

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LAWYERS MUTUAL INSURANCE COMPANY DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): LAWYERS MUTUAL INSURANCE COMPANY
2b Employer Identification Number (EIN): 95-3281051
2c Sponsor's telephone number: 818-565-5512
2d Business code (see instructions): 524150
3a Plan administrator's name and address: [X] 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.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 40
5b Total number of participants at the end of the plan year: 40
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 32
5d(2) Total number of active participants at the end of the plan year: 32
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 07/29/2025, GARLAND CHENG. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 537690. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	23877076	25630439
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	23877076	25630439
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	500000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	1625666	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2125666
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	371284	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	1019	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		372303
i Net income (loss) (subtract line 8h from line 8c)	8i		1753363
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

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

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

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

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

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

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

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

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

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

Part VII Plan Terminations and Transfers of Assets

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

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

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

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

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

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

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

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>LAWYERS MUTUAL INSURANCE COMPANY DEFINED BENEFIT PENSION 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>LAWYERS MUTUAL INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>95-3281051</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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input 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>23877076</u>
	b Actuarial value	2b	<u>23877076</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>6</u>	<u>4056869</u>
	b For terminated vested participants	<u>2</u>	<u>97998</u>
	c For active participants	<u>32</u>	<u>11887821</u>
	d Total	<u>40</u>	<u>16042688</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>5.27 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>841251</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>841251</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>06/10/2025</u>
	<u>GENEVIEVE CLARKE, FSA, EA, MAAA</u>	Date
	Type or print name of actuary	<u>23-08457</u>
	<u>NYHART</u>	Most recent enrollment number
	Firm name	<u>619-810-1688</u>
	<u>P.O. BOX 219240</u>	Telephone number (including area code)
	<u>KANSAS CITY, MO 64121</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)	6306102	2815513
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	527344	0
9	Amount remaining (line 7 minus line 8)	5778758	2815513
10	Interest on line 9 using prior year's actual return of <u>13.90</u> %	803247	391356
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		287633
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>5.37</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		39981
c	Total available at beginning of current plan year to add to prefunding balance		327614
d	Portion of (c) to be added to prefunding balance		327614
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)	6582005	3534483

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.47 %
15	Adjusted funding target attainment percentage	15	146.57 %
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	118.04 %
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		
12/13/2024	500000	0					
			Totals ▶	18(b)	500000	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	476237

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes 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
0	0	0	0

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 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 841251
b Excess assets, if applicable, but not greater than line 31a				31b 0
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 841251
		Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		692270	0	692270
36 Additional cash requirement (line 34 minus line 35)				36 148981
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 476237
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 327256
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 327256
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 type="checkbox"/> 2021				

Active Participant Schedule

Active participant information grouped based on age and credited service.

Age Group	Years of Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
Under 25										
25 to 29		3								
30 to 34		1	1							
35 to 39		1	1		1					
40 to 44			1							
45 to 49			3	4		1				
50 to 54			3	1	1			1		
55 to 59						1		3		
60 to 64									3	
65 to 69			1							
70 & up									1	

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date	January 1, 2024
Participant and Asset Information Collected as of	January 1, 2024
Retirement Rates (FE)	All participants are assumed to retire on their respective Normal Retirement Dates (or attained age if later) in accordance with the provisions of the Plan Due to the size of the plan and lack of subsidies, in our professional judgment use of an assumption more sophisticated than a single point estimate is not merited.
Mortality Rates (FE)	
Healthy - Prescribed	2024 IRS Combined Table for Small Plans Mortality - sex distinct Pri-2012 base mortality as provided in IRC 430(h)(3). Mortality projections are based on SOA Improvement Scale 2024 Adjusted MP-2021 The mortality table is prescribed by federal regulation.
Disabled	Same as Healthy
Lump Sum Mortality	Lump Sum payouts use the current 417(e) Applicable Mortality Table The mortality table is prescribed by federal regulation.
ASC 960	Pri-2012 with Generational Improvements from MP-2021 As the plan is not large enough to have credible experience, mortality assumptions are set to reflect general population trends. The Society of Actuaries (SOA) has not released an updated mortality improvement scale this year as it would be based on 2020 and 2021 data, which is impacted by the COVID pandemic, and it is unclear how the pandemic may impact future mortality. We considered alternative projection scales that reflected continued excess deaths from the pandemic, however implemented a conservative approach of continuing with the PRI-2012 with MP-2021 scale for the mortality assumption given anticipated impacts would be small gains.

Disability Rates

Rates in accordance with the 1987 Commissioner's Group Disability Table, six-month elimination period, male and female. Sample rates are as follows:

<u>Disabled per 1,000</u>		
<u>Ages</u>	<u>Males</u>	<u>Females</u>
25	.85	1.07
30	.97	1.36
35	1.21	2.00
40	1.69	2.70
45	2.80	3.87
50	5.15	6.10
55	9.69	9.40
60	14.82	11.98

As the plan is not large enough to have credible experience, disability assumptions reflect the 1987 Commissioner's Group Disability Table disability assumptions that, in our professional judgment, best reflects the anticipated experience of the plan.

