select Affiliates 401(k) and Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General:

The Plan is a defined contribution plan covering all full-time employees with ninety days of eligible service. After meeting the eligibility requirement, the employee is automatically enrolled into the Plan at the first day of the following quarter unless they opt-out in writing.

Effective August 1, 2018 the Plan was amended and restated to comply with the Pension Protection Act of 2006 (PPA), the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART), the Emergency Economic Stabilization Act of 2018 (EESA), the Workers, Retiree, and Employer Recovery Act of 2008 (WRERA), as well as the required changes from the 2010 Cumulative List of Changes in Plan Qualification Requirements described in Section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. Participating companies are Guarantee Trust Life Insurance Company, Independence Director, Inc., Independence Realty Development Co., and United National Life Insurance Company of America. The Plan also includes Cornerstone Senior Services, LLC as a related, non-participating company whose employees are eligible for deferrals but not eligible for either profit sharing or employer match. All of the above companies combined shall be referred to as the "Company".

During 2020, CARES Act provisions were administered by the Plan although the Plan document has not yet been amended. These provisions include permission for participants to withdraw up to \$100,000 from the Plan for coronavirus-related distributions without being subject to the 10% early distribution penalty and for that distribution to be repaid to the Plan over a 3 year period and temporary suspension of required minimum distribution requirements.

The Plan was restated on January 1, 2022 to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37).

The Plan was amended effective January 1, 2023 to qualify as a Safe Harbor 401(k) Plan.

b) Contributions:

Employee 401(k) contributions can be made as pre-tax or as Roth deferrals. Safe Harbor employer contributions are 3% of eligible employees' Plan compensation. Matching employer contributions are discretionary. In addition, the Company may annually contribute a discretionary profit sharing contribution to the participants' accounts. Contributions are subject to certain limitations. For the plan years ended December 31, 2023 and 2022, the Company made safe harbor contributions of \$752,471 and \$-0-, respectively, and employer matching contributions in the amount of \$431,376 and \$387,950, respectively, to the Plan. The Company made discretionary profit sharing contributions in the amount of \$60,750 and \$718,050 for the plan years ended December 31, 2023 and 2022, respectively.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

1) Description of Plan (continued)

c) Participants' Accounts:

Each participant's account is credited with any applicable 401(k) contributions, safe harbor and matching contributions as well as the allocation of (a) the company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Rollovers into the Plan from other qualified plans are permitted at the discretion of the Plan Administrator.

d) Vesting:

Participants' voluntary 401(k) and the Plan Sponsor's safe harbor contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 0%, 20%, 40%, 60% and 100% after 1, 2, 3, 4 and 5 years of service, respectively. Participants are 100% vested after 5 years of credited service. With regards to matching contributions, participants are vested 100% after two years of credited service. Participants are 100% vested immediately in their rollover.

e) Payment of Benefits:

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

f) Forfeitures:

At December 31, 2023 and 2022 forfeited nonvested accounts totaled \$5,502 and \$11,624, respectively. These monies can be used by the Plan to pay Plan expenses, allocated as additional Employer contributions, or to reduce other Employer contributions under the Plan. During the years ended December 31, 2023 and 2022, the additional discretionary nonelective contribution paid to participants was \$2,825 and \$10,782, respectively, from forfeited nonvested accounts.

g) Participants' Loans:

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator.

h) Reclassifications:

Reclassifications have been made to the prior year balances to conform to the current year presentation. Such reclassifications were made for comparative purposes only, and do not restate the prior year financial statements.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

2) Summary of Significant Accounting Policies

a) Basis of Presentation:

The accompanying financial statements are prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan currently holds no fully benefit-responsive investment contracts.

b) Use of Estimates:

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

c) 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 investment committee determines the Plan's valuation policies utilizing information provided by the investment advisor and custodians.

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

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are paid by the participant. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

d) Excess Contributions Payable:

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions in the prior year and a reduction of distributions to participants in the following year, the year of the actual distribution. The Plan distributed the 2023 excess contributions to the applicable participants prior to March 15, 2024.

e) Payment of Benefits:

Benefits are recorded when paid.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

2) Summary of Significant Accounting Policies (continued)

f). Disclosure of Evaluation of Subsequent Events:

In accordance with ASC Topic 855, the Plan evaluated subsequent events through the report date, the date these financial statements were issued. There were no material events that required recognition or additional disclosures in these financial statements.

