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|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><h2 style="text-align: center;">2023</h2><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

**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) M

**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**

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>AMEREN HEALTH AND WELFARE TRUST</u>   | <b>1b</b> Three-digit plan number (PN) ▶ <u>012</u><br><br><b>1c</b> Effective date of plan   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMEREN CORPORATION</u><br><br><u>PO BOX 66149</u> <u>1901 CHOUTEAU AVENUE</u><br><u>MC 533</u> <u>MC 533</u><br><u>ST. LOUIS, MO 63166-6149</u> <u>ST. LOUIS, MO 63103</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>43-1723446</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>877-769-2637</u><br><br><b>2d</b> Business code (see instructions) |

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

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

|                  |  |                   |  |
|------------------|--|-------------------|--|
| <b>SIGN HERE</b> |  |                   |  |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  |                   |  |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/15/2024</u> | <u>RUPINDER BUDHAN</u>                                       |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

|   |   |
|---|---|
| <p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>AMEREN ADMINISTRATIVE COMMITTEE</p> <p>PO BOX 66149<br/>MC 533<br/>ST. LOUIS, MO 63166-6149</p>   | <p><b>3b</b> Administrator's EIN<br/>92-1007286</p> <p><b>3c</b> Administrator's telephone number<br/>877-769-2637</p>  |
| <p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name</p> <p><b>c</b> Plan Name</p>   | <p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>  |
| <p><b>5</b> Total number of participants at the beginning of the plan year</p>  | <p><b>5</b></p>   |
| <p><b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b>, <b>6a(2)</b>, <b>6b</b>, <b>6c</b>, and <b>6d</b>).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....</p> <p><b>a(2)</b> Total number of active participants at the end of the plan year .....</p> <p><b>b</b> Retired or separated participants receiving benefits .....</p> <p><b>c</b> Other retired or separated participants entitled to future benefits .....</p> <p><b>d</b> Subtotal. Add lines <b>6a(2)</b>, <b>6b</b>, and <b>6c</b> .....</p> <p><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....</p> <p><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....</p> <p><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....</p> <p><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....</p> | <p><b>6a(1)</b></p> <p><b>6a(2)</b></p> <p><b>6b</b></p> <p><b>6c</b></p> <p><b>6d</b></p> <p><b>6e</b></p> <p><b>6f</b></p> <p><b>6g(1)</b></p> <p><b>6g(2)</b></p> <p><b>6h</b></p> |
| <p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>   | <p><b>7</b></p>   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

|  |  |
|--|--|
| <p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p> | <p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p> |
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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

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

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|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>AMEREN HEALTH AND WELFARE TRUST</b>                            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>012</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMEREN CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>43-1723446</b> |            |

**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

|                                      |   |
|--------------------------------------|---|
| <b>BAILLIE GIFFORD OVERSEAS LTD.</b> | <b>CALTON SQUARE 1 GREENSIDE ROW<br/>EDINBURGH, SCOTLAND EH1 3AN GB</b> |
|--------------------------------------|---|

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

|                                   |                   |
|-----------------------------------|-------------------|
| <b>NORTHERN TRUST CORPORATION</b> | <b>36-2723087</b> |
|-----------------------------------|-------------------|

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

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

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

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**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)

HEALTHY ALLIANCE LIFE INS. CO.

86-0257201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65                     | NONE  | 1136179  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WELLINGTON ASSET MANAGEMENT

04-2755549

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 68               | NONE  | 374091   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BOSTON PARTNERS

98-0202744

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 68               | NONE  | 314972   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

BUSINESSSOLVER

42-1503807

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65                     | NONE  | 295347   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SANDERSON ASSET MANAGEMENT

13-4169008

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 62               | NONE  | 215768   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 68               | NONE  | 162568   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 68               | NONE  | 148854   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DELTA DENTAL OF MISSOURI

43-0908349

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65                     | NONE  | 104082   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 62 72               | TRUSTEE   | 78510  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

WILLIS TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 16                  | NONE  | 46057  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

CROWE LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | NONE  | 20211  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VISION SERVICE PLAN

36-3560825

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 65                     | NONE  | 19515  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21 24 28<br>50 51      | NONE  | 18092  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MELLON INVESTMENTS

25-1442864

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51                  | NONE  | 5331   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>AMEREN HEALTH AND WELFARE TRUST</u>                                   | <b>B</b> Three-digit plan number (PN) ▶                            | <u>012</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>AMEREN CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>43-1723446</u> |            |

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

|   |                               |  |
|---|-------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK ACWI EX-US IMI INDEX FUND</u>             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>30-0587660-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49250237</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M CF SL AGG BOND INDEX FUND</u>                |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK MELLON</u>                      |                               |  |
| <b>c</b> EIN-PN <u>25-1849938-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25096202</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COMMON S&amp;P500 INDEX FUND LENDING</u>         |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>             |                               |  |
| <b>c</b> EIN-PN <u>36-7361150-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81245663</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON CTF CORE BOND PLUS FUND</u>              |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON INVESTMENT MANAGEMENT</u>             |                               |  |
| <b>c</b> EIN-PN <u>04-6657596-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>246057209</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR ACWI EX-US IMI INDEX FUND RUSSIA</u>             |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |  |
| <b>c</b> EIN-PN <u>94-3300062-001</u>   | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22</u>        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |                               |  |
| <b>b</b> Name of sponsor of entity listed in (a):   |                               |  |
| <b>c</b> EIN-PN   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                  |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

**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.)

|  |                                |
|--|--------------------------------|
| <b>a</b> Plan name AMEREN EMPLOYEE MEDICAL PLAN  |                                |
| <b>b</b> Name of plan sponsor AMEREN CORPORATION | <b>c</b> EIN-PN 43-1723446-510 |

|  |                                |
|--|--------------------------------|
| <b>a</b> Plan name AMEREN RETIREE WELFARE BENEFIT PLAN |                                |
| <b>b</b> Name of plan sponsor AMEREN CORPORATION       | <b>c</b> EIN-PN 43-1723446-511 |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|                               |                 |
|-------------------------------|-----------------|
| <b>a</b> Plan name            |                 |
| <b>b</b> Name of plan sponsor | <b>c</b> EIN-PN |

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b> |  |
| <b>A</b> Name of plan<br><b>AMEREN HEALTH AND WELFARE TRUST</b>  | <b>B</b> Three-digit plan number (PN) <b>012</b>                   |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>AMEREN CORPORATION</b>               | <b>D</b> Employer Identification Number (EIN)<br><b>43-1723446</b> |

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

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 71471                 | 70808           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 1076253               | 1730798         |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 1075853               | 2196182         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 200210818             | 267071341       |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 54210873              | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 417374377             | 401649333       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 66775560              | 55211654        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|---|--------------|------------------------------|------------------------|
| (1) Employer securities .....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property .....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 740795205                    | 727930116              |
| <b>Liabilities</b>  |              |                              |                        |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables .....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities .....  | <b>1j</b>    | 1003234                      | 1402624                |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 1003234                      | 1402624                |
| <b>Net Assets</b>   |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 739791971                    | 726527492              |