Withdrawal Rates (FE)

Rates in accordance with Table T-5 less 1951 mortality. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
25	7.7%
30	7.2%
35	6.3%
40	5.2%
45	4.0%
50	2.6%
55	0.9%

As the plan is not large enough to have credible experience, withdrawal assumptions reflect the Table T-5 less 1951 mortality withdrawal assumptions that, in our professional judgment, best reflects the anticipated experience of the plan.

Annual Pay Increases (CO) 3.00%

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.75%	4.96%	5.59%
Maximum Funding - Prescribed (CO)	4.37%	4.96%	4.95%
PBGC - Prescribed (CO)	5.01%	5.13%	5.15%
ASC 960 (CO)	6.65%	6.65%	6.65%
Lump Sums Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.75%	4.96%	5.59%
Lump Sums ASC 960 (CO)	6.65%	6.65%	6.65%

All funding segment rates are based on the sponsor's election to use a 0 month lookback. The PBGC interest rates are based on the sponsor's election to use the Standard calculation method. The Standard calculation method was elected in 2008. Interest rates used for Minimum and Maximum funding purposes are prescribed by IRS regulation. The ASC 960 interest rate is the expected long term rate of return on assets. This assumption was selected by the client based on a forward-looking analysis provided by their independent investment advisors. We believe it to be reasonable.

Payment Form Election (FE)

Lump Sum	75%
Annuity	25%

Salary Limit Increases

The covered compensation wage based and 401(a)(17) limit on maximum recognized compensation are assumed to increase at the rate of 2.5%, compounded annually.

Future Service	It is assumed that all Participants who have not reached Normal Retirement Age will work at least 1,000 hours in future Plan Years.
Expense and/or Contingency Loading (FE)	The Target Normal Cost is increased by administrative expenses assumed to be \$0.
Marital Status and Ages (FE)	75% of Participants assumed to be married with wives assumed to be three years younger than husbands
Market Value of Assets	Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements
Plan Asset Valuation Method	The actuarial value of assets is equal to the market value of assets at year-end plus any paid accrued contributions due
Cost Method	PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o) ASC 960 requires the use of the Unit Credit cost method
At-risk Assumptions	The Plan has fewer than 500 participants, so is exempt from the at-risk status.

FE indicates an assumption representing an estimate of future experience

MD indicates an assumption representing observations of estimates inherent in market data

CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

▶ **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 Lawyers Mutual Insurance Company Defined Benefit Pension Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lawyers Mutual Insurance Company		D Employer Identification Number (EIN) 95-3281051	
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 checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input 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	23,877,076	
b Actuarial value.....	2b	23,877,076	
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.....	6	4,056,869	4,056,869
b For terminated vested participants.....	2	97,998	97,998
c For active participants.....	32	11,887,821	12,135,412
d Total.....	40	16,042,688	16,290,279
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	5.27%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	841,251	
b Expected plan-related expenses.....	6b	0	
c Target normal cost.....	6c	841,251	

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	Genevieve Clarke 	06/10/2025
	Signature of actuary	Date
	Genevieve Clarke, FSA, EA, MAAA	2308457
	Type or print name of actuary	Most recent enrollment number
	Nyhart	619-810-1688
	Firm name	Telephone number (including area code)
	P.O. Box 219240	
	Kansas City MO 64121	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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 63
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input 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 type="checkbox"/> Yes <input checked="" 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 841,251
b Excess assets, if applicable, but not greater than line 31a				31b 0
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).....				34 841,251
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	692,270	0	692,270	
36 Additional cash requirement (line 34 minus line 35).....				36 148,981
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 476,237
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 327,256
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 327,256
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 type="checkbox"/> 2021				

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
62.00	19.2045	100.00%	19.2045	1,190.6812
63.00	0.0000	100.00%	0.0000	0.0000
64.00	0.0000	100.00%	0.0000	0.0000
65.00	1.0000	100.00%	1.0000	65.0000
66.00	0.0000	100.00%	0.0000	0.0000
67.00	1.0000	100.00%	1.0000	67.0000
68.00	0.0000	100.00%	0.0000	0.0000
69.00	0.0000	100.00%	0.0000	0.0000
70.00	1.0000	100.00%	1.0000	70.0000
Total			22.2045	1,392.6812

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 62.72

* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

Plan Effective Date

The Plan was effective January 1, 1986. The Plan was last restated and amended effective January 1, 2021.

Plan Year

January 1 through December 31

Plan Status

The Plan is open to new participants and all participants are eligible to accrue additional benefits

Eligibility for Participation

All covered employees who are not covered by the terms of the collective bargaining agreement and who are not leased employees or contracted employees shall be eligible to participate in the Plan on January 1 or July 1 after they have attained age 21 and completed one Year of Service (minimum of 1,000 hours within the first 12 month period or any subsequent plan years).

Accrued Benefit

The monthly Normal Retirement Benefit is 2.4% of Final Average Compensation (FAC) up to Covered Compensation plus 2.9% of FAC in excess of Covered Compensation, such sum times Years of Accrual Service up to a maximum of 25 years.

Maximum Benefit Limitation

All benefits are subject to IRC 415 limits in effect for the Plan Year

Benefits**Normal Retirement**

Eligibility The later of the first date of the month in which the participant attains age 62 and the 5th anniversary of plan participation

Benefit Accrued Benefit

Early Retirement

None, other than termination benefit

Late Retirement

Eligibility	Retires after normal retirement date
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on plan Compensation and Credited Service for Benefit Accrual at such date or accrued benefit as of normal retirement date increased according to a schedule of factors set forth by the Plan.

Death before Retirement

Eligibility	All participants in the plan are eligible
Benefit	If a Participant dies while employed by the Employer prior to the date retirement benefit payments are scheduled to commence, he shall be considered 100% vested in his Accrued Benefit. If a death occurs after severance from employment, the death benefit is the vested Accrued Benefit. The beneficiary shall be entitled to receive a death benefit payable as of the first day of the month following the Participant's Normal Retirement.

The designated beneficiary may elect an immediate lump sum payment of the present value of the Participant's Accrued Benefit.

The minimum death benefit payable to the spouse of a married Participant who dies before receiving retirement benefits is the actuarially equivalent survivor annuity, payable on or after the Participant's Normal Retirement Date, determined as if the Participant had terminated employment just before his death, survived until his earliest retirement date, retired under the Joint and 50% Survivor option and then died. If the Participant had elected a Joint and 100%, 66-2/3%, or 75% Survivor annuity, the qualified pre-retirement survivor annuity shall be based on the elected percentage.

Disability

Eligibility	Participant becomes disabled prior to being eligible for Normal Retirement
Benefit	100% of the Accrued Benefit deferred to Normal Retirement Date, or, at the Participant's election, the immediate payment of lump sum actuarial equivalent of the deferred benefit multiplied by a factor based on the number of years Disability precedes Normal Retirement.

Termination

Benefit	The vested portion of the benefit accrued to date of termination to commence at Normal Retirement. In lieu of a deferred monthly benefit, a Participant may elect an immediate life annuity or lump sum payment equal to the actuarial equivalent present value of his Accrued Benefit
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If the Participant has been legally married for one year, the participant may alternatively elect a 50% or 75% joint and survivor annuity.

Vesting

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 3	0%
3	20
4	40
5	60
6	80
7 or more	100

Service

A year of accrual and vesting service is earned for each Plan Year in which the employee completes 1,000 hours of service

Final Average Compensation

FAC is the monthly average of the thirty-six highest consecutive calendar months of compensation. Compensation means total earnings paid during a calendar year, as an eligible employee, including overtime, bonuses, car allowances, incentive pay, but excluding any amounts paid as expense reimbursements, deferred compensation, or other amounts which receive special tax benefits. Compensation includes employee contributions made pursuant to a salary reduction agreement under Code Section 125, 401(k), 457, 402(g) or 403(b) and elective amounts that are not includible in gross income due to Code Section 132(f)(4), up to the 401(a)(17) limits.

Covered Compensation

Covered Compensation is an average of the Social Security Taxable Wage Bases based on year of birth of the Participant, as set forth in tables published by the IRS (unrounded tables).

Payment Forms

Normal Form

A single life annuity for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity.

Optional Forms

Life Annuity with 5, 10, or 15 years certain, 50%, 66 2/3%, 75% or 100% Joint and Survivor Annuity. Period Certain Annuity with 5, 10, 15, or 20 years certain, or a Lump Sum.

Employee Contributions

Employees shall not be required or permitted to make contributions to the Plan

Funding

Plan benefits are to be funded through contributions to a trust fund. As of the valuation date, trust assets are held by Wells Fargo which is the appointed trustee. The entire cost of the Plan is met by the sponsoring employer.

Actuarial Equivalence

Actuarial Equivalence for payments not subject to IRC 417(e)(3) will be computed using 8% interest and the 1994 GAR Mortality Table, blended 50% for males and 50% for females.

Actuarial Equivalence for payments subject to IRC 417(e)(3) will be computed using the interest rate and mortality as prescribed under Code Section 417(e)(3). The interest rate will be for the month of November preceding the Plan Year that contains the annuity starting date.

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the American Rescue Plan Act of 2021. These changes resulted in an increase in the Funding Target and the Target Normal Cost.

The form of payment assumption was updated from 50% annuity and 50% lump sum to 25% annuity and 75% lump sum to better reflect prior experience and expected future experience. This change resulted in a decrease in the Funding Target and the Target Normal Cost.