

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is [] the first return/report [X] the final return/report [X] an amended return/report [] a short plan year return/report (less than 12 months)
C Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: OZARK NATIONAL LIFE INSURANCE COMPANY EMPLOYEES SAVINGS TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2009
2a Plan sponsor's name (employer, if for a single-employer plan): OZARK NATIONAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 43-0812448
2c Sponsor's telephone number: 816-842-6300
2d Business code (see instructions): 524140
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4b EIN: 43-0812448
4d PN
5a Total number of participants at the beginning of the plan year: 65
5b Total number of participants at the end of the plan year: 0
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item): 65
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item): 0
5d(1) Total number of active participants at the beginning of the plan year: 61
5d(2) Total number of active participants at the end of the plan year: 0
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 8

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 03/18/2025, JILL THOMPSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2798552	0
b Total plan liabilities	7b		0
c Net plan assets (subtract line 7b from line 7a)	7c	2798552	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	225699	
(2) Participants	8a(2)	110097	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	474805	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		810601
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	243299	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	4413	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		247712
i Net income (loss) (subtract line 8h from line 8c)	8i		562889
j Transfers to (from) the plan (see instructions)	8j	-3361441	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		1500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

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

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

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. _____ Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)
NATIONAL WESTERN LIFE INSURANCE COMPANY	84-0467208	003

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



Life insurance underwritten by
Ozark National Life*
(816) 842-6300

Mutual funds offered through
N.I.S. Financial Services, Inc.†
(816) 842-8685

Department of the Treasury
Internal Revenue Service
Ogden UT 84201-0046

Reference: 0423237497, Feb. 05, 2025, LTR 1074C, 43-0812448 Ozark National Life Insurance
Company Employees Savings Trust, Plan Number: 001

To whom it may concern,

The Ozark National Life Insurance Company Employees Savings Trust related to the Ozark National Life Insurance Company 401(k) plan ceased to exist after December 31, 2020. This Benefit Plan was merged into another Benefit Plan. It recently came to our attention that when we filed the 2020 Form 5500-SF for this entity we should have marked the return as “the final return/report” and reflected the assets being merged into another Benefit Plan.

We sincerely apologize for the clerical oversight and have prepared this amended filing to properly reflect that this entity no longer existed after 12/31/2020. We would like to note that the original 2020 return was filed in a timely manner and that this amended return only impacts informational aspects of the filing (i.e. there are no additional amounts due). We believe that this amended return rectifies any open matters related to this entity, but should any additional information be required we would be more than happy to provide that to the appropriate parties.

Thank you and again, we apologize for the clerical error when this return was initially filed. Should you have any questions or wish to discuss my contact information is below.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Brent Burkholder".

J. Brent Burkholder
President
Ozark National Life
816-559-4213 (Direct)

Offering the **Balanced Program**®

Ozark National Life Insurance Company
500 E. 9th St., Kansas City, Missouri 64106-2627

*Wholly owned subsidiary of National Western Life Insurance Company
†Wholly owned subsidiary of National Western Life Group, Inc.

OZARK-NATIONAL.COM

OGDEN UT 84201-0046

In reply refer to: 0423237497
Feb. 05, 2025 LTR 1074C 0
43-0812448 202212 74 001
00016556
BODC: TE

OZARK NATIONAL LIFE INSURANCE
COMPANY
%JILL THOMPSON
500 E 9TH ST
KANSAS CITY MO 64106-2627

019854

Employer Identification Number: 43-0812448
Name of Plan: Ozark National Life Insurance
Company Employees Savings Trust
Plan Number: 001
Plan Year Ended: Dec. 31, 2022

Dear Taxpayer:

Thank you for your response dated Dec. 11, 2024.

You must complete and file a "Final" 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan, if your plan terminated and the assets were distributed or merged into another plan. Please remember to show zero end-of-year assets, zero participants and mark the "Final" box.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

0423237497
Feb. 05, 2025 LTR 1074C 0
43-0812448 202212 74 001
00016557

OZARK NATIONAL LIFE INSURANCE
COMPANY
%JILL THOMPSON
500 E 9TH ST
KANSAS CITY MO 64106-2627

Sincerely yours,

Ms Secrist

Ms. Secrist
Department Manager, Entity

Enclosure(s):
Copy of this letter