**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.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> |                   |                  |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions .....  | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 0                |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 24                |                  |
| <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> |                   |                  |
| <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans .....   | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |                   |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 24               |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 1005294           |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1432742           |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 2438036          |
| (3) Rents .....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds .....  | <b>2b(4)(A)</b> | 133070808         |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....  | <b>2b(4)(B)</b> | 118290622         |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |                   | 14780186         |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate .....   | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 32835228          |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|  |               | (a) Amount | (b) Total |
|--|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | <b>2b(6)</b>  |            | 44274690  |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | <b>2b(9)</b>  |            | 2220302   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | <b>2b(10)</b> |            | 7450765   |
| <b>c</b> Other income.....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....        | <b>2d</b>     |            | 103999231 |

**Expenses**

|  |               |         |         |
|--|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |         |         |
| (2) To insurance carriers for the provision of benefits.....                               | <b>2e(2)</b>  |         |         |
| (3) Other.....   | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 0       |
| <b>f</b> Corrective distributions (see instructions).....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense.....   | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:  |               |         |         |
| (1) Salaries and allowances.....   | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees.....   | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees.....  | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees.....   | <b>2i(4)</b>  | 20211   |         |
| (5) Investment advisory and investment management fees.....                                | <b>2i(5)</b>  | 1243651 |         |
| (6) Bank or trust company trustee/custodial fees.....                                      | <b>2i(6)</b>  | 78510   |         |
| (7) Actuarial fees.....  | <b>2i(7)</b>  | 17736   |         |
| (8) Legal fees.....  | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees.....  | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses.....  | <b>2i(10)</b> |         |         |
| (11) Other expenses.....   | <b>2i(11)</b> | 1587902 |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 2948010 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 2948010 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 101051221 |
| <b>l</b> Transfers of assets:   |              |  |           |
| (1) To this plan.....   | <b>2l(1)</b> |  | 4270218   |
| (2) From this plan.....   | <b>2l(2)</b> |  | 118585918 |

**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:

(2) EIN:

**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:

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

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

**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?

**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.

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     |    |        |
| <b>4b</b> |     | X  |        |
| <b>4c</b> |     | X  |        |
| <b>4d</b> |     | X  |        |
| <b>4e</b> |     |    |        |
| <b>4f</b> |     |    |        |
| <b>4g</b> |     |    |        |
| <b>4h</b> |     |    |        |
| <b>4i</b> | X   |    |        |
| <b>4j</b> | X   |    |        |
| <b>4k</b> |     |    |        |
| <b>4l</b> |     |    |        |
| <b>4m</b> |     |    |        |
| <b>4n</b> |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**December 31, 2023**

Name of plan sponsor: Ameren Corporation  
Employer identification number: 43-1723446  
Three-digit plan number: 012

| (a)                                     | (b)  | (c)               | (d)              | (g)              | (h)  | (i)                |
|---|--|-------------------|------------------|------------------|--|--------------------|
| Identity of<br>Party Involved           | Description of Asset                       | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Fair Value<br>of Asset on<br>Transaction<br>Date | Net<br>Gain (Loss) |
| <b>Category (i)</b>                     |  |                   |                  |                  |  |                    |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY | Blackrock MSCI ACWI ex-US IMI Index Fund B | \$ 40,000,000     | \$ -             | \$ 40,000,000    | \$ 40,000,000                                    | \$ -               |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY | Blackrock MSCI ACWI ex-US IMI Index Fund B | \$ -              | \$ 40,000,000    | \$ 25,332,872    | \$ 40,000,000                                    | \$ 14,667,128      |
| SANDERSON ASSET MANAGEMENT              | Sanderson International Value Group Trust  | \$ -              | \$ 47,973,985    | \$ 22,972,885    | \$ 47,973,985                                    | \$ 25,001,100      |
| * PZENA INVESTMENT MANAGEMENT LLP       | Pzena Global Value Fund (DST)              | \$ 40,000,000     | \$ -             | \$ 40,000,000    | \$ 40,000,000                                    | \$ -               |
| * BNY MELLON INVESTMENT ADVISER, INC.   | Drefus Government Cash Management Bold 6   | \$ 54,000,000     | \$ -             | \$ 54,000,000    | \$ 54,000,000                                    | \$ -               |
| * BNY MELLON INVESTMENT ADVISER, INC.   | Drefus Government Cash Management Bold 6   | \$ -              | \$ 53,917,981    | \$ 53,917,981    | \$ 53,917,981                                    | \$ -               |
| * BNY MELLON INVESTMENT ADVISER, INC.   | Drefus Government Cash Management Bold 6   | \$ 43,474,448     | \$ -             | \$ 43,474,448    | \$ 43,474,448                                    | \$ -               |
| * BNY MELLON INVESTMENT ADVISER, INC.   | Drefus Government Cash Management Bold 6   | \$ -              | \$ 39,492,966    | \$ 39,492,966    | \$ 39,492,966                                    | \$ -               |
| <b>Category (iii)</b>                   |  |                   |                  |                  |  |                    |
| WELLINGTON MANAGEMENT COMPANY LLP       | Wellington CTF Core Bond Plus              | \$ -              | \$ 30,000,000    | \$ 33,753,700    | \$ 30,000,000                                    | \$ (3,753,700)     |
| WELLINGTON MANAGEMENT COMPANY LLP       | Wellington CTF Core Bond Plus              | \$ 10,430,540     | \$ -             | \$ 10,430,540    | \$ 10,430,540                                    | \$ -               |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY | Blackrock MSCI ACWI ex-US IMI Index Fund B | \$ 40,007,209     | \$ -             | \$ 40,007,209    | \$ 40,007,209                                    | \$ -               |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY | Blackrock MSCI ACWI ex-US IMI Index Fund B | \$ -              | \$ 40,000,000    | \$ 25,332,872    | \$ 40,000,000                                    | \$ 14,667,128      |
| SANDERSON ASSET MANAGEMENT              | Sanderson International Value Group Trust  | \$ -              | \$ 65,236,426    | \$ 32,065,871    | \$ 65,236,426                                    | \$ 33,170,555      |
| * PZENA INVESTMENT MANAGEMENT LLP       | Pzena Global Value Fund (DST)              | \$ 40,000,000     | \$ -             | \$ 40,000,000    | \$ 40,000,000                                    | \$ -               |
| BNY MELLON INVESTMENT ADVISER, INC.     | Drefus Government Cash Management Bold 6   | \$ -              | \$ 171,460,435   | \$ 171,460,435   | \$ 171,460,435                                   | \$ -               |
| BNY MELLON INVESTMENT ADVISER, INC.     | Drefus Government Cash Management Bold 6   | \$ 167,902,484    | \$ -             | \$ 167,902,484   | \$ 167,902,484                                   | \$ -               |

\* Party-in-interest.

Category:

(i) Single transactions in excess of 5% of plan assets.

(ii) Series of transactions other than securities transactions. - None

(iii) Series of securities transactions.

(iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5%. - None

See Independent Auditor's Report

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

Issuer: Ameren Corporation  
 Identification number: 43-1723446  
 Plan number: 012

| (a) | (b)  | (c)  | (d)           | (e)              |
|-----|--|--|---------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | Cost          | Current<br>value |
|     | <b>Corporate Stock - Common</b>                          |  |               |                  |
|     | AGCO CORP  | 2,317.00 SHARES  | \$ 274,438.25 | \$ 281,306.97    |
|     | AES CORP/THE   | 7,636.00 SHARES  | 130,965.64    | 146,993.00       |
|     | AMN HEALTHCARE SERVICES INC                              | 3,311.00 SHARES  | 316,746.37    | 247,927.68       |
|     | ACUITY BRANDS INC  | 1,867.00 SHARES  | 340,003.57    | 382,417.61       |
|     | ALIGHT INC   | 30,532.00 SHARES   | 280,486.34    | 260,437.96       |
|     | ALLISON TRANSMISSION HOLDINGS                            | 6,122.00 SHARES  | 262,659.30    | 355,994.30       |
|     | AMEDISYS INC   | 1,498.00 SHARES  | 179,741.85    | 142,399.88       |
|     | AMERIS BANCORP   | 3,737.00 SHARES  | 162,440.19    | 198,247.85       |
|     | AMKOR TECHNOLOGY INC                                     | 6,983.00 SHARES  | 182,974.10    | 232,324.41       |
|     | APPLOVIN CORP  | 5,486.00 SHARES  | 79,289.13     | 218,617.10       |
|     | ARRAY TECHNOLOGIES INC                                   | 11,492.00 SHARES   | 184,998.23    | 193,065.60       |
|     | ARROW ELECTRONICS INC                                    | 1,845.00 SHARES  | 118,079.27    | 225,551.25       |
|     | ASHLAND INC  | 3,021.00 SHARES  | 316,192.16    | 254,700.51       |
|     | ASSURANT INC   | 1,195.00 SHARES  | 94,308.81     | 201,345.55       |
|     | ATKORE INC   | 2,129.00 SHARES  | 295,810.50    | 340,640.00       |
|     | AVANTOR INC  | 11,231.00 SHARES   | 327,526.24    | 256,403.73       |
|     | AVNET INC  | 4,978.00 SHARES  | 200,619.28    | 250,891.20       |
|     | BEACON ROOFING SUPPLY INC                                | 6,080.00 SHARES  | 488,913.98    | 529,081.60       |
|     | BELDEN INC   | 1,707.00 SHARES  | 102,133.83    | 131,865.75       |
|     | BELLRING BRANDS INC                                      | 5,490.00 SHARES  | 230,777.68    | 304,310.70       |
|     | W R BERKLEY CORP   | 2,070.00 SHARES  | 141,533.77    | 146,390.40       |
|     | BERKSHIRE HILLS BANCORP INC                              | 3,809.00 SHARES  | 107,898.04    | 94,577.47        |
|     | BGC GROUP INC  | 37,438.00 SHARES   | 194,660.75    | 270,302.36       |
|     | BLOOMIN' BRANDS INC                                      | 7,075.00 SHARES  | 152,097.02    | 199,161.25       |
|     | BLUE OWL CAPITAL INC                                     | 10,929.00 SHARES   | 114,294.08    | 162,842.10       |
|     | BOWLERO CORP   | 28,706.00 SHARES   | 399,318.81    | 406,476.96       |
|     | BOYD GAMING CORP   | 5,807.00 SHARES  | 383,062.46    | 363,576.27       |
|     | BRADY CORP   | 4,037.00 SHARES  | 220,097.12    | 236,931.53       |
|     | BRINKER INTERNATIONAL INC                                | 4,072.00 SHARES  | 174,652.38    | 175,828.96       |
|     | BRINK'S CO/THE   | 8,229.00 SHARES  | 559,876.74    | 723,740.55       |
|     | BUCKLE INC/THE   | 3,836.00 SHARES  | 155,573.64    | 182,286.72       |
|     | BUILDERS FIRSTSOURCE INC                                 | 1,327.00 SHARES  | 181,284.25    | 221,529.38       |
|     | CBOE GLOBAL MARKETS INC                                  | 1,870.00 SHARES  | 241,488.84    | 333,907.20       |
|     | CACTUS INC   | 3,168.00 SHARES  | 152,387.84    | 143,827.20       |
|     | CALERES INC  | 5,250.00 SHARES  | 122,478.79    | 161,332.50       |
|     | TOPGOLF CALLAWAY BRANDS CORP                             | 12,272.00 SHARES   | 321,553.86    | 175,980.48       |
|     | CARLISLE COS INC   | 667.00 SHARES  | 162,294.38    | 208,390.81       |
|     | CARS.COM INC   | 9,767.00 SHARES  | 187,103.32    | 185,279.99       |
|     | CATALYST PHARMACEUTICALS INC                             | 11,445.00 SHARES   | 150,373.92    | 192,390.45       |
|     | CHAMPIONX CORP   | 5,562.00 SHARES  | 71,078.11     | 162,466.02       |
|     | CHEMED CORP  | 239.00 SHARES  | 107,977.39    | 139,755.25       |
|     | CIENA CORP   | 5,240.00 SHARES  | 268,086.69    | 235,852.40       |
|     | CLEARFIELD INC   | 7,038.00 SHARES  | 289,021.34    | 204,665.04       |
|     | COHERENT CORP  | 4,410.00 SHARES  | 151,501.23    | 191,967.30       |
|     | CONCENTRIX CORP  | 3,435.00 SHARES  | 233,523.56    | 337,351.35       |
|     | CORECIVIC INC  | 20,908.00 SHARES   | 239,868.05    | 303,793.24       |
|     | QUIDELORTHO CORP   | 1,844.00 SHARES  | 177,353.40    | 135,902.80       |
|     | COUSINS PROPERTIES INC                                   | 5,427.00 SHARES  | 168,182.87    | 132,147.45       |
|     | CURTISS-WRIGHT CORP                                      | 1,975.00 SHARES  | 242,172.88    | 440,010.25       |
|     | DAVE & BUSTER'S ENTERTAINMENT                            | 4,104.00 SHARES  | 140,182.41    | 221,000.40       |
|     | DIME COMMUNITY BANCSHARES INC                            | 4,927.00 SHARES  | 147,599.89    | 132,684.11       |
|     | DROPBOX INC  | 8,415.00 SHARES  | 175,064.91    | 248,074.20       |
|     | DUN & BRADSTREET HOLDINGS INC                            | 16,718.00 SHARES   | 196,124.69    | 195,600.60       |
|     | EAST WEST BANCORP INC                                    | 6,827.00 SHARES  | 433,713.36    | 491,202.65       |
|     | ECOVYST INC  | 24,207.00 SHARES   | 286,360.30    | 236,502.39       |
|     | ELDORADO GOLD CORP                                       | 18,810.00 SHARES   | 183,255.36    | 243,965.70       |
|     | EMCOR GROUP INC  | 1,835.00 SHARES  | 200,796.36    | 395,314.05       |
|     | ENACT HOLDINGS INC                                       | 5,441.00 SHARES  | 151,333.26    | 157,190.49       |
|     | ENERSYS  | 3,181.00 SHARES  | 296,401.82    | 321,153.76       |
|     | ENERPLUS CORP  | 9,905.00 SHARES  | 59,901.53     | 151,942.70       |
|     | ESSEX PROPERTY TRUST INC                                 | 739.00 SHARES  | 169,873.46    | 183,227.66       |
|     | EVERCORE INC   | 2,358.00 SHARES  | 226,799.92    | 403,335.90       |
|     | EXPEDIA GROUP INC  | 1,337.00 SHARES  | 138,106.53    | 202,943.23       |
|     | EXTREME NETWORKS INC                                     | 12,204.00 SHARES   | 223,389.27    | 215,278.56       |
|     | FMC CORP   | 2,667.00 SHARES  | 207,510.81    | 168,154.35       |

