

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASSOCIATED BANC-CORP</u></p> <p><u>433 MAIN STREET</u> <u>GREEN BAY, WI 54301</u></p>	<p>1c Effective date of plan <u>01/01/1986</u></p> <p>2b Employer Identification Number (EIN) <u>39-1098068</u></p> <p>2c Plan Sponsor's telephone number <u>920-405-2882</u></p> <p>2d Business code (see instructions) <u>522110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/18/2025	RYAN BELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	6173
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3607
	6a(2)	3423
	6b	1013
	6c	1393
	6d	5829
	6e	54
	6f	5883
	6g(1)	
6g(2)		
6h		106
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BANC-CORP</p>	<p>D Employer Identification Number (EIN) 39-1098068</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65099	528GAC	455	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 43733376

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	1370001
	7c(4)	
	7c(5)	1343
▶ REALIZED GAINS		

(6) Total additions **7c(6)** 1371344

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 45104720

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2539127
(2) Administration charge made by carrier.....	7e(2)	37251
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		

(5) Total deductions **7e(5)** 2576378

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 42528342

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASSOCIATED BANC-CORP</u>	D Employer Identification Number (EIN) <u>39-1098068</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>453337223</u>
b Actuarial value	2b		<u>462191199</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1016</u>	<u>84147261</u>	<u>84147261</u>
b For terminated vested participants	<u>1531</u>	<u>53967785</u>	<u>53967785</u>
c For active participants	<u>3614</u>	<u>92564299</u>	<u>93349825</u>
d Total	<u>6161</u>	<u>230679345</u>	<u>231464871</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.11 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>4334039</u>
b Expected plan-related expenses	6b		<u>814000</u>
c Target normal cost	6c		<u>5148039</u>

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

SIGN HERE			
	Signature of actuary	<u>07/16/2025</u>	Date
	<u>ANDREW MARCUS</u>	<u>23-07743</u>	Most recent enrollment number
	Type or print name of actuary	<u>312-730-1197</u>	Telephone number (including area code)
	<u>FIDELITY INVESTMENTS</u>		
	Firm name		
	<u>233 S WACKER DRIVE, SUITE 4850</u> <u>CHICAGO, IL 60606</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	59085426	5381952
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	59085426	5381952
10	Interest on line 9 using prior year's actual return of <u>14.23</u> %	8407856	765852
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	67493282	6147804

Part III Funding Percentages			
14	Funding target attainment percentage	14	167.86 %
15	Adjusted funding target attainment percentage	15	199.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	196.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	0
	b Contributions made to avoid restrictions adjusted to valuation date	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	5148039	
b Excess assets, if applicable, but not greater than line 31a	31b	5148039	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BANC-CORP	D Employer Identification Number (EIN) 39-1098068	

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

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(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)

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 17 70 21 27 51 38 28 13 19 24	TRUSTEE	680463	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	240702	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)

FIDELITY INVESTMENTS

311 S WACKER DR
SUITE 1400
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	69929	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)

MAIL HAUS

1745 SUBURBAN DRIVE
DEPERE, WI 54115

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	9211	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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 73	NONE	37251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED BANC-CORP</u>	D Employer Identification Number (EIN) <u>39-1098068</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED SHORT TERM BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6204063-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63037370</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>90-0186734-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>95528870</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED EQUITY INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY, N.A.</u>		
c EIN-PN <u>39-6476047-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24493246</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED BANC-CORP	D Employer Identification Number (EIN) 39-1098068

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	32398 29049
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10007360 7863447
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	164890928 183059486
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	234840019 248918671
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	43733377 42528343
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	453504082	482398996
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	166859	166126
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1316860
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	166859	1482986
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	453337223	480916010

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	466054	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1370001	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1836055
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3072108	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3072108
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1343	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7398656
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30032198
c Other income	2c		5035371
d Total income. Add all income amounts in column (b) and enter total	2d		47375731

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18162680	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18162680
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	55612	
(4) IQPA audit fees	2i(4)	28975	
(5) Investment advisory and investment management fees	2i(5)	633343	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	310631	
(8) Legal fees	2i(8)	8995	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	596708	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1634264
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19796944

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		27578787
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550123.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED BANC-CORP</u>	D Employer Identification Number (EIN) <u>39-1098068</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 30-0219031

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	433
--	---	-----

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

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 59.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.6 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.8 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN**

Financial Statements and Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

**ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN**

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Independent Auditor's Report

Plan Administrators and Plan Participants
Associated Banc-Corp Retirement Account Plan
Green Bay, Wisconsin

Opinion

We have audited the accompanying financial statements of Associated Banc-Corp Retirement Account Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Associated Banc-Corp Retirement Account Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States (GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk of material misstatement, whether due to fraud or error, and design audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of Associated Banc-Corp Retirement Account Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Banc-Corp Retirement Account Plan's ability to continue as a going concern for a reasonable period of time.


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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions Year Ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

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


Wipfli LLP
Milwaukee, Wisconsin

June 27, 2025

**ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN**

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
Assets:		
Investments, at fair value:		
Collective trust funds	\$ 183,059,486	\$ 164,890,928
Mutual funds	248,918,671	234,840,019
Money market fund	7,863,447	10,007,360
Total investments at fair value	439,841,604	409,738,307
Investment, at contract value:		
Immediate Participant Fund	42,528,343	43,733,377
Total investments	482,369,947	453,471,684
Receivables:		
Accrued interest and dividends	29,049	32,398
Total assets	482,398,996	453,504,082
Liabilities:		
Administrative expenses payable	166,126	166,859
Due to broker for securities purchased	1,316,860	—
Total liabilities	1,482,986	166,859
Net assets available for benefits	<u>\$ 480,916,010</u>	<u>\$ 453,337,223</u>

See accompanying notes to financial statements.

**ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN**

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Investment income:		
Net appreciation in fair value of investments	\$ 37,432,197	\$ 53,296,664
Interest and dividends	4,908,163	4,897,447
Total investment income	42,340,360	58,194,111
Other income	5,035,371	—
Total investment income and other income	47,375,731	58,194,111
Deductions:		
Benefits paid to participants	18,162,680	14,512,172
Administrative expenses	1,634,264	1,543,073
Total deductions	19,796,944	16,055,245
Net increase in net assets available for benefits	27,578,787	42,138,866
Net assets available for benefits:		
Beginning of year	453,337,223	411,198,357
End of year	<u>\$ 480,916,010</u>	<u>\$ 453,337,223</u>

See accompanying notes to financial statements.

**ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023**

(1) Description of Plan

The following brief description of the Associated Banc-Corp Retirement Account Plan (the “Plan”) is provided for general information. Participants should refer to the summary plan description for a more complete description of the Plan’s provisions.

Background

The Plan is a defined benefit pension plan covering substantially all employees of Associated Banc-Corp (the “Corporation”) and subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On December 22, 2015, the Pension for Former First Federal Employees (the "FF Plan") was merged into the Corporation's Plan, and all securities, assets, and benefit obligations of the FF Plan were transferred to the Plan.

On December 31, 2018, the Former Bank Mutual Corporation Pension Plan (the "BKMU Plan") was merged into the Corporation's Plan, and all securities, assets, and benefit obligations of the BKMU Plan were transferred to the Plan.

Vesting

The following is a schedule of vesting in the accrued benefit if termination occurs prior to retirement for the Plan:

Years of Service	Vested Percentage
Less than three	0%
Three or more	100 %

Pension Benefits

Participants of the Plan are entitled to annual pension benefits beginning at normal retirement age (65). Effective January 1, 2022, the amount of the yearly accrual to each qualifying participant shall be calculated by multiplying the Qualifying Participant’s Compensation in that Plan Year by one and a half percent (1.5%) and allocated to the Qualifying Participant’s Post-2008 Cash Balance Account.