3) Information Certified by Custodian

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2023 and 2022, net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by John Hancock Life Insurance Company (U.S.A.).

Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared by and certified to as complete and accurate by the Trustee. The amounts are reported on the cash basis except for participant loans and loan interest income which include accrued interest.

	<u>2023</u>	<u>2022</u>
Investments at fair value		
Mutual funds	\$ 30,422,164	\$ 24,235,514
Notes receivable - participants' loans	248,939	218,041
Investment gain/(loss) from pooled separate accounts	5,194,029	(5,606,854)
Interest income - notes receivable - participant loans	16,780	11,990
Fees paid by Plan	99,458	103,634

4) Tax Status of the Plan

The company received a favorable opinion letter dated June 30, 2020 for its prototype plan from the Internal Revenue Service qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code.

US GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions, generally for three years after returns are filed; however, there are currently no audits for any tax periods in progress.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

5) Trustee and Investment Manager

Under the terms of the trust agreement R.S. Holson III, Michael Lockett, Donald P. Abbs, and Barbara L. Taube are Trustees. The investment advisor and investments are selected by the Trustees and may change from time to time. With regard to the 401(k) and employer match contributions, investment activities are at the discretion of the participants based upon those investments made available under the Plan.

6) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts.

7) Transactions Required to be Reported

ERISA requires that transactions or aggregates of transactions with respect to plan assets when the amount of the transaction or aggregate of transactions exceeding 5% of the fair value of plan assets at the beginning of the plan year be separately disclosed. Such transactions are shown in the Schedule H, Line 4j – Schedule of Reportable Transactions in the supplementary information section. There were no transactions required to be reported for 2023 and 2022 as all such transactions were participant driven and not required to be reported.

8) Nonparticipant Directed Investments

Information about net assets and significant components of the changes in net assets related to the nonparticipant directed investments is as follows:

	2023	2022
Net Assets		
Cash	\$ 1,277,001	\$ 626,720
Common stocks	8,289,676	6,494,985
Exchange traded funds	1,692,180	1,732,596
Fixed-rate capital securities and bonds	3,844,118	3,841,383
Mutual Funds	3,106,760	2,687,590
Employer safe harbor receivable	752,471	-
Employer discretionary receivable	60,750	718,050
Employer contribution - other	2,823	-
Interest and dividends receivable	39,170	24,885
	<u>\$ 19,064,949</u>	<u>\$ 16,126,209</u>

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

8) Nonparticipant Directed Investments (continued)

	<u>2023</u>
Changes in Net Assets	
Net appreciation (depreciation)	\$ 2,377,784
Dividend and interest income	353,938
Contributions	816,044
Benefits paid to participants	(608,951)
Fees paid	(75)
	<u>\$ 2,938,740</u>

9) Administrative Costs

A significant amount of the expenses associated with the Plan are paid by the Plan's sponsor. Those expenses are excluded from these financial statements. The remaining expenses of maintaining the Plan are paid by the Plan and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

10) Fair Value Measurements

As of January 1, 2008, the Plan adopted ASC 820 which establishes 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below.

Basis of Fair Value Measurement:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

10) Fair Value Measurements (continued)

As of December 31, 2023 and 2022, the Plan's investments measured at fair value on a recurring basis were as follows:

Investment Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 8,289,676	-	-	\$ 8,289,676
Exchange Traded Funds	1,692,180	-	-	1,692,180
Mutual Funds	3,106,760	-	-	3,106,760
Fixed-rate Capital Securities	3,257,913	-	-	3,257,913
Fixed-rate Bonds	586,205	-	-	586,205
Pooled Separate Accounts	30,422,164	-	-	30,422,164
Total Investments	\$ 47,354,898	-	-	\$ 47,354,898

Investment Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 6,494,985	-	-	\$ 6,494,985
Exchange Traded Funds	1,732,596	-	-	1,732,596
Mutual Funds	2,687,590	-	-	2,687,590
Fixed-rate Capital Securities	2,962,111	-	-	2,962,111
Fixed-rate Bonds	879,272	-	-	879,272
Pooled Separate Accounts	24,235,514	-	-	24,235,514
Total Investments	\$ 38,992,068	-	-	\$ 38,992,068

Total Level 3 assets were 0.0% of total "Net Assets Available for Benefits" on the Plan's statements of net assets available for plan benefits at fair value as of December 31, 2023 and 2022.