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

Issuer: Ameren Corporation  
Plan number: 43-1723446  
Plan number: 012

| (a) | (b)  | (c)  | (d)        | (e)              |
|-----|--|--|------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | Cost       | Current<br>value |
|     | FTI CONSULTING INC                                       | 2,413.00 SHARES  | 332,085.42 | 480,548.95       |
|     | FEDERAL AGRICULTURAL MORTGAGE                            | 2,587.00 SHARES  | 228,622.58 | 494,686.14       |
|     | FIRST ADVANTAGE CORP                                     | 15,374.00 SHARES   | 219,432.78 | 254,747.18       |
|     | FIRST CITIZENS BANCSHARES INC/                           | 94.00 SHARES   | 29,682.75  | 133,383.18       |
|     | FIRST MERCHANTS CORP                                     | 5,170.00 SHARES  | 209,108.15 | 191,703.60       |
|     | FIRSTCASH HOLDINGS INC                                   | 4,094.00 SHARES  | 392,691.20 | 443,748.66       |
|     | FORTREA HOLDINGS INC                                     | 8,011.00 SHARES  | 258,597.82 | 279,583.90       |
|     | FRONTDOOR INC  | 8,319.00 SHARES  | 253,906.54 | 292,995.18       |
|     | GRANITE CONSTRUCTION INC                                 | 5,783.00 SHARES  | 229,997.46 | 294,123.38       |
|     | GRAPHIC PACKAGING HOLDING CO                             | 12,550.00 SHARES   | 183,505.15 | 309,357.50       |
|     | HF SINCLAIR CORP   | 3,446.00 SHARES  | 188,897.66 | 191,494.22       |
|     | HAEMONETICS CORP   | 5,469.00 SHARES  | 405,441.78 | 467,654.19       |
|     | HALOZYME THERAPEUTICS INC                                | 4,159.00 SHARES  | 154,540.63 | 153,716.64       |
|     | HANCOCK WHITNEY CORP                                     | 5,036.00 SHARES  | 259,735.13 | 244,699.24       |
|     | HERITAGE COMMERCE CORP                                   | 16,993.00 SHARES   | 167,045.40 | 168,570.56       |
|     | HUB GROUP INC  | 2,139.00 SHARES  | 143,943.56 | 196,659.66       |
|     | HUNTINGTON BANCSHARES INC/OH                             | 21,263.00 SHARES   | 209,809.17 | 270,465.36       |
|     | INGREDION INC  | 2,272.00 SHARES  | 223,831.66 | 246,580.16       |
|     | INSIGHT ENTERPRISES INC                                  | 1,000.00 SHARES  | 36,531.28  | 177,190.00       |
|     | INTERDIGITAL INC   | 3,459.00 SHARES  | 205,066.62 | 375,439.86       |
|     | INTERPUBLIC GROUP OF COS INC/T                           | 8,385.00 SHARES  | 246,562.81 | 273,686.40       |
|     | JABIL INC  | 1,851.00 SHARES  | 106,181.22 | 235,817.40       |
|     | JACOBS SOLUTIONS INC                                     | 2,145.00 SHARES  | 271,984.48 | 278,421.00       |
|     | JEFFERIES FINANCIAL GROUP INC                            | 5,010.00 SHARES  | 160,852.13 | 202,454.10       |
|     | JUNIPER NETWORKS INC                                     | 5,844.00 SHARES  | 185,960.45 | 172,281.12       |
|     | KOSMOS ENERGY LTD  | 27,296.00 SHARES   | 93,692.14  | 183,156.16       |
|     | LKQ CORP   | 2,235.00 SHARES  | 119,326.54 | 106,810.65       |
|     | LCI INDUSTRIES   | 2,033.00 SHARES  | 180,427.29 | 255,568.43       |
|     | LPL FINANCIAL HOLDINGS INC                               | 1,198.00 SHARES  | 99,168.75  | 272,688.76       |
|     | LAMAR ADVERTISING CO                                     | 2,185.00 SHARES  | 173,247.19 | 232,221.80       |
|     | LAMB WESTON HOLDINGS INC                                 | 2,166.00 SHARES  | 215,683.18 | 234,122.94       |
|     | LANDSTAR SYSTEM INC                                      | 548.00 SHARES  | 62,141.87  | 106,120.20       |
|     | LANTHEUS HOLDINGS INC                                    | 4,443.00 SHARES  | 292,167.38 | 275,466.00       |
|     | LAUREATE EDUCATION INC                                   | 37,422.00 SHARES   | 429,875.42 | 513,055.62       |
|     | LEGALZOOM.COM INC  | 27,744.00 SHARES   | 302,525.50 | 313,507.20       |
|     | LEONARDO DRS INC   | 15,408.00 SHARES   | 201,758.93 | 308,776.32       |
|     | LITHIA MOTORS INC  | 1,880.00 SHARES  | 449,586.16 | 619,046.40       |
|     | LIVE NATION ENTERTAINMENT INC                            | 1,634.00 SHARES  | 115,020.84 | 152,942.40       |
|     | MGM RESORTS INTERNATIONAL                                | 4,359.00 SHARES  | 191,878.82 | 194,760.12       |
|     | STEVEN MADDEN LTD  | 10,565.00 SHARES   | 304,097.06 | 443,730.00       |
|     | MASONITE INTERNATIONAL CORP                              | 2,700.00 SHARES  | 276,388.38 | 228,582.00       |
|     | MATCH GROUP INC  | 4,563.00 SHARES  | 173,608.43 | 166,549.50       |
|     | PEDIATRIX MEDICAL GROUP INC                              | 10,771.00 SHARES   | 102,181.51 | 100,170.30       |
|     | METHANEX CORP  | 3,124.00 SHARES  | 138,754.14 | 147,952.64       |
|     | MIDDLEBY CORP/THE  | 1,175.00 SHARES  | 161,118.27 | 172,924.75       |
|     | MOLINA HEALTHCARE INC                                    | 683.00 SHARES  | 138,447.83 | 246,774.73       |
|     | MOLSON COORS BEVERAGE CO                                 | 2,465.00 SHARES  | 148,344.61 | 150,882.65       |
|     | NCR VOYIX CORP   | 7,476.00 SHARES  | 116,735.94 | 126,419.16       |
|     | NCR ATLEOS CORP  | 3,738.00 SHARES  | 72,517.78  | 90,796.02        |
|     | NETAPP INC   | 3,070.00 SHARES  | 222,754.29 | 270,651.20       |
|     | NEW JERSEY RESOURCES CORP                                | 2,154.00 SHARES  | 95,875.82  | 96,025.32        |
|     | NEXSTAR MEDIA GROUP INC                                  | 2,688.00 SHARES  | 366,851.85 | 421,344.00       |
|     | NISOURCE INC   | 7,269.00 SHARES  | 191,619.38 | 192,991.95       |
|     | GEN DIGITAL INC  | 16,909.00 SHARES   | 368,751.60 | 385,863.38       |
|     | DNOW INC   | 11,150.00 SHARES   | 120,942.04 | 126,218.00       |
|     | OLD NATIONAL BANCORP/IN                                  | 17,871.00 SHARES   | 265,494.75 | 301,841.19       |
|     | PAR PACIFIC HOLDINGS INC                                 | 8,943.00 SHARES  | 157,573.01 | 325,256.91       |
|     | PATTERSON-UTI ENERGY INC                                 | 9,022.00 SHARES  | 76,852.19  | 97,437.60        |
|     | PEAPACK-GLADSTONE FINANCIAL CO                           | 3,967.00 SHARES  | 140,254.53 | 118,295.94       |
|     | PEGASYSYSTEMS INC  | 2,580.00 SHARES  | 133,566.29 | 126,058.80       |
|     | PENNYMAC FINANCIAL SERVICES IN                           | 2,884.00 SHARES  | 228,938.80 | 254,859.08       |
|     | PERFORMANCE FOOD GROUP CO                                | 2,895.00 SHARES  | 177,148.22 | 200,189.25       |
|     | PINNACLE WEST CAPITAL CORP                               | 2,358.00 SHARES  | 184,820.18 | 169,398.72       |
|     | PORTLAND GENERAL ELECTRIC CO                             | 2,303.00 SHARES  | 115,650.56 | 99,812.02        |
|     | PREFERRED BANK/LOS ANGELES CA                            | 3,046.00 SHARES  | 205,862.73 | 222,510.30       |
|     | PROPETRO HOLDING CORP                                    | 15,360.00 SHARES   | 174,884.17 | 128,716.80       |