The Plan permits early retirement at age 55. A benefit payable pursuant to the Plan shall have the same actuarial present value of a Participant’s Accrued Benefit computed by applying the applicable interest rate and designated mortality table under Internal Revenue Code (the "Code") section 417(e).

Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

For participants in the FF Plan, the normal retirement benefit is paid at age 65 with at least five years of service. The normal retirement benefit is a monthly benefit equal to the sum of 1.25% of the employee's final average salary and 0.60% of final average compensation in excess of Covered Compensation multiplied by the projected benefit service at normal retirement. The result is multiplied by the benefit service at the date of determination divided by the projected benefit service at normal retirement. Additionally, there are benefit formulas available for early retirement - reduced benefit, earlier retirement - unreduced benefit, late retirement, disability, death, and termination of employment.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023

For participants in the BKMU Plan, the normal retirement benefit is paid at age 65 with at least five years of service. The normal retirement benefit is equal to one-twelfth of the sum of 1.51% of the employee's average annual compensation multiplied by the number of years of benefit service (not in excess of 40 years), 0.50% of the employee's average annual compensation multiplied by the number of years of benefit service in excess of 20 (up to 20 years), and 0.58% of the employee's average annual compensation in excess of Covered Compensation multiplied by the number of years of benefit services (not in excess of 35 years). Any service by a participant on or after March 1, 2013 shall not be counted as benefit service for the purpose of calculating 0.50% of the employee's average annual compensation multiplied by the number of years of benefit service in excess of 20 (up to 20 years) and 0.58% of the employee's average annual compensation in excess of Covered Compensation multiplied by the number of years of benefit services (not in excess of 35 years). Additionally, there are benefit formulas available for early retirement, late retirement, disability, and death.

The weighted-average interest crediting rate was 3.81% and 3.77% at December 31, 2024 and 2023 respectively.

(2) Summary of Significant Accounting Policies

The following is a summary of significant accounting policies consistently followed by the Plan in the preparation of the financial statements:

Basis of Presentation

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Changes in the economic environment, financial markets, and any other parameters used in determining these estimates and assumptions could cause actual results to differ.

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

Valuation of Investments and Income Recognition

Except for the plan interest in John Hancock Life Insurance Company Immediate Participant Fund, investment securities are recorded at fair value. Fair value of mutual funds are based on quoted market prices. The investments in units of the collective trust funds and money market fund are carried at the net asset value ("NAV"), which is the value at which units in the funds can be withdrawn and approximates fair value as a practical expedient.

The Plan's interest in John Hancock Life Insurance Company Immediate Participant Fund is reported at contract value which is the manner as specified in the annual report filed by a plan with certain governmental agencies pursuant to ERISA. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses.

Plan assets are held with Associated Trust Company, N.A. (the "Trustee"), which is a subsidiary of Associated Bank, N.A., and Associated Bank, N.A. is a subsidiary of the Corporation. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on the sale of investments are determined through the use of the specific-identification method. The Plan records interest income on the accrual basis and dividends

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023

and capital gains distributions on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Other Income

Other income consists of a class action settlement received related to a fund which the Plan was not invested in for the years ended December 31, 2024 or 2023.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative expenses, including actuarial, trust, tax and other expenses attributable to the Plan are paid by the Plan.

(3) Risks and Uncertainties

The Plan invests in various investment securities. The Plan's investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the financial statements of the Plan.

Interest Rate Risk

Interest rate risk refers to the impact of interest rate changes on the Plan's financial position. Interest rate changes directly impact the fair value of U.S. government obligations and have an indirect impact on the other investments held by the Plan. The Plan employs investment diversification to manage this risk.

Market Risk

Market risk is the risk that the fair value of an investment will fluctuate as a result of changes in market price. The Plan employs diversification of assets to manage this risk.

Credit Risk

Credit risk is associated with the potential failure of a counterparty to fulfill its obligations based on the contractual terms of the agreements. The amount of credit risk will increase or decrease during the lives of the investments as interest rates or foreign exchange rates or credit spreads fluctuate. This risk is controlled by limiting investment activity to an approved list of counterparties and maintaining controls around investment quality.

(4) Income Taxes

The Plan Administrator received a favorable tax determination letter dated May 31, 2020, from the Internal Revenue Service indicating that the Plan qualifies under the provisions of section 401(a) of the Code. The Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. A provision for income taxes has not been included in the Plan's financial statements.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023

(5) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died; and (c) present participants or their beneficiaries. Accumulated plan benefits are calculated as of the beginning of the year.

The actuarial present value of accumulated plan benefits as of January 1, 2024 was determined by the actuarial firm of Fidelity Investments ("Fidelity") and is the amount that results from applying the actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date (as described in the actuarial present value of benefit obligation tables) and the expected date of payment. The computation of the actuarial present value of accumulated plan benefits was made as of January 1. Had the valuations been performed as of December 31, there would be no material differences.

As of January 1, 2024, the actuarial present value of accumulated plan benefits was as follows:

Actuarial Present Value Of Accumulated Plan Benefits	
Actuarial present value of vested benefits	
Participants currently receiving benefits	\$ 71,262,906
Participants entitled to deferred benefits	43,577,010
Other participants	68,367,367
Total vested participants	\$ 183,207,283
Non-vested Participants	1,760,633
Total actuarial present value of accumulated plan benefits	<u>\$ 184,967,916</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2024 were as follows:

Changes In Present Value Of Accumulated Plan Benefits	
Actuarial present value of accumulated plan benefits at beginning of year	\$ 181,724,283
Increase (decrease) during the year attributable to:	
Decrease in discount period	12,745,508
Benefits paid	(14,512,172)
Assumption changes	(24,973)
Additional benefits earned, including experience gains and losses	5,035,270
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 184,967,916</u>

The significant actuarial assumptions used in the January 1, 2024 valuation for the Plan were as follows:

Eligibility

All active participants in the Plan on the valuation date are included in the actuarial valuation. Former participants, or their beneficiaries, are also included if the employee data indicates that they are entitled to an immediate or deferred benefit under the provisions of the Plan.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023

Actuarial Assumptions

a. Retirement Age

The rates for active participants are based on a table listed in the actuarial report. In the January 1, 2024 valuation, the table shows the probability of retirement between the ages of 55 and 70+. The Plan's probability begins at 10% at age 55 and ends at 100% at age 70+. For the FF Plan, the probability begins at 5% at age 55 and ends at 100% at age 65+. For the BKMU Plan, the probability begins at 10% at age 60 and ends at 100% at age 70+.

b. Discount Rate

A discount rate of 5.40% was used to calculate the present value of accumulated plan benefits at January 1, 2024.

c. Mortality

The Pri-2012 total mortality tables projected with scale MP-2021 Mortality Improvement Scale applied on a generational basis were used in the January 1, 2024 valuation.

d. Preretirement Spouse's Benefit

It is assumed that 100% of all employees will be married at death.

e. Expected Long-Term Return on Plan Assets

A rate of 7.4% was used to calculate the present value of accumulated plan benefits at January 1, 2024.

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

(6) Funding Policy

The Corporation's funding policy is to make annual contributions to the Plan in an amount sufficient to satisfy the minimum funding requirements of ERISA. There was no minimum required contribution for 2024 or 2023. The Corporation did not contribute to the Plan in 2024 or 2023.

(7) Fully Benefit-Responsive Investment Contracts (FBRICs)

The Plan invests in a FBRIC with John Hancock in the form of a guaranteed annuity contract (GAC) that invests in traditional investment contracts. John Hancock maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. John Hancock is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The GAC is carried at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3.4%.