11) Fully Benefit-Responsive Investment Contracts

The Plan holds no fully benefit-responsive investment contracts.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

12) Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 49,739,114	\$ 40,542,254
Employee 401(k) contributions due at December 31, 2023 and 2022	(111)	-
Company contributions - other due at December 31, 2023 and 2022	(15)	(10)
Interest/dividends receivable at December 31, 2023 and 2022	(39,170)	(24,885)
Excess contributions payable at December 31, 2023 and 2022	<u>326</u>	<u>40,928</u>
Net assets available for benefits per Form 5500	\$ <u><u>49,700,144</u></u>	\$ <u><u>40,558,287</u></u>

The following is a reconciliation of company contributions - other receivables per the financial statements at December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Receivables: Participant contributions per the financial statements	\$ 111	\$ -
Less: Participant contributions not yet made at December 31, 2023 and 2022	<u>(111)</u>	<u>-</u>
Receivables: Participant contributions per Form 5500	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>

The following is a reconciliation of interest/dividends receivable per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Interest/dividends receivable per the financial statements	\$ 39,170	\$ 24,885
Less: Interest/dividends receivable at December 31, 2023 and 2022	<u>(39,170)</u>	<u>(24,885)</u>
Interest/dividends receivable per Form 5500	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

12) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of excess contributions payable per the financial statements for the years ended December 31, 2023 and 2022 to Schedule H Form 5500.

	<u>2023</u>	<u>2022</u>
Excess contributions payable per the financial statements	\$ 326	\$ 40,928
Less: Current year excess contributions not accrued at December 31, 2023 and 2022	<u>(326)</u>	<u>(40,928)</u>
Excess contributions payable per Form 5500	\$ <u>-</u>	\$ <u>-</u>

The following is a reconciliation of both net appreciation/(depreciation) in fair value of investments and interest/dividends income per the financial statements for the year ended December 31, 2023 to dividends (common stock) reported on Schedule H Form 5500.

	<u>2023</u>
Net appreciation/(depreciation) in fair value of investments per financial statements	\$ 2,377,784
Interest/dividends (net of foreign taxes withheld) per financial statements	353,938
Add: Accrued interest/dividends at December 31, 2022	24,885
Less: Accrued interest/dividends at December 31, 2023	<u>(39,170)</u>
Dividends: Common stock per Form 5500	\$ <u>2,717,437</u>

The following is a reconciliation of net appreciation/(depreciation) in fair value of investments - pooled accounts per the financial statements for the year ended December 31, 2023 to net investment gain (loss) from pooled separate accounts reported on Schedule H Form 5500.

	<u>2023</u>
Net appreciation/(depreciation) in fair value of investments - pooled accounts per the financial statements	\$ 5,194,029
Less: Lost earnings on corrective distributions accrued December 31, 2022, paid in 2023	<u>(6,071)</u>
Net investment gain (loss) from pooled separate accounts per Form 5500	\$ <u>5,187,958</u>

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

12) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2023 to Schedule H Form 5500.

	<u>2023</u>
Participant contributions per the financial statements	\$ 1,717,342
Add: Accrued employee contributions receivable at December 31, 2022	10
Less: Accrued employee contributions receivable at December 31, 2023	(111)
Less: Excess current year contributions payable at December 31, 2023	<u>326</u>
Participant contributions per Form 5500	\$ <u><u>1,717,567</u></u>

The following is a reconciliation of rollover contributions and miscellaneous income per the financial statements for the year ended December 31, 2023 to rollover contributions on Schedule H Form 5500.

	<u>2023</u>
Rollover contributions per the financial statements	\$ 20,973
Add: Contributions - other per the financial statements	<u>3,029</u>
Total rollover contributions per Form 5500	\$ <u><u>24,002</u></u>

The following is a reconciliation of participant distributions per the financial statements for the year ended December 31, 2023 to Schedule H Form 5500.