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

ior: Ameren Corporation  
tion number: 43-1723446  
plan number: 012

| (a) | (b)  | (c)  | (d)        | (e)              |
|-----|--|--|------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | Cost       | Current<br>value |
|     | QORVO INC  | 2,221.00 SHARES  | 219,148.11 | 250,106.81       |
|     | RALPH LAUREN CORP  | 1,486.00 SHARES  | 172,310.91 | 214,281.20       |
|     | RANGE RESOURCES CORP                                     | 5,478.00 SHARES  | 182,611.81 | 166,750.32       |
|     | SLM CORP   | 46,668.00 SHARES   | 564,332.73 | 892,292.16       |
|     | SS&C TECHNOLOGIES HOLDINGS INC                           | 2,622.00 SHARES  | 161,723.26 | 160,230.42       |
|     | HENRY SCHEIN INC   | 2,653.00 SHARES  | 205,256.80 | 200,858.63       |
|     | SCIENCE APPLICATIONS INTERNATI                           | 3,511.00 SHARES  | 280,736.77 | 436,487.52       |
|     | SELECT WATER SOLUTIONS INC                               | 16,058.00 SHARES   | 128,615.45 | 121,880.22       |
|     | SIMPLY GOOD FOODS CO/THE                                 | 4,593.00 SHARES  | 176,823.33 | 181,882.80       |
|     | SKYWORKS SOLUTIONS INC                                   | 1,053.00 SHARES  | 117,724.89 | 118,378.26       |
|     | SOUTHSTATE CORP  | 4,282.00 SHARES  | 356,402.31 | 361,614.90       |
|     | STRIDE INC   | 2,386.00 SHARES  | 69,633.29  | 141,656.82       |
|     | TD SYNEX CORP  | 4,950.00 SHARES  | 275,750.35 | 532,669.50       |
|     | TEGNA INC  | 27,826.00 SHARES   | 506,876.59 | 425,737.80       |
|     | TEMPUR SEALY INTERNATIONAL INC                           | 7,944.00 SHARES  | 185,130.99 | 404,905.68       |
|     | TEXTRON INC  | 4,526.00 SHARES  | 272,055.37 | 363,980.92       |
|     | THOR INDUSTRIES INC                                      | 1,455.00 SHARES  | 153,265.26 | 172,053.75       |
|     | TIDEWATER INC  | 2,561.00 SHARES  | 177,974.54 | 184,673.71       |
|     | TRINET GROUP INC   | 1,629.00 SHARES  | 183,806.58 | 193,736.97       |
|     | US SILICA HOLDINGS INC                                   | 10,424.00 SHARES   | 119,341.37 | 117,895.44       |
|     | US FOODS HOLDING CORP                                    | 7,895.00 SHARES  | 274,653.92 | 358,511.95       |
|     | UNIVERSAL HEALTH SERVICES INC                            | 1,330.00 SHARES  | 171,034.34 | 202,745.20       |
|     | VALMONT INDUSTRIES INC                                   | 974.00 SHARES  | 245,543.25 | 227,438.74       |
|     | VECTOR GROUP LTD   | 13,068.00 SHARES   | 155,167.64 | 147,407.04       |
|     | VIPER ENERGY INC   | 11,828.00 SHARES   | 237,438.72 | 371,162.64       |
|     | VIVID SEATS INC  | 24,067.00 SHARES   | 174,293.83 | 152,103.44       |
|     | VOYA FINANCIAL INC                                       | 5,226.00 SHARES  | 331,259.38 | 381,288.96       |
|     | WALKER & DUNLOP INC                                      | 1,909.00 SHARES  | 72,139.72  | 211,918.09       |
|     | WEBSTER FINANCIAL CORP                                   | 3,395.00 SHARES  | 193,764.40 | 172,330.20       |
|     | WESCO INTERNATIONAL INC                                  | 4,218.00 SHARES  | 211,544.56 | 733,425.84       |
|     | WESTERN ALLIANCE BANCORP                                 | 8,304.00 SHARES  | 365,811.00 | 546,320.16       |
|     | WEX INC  | 904.00 SHARES  | 155,190.40 | 175,873.20       |
|     | WINTRUST FINANCIAL CORP                                  | 4,372.00 SHARES  | 351,997.92 | 405,503.00       |
|     | WORLD KINECT CORP  | 6,958.00 SHARES  | 217,608.33 | 158,503.24       |
|     | ASSURED GUARANTY LTD                                     | 4,935.00 SHARES  | 207,784.10 | 369,286.05       |
|     | AXIS CAPITAL HOLDINGS LTD                                | 5,178.00 SHARES  | 256,818.10 | 286,705.86       |
|     | ESSENT GROUP LTD   | 6,259.00 SHARES  | 230,273.80 | 330,099.66       |
|     | EVEREST GROUP LTD  | 961.00 SHARES  | 220,046.92 | 339,790.38       |
|     | ICON PLC   | 2,646.00 SHARES  | 519,073.50 | 749,003.22       |
|     | INTERNATIONAL GAME TECHNOLOGY                            | 1,467.00 SHARES  | 27,343.30  | 40,210.47        |
|     | WEATHERFORD INTERNATIONAL PLC                            | 4,517.00 SHARES  | 291,942.94 | 441,898.11       |
|     | NOBLE CORP PLC   | 7,419.00 SHARES  | 325,494.63 | 357,299.04       |
|     | NOMAD FOODS LTD  | 11,062.00 SHARES   | 175,774.85 | 187,500.90       |
|     | RENAISSANCERE HOLDINGS LTD                               | 1,422.00 SHARES  | 238,591.94 | 278,712.00       |
|     | SENSATA TECHNOLOGIES HOLDING P                           | 5,205.00 SHARES  | 191,865.15 | 195,551.85       |
|     | SHARKNINJA INC   | 2,954.00 SHARES  | 128,256.48 | 151,156.18       |
|     | WHITE MOUNTAINS INSURANCE GROU                           | 139.00 SHARES  | 134,430.95 | 209,196.39       |
|     | PERRIGO CO PLC   | 2,373.00 SHARES  | 75,094.25  | 76,363.14        |
|     | CHECK POINT SOFTWARE TECHNOLOG                           | 3,131.00 SHARES  | 387,985.30 | 478,385.49       |
|     | EXPRO GROUP HOLDINGS NV                                  | 13,549.00 SHARES   | 248,501.86 | 215,700.08       |
|     | FLEX LTD   | 15,950.00 SHARES   | 212,465.10 | 485,837.00       |
|     | ACADIA HEALTHCARE CO INC                                 | 5,115.00 SHARES  | 287,802.63 | 397,742.40       |
|     | ADVANCED DRAINAGE SYSTEMS INC                            | 3,253.00 SHARES  | 361,547.37 | 457,501.92       |
|     | ALARM.COM HOLDINGS INC                                   | 4,026.00 SHARES  | 268,629.20 | 260,160.12       |
|     | AMICUS THERAPEUTICS INC                                  | 20,855.00 SHARES   | 280,119.90 | 295,932.45       |
|     | AXON ENTERPRISE INC                                      | 1,940.00 SHARES  | 177,484.13 | 501,160.20       |
|     | BWX TECHNOLOGIES INC                                     | 7,670.00 SHARES  | 348,914.18 | 588,519.10       |
|     | BIO-TECHNE CORP  | 4,379.00 SHARES  | 355,853.89 | 337,883.64       |
|     | BLUEPRINT MEDICINES CORP                                 | 3,374.00 SHARES  | 287,887.98 | 311,217.76       |
|     | BRIGHT HORIZONS FAMILY SOLUTIO                           | 3,266.00 SHARES  | 285,140.32 | 307,787.84       |
|     | BRINK'S CO/THE   | 4,395.00 SHARES  | 297,291.27 | 386,540.25       |
|     | BUILDERS FIRSTSOURCE INC                                 | 2,184.00 SHARES  | 83,971.37  | 364,596.96       |
|     | BURLINGTON STORES INC                                    | 1,091.00 SHARES  | 208,963.50 | 212,177.68       |
|     | CF INDUSTRIES HOLDINGS INC                               | 4,097.00 SHARES  | 286,723.68 | 325,711.50       |
|     | CAMECO CORP  | 6,966.00 SHARES  | 71,944.70  | 300,234.60       |
|     | CARLYLE GROUP INC/THE                                    | 13,493.00 SHARES   | 428,519.31 | 549,030.17       |