Certain events limit the Plan's ability to transact at contract value with John Hancock including plan termination and other events as specified in the GAC. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants or the issuer are probable of occurring. The GAC does not permit John Hancock to terminate the agreement prior to the scheduled maturity date.

(8) Transactions with Related Parties

The Plan invests in various Associated Trust Company, N.A. collective trust funds. As of December 31, 2024

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN
Notes to Financial Statements
December 31, 2024 and 2023

and 2023, \$183,059,486 and \$164,890,928, respectively, were invested in Associated Trust Company, N.A. collective trust funds. In 2024 and 2023 respectively, the Plan purchased 371,374 units at a value of \$13,000,000 and 258,309 units at a value of \$11,608,979. Sales for 2024 and 2023 were 7,376 units at a value of \$2,230,099 and 352,157 units at a value of \$12,037,314, respectively, resulting in realized gains of \$1,387,098 and \$2,604,710, respectively.

Associated Trust Company, N.A. performs asset management and participant recordkeeping for the Plan. Asset management and recordkeeping fees paid to Associated Trust Company, N.A. totaled \$680,463 and \$641,364 in 2024 and 2023, respectively.

(9) Plan Termination

While the Corporation has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants would become 100% vested in benefits earned as of the termination date.

Pursuant to ERISA requirements, if a termination is the result of the bankruptcy or near bankruptcy of the Corporation, and Plan assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation ("PBGC") will take over the Plan and will pay those benefits which it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether particular accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by the PBGC at that time.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Corporation, and the Plan has insufficient assets, the Corporation will be required to pay the Plan an amount which together with the plan assets will satisfy all benefits accumulated to the date of the plan termination.

(10) Fair Value Measurements

Fair value represents the estimated price at which an orderly transaction to sell an asset or to transfer a liability would take place between market participants at the measurement date under current market conditions (i.e., an exit price concept). Assets and liabilities are categorized into three levels based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy in which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability. Below is a brief description of each fair value level.

Level 1 inputs - utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access.

Level 2 inputs - inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset or liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals.

Level 3 inputs - unobservable inputs for the asset or liability, which are typically based on the Plan's own assumptions, as there is little, if any, related market activity.

Various inputs are used in determining the fair value of the Plan's investments as of the reporting period end. The designated input levels are not necessarily an indication of the risk or liquidity associated with this investment.

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Notes to Financial Statements
December 31, 2024 and 2023

The following is a description of the valuation methodologies used for the Plan's investments measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023, respectively, and there have been no transfers between fair value levels.

Collective trust funds: These investments are measured at fair value using the NAV per share (or its equivalent) practical expedient, as provided by the Trustee, and therefore have not been classified in the fair value hierarchy. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Money market fund: Mutual fund whose investments are primarily or exclusively in short-term debt securities designed to maximize current income with liquidity and capital preservation, usually maintaining per share NAV at a constant amount, such as one dollar. The NAV is used as a practical expedient to estimate fair value and therefore has not been classified in the fair value hierarchy.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements:

Investments at December 31, 2024:	Fair Value	Level 1	Level 2	Level 3
Investments measured in fair value hierarchy				
Mutual funds	\$ 248,918,671	\$ 248,918,671	\$ —	\$ —
Total investments measured at fair value hierarchy	\$ 248,918,671	\$ 248,918,671	\$ —	\$ —
Total investments measured at NAV	\$ 190,922,933			
Total investments at fair value	\$ 439,841,604			

Investments at December 31, 2023:	Fair Value	Level 1	Level 2	Level 3
Investments measured in fair value hierarchy				
Mutual funds	\$ 234,840,019	\$ 234,840,019	\$ —	\$ —
Total investments measured at fair value hierarchy	\$ 234,840,019	\$ 234,840,019	\$ —	\$ —
Total investments measured at NAV	\$ 174,898,288			
Total investments at fair value	\$ 409,738,307			

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31:

	Fair Value		Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
	2024	2023			
Collective trust funds	\$ 183,059,486	\$ 164,890,928	N/A	daily	one day
Money market fund	\$ 7,863,447	\$ 10,007,360	N/A	daily	one day

(11) Subsequent Events

The Plan Administrator has evaluated the effects on the Plan financial statements of subsequent events that have occurred subsequent to December 31, 2024 through June 27, 2025 the date the financial statements were available to be issued. During this period, there have been no material events that would require recognition in the financial statements or disclosures to the financial statements.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2024
Employer Identification Number: 39-1098068
Plan Number: 001

(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	
Collective trust funds				
* Associated Trust Company, N.A. Core Bond Fund	1,817,839 units	\$ 73,636,515	\$ 95,528,870	
* Associated Trust Company, N.A. Equity Income Fund	77,937 units	8,907,981	24,493,246	
* Associated Trust Company, N.A. Short-Term Bond Fund	2,394,159 units	55,806,178	63,037,370	
Total Collective Trust Funds		138,350,674	183,059,486	
Mutual funds:				
American Funds Europacific Growth Fund Class R6	339,150 units	16,343,634	18,219,137	
American Funds New World Fund Class R6	164,814 units	9,944,037	12,685,734	
Baird Mid Cap Fund Institutional Class	605,892 units	12,278,706	14,268,749	
Dodge and Cox Stock Fund Class I	106,353 units	18,314,833	27,351,738	
Harbor Capital Appreciation Fund Retirement Class	298,841 units	20,561,205	34,106,670	
Harbor Small Cap Growth Retirement Class	562,840 units	7,830,148	7,936,051	
Janus Henderson Small Cap Value Fund N Shares	358,598 units	7,846,617	8,107,901	
JP Morgan Hedged Equity Fund R6	492,574 units	12,787,629	16,353,445	
Templeton Global Bond Fund Class R6	1,655,994 units	18,954,221	10,681,164	
T Rowe Price Overseas Stock Fund I Class	740,482 units	7,655,114	9,278,234	
Vanguard Institutional Index Fund Institutional Plus Shares	77,225 units	16,286,155	36,981,492	
Vanguard International Value Fund	335,307 units	13,217,302	12,597,482	
Vanguard U.S. Growth Fund Admiral Shares	162,048 units	17,819,695	29,985,449	
Virtus Ceredex Mid-Cap Value Equity Fund Class R6	858,776 units	10,076,941	10,365,426	
Total mutual funds		189,916,237	248,918,671	
Goldman Sachs Government Money Market Institutional Fund	7,863,447 units	7,863,447	7,863,447	
John Hancock Group Annuity Fund		42,528,343	42,528,343	
Total investments		\$ 378,658,701	\$ 482,369,947	

* Denotes a party-in-interest
Numbers may not sum due to rounding.

See Independent Auditor's Report

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN

Schedule H, line 4j - Schedule of Reportable Transactions Year Ended December 31, 2024
Employer Identification Number: 39-1098068
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party Involved	Description of assets	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
Goldman Sachs Asset Management, L.P.	Goldman Sachs Government Money Market Institutional Fund	\$ 19,419,553	\$ —	\$ —	\$ —	\$ 19,419,553	\$ 19,419,553	\$ —
Goldman Sachs Asset Management, L.P.	Goldman Sachs Government Money Market Institutional Fund	\$ —	\$ 21,563,466	\$ —	\$ —	\$ 21,563,466	\$ 21,563,466	\$ —

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.