	<u>2023</u>
Total distributions per financial statements	\$ 1,632,094
Add: PY excess contributions distributed December 31, 2023 for the year ended December 31, 2022	<u>34,857</u>
Total distributions per Form 5500	\$ <u><u>1,666,951</u></u>

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Notes to Financial Statements
December 31, 2023 and 2022

13) Risks and Uncertainties

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

14) Contingencies

There are no known contingencies as of the date of these financial statements.

Supplementary Information

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(c)	(d)	(e)
Party-in- Interest	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Common Stocks - Nonparticipant Directed</u>			
	400 Adobe Inc	\$ 149,957	\$ 238,640
	2,500 Alphabet Inc. Class A	66,244	349,225
	2,000 Amazon.com Inc.	60,139	303,880
	800 Aon PLC	68,408	232,816
	2,250 Apple Inc.	81,931	433,193
	1,800 Advanced Micro Devices, Inc	215,563	265,338
	1,000 Booz Allen Hamilton Hldg Corp Cl A	224,725	255,820
	2,000 Dexcom inc	223,166	248,180
	3,000 Doubleverify Hldgs Inc Com	95,580	110,340
	500 Cooper Cos Inc	181,133	264,908
	575 Costco Wholesale Corp-New	33,182	379,546
	1,000 Danaher Corp	94,125	231,340
	800 Icon Plc Ord Euro.06	195,036	226,456
	1,500 Fiserv Inc	127,950	199,260
	700 Meta Platforms Inc Cl A Com	221,364	247,772
	500 Mongoddb Inc Cl A	156,422	204,425
	1,800 Intercontinental Exchange Inc Com	119,144	231,174
	500 Intuit Com	102,657	250,012
	700 Motorola Solutions Inc	207,586	219,163
	1,500 JP Morgan Chase	164,925	255,150
	4,000 Marvell Technology Inc COM	106,920	241,240
	600 MasterCard Inc.	61,962	255,906
	750 Microsoft Corp	145,467	282,030
	1,250 Nestle SA-Sponsored ADR	6,632	144,538
	400 Nvidia Corporation Com	140,871	198,088
	800 Palo Alto Networks Inc Com USD 0.0001	170,941	235,904
	1,500 Progressive Corp Com	150,090	238,920
	1,000 Salesforce.com Incorporated	26,209	263,140
	300 Servicenow Inc Com	134,622	211,947
	1,000 Verisk Analytics Inc. Class A	87,575	238,860
	1,000 Visa Inc. Class A Common Stock	22,935	260,350
	1,000 Workday Inc	114,491	276,060
	1,500 Zoetis Inc	80,420	296,055
	Total Common Stocks - Nonparticipant Directed	\$ 4,038,372	\$ 8,289,676

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(c)	(d)	(e)
Party-in-Interest	Face Value or Number of Shares	Description	Fair Value 12/31/23
		Cost	
	<u>Mutual Funds - Nonparticipant Directed</u>		
	55,592	DFA International Sustain Core 1 Port	\$ 699,380
	16,467	T Rowe Price Capital Appreciation	582,303
	10,895	Cohen & Steers Instl Realty Shares	522,671
	14,048	MFS Mid Cap Value Fund	446,071
	8,518	Vanguard International Value Port Inc	353,582
	4,290	T Rowe Price International Discovery	277,187
	7,913	DFA Emerging Markets Portfolio	225,566
		Total Mutual Funds - Nonparticipant Directed	\$ <u>2,714,043</u> \$ <u>3,106,760</u>

Party-in-Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/23
	<u>Exchange Traded Funds - Nonparticipant Directed</u>			
	5,250	Vanguard Value ETF	\$ 461,501	\$ 784,875
	15,000	Invesco ETF TR FTSE RAFI	461,466	528,000
	4,850	Vanguard Int'l Equity Index Fds	200,932	199,335
	1,000	Vanguard Small Cap Value ETF	110,244	179,970
		Total Exchange Traded Funds - Nonparticipant Directed	\$ <u>1,234,143</u>	\$ <u>1,692,180</u>

Party-in-Interest	Face Value or Number of Shares	Description	Cost	Fair Value 12/31/23
	<u>Fixed-Rate Capital Securities - Nonparticipant Directed</u>			
	250,000	United States Treasury Note 02/29/24 2.375%	\$ 250,887	\$ 248,820
	200,000	United States Treasury Note 05/15/25 2.750%	192,422	195,266
	200,000	United States Treasury Note 04/15/24 0.375%	200,039	197,250
	150,000	United States Treasury Note 08/31/24 3.250%	147,598	148,224
	200,000	United States Treasury Note 07/15/25 3.000%	195,938	195,632
	100,000	United States Treasury Note 01/15/26 3.875%	98,453	99,238
	150,000	United States Treasury Note 02/15/26 4.000%	147,164	149,315
	150,000	United States Treasury Note 07/31/24 3.000%	149,367	148,230
	150,000	United States Treasury Note 02/29/24 2.125%	150,238	149,231
	150,000	United States Treasury Note 09/30/25 3.000%	148,031	146,543
	150,000	United States Treasury Note 06/15/25 2.875%	148,664	146,601
	150,000	United States Treasury Note 02/28/25 2.750%	145,289	146,784
	150,000	United States Treasury Note 04/15/25 2.625%	149,168	146,327
	150,000	United States Treasury Note 11/30/25 2.875%	150,186	146,121
	150,000	United States Treasury Note 10/31/24 2.250%	146,988	146,766
		Subtotal Forward	\$ 2,420,432	\$ 2,410,348

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(c)	(d)	(e)
Party-in-Interest	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Fixed-Rate Capital Securities - Nonparticipant Directed (continued)</u>			
	Subtotal Forward	\$ 2,420,432	\$ 2,410,348
150,000	United States Treasury Note 11/15/24 2.250%	152,278	146,643
100,000	United States Treasury Note 03/15/26 4.625%	102,222	100,867
250,000	United States Treasury Note 04/15/26 3.750%	248,633	247,675
150,000	United States Treasury Note 06/15/26 4.125%	148,488	149,966
100,000	United States Treasury Note 07/15/26 4.500%	99,883	100,930
100,000	United States Treasury Note 10/15/26 4.625%	99,477	101,484
100,000	Huntsville Alabama Pub Bldg Auth Lease Rev 2/1/2025 1.000%	100,324	95,927
	Total Fixed Rate Capital Securities - Nonparticipant Directed	<u>\$ 3,371,737</u>	<u>\$ 3,353,840</u>

(a)	(c)	(d)	(e)
Party-in-Interest	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Fixed-Rate Bonds - Nonparticipant Directed</u>			
100,000	Google Inc 2/25/2024 3.375%	\$ 100,442	\$ 99,658
100,000	Colgate Palmolive 02/01/2023 1.950%		
100,000	Exxon Mobil Corp 3/1/23 2.726%		
100,000	Deere John Capital Corp Ser F 3/6/23 2.800%		
100,000	Apple Inc 05/03/2023 2.400%		
100,000	Caterpillar Financial Services 5/17/2024 2.850%	100,898	98,967
100,000	Charles Schwab Corp 3/18/2024 0.750%	100,060	98,973
100,000	3M Co 2/14/25 2.000%	100,427	96,162
100,000	WW Grainger Inc 2/15/2025 1.850%	101,082	96,518
	Total Fixed-Rate Bonds - Nonparticipant Directed	<u>\$ 502,909</u>	<u>\$ 490,278</u>

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Borrower	Face Value or Number of Shares Description	Cost	Fair Value 12/31/23
<u>Mutual Funds - Participant Directed</u>				
		John Hancock Multimanager Balanced LS	\$ 3,508,588	\$ 3,647,704
		Capital Appreciation Fund	2,275,231	3,585,528
		500 Index Fund	2,123,330	2,757,462
		The Growth Fund of America	1,014,277	1,902,907
		T Rowe Price Science & Technology	1,063,967	1,490,156
		T Rowe Price Equity Inc.	866,251	1,204,025
		Money Market Fund	1,057,618	1,107,951
		EuroPacific Growth Fund	821,976	1,038,369
		Fidelity Advisor Total Bond	1,022,060	1,012,592
		John Hancock Multimanager Growth LS	859,961	944,950
		John Hancock Disciplined Value	575,272	859,625
		Mid Cap Index Fund	536,895	806,320
		John Hancock Multimanager Conservative LS	853,301	799,798
		Franklin Small-Mid Growth	498,561	781,840
		John Hancock Multimanager Aggressive LS	636,052	747,742
		American Funds 2010 TD	671,523	740,122
		American Funds 2025 TD	528,479	665,408
		Investment Company of America	336,260	600,266
		Franklin Mutual Beacon Fund	511,267	583,184
		JPMorgan MidCap Value Fund	406,451	537,688
		John Hancock Multimanager Moderate LS	509,440	493,719
		American Funds 2060 TD	333,730	393,543
		Vanguard Short-Term Federal	378,934	372,974
		American Funds 2040 TD	264,294	329,889
		American Funds 2035 TD	283,193	326,321
		American Century Heritage	249,022	319,941
		American Funds 2050 TD	214,937	252,035
		Vanguard Explorer	171,292	238,653
		New World Fund	199,081	234,946
		American Funds 2030 TD	200,990	230,924
		Subtotal Forward	\$ 22,972,233	\$ 29,006,582

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company 401(k) and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2023

(a)	(b)	Face Value or Number of Shares	(c) Description	(d) Cost	(e) Fair Value 12/31/23
Party-in- Interest	Identity of Borrower				
<u>Mutual Funds - Participant Directed (continued)</u>					
			Subtotal Forward	\$ 22,972,233	\$ 29,006,582
			DFA U.S. Small Cap Fund	201,090	222,422
			TIAA-CREF Social Choice Equity	141,474	181,338
			PIMCO Intl Bond USD-Hedged	168,303	180,717
			Strategic Income Opp Fund	167,875	179,277
			American Funds 2045 TD	143,847	177,211
			Dodge & Cox International Stock	141,786	157,225
			American Funds 2055 TD	112,217	133,015
			American Funds 2065 TD	91,901	103,571
			Royce Small Cap Opportunity	39,840	48,933
			Fidelity Adv Leveraged Co Stk	22,143	31,873
			Total Mutual Funds - Participant Directed	<u>\$ 24,202,709</u>	<u>\$ 30,422,164</u>
	Participant Notes				
*	Receivable	3.25% - 10.25%		-	248,939
		Forfeitures		3,277	3,277

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Recapitulation
December 31, 2023

Recapitulation	Cost	Fair Value 12/31/23	Fair Value Over (Under) Cost
Nonparticipant Directed:			
Common Stocks	\$ 4,038,372	\$ 8,289,676	\$ 4,251,304
Mutual Funds	2,714,043	3,106,760	392,717
Exchange Traded Funds	1,234,143	1,692,180	458,037
Fixed-Rate Bonds	502,909	490,278	(12,631)
United States Treasury Notes	<u>3,371,737</u>	<u>3,353,840</u>	<u>(17,897)</u>
Subtotal	\$ <u><u>11,861,204</u></u>	\$ 16,932,734	\$ <u><u>5,071,530</u></u>

Participant Directed:

Mutual Funds	\$ 30,422,164
Participant Loans	<u>248,939</u>
Total	\$ <u><u>47,603,837</u></u>

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4i - Schedule of Assets
(Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2023

(a) Identity of Issue	(c) Cost of Acquisitions	(d) Proceeds of Disposition
500 shares Carmax, Inc	41,640	30,659
3000 shares Toast, Inc	54,328	48,559

NOTE: Labor regulations Section 2520.103-11(b)(2)(vi) excludes participation in Pooled Separate Accounts and labor regulations Section 2520.103-11(b)(2)(vii) excludes securities purchased from a broker-dealer and listed on a registered national securities exchange from the definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year.

Accordingly, all transactions in the participant directed Pooled Separate Accounts are excluded from this report.

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2023

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of		Purchase	Selling	Lease	Expense	Cost of	Current Value of Asset	Net Gain
<u>Party Involved</u>	<u>Description of Assets</u>	<u>Price</u>	<u>Price</u>	<u>Rental</u>	<u>Incurred</u>	<u>Asset</u>	<u>On Transaction Date</u>	<u>(or Loss)</u>

No reportable transactions

NOTE: Labor regulation Section 2520.103-6(c)(3) excludes plans contributing in Pooled Separate Accounts from reporting their individual transactions. Therefore, all Pooled Separate Account transactions are excluded from this report.

See auditor's report on supplementary information.

Guarantee Trust Life Insurance Company and Select Affiliates
401(k) and Profit Sharing Plan
Form 5500, EIN 36-1174500, Plan 333
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2023

Participant Contribution Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP & PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included X	111	-	-	-

See auditor's report on supplementary information.