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

Issuer: Ameren Corporation  
Investment number: 43-1723446  
Plan number: 012

| (a) | (b)  | (c)  | (d)        | (e)              |
|-----|--|--|------------|------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | Cost       | Current<br>value |
|     | CASELLA WASTE SYSTEMS INC                                | 3,811.00 SHARES  | 294,922.93 | 325,688.06       |
|     | CERTARA INC  | 10,180.00 SHARES   | 228,847.72 | 179,066.20       |
|     | CHARLES RIVER LABORATORIES INT                           | 870.00 SHARES  | 238,690.16 | 205,668.00       |
|     | CHART INDUSTRIES INC                                     | 2,054.00 SHARES  | 325,962.23 | 280,021.82       |
|     | CHEMED CORP  | 914.00 SHARES  | 438,433.43 | 534,461.50       |
|     | CLEARWATER ANALYTICS HOLDINGS                            | 11,258.00 SHARES   | 203,764.48 | 225,497.74       |
|     | COGNEX CORP  | 5,150.00 SHARES  | 335,718.58 | 214,961.00       |
|     | CROWN HOLDINGS INC                                       | 4,148.00 SHARES  | 295,898.11 | 381,989.32       |
|     | DYNATRACE INC  | 8,647.00 SHARES  | 435,603.84 | 472,904.43       |
|     | ELF BEAUTY INC   | 3,654.00 SHARES  | 386,505.13 | 527,418.36       |
|     | EAGLE MATERIALS INC                                      | 1,052.00 SHARES  | 198,344.08 | 213,387.68       |
|     | ENCOMPASS HEALTH CORP                                    | 8,586.00 SHARES  | 467,249.34 | 572,857.92       |
|     | ENTEGRIS INC   | 1,776.00 SHARES  | 108,298.65 | 212,800.32       |
|     | EURONET WORLDWIDE INC                                    | 1,196.00 SHARES  | 131,063.71 | 121,382.04       |
|     | EVOLENT HEALTH INC                                       | 8,839.00 SHARES  | 260,534.25 | 291,952.17       |
|     | EXLSERVICE HOLDINGS INC                                  | 6,101.00 SHARES  | 179,740.80 | 188,215.85       |
|     | FLYWIRE CORP   | 9,859.00 SHARES  | 299,144.60 | 228,235.85       |
|     | FIRSTSERVICE CORP  | 1,579.00 SHARES  | 55,745.16  | 255,940.11       |
|     | FIVE BELOW INC   | 2,270.00 SHARES  | 388,415.95 | 483,873.20       |
|     | FRESHPET INC   | 6,162.00 SHARES  | 389,142.25 | 534,615.12       |
|     | GLOBUS MEDICAL INC                                       | 2,871.00 SHARES  | 200,758.13 | 152,995.59       |
|     | GUIDEWIRE SOFTWARE INC                                   | 4,604.00 SHARES  | 458,948.27 | 502,020.16       |
|     | HEALTH EQUITY INC  | 4,058.00 SHARES  | 231,996.67 | 269,045.40       |
|     | HEICO CORP   | 2,525.00 SHARES  | 212,048.68 | 359,661.00       |
|     | INSMED INC   | 7,526.00 SHARES  | 216,326.70 | 233,230.74       |
|     | INSPIRE MEDICAL SYSTEMS INC                              | 1,478.00 SHARES  | 287,879.46 | 300,669.54       |
|     | INSULET CORP   | 1,660.00 SHARES  | 341,773.31 | 360,186.80       |
|     | KOSMOS ENERGY LTD  | 28,652.00 SHARES   | 225,221.10 | 192,254.92       |
|     | LANCASTER COLONY CORP                                    | 2,678.00 SHARES  | 477,489.92 | 445,592.42       |
|     | LATTICE SEMICONDUCTOR CORP                               | 2,604.00 SHARES  | 235,746.85 | 179,649.96       |
|     | LIVE NATION ENTERTAINMENT INC                            | 3,177.00 SHARES  | 195,519.05 | 297,367.20       |
|     | MERCURY SYSTEMS INC                                      | 10,440.00 SHARES   | 650,234.69 | 381,790.80       |
|     | MERIT MEDICAL SYSTEMS INC                                | 5,776.00 SHARES  | 319,616.30 | 438,744.96       |
|     | NATIONAL VISION HOLDINGS INC                             | 15,746.00 SHARES   | 411,427.41 | 329,563.78       |
|     | NEOGEN CORP  | 13,780.00 SHARES   | 261,276.35 | 277,115.80       |
|     | NEW FORTRESS ENERGY INC                                  | 10,611.00 SHARES   | 416,308.01 | 400,353.03       |
|     | NOVANTA INC  | 1,816.00 SHARES  | 139,199.64 | 305,832.56       |
|     | PENUMBRA INC   | 1,739.00 SHARES  | 355,503.63 | 437,428.06       |
|     | POOL CORP  | 1,301.00 SHARES  | 453,791.13 | 518,721.71       |
|     | REGAL REXNORD CORP                                       | 1,134.00 SHARES  | 179,019.77 | 167,854.68       |
|     | REPLIGEN CORP  | 1,814.00 SHARES  | 302,643.34 | 326,157.20       |
|     | REVOLVE GROUP INC  | 9,979.00 SHARES  | 481,904.17 | 165,451.82       |
|     | SPS COMMERCE INC   | 1,032.00 SHARES  | 186,809.36 | 200,042.88       |
|     | SHOALS TECHNOLOGIES GROUP INC                            | 9,123.00 SHARES  | 168,243.18 | 141,771.42       |
|     | SITEONE LANDSCAPE SUPPLY INC                             | 1,227.00 SHARES  | 186,065.22 | 199,387.50       |
|     | SUPER MICRO COMPUTER INC                                 | 1,030.00 SHARES  | 288,645.45 | 292,787.80       |
|     | TENABLE HOLDINGS INC                                     | 6,809.00 SHARES  | 301,647.53 | 313,622.54       |
|     | TOPBUILD CORP  | 849.00 SHARES  | 225,825.86 | 317,746.74       |
|     | TRADEWEB MARKETS INC                                     | 3,630.00 SHARES  | 283,358.41 | 329,894.40       |
|     | TREX CO INC  | 3,957.00 SHARES  | 142,239.62 | 327,600.03       |
|     | TWIST BIOSCIENCE CORP                                    | 6,738.00 SHARES  | 303,560.00 | 248,362.68       |
|     | TYLER TECHNOLOGIES INC                                   | 952.00 SHARES  | 371,670.76 | 398,050.24       |
|     | VARONIS SYSTEMS INC                                      | 5,867.00 SHARES  | 168,328.14 | 265,657.76       |
|     | VIRTU FINANCIAL INC                                      | 11,839.00 SHARES   | 262,917.63 | 239,858.14       |
|     | WESTERN ALLIANCE BANCORP                                 | 3,564.00 SHARES  | 220,407.50 | 234,475.56       |
|     | WHITECAP RESOURCES INC                                   | 26,563.00 SHARES   | 221,594.31 | 178,583.05       |
|     | WILLSCOT MOBILE MINI HOLDINGS                            | 3,716.00 SHARES  | 170,131.68 | 165,362.00       |
|     | AMBARRELLA INC   | 2,605.00 SHARES  | 204,544.79 | 159,660.45       |
|     | EVEREST GROUP LTD  | 674.00 SHARES  | 264,262.29 | 238,312.92       |
|     | NOBLE CORP PLC   | 3,635.00 SHARES  | 191,034.03 | 175,061.60       |
|     | TECHNIPFMC PLC   | 7,132.00 SHARES  | 62,292.64  | 143,638.48       |
|     | AVANTOR INC  | 17,190.00 SHARES   | 628,016.46 | 392,447.70       |
|     | AVERY DENNISON CORP                                      | 2,810.00 SHARES  | 521,410.73 | 568,069.60       |
|     | AXCELIS TECHNOLOGIES INC                                 | 1,380.00 SHARES  | 237,665.55 | 178,972.20       |
|     | AXON ENTERPRISE INC                                      | 2,570.00 SHARES  | 510,374.70 | 663,908.10       |
|     | BRP INC  | 3,220.00 SHARES  | 298,100.05 | 230,841.80       |