See Independent Auditor's Report

2024 Form 5500 Schedule SB Attachments
Schedule SB, line 26a – Schedule of Active Participant Data
Associated Banc-Corp
Associated Banc-Corp Retirement Account Plan
For Plan Year January 01, 2024

EIN: 39-1098068
Plan Number: 001

Attained Age	Number of Participants, Completed Years of Service, Average Compensation, and Average Cash Balance Account Value as of January 1, 2024										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25											
Number	0	141	3	0	0	0	0	0	0	0	144
Avg Pay		38,224									
Avg Cash Balance		578									
25-29											
Number	0	261	103	1	0	0	0	0	0	0	365
Average Pay		47,299	63,676								
Avg Cash Balance		990	5,677								
30-34											
Number	0	192	171	34	0	0	0	0	0	0	397
Average Pay		56,235	67,143	75,775							
Avg Cash Balance		1,048	7,830	18,907							
35-39											
Number	0	140	161	95	57	2	0	0	0	0	455
Average Pay		70,112	75,822	91,112	92,016						
Avg Cash Balance		1,346	8,613	24,247	34,192						
40-44											
Number	0	131	137	100	100	32	8	0	0	0	508
Average Pay		76,106	96,226	118,538	109,624	114,148					
Avg Cash Balance		1,601	12,397	34,096	43,495	60,414					
45-49											
Number	0	100	103	79	70	50	28	5	0	0	435
Average Pay		78,240	94,164	142,231	131,499	103,485	95,727				
Avg Cash Balance		1,610	11,917	41,632	59,232	61,001	75,844				
50-54											
Number	0	95	106	78	66	47	35	18	2	0	447
Average Pay		93,998	105,966	142,554	123,256	92,239	89,484				
Avg Cash Balance		2,068	14,716	47,920	62,514	66,504	78,520				
55-59											
Number	0	83	104	76	44	36	28	27	30	2	430
Average Pay		91,430	93,652	115,553	122,210	116,716	113,031	80,038	104,542		
Avg Cash Balance		1,876	13,643	40,819	66,857	83,355	90,660	85,134	124,464		
60-64											
Number	0	50	73	58	43	27	21	15	20	13	320
Average Pay		91,784	105,707	110,347	119,597	101,275	78,792				
Avg Cash Balance		2,030	15,386	38,500	68,094	78,086	77,983				
65-69											
Number	0	12	16	27	9	7	7	4	3	8	93
Average Pay				86,455							
Avg Cash Balance				28,150							
Over 69											
Number	0	2	1	2	1	4	0	0	0	0	10
Average Pay											
Avg Cash Balance											
Total	0	1,207	978	550	390	205	127	69	55	23	3,604

Excludes 10 disabled participants accruing a cash balance

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2024 Plan Year		2023 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	0	0	0	0
First 5 years	4.75%	4.37%	4.75%	2.13%
Next 15 years	4.96%	4.96%	5.00%	3.62%
Over 20 years	5.59%	4.95%	5.74%	3.93%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Lump Sum Conversion:

Mortality

Current IRC section 417(e) for lump sums.

Interest Rate (*ERISA*)

PPA Funding Target interest rates (per above) applied for funding purposes as required by IRC Section 430.

Interest Credit for Increasing Account Balances:

Pre-2009 Account: 5.00%

Post-2008 Account: 5.00%

These assumed rates are based on a review of historical returns for the 30-year Treasury rates and our expectations regarding future levels of these rates.

Actuarial Assumptions and Methods (continued)

Salary Scale:	3.70% in 2024, and 3.50% thereafter (previously 3.50% in 2024). This is a long-term assumption based on review of recent salary increases and discussion with the company.
Increase in Social Security Taxable Wage Base:	3.00% determined by the company and reviewed for reasonability.
Administrative Expenses:	\$814,000 for 2024 (previously \$759,000). Estimated based on the related administrative expenses paid from the Trust in the prior plan year plus estimated PBGC premiums for the current year, rounded to the next \$1,000.
Mortality:	IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables (previously, IRS 2023 Static Mortality Table). This plan does not have a large enough population to vary from the standard tables.

Actuarial Assumptions and Methods (continued)

Retirement Rates:	Active RAP – See Table 1. Active First Federal – See Tables 2-3. Current and Future Terminated Vested RAP – See Table 4. Terminated Vested First Federal – 100% at Age 65. Bank Mutual – See Table 5. Rates based on the assumptions used by the prior actuary.
Withdrawal Rates:	RAP – See Table 6. First Federal – See Table 7. Bank Mutual – See Table 8. Rates based on the assumption used by the prior actuary.
Disability Rates:	Bank Mutual – 1964 OASDI experience. See Table 9 – Rates based on the assumption used by the prior actuary.
Marital Status:	100% of males and females are assumed married, with females 3 years younger than males. Assumptions are based on what was used by the prior actuary.
Maximum Benefit:	\$275,000 for 2024.
Maximum Salary:	\$345,000 for 2024.

Actuarial Assumptions and Methods (continued)

Form of Payment:

It has been assumed that 100% of RAP participants take their benefit in the form of a lump sum.¹

First Federal participants are assumed to take a single lump sum if they are eligible, otherwise a ten-year certain and life annuity.

Liberty participants are assumed to take a life annuity.

Bank Mutual participants are assumed to take their benefit in the form of a ten year certain and life annuity.

These assumptions are based on what was used by the prior actuary.

Data Assumptions:

Active participants with zero or missing compensation are assumed to have annual compensation of \$75,000.

¹ A small number of deferred vested participants who terminated prior to the conversion to a cash balance plan are assumed to take a Single Life Annuity at age 65.

Actuarial Assumptions and Methods (continued)

Table 1

RAP – Retirement Rates – Active Participants

<u>Age</u>	<u>Rate</u>
55	10%
56	10%
57	10%
58	10%
59	10%
60	15%
61	15%
62	15%
63	15%
64	20%
65	50%
66	50%
67	50%
68	75%
69	75%
70+	100%

Actuarial Assumptions and Methods (continued)

Table 2

First Federal – Retirement Rates – Active Participants

Age	Years of Service							
	10-20	21	22	23	24	25	26	27+
55	5%	5%	5%	5%	5%	5%	5%	6%
56	5%	5%	5%	5%	5%	5%	6%	6%
57	5%	5%	5%	5%	5%	6%	6%	6%
58	5%	5%	5%	5%	6%	6%	6%	6%
59	5%	5%	5%	6%	6%	6%	6%	6%
60	8%	8%	10%	10%	10%	10%	10%	10%
61	8%	10%	10%	10%	10%	10%	10%	10%
62	40%	40%	40%	40%	40%	40%	40%	40%
63	30%	30%	30%	30%	30%	30%	30%	30%
64	20%	20%	20%	20%	20%	20%	20%	20%
65+	100%	100%	100%	100%	100%	100%	100%	100%

Table 3

Liberty – Retirement Rates – Active Participants

Age	Years of Service							
	10-28	29	30	31	32	33	34	35+
55	5%	5%	5%	5%	5%	5%	5%	6%
56	5%	5%	5%	5%	5%	5%	6%	6%
57	5%	5%	5%	5%	5%	6%	6%	6%
58	5%	5%	5%	5%	6%	6%	6%	6%
59	5%	5%	5%	6%	6%	6%	6%	6%
60	8%	8%	10%	10%	10%	10%	10%	10%
61	8%	10%	10%	10%	10%	10%	10%	10%
62	40%	40%	40%	40%	40%	40%	40%	40%
63	30%	30%	30%	30%	30%	30%	30%	30%
64	20%	20%	20%	20%	20%	20%	20%	20%
65+	100%	100%	100%	100%	100%	100%	100%	100%

Actuarial Assumptions and Methods (continued)

