

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>2a</b> 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>KUHN NORTH AMERICA, INC.</u>  <u>1501 WEST 7TH AVENUE