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

Issuer: Ameren Corporation  
 Identification number: 43-1723446  
 Plan number: 012

| (a) | (b)   | (c)  | (d)                  | (e)                  |
|-----|---|--|----------------------|----------------------|
|     | Identity of issuer, borrower,<br>lessor, or similar party | Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value | Cost                 | Current<br>value     |
|     | BIO-RAD LABORATORIES INC                                  | 860.00 SHARES  | 625,804.45           | 277,685.40           |
|     | BLUE OWL CAPITAL INC                                      | 26,540.00 SHARES   | 329,062.25           | 395,446.00           |
|     | BOOZ ALLEN HAMILTON HOLDING CO                            | 1,940.00 SHARES  | 182,093.54           | 248,145.40           |
|     | BRIGHT HORIZONS FAMILY SOLUTIO                            | 3,990.00 SHARES  | 368,746.63           | 376,017.60           |
|     | BUILDERS FIRSTSOURCE INC                                  | 4,610.00 SHARES  | 399,310.67           | 769,593.40           |
|     | COMFORT SYSTEMS USA INC                                   | 1,450.00 SHARES  | 277,404.85           | 298,221.50           |
|     | DECKERS OUTDOOR CORP                                      | 582.00 SHARES  | 172,819.23           | 389,026.26           |
|     | DYNATRACE INC   | 7,590.00 SHARES  | 384,484.26           | 415,097.10           |
|     | EAST WEST BANCORP INC                                     | 5,870.00 SHARES  | 370,054.11           | 422,346.50           |
|     | FLYWIRE CORP  | 15,850.00 SHARES   | 452,249.79           | 366,927.50           |
|     | F5 INC  | 2,170.00 SHARES  | 383,229.46           | 388,386.60           |
|     | FIVE BELOW INC  | 2,390.00 SHARES  | 444,823.22           | 509,452.40           |
|     | HARMONIC INC  | 9,530.00 SHARES  | 105,887.30           | 124,271.20           |
|     | HEXCEL CORP   | 4,700.00 SHARES  | 330,577.48           | 346,625.00           |
|     | HUBBELL INC   | 1,810.00 SHARES  | 515,215.38           | 595,363.30           |
|     | IDEX CORP   | 2,100.00 SHARES  | 445,931.95           | 455,931.00           |
|     | IMPINJ INC  | 1,830.00 SHARES  | 144,565.89           | 164,754.90           |
|     | INSPIRE MEDICAL SYSTEMS INC                               | 1,820.00 SHARES  | 413,760.98           | 370,242.60           |
|     | INSULET CORP  | 2,410.00 SHARES  | 548,154.57           | 522,921.80           |
|     | LPL FINANCIAL HOLDINGS INC                                | 2,310.00 SHARES  | 432,174.71           | 525,802.20           |
|     | LANTHEUS HOLDINGS INC                                     | 5,320.00 SHARES  | 354,678.77           | 329,840.00           |
|     | LATTICE SEMICONDUCTOR CORP                                | 2,830.00 SHARES  | 182,426.44           | 195,241.70           |
|     | LINCOLN ELECTRIC HOLDINGS INC                             | 2,730.00 SHARES  | 383,907.91           | 593,665.80           |
|     | M/I HOMES INC   | 4,420.00 SHARES  | 415,720.92           | 608,810.80           |
|     | MKS INSTRUMENTS INC                                       | 1,280.00 SHARES  | 128,086.73           | 131,673.60           |
|     | MACOM TECHNOLOGY SOLUTIONS HOL                            | 2,960.00 SHARES  | 213,512.64           | 275,132.00           |
|     | MARQETA INC   | 18,830.00 SHARES   | 121,674.67           | 131,433.40           |
|     | MASIMO CORP   | 2,440.00 SHARES  | 433,672.05           | 285,992.40           |
|     | NEUROCRINE BIOSCIENCES INC                                | 3,820.00 SHARES  | 386,018.56           | 503,323.20           |
|     | OKTA INC  | 3,170.00 SHARES  | 205,744.40           | 286,980.10           |
|     | OPTION CARE HEALTH INC                                    | 16,050.00 SHARES   | 445,918.71           | 540,724.50           |
|     | OVINTIV INC   | 9,340.00 SHARES  | 439,421.01           | 410,212.80           |
|     | PTC INC   | 3,130.00 SHARES  | 444,095.46           | 547,624.80           |
|     | PAYLOCITY HOLDING CORP                                    | 3,000.00 SHARES  | 669,125.66           | 494,550.00           |
|     | PERMIAN RESOURCES CORP                                    | 30,780.00 SHARES   | 428,655.76           | 418,608.00           |
|     | PLEXUS CORP   | 1,920.00 SHARES  | 178,200.86           | 207,609.60           |
|     | POOL CORP   | 810.00 SHARES  | 293,347.48           | 322,955.10           |
|     | PURE STORAGE INC  | 8,030.00 SHARES  | 249,409.85           | 286,349.80           |
|     | RED ROCK RESORTS INC                                      | 9,000.00 SHARES  | 400,320.28           | 479,970.00           |
|     | REGAL REXNORD CORP  | 1,640.00 SHARES  | 243,660.73           | 242,752.80           |
|     | REPLIGEN CORP   | 1,930.00 SHARES  | 340,726.44           | 347,014.00           |
|     | ROCKET PHARMACEUTICALS INC                                | 14,250.00 SHARES   | 282,418.10           | 427,072.50           |
|     | SAIA INC  | 1,240.00 SHARES  | 285,360.52           | 543,392.80           |
|     | SMARTSHEET INC  | 7,130.00 SHARES  | 289,752.30           | 340,956.60           |