Table 4

RAP – Retirement Rates – Current and Future Terminated Vested Participants

Age	Probability of Taking a Lump Sum Immediately	Probability of Taking a Lump Sum at age 35	Probability of Taking a Lump Sum at age 45	Probability of Taking a Lump Sum at age 55	Probability of Taking a Lump Sum at age 65
<=35	0%	25%	25%	25%	25%
>35 and <=45	25%	N/A	25%	25%	25%
>45 and <=55	25%	N/A	N/A	25%	50%
>55 and <=65	25%	N/A	N/A	N/A	75%
>65	100%	N/A	N/A	N/A	100%

Table 5

Bank Mutual – Retirement Rates

Age	Rate
<60	0%
60	10%
61	10%
62	25%
63	30%
64	40%
65	50%
66	30%
67	30%
68	30%
69	30%
70+	100%

Actuarial Assumptions and Methods (continued)

Table 6

RAP – Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
<22	26.50%	26.50%	26.50%	26.50%
22	25.10%	25.10%	25.10%	25.10%
23	24.55%	23.75%	23.75%	23.75%
24	24.20%	22.50%	22.50%	22.50%
25	23.80%	21.95%	21.20%	21.20%
26	23.45%	21.60%	20.00%	20.00%
27	23.05%	21.20%	19.50%	19.50%
28	23.00%	20.85%	19.15%	19.15%
29	23.00%	20.75%	18.85%	18.85%
30	23.00%	20.75%	18.60%	18.60%
31	23.00%	20.75%	18.60%	18.60%
32	23.00%	20.75%	18.60%	17.50%
33	23.00%	20.75%	18.60%	16.30%
34	23.00%	20.75%	18.60%	15.10%
35	23.00%	20.75%	18.60%	13.90%
36	23.00%	20.75%	18.60%	12.80%
37	23.00%	20.75%	18.60%	11.80%
38	23.00%	20.75%	18.60%	10.80%
39	23.00%	20.75%	18.60%	9.90%
40	23.00%	20.75%	18.60%	9.00%
41	23.00%	20.75%	18.60%	8.20%
42	23.00%	20.75%	18.60%	7.50%
43	23.00%	20.75%	18.60%	6.80%
44	23.00%	20.75%	18.60%	6.20%
45	23.00%	20.75%	18.60%	5.60%
46	23.00%	20.75%	18.60%	5.10%
47	23.00%	20.75%	18.60%	4.70%
48	23.00%	20.75%	18.60%	4.30%
49	23.00%	20.75%	18.60%	4.00%
50	23.00%	20.75%	18.60%	3.70%
51	23.00%	20.75%	18.60%	3.50%
52	23.00%	20.75%	18.60%	3.40%
53+	23.00%	20.75%	18.60%	3.30%

Actuarial Assumptions and Methods (continued)

Table 7 – Page 1 of 2

First Federal – Withdrawal Rates – Male

Age	Years of Service					
	0	1	2	3	4	5+
20	40.00%	30.00%	25.00%	20.00%	15.00%	14.89%
21	40.00%	30.00%	25.00%	20.00%	15.00%	13.99%
22	40.00%	30.00%	25.00%	20.00%	15.00%	13.09%
23	40.00%	30.00%	25.00%	20.00%	15.00%	12.19%
24	40.00%	30.00%	25.00%	20.00%	15.00%	11.29%
25	40.00%	30.00%	25.00%	20.00%	15.00%	11.60%
26	40.00%	30.00%	25.00%	20.00%	15.00%	10.80%
27	40.00%	30.00%	25.00%	20.00%	15.00%	10.00%
28	40.00%	30.00%	25.00%	20.00%	15.00%	9.20%
29	40.00%	30.00%	25.00%	20.00%	15.00%	8.40%
30	40.00%	30.00%	25.00%	20.00%	15.00%	7.60%
31	40.00%	30.00%	25.00%	20.00%	15.00%	6.80%
32	40.00%	30.00%	25.00%	20.00%	15.00%	6.00%
33	40.00%	30.00%	25.00%	20.00%	15.00%	5.20%
34	40.00%	30.00%	25.00%	20.00%	15.00%	4.40%
35	40.00%	30.00%	25.00%	20.00%	15.00%	3.60%
36	40.00%	30.00%	25.00%	20.00%	15.00%	2.80%
37	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
38	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
39	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
40	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
41	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
42	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
43	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
44	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
45	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
46	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
47	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
48	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
49	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
50	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
51	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%
52+	40.00%	30.00%	25.00%	20.00%	15.00%	2.00%

Actuarial Assumptions and Methods (continued)

Table 7 – Page 2 of 2

First Federal – Withdrawal Rates – Female

Age	Years of Service					
	0	1	2	3	4	5+
20	40.00%	30.00%	25.00%	20.00%	15.00%	22.39%
21	40.00%	30.00%	25.00%	20.00%	15.00%	20.89%
22	40.00%	30.00%	25.00%	20.00%	15.00%	19.39%
23	40.00%	30.00%	25.00%	20.00%	15.00%	17.31%
24	40.00%	30.00%	25.00%	20.00%	15.00%	15.24%
25	40.00%	30.00%	25.00%	20.00%	15.00%	13.16%
26	40.00%	30.00%	25.00%	20.00%	15.00%	11.08%
27	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
28	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
29	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
30	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
31	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
32	40.00%	30.00%	25.00%	20.00%	15.00%	9.00%
33	40.00%	30.00%	25.00%	20.00%	15.00%	8.40%
34	40.00%	30.00%	25.00%	20.00%	15.00%	7.80%
35	40.00%	30.00%	25.00%	20.00%	15.00%	7.20%
36	40.00%	30.00%	25.00%	20.00%	15.00%	6.60%
37	40.00%	30.00%	25.00%	20.00%	15.00%	6.00%
38	40.00%	30.00%	25.00%	20.00%	15.00%	5.60%
39	40.00%	30.00%	25.00%	20.00%	15.00%	5.20%
40	40.00%	30.00%	25.00%	20.00%	15.00%	4.80%
41	40.00%	30.00%	25.00%	20.00%	15.00%	4.40%
42	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
43	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
44	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
45	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
46	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
47	40.00%	30.00%	25.00%	20.00%	15.00%	4.00%
48	40.00%	30.00%	25.00%	20.00%	15.00%	3.80%
49	40.00%	30.00%	25.00%	20.00%	15.00%	3.60%
50	40.00%	30.00%	25.00%	20.00%	15.00%	3.40%
51	40.00%	30.00%	25.00%	20.00%	15.00%	3.20%
52+	40.00%	30.00%	25.00%	20.00%	15.00%	3.00%

Actuarial Assumptions and Methods (continued)

Table 8

Bank Mutual – Withdrawal Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
20	50.00%	50.00%	43	12.00%	22.00%
21	48.00%	48.00%	44	11.00%	21.00%
22	46.00%	46.00%	45	10.00%	20.00%
23	44.00%	44.00%	46	9.00%	19.00%
24	42.00%	42.00%	47	8.00%	18.00%
25	40.00%	40.00%	48	7.00%	17.00%
26	38.00%	39.00%	49	6.00%	16.00%
27	36.00%	38.00%	50	5.00%	15.00%
28	34.00%	37.00%	51	4.40%	13.00%
29	32.00%	36.00%	52	3.80%	11.00%
30	30.00%	35.00%	53	3.20%	9.00%
31	28.00%	34.00%	54	2.60%	7.00%
32	26.00%	33.00%	55	2.00%	5.00%
33	24.00%	32.00%	56	1.80%	4.50%
34	22.00%	31.00%	57	1.60%	4.00%
35	20.00%	30.00%	58	1.40%	3.50%
36	19.00%	29.00%	59	1.20%	3.00%
37	18.00%	28.00%	60	1.00%	2.50%
38	17.00%	27.00%	61	0.75%	2.00%
39	16.00%	26.00%	62	0.50%	1.50%
40	15.00%	25.00%	63	0.25%	1.00%
41	14.00%	24.00%	64	0.00%	0.50%
42	13.00%	23.00%	65+	0.00%	0.00%

Actuarial Assumptions and Methods (continued)

Table 9 - Disability

Age	Rate	Age	Rate
<20	0.00%	43	0.26%
20	0.02%	44	0.29%
21	0.02%	45	0.32%
22	0.02%	46	0.35%
23	0.02%	47	0.38%
24	0.02%	48	0.41%
25	0.03%	49	0.43%
26	0.04%	50	0.46%
27	0.05%	51	0.55%
28	0.06%	52	0.64%
29	0.07%	53	0.73%
30	0.08%	54	0.82%
31	0.09%	55	0.92%
32	0.10%	56	1.00%
33	0.11%	57	1.10%
34	0.12%	58	1.19%
35	0.13%	59	1.28%
36	0.14%	60	1.37%
37	0.15%	61	1.46%
38	0.16%	62	1.55%
39	0.17%	63	1.64%
40	0.18%	64	1.73%
41	0.20%	65+	0.00%
42	0.23%		

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Actuarial Assumptions and Methods (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Actuarial Assumptions and Methods (continued)

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

The discount rate assumption is set using the Fidelity Bond Model. The Fidelity Bond Model constructs a customized portfolio of high-quality bonds whose annual cash flows cover the expected benefit payments of the plan and determine the yield of the portfolio. This excel model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose.

The expected return on assets is reviewed for reasonability using the Fidelity Mean Variance Model. The model combines (1) a forward-looking capital markets model, developed by the Institutional Solutions team within Fidelity's Global Asset Allocation Division and (2) the sponsor's current policy mix (also referred to as "target allocation") of plan assets. The output of that combination is a distribution of expected long term, forward-looking, average annual asset returns for the plan sponsor's multi-asset class portfolio. The model has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN

Schedule H, line 4j - Schedule of Reportable Transactions Year Ended December 31, 2024
Employer Identification Number: 39-1098068
Plan Number: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party Involved	Description of assets	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
Goldman Sachs Asset Management, L.P.	Goldman Sachs Government Money Market Institutional Fund	\$ 19,419,553	\$ —	\$ —	\$ —	\$ 19,419,553	\$ 19,419,553	\$ —
Goldman Sachs Asset Management, L.P.	Goldman Sachs Government Money Market Institutional Fund	\$ —	\$ 21,563,466	\$ —	\$ —	\$ 21,563,466	\$ 21,563,466	\$ —

There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.

See Independent Auditor's Report

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

A Name of plan ASSOCIATED BANC-CORP RETIREMENT ACCOUNT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ASSOCIATED BANC-CORP	D Employer Identification Number (EIN) 39-1098068	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	453,337,223	
b Actuarial value	2b	462,191,199	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,016	84,147,261	84,147,261
b For terminated vested participants	1,531	53,967,785	53,967,785
c For active participants	3,614	92,564,299	93,349,825
d Total	6,161	230,679,345	231,464,871
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.11%	
6 Target normal cost			
a Present value of current plan year accruals	6a	4,334,039	
b Expected plan-related expenses	6b	814,000	
c Target normal cost	6c	5,148,039	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary ANDREW MARCUS, FSA, EA, MAAA, FCA Type or print name of actuary FIDELITY INVESTMENTS Firm name 233 S WACKER DRIVE, SUITE 4850 CHICAGO IL 60606 Address of the firm	<u>7/16/2025</u> Date <u>2307743</u> Most recent enrollment number <u>312-730-1197</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 5,148,039
b Excess assets, if applicable, but not greater than line 31a				31b 5,148,039
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

2024 Form 5500 Schedule SB Attachments
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Associated Banc-Corp
 Associated Banc-Corp Retirement Account Plan
 For Plan Year January 01, 2024

EIN:39-1098068
 Plan Number: 001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1,338.0921	0.0966	129.2737	7,110.0535
56	1,291.6695	0.0972	125.5724	7,032.0566
57	1,248.0545	0.0974	121.6098	6,931.7558
58	1,216.1187	0.0968	117.7384	6,828.8273
59	1,190.8847	0.0965	114.8610	6,776.7968
60	1,139.0452	0.1462	166.5203	9,991.2161
61	1,043.3536	0.1467	153.0319	9,334.9475
62	968.4357	0.1531	148.2228	9,189.8154
63	879.1566	0.1522	133.8276	8,431.1394
64	798.9290	0.2004	160.1238	10,247.9238
65	681.6222	0.4984	339.7338	22,082.6988
66	371.6419	0.4930	183.2124	12,092.0201
67	207.5103	0.4918	102.0459	6,837.0742
68	115.5515	0.7364	85.0931	5,786.3290
69	39.0843	0.7047	27.5422	1,900.4118
70	18.191	0.9017	16.4024	1,148.1684
71	2.4264	0.2631	0.6383	45.3213
72	4.4433	1.000	4.4433	319.9145
73	2.000	1.000	2.000	146.000
74	1.000	1.000	1.000	74.000
75	0.000	1.000	0.000	0.000
76	1.000	1.000	1.000	76.000
77	0.000	1.000	0.000	0.000
78	0.000	1.000	0.000	0.000
79	1.000	1.000	1.000	79.000
Total			2,134.8931	132,461.4705

Weighted Average Retirement Age = 132,461.4705 / 2,134.8931 = 62.0459
Rounded Weighted Average Retirement Age = 62

2024 Form 5500 Schedule SB Attachments
 Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments
 Associated Banc-Corp
 Associated Banc-Corp Retirement Account Plan
 For Plan Year January 01, 2024

EIN:39-1098068
 Plan Number: 001

Schedule of Projection of Expected Benefit Payments

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	8,191,848	4,551,490	7,889,128	20,632,466
2025	8,207,983	6,261,674	7,746,638	22,216,295
2026	7,885,054	5,613,009	7,601,319	21,099,382
2027	7,652,357	4,330,021	7,442,245	19,424,623
2028	7,079,873	4,980,688	7,250,677	19,311,238
2029	6,636,043	3,136,540	7,043,743	16,816,326
2030	6,590,875	3,591,258	6,826,281	17,008,414
2031	6,657,722	2,632,909	6,573,962	15,864,593
2032	6,223,623	3,579,502	6,323,829	16,126,954
2033	6,030,758	3,134,450	6,064,382	15,229,590
2034	5,642,367	3,230,076	5,791,284	14,663,727
2035	6,017,324	2,262,537	5,513,314	13,793,175
2036	5,799,450	2,783,093	5,222,827	13,805,370
2037	5,515,339	2,091,869	4,921,389	12,528,597
2038	5,234,307	2,207,507	4,610,904	12,052,718
2039	5,380,560	1,873,488	4,293,606	11,547,654
2040	5,404,131	2,529,575	3,972,046	11,905,752
2041	5,097,593	2,332,354	3,649,083	11,079,030
2042	4,680,010	2,573,389	3,327,822	10,581,221
2043	4,845,936	2,878,274	3,011,464	10,735,674
2044	4,217,718	2,030,658	2,703,206	8,951,582
2045	4,716,745	1,961,542	2,406,086	9,084,373
2046	3,789,433	2,307,227	2,122,846	8,219,506
2047	3,326,412	2,178,266	1,855,889	7,360,567
2048	2,944,827	1,806,569	1,607,224	6,358,620
2049	2,732,072	1,271,935	1,378,412	5,382,419
2050	2,486,991	1,528,002	1,170,496	5,185,489
2051	1,985,574	1,349,397	983,979	4,318,950
2052	1,551,963	1,086,279	818,843	3,457,085
2053	1,490,498	1,183,008	674,589	3,348,095
2054	1,391,165	1,145,925	550,259	3,087,349
2055	1,070,127	1,208,779	444,542	2,723,448
2056	726,450	942,857	355,863	2,025,170
2057	737,573	882,737	282,477	1,902,787
2058	443,564	964,524	222,563	1,630,651
2059	600,429	530,499	174,296	1,305,224

2024 Form 5500 Schedule SB Attachments**Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments****Associated Banc-Corp****EIN:39-1098068****Associated Banc-Corp Retirement Account Plan****Plan Number: 001****For Plan Year January 01, 2024**

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2060	490,827	615,187	135,912	1,241,926
2061	342,965	628,981	105,759	1,077,705
2062	273,551	467,344	82,346	823,241
2063	206,442	574,369	64,349	845,160
2064	133,176	353,736	50,631	537,543
2065	125,001	310,262	40,235	475,498
2066	68,162	186,040	32,378	286,580
2067	49,585	166,347	26,435	242,367
2068	34,795	148,342	21,916	205,053
2069	30,542	131,948	18,447	180,937
2070	25,567	116,931	15,739	158,237
2071	22,421	103,224	13,582	139,227
2072	19,561	90,709	11,819	122,089
2073	16,947	79,288	10,331	106,566

Plan Provisions

Name of Plan: Associated Banc-Corp Retirement Account Plan.

Employer Identification Number / Plan Number: 39-1098068 / 001

Effective Date: January 1, 1986. Effective date of most recent amendment, January 1, 2022.

Legacy Retirement Account Plan (RAP):

Participation Date: The first January 1 or July 1 following completion of a year of eligibility service (1,000 hours in first 12 months of employment or 1,000 hours in any plan year thereafter)

Definitions:

Vesting service: Any plan year an employee works at least 1,000 hours.

Benefit service: A participant receives a year of credited service for any plan year the employee works at least 1,000 hours and is employed on the last day of the plan year. In the year of a participant's retirement, death, or termination, a participant will receive a year of credited service provided the participant works at least one hour during that year.

Compensation: Wages and salary including elective deferrals.

Normal retirement date (NRD): Age 65

Accrued pension benefit: Effective January 1, 2009, the Cash Balance Account consists of the pre-2009 Cash Balance subaccount and the post-2008 Cash Balance subaccount. The post-2008 Cash Balance subaccount consists of yearly accruals and annual earnings credits after December 31, 2008. The pre-2009 Cash Balance subaccount is the cash balance account as of January 1, 2009 plus earnings credits.

Post-2008 Yearly Accruals: Five percent of compensation up to December 31, 2015. Three percent of compensation after January 1, 2016, and up to December 31, 2021. 1.50% of compensation after January 1, 2022.

Annual Earnings Credit: For the post-2008 Cash Balance subaccount, interest is credited at the 30-year Treasury rate for the preceding October. For the pre-2009 Cash Balance subaccount, the interest credit is the greater of 4.00% and the 30-year Treasury rate for the preceding October (4.00% if the post-2008 Cash Balance subaccount is zero).

Plan Provisions (continued)

Normal retirement: Retirement on NRD.

Early retirement: Age 55

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing three years of Vesting Service.

Pre-retirement spouse benefit: Benefits are fully vested upon death from active employment.

Disability: Disabled and entitled to receive benefits under a long-term disability plan sponsored by the employer

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued Pension Benefit determined as of NRD.

Early retirement: The Accrued Pension Benefit payable at age 65 reduced as follows: benefit attributable to the pre-2009 Cash Balance subaccount is reduced by 2/12 of 1% for each month benefit commencement precedes age 65; benefit attributable to the post-2008 Cash Balance subaccount is reduced on an actuarial equivalent basis.

Termination with deferred vested benefit: Accrued pension benefit determined as of termination date. If annuity is elected, the benefit is reduced for early commencement.

Death with pre-retirement spouse benefit: For a married participant, the participant's accrued pension benefit payable in normal form for a single participant reduced accordingly for early retirement and/or optional payment form. Payable at later of death and date participant would have attained age 55. Spouse may elect to receive a lump sum. For single participants, lump sum to designated beneficiary.

Disability: Continue to accrue retirement benefits during such period of disability as though actively employed and receiving level future earnings based on average earnings (three consecutive plan years of last five which produce highest average) at the time of disability. Benefit is payable at the normal retirement date. Participants may elect to commence benefits early.

Plan Provisions (continued)

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants:) Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a five-year certain, ten-year certain and life annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, or a lump sum distribution.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Plan Provisions (continued)

Legacy First Federal:

Covered Employees: All members as of December 31, 2003.

Participation Date: Closed to new participants effective December 31, 2003

Pension Benefit Freeze: Benefits were frozen effective December 31, 2004

Plan Merger: Effective December 22, 2015, the First Federal Pension Plan was merged into the Retirement Account Plan.

Definitions:

Vesting service: One year for each plan year with 1,000 hours.

Benefit service: One year for each plan year with 1,000 hours. Partial credit for year of hire, rehire, retirement or termination (one month for each completed month worked with over 83 and 1/3 hours). Benefit service is frozen as of December 31, 2004 (December 31, 2003 for certain participants meeting the definition of frozen participant in the plan).

Normal retirement date (NRD): Age 65 and 5 years of service. Age 65 for former Liberty employees

Monthly pension benefit: 1.25% of final average compensation plus 0.60% of final average compensation in excess of covered compensation multiplied by projected benefit service at normal retirement date. The result is multiplied by benefit service at date of determination divided by projected benefit service at normal retirement date.

The 0.60% factor is reduced for unreduced early retirement by factors shown in the plan.

Participants on January 1, 1987 have a minimum benefit of 75% of final average compensation less 50% of the Social Security benefit reduced 1/20th for each year benefit service is less than 20.

Participants as of June 30, 1990 have a minimum benefit equal to their accrued benefit as of June 30, 1990 determined under the provisions of the plan as in effect on such date.

Plan Provisions (continued)

Actuarial Equivalence: For lump sums, applicable mortality table under Code section 417(e)(3) and segmented interest rates as prescribed under Code section 430(h)(2)(C) for the October preceding the plan year in which the distribution will occur. For all others, 1984 Unisex Pension Mortality and 8.5% interest.

Rule of 90: Retirement after age 55 and the sum of the participant's age plus years of vesting service are at least 90 points. Following a change in control as defined in the plan, participants will be credited with four additional years of vesting service and four years of age to determine eligibility under this Rule of 90.

Eligibility for Benefits:

NRD: Retirement on NRD and five years of service. Retirement on NRD for former Liberty employees

Unreduced early retirement: Optional retirement – Either Age 62 and 10 years of vesting service or Age 55 and “Rule of 90”

Early retirement: Age 55 and 10 years of vesting service.

Deferred vested: Three years of vesting service. Five years of service for former Liberty employees.

Pre-retirement spouse benefit: Eligible for vested termination benefit and married to a qualified spouse.

Disability: Ten years of service and in receipt of Social Security disability pension or benefits from the employer's long-term disability plan.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly Pension Benefit determined as of NRD.

Unreduced early retirement: Monthly Pension Benefit determined as of date of retirement.

Early retirement: Monthly Pension Benefit commencing at normal retirement date, or such benefit reduced by 5/9% for the first 60 months and 5/18% for each of the next 60 months that benefit commencement precedes the NRD.

Plan Provisions (continued)

Termination with deferred vested benefit: Monthly Pension Benefit multiplied by the participant's vesting percentage (excluding former Liberty employees who are 100% vested after five years of vesting service).

Years of Vesting Service	Vesting Percentage
3	20%
4	40%
5	60%
6	80%
7	100%

Benefits commence at NRD. If a participant terminates with at least 10 years of service they can elect to commence benefits as early as age 55. Benefits reductions for early commencement are the same as shown for early retirement.

Death with pre-retirement spouse benefit: The benefit that would have been paid if the participant had retired and elected both early commencement and the 50% joint and survivor annuity. The benefit is paid at the later of the first of the month following death or the date the participant would have reached age 55.

Disability: Monthly Pension Benefit commencing at NRD.

Forms of Payment:

Normal form (single participants): Life annuity with 120 months certain.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect a life annuity, ten-year certain annuity, 75% joint and survivor annuity, 100% joint and survivor annuity, or a lump sum distribution.

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Plan Provisions (continued)

Legacy Bank Mutual Corporation

Effective Date: Originally adopted June 15, 1959, most recent amendment effective December 31, 2018.

Participation Date: Employees will enter the plan on the first January 1 or July 1 after attainment of age 21 and completion of 12 months of service during which they complete 1,000 hours of service. As of January 1, 2016, all benefit accruals under the plan are frozen.

Plan Merger: Effective December 31, 2018, the Bank Mutual Corporation Pension Plan was merged into the Retirement Account Plan.

Vesting: 100% vested after 5 years of vesting service

Definitions:

Accrued Benefit: determined as of NRD as defined by the sum of (i), (ii) and (iii) below.

- (i) 1.51% of Average Monthly Compensation multiplied by years of benefit service not in excess of 40 years.
- (ii) 0.58% of Average Monthly Compensation in excess of Social Security Covered Compensation multiplied by years of benefit service not in excess of 35 years, provided that any service by a Participant on or after March 1, 2013 shall not be counted as Benefit Service for this purpose.
- (iii) 0.50% of Average Monthly Compensation multiplied by years of benefit service in excess of 20 years (up to 20 years), provided that any service by a Participant on or after March 1, 2013 shall not be counted as Benefit Service for this purpose.

As of January 1, 2014, benefit accruals were frozen for active participants with less than 20 years of Vesting Service. Active participants with 20 or more years of Vesting Service continued to accrue benefits under the current plan provisions until January 1, 2016, when all benefit accruals under the plan became frozen.

In no event, however, will the benefit be less than the benefit accrued to June 14, 1994 based on plan provisions in effect as of that date. Prior to June 15, 1994, the appropriate percentages for (i), (ii), and (iii) were 1.62%, 0.58% and 0.54%, respectively; the compensation considered for the

Plan Provisions (continued)

Average Monthly Compensation was the calendar year base pay; and the years of benefit service was computed based on completed years and months.

Vesting Service: Any plan year an employee works at least 1,000 hours.

Benefit Service: Elapsed time from date of participation to date of determination calculated on an exact basis.

Average Monthly Compensation: Average Monthly Compensation is defined as the highest average of five calendar years W-2 compensation.

Normal Retirement Date (NRD): Age 65; (For participants entering the plan on or after 6/15/1988, five years of participation service is also required)

Actuarial Equivalent: 1984 Uninsured Pensioners Mortality Tables as constructed on a unisex basis using an interest rate of 7.0% compounded annually.

Covered Compensation: Average of the taxable wage bases as in effect under the Federal Insurance Contributions Act for each calendar year during the 35-year period ending with the calendar year in which the Participant attains Social Security Retirement age.

Eligibility for Benefits:

Normal Retirement: Retirement on NRD.

Early Retirement: Age 60 and 14 years of service.

Late Retirement: Retirement after NRD.

Pre-Retirement Death Benefit: 5 years of vesting service.

Disability: Age 55 with 5 years of service and eligible for Social Security disability payments.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement: Accrued Benefit determined as of NRD.

Early Retirement: Accrued Benefit, reduced for early commencement of benefits by 0.5% per month prior to Normal Retirement Date.

Plan Provisions (continued)

Late Retirement: The greater of the Accrued Benefit using Average Monthly compensation and Benefit Service as of the date of termination or the Accrued Benefit actuarially increased for late commencement of benefits using Actuarial Equivalence.

Death with Pre-Retirement Death Benefit: The monthly amount of the Pre-retirement Death Benefit payable to the beneficiary shall be the Actuarial Equivalent of the Participant's Accrued Benefit based on his period of employment, Final Average Compensation, and Covered Compensation at his date of death or, if earlier, termination of employment. Payment of the Pre-Retirement Death Benefit will commence on the first day of the month following the later of (i) the Participant's date of death or (ii) the date the Participant would have attained age 55.

Disability Benefit: Payment of accrued monthly normal retirement after a 5-month waiting period.

Forms of Payment:

Normal form (single participants): 10 year certain and life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Maximum on Benefits and Pay: N/A; Plan is frozen as of January 1, 2016.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

ASSOCIATED BANC-CORP
RETIREMENT ACCOUNT PLAN

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2024
Employer Identification Number: 39-1098068
Plan Number: 001

(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	
Collective trust funds				
* Associated Trust Company, N.A. Core Bond Fund	1,817,839 units	\$ 73,636,515	\$ 95,528,870	
* Associated Trust Company, N.A. Equity Income Fund	77,937 units	8,907,981	24,493,246	
* Associated Trust Company, N.A. Short-Term Bond Fund	2,394,159 units	55,806,178	63,037,370	
Total Collective Trust Funds		138,350,674	183,059,486	
Mutual funds:				
American Funds Europacific Growth Fund Class R6	339,150 units	16,343,634	18,219,137	
American Funds New World Fund Class R6	164,814 units	9,944,037	12,685,734	
Baird Mid Cap Fund Institutional Class	605,892 units	12,278,706	14,268,749	
Dodge and Cox Stock Fund Class I	106,353 units	18,314,833	27,351,738	
Harbor Capital Appreciation Fund Retirement Class	298,841 units	20,561,205	34,106,670	
Harbor Small Cap Growth Retirement Class	562,840 units	7,830,148	7,936,051	
Janus Henderson Small Cap Value Fund N Shares	358,598 units	7,846,617	8,107,901	
JP Morgan Hedged Equity Fund R6	492,574 units	12,787,629	16,353,445	
Templeton Global Bond Fund Class R6	1,655,994 units	18,954,221	10,681,164	
T Rowe Price Overseas Stock Fund I Class	740,482 units	7,655,114	9,278,234	
Vanguard Institutional Index Fund Institutional Plus Shares	77,225 units	16,286,155	36,981,492	
Vanguard International Value Fund	335,307 units	13,217,302	12,597,482	
Vanguard U.S. Growth Fund Admiral Shares	162,048 units	17,819,695	29,985,449	
Virtus Ceredex Mid-Cap Value Equity Fund Class R6	858,776 units	10,076,941	10,365,426	
Total mutual funds		189,916,237	248,918,671	
Goldman Sachs Government Money Market Institutional Fund	7,863,447 units	7,863,447	7,863,447	
John Hancock Group Annuity Fund		42,528,343	42,528,343	
Total investments		\$ 378,658,701	\$ 482,369,947	

* Denotes a party-in-interest
Numbers may not sum due to rounding.

See Independent Auditor's Report

Assumption Changes

The salary scale assumption was increased to 3.70% in 2024, and 3.50% thereafter (previously 3.50% in 2024). This is a long-term assumption based on review of recent salary increases and discussion with the company.