|     | SUN COMMUNITIES INC                                       | 3,740.00 SHARES  | 577,630.24           | 499,851.00           |
|     | TAPESTRY INC  | 6,970.00 SHARES  | 267,769.37           | 256,565.70           |
|     | TENABLE HOLDINGS INC                                      | 6,240.00 SHARES  | 298,078.74           | 287,414.40           |
|     | TEXAS ROADHOUSE INC                                       | 3,230.00 SHARES  | 358,260.55           | 394,802.90           |
|     | TRADEWEB MARKETS INC                                      | 3,130.00 SHARES  | 229,488.73           | 284,454.40           |
|     | TRANSUNION  | 3,750.00 SHARES  | 371,103.93           | 257,662.50           |
|     | VAXCYTE INC   | 4,200.00 SHARES  | 199,726.30           | 263,760.00           |
|     | VERTIV HOLDINGS CO  | 9,640.00 SHARES  | 374,027.25           | 463,009.20           |
|     | WILLSCOT MOBILE MINI HOLDINGS                             | 10,880.00 SHARES   | 431,740.61           | 484,160.00           |
|     | GENPACT LTD   | 10,390.00 SHARES   | 446,531.32           | 360,636.90           |
|     | MONDAY.COM LTD  | 2,020.00 SHARES  | 360,906.48           | 379,376.20           |
|     | <b>Total Corporate Stock - Common</b>                     |  | <b>80,729,641.41</b> | <b>93,619,335.38</b> |
|     | <b>American depositary receipts (ADRs)</b>                |  |                      |                      |
|     | NICE LTD ADR  | 1,927.00 SHARES  | 303,886.15           | 384,455.77           |
|     | ASCENDIS PHARMA A/S ADR                                   | 7,090.00 SHARES  | 910,891.65           | 892,985.50           |
|     | LEGEND BIOTECH CORP ADR                                   | 6,820.00 SHARES  | 469,669.33           | 410,359.40           |
|     | NICE LTD ADR  | 2,220.00 SHARES  | 519,465.42           | 442,912.20           |
|     | SILICON MOTION TECHNOLOGY CORP ADR                        | 2,630.00 SHARES  | 147,748.07           | 161,140.10           |
|     | <b>Total American depositary receipts (ADRs)</b>          |  | <b>2,351,660.62</b>  | <b>2,291,852.97</b>  |
|     | <b>Partnership / Joint Venture Interest</b>               |  |                      |                      |

**Ameren Health and Welfare Trust**  
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**December 31, 2023**

Corporation  
 Identification number: 43-1723446  
 Plan number: 012

| (a)   | (b)   | (c)                   | (d)                   | (e) |
|---|---|-----------------------|-----------------------|-----|
| Identity of issue, borrower, lessor, or similar party             | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost                  | Current value         |     |
| GQG PARTNERS<br><b>Total Partnership / Joint Venture Interest</b> | 131,462,427.00 SHARES GQG PARTNERS GLOBAL EQUITY FUND   | 77,683,344.80         | 131,462,427.00        |     |
|   |   | <b>77,683,344.80</b>  | <b>131,462,427.00</b> |     |
| <b><u>Common / Collective Trust</u></b>                           |   |                       |                       |     |
| * NORTHERN TRUST ASSET MANAGEMENT                                 | 2,078,478.87 SHARES NT COMMON S&P 500 INDEX FUND-LENDING  | 39,541,069.86         | 81,245,662.63         |     |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY                           | 2,512,377.03 SHARES BLACKROCK MSCI ACWI EX-US IMI INDEX FUND B  | 44,303,707.88         | 49,250,237.37         |     |
| * BLACKROCK INSTITUTIONAL TRUST COMPANY                           | 3,108.32 SHARES BLACKROCK MSCI ACWI EX-US IMI INDEX FUND B RUS  | -                     | 21.52                 |     |
| * THE BANK OF NEW YORK MELLON                                     | 237,883.86 SHARES BNYM-M CF SL AGGREGATE BOND INDEX FUND  | 27,818,454.81         | 25,096,202.50         |     |
| WELLINGTON MANAGEMENT COMPANY LLP                                 | 23,191,065.85 SHARES WELLINGTON CTF CORE BOND PLUS  | 277,496,875.84        | 246,057,208.69        |     |
| <b>Total Common / Collective Trust</b>                            |   | <b>389,160,108.39</b> | <b>401,649,332.71</b> |     |
| <b><u>Registered Investment Companies</u></b>                     |   |                       |                       |     |
| BAILLIE GIFFORD INTL OVERSEES LTD                                 | 3,898,784.83 SHARES BAILLIE GIFFORD INTL EQUITY FUND CLASS 4  | 41,350,414.29         | 51,211,708.34         |     |
| * BNY MELLON INVESTMENT ADVISER, INC                              | 3,999,945.50 SHARES DREYFUS GOVERNEMENT CASH MANAGEMENT BOLD (  | 3,999,945.50          | 3,999,945.50          |     |
| <b>Total Registered Investment Companies</b>                      |   | <b>45,350,359.79</b>  | <b>55,211,653.84</b>  |     |
| <b><u>Other Investment Trust</u></b>                              |   |                       |                       |     |
| PZENA INVESTMENT MANAGEMENT LLC                                   | 270,661.04 SHARES PZENA GLOBAL VALUE FUND 2 (DST)   | 40,000,000.00         | 42,220,302.07         |     |
| <b>Total Other Investment Trust</b>                               |   | <b>40,000,000.00</b>  | <b>42,220,302.07</b>  |     |
| <b>TOTAL INVESTMENTS</b>  |   | <b>635,275,115.01</b> | <b>726,454,903.97</b> |     |

\* Party-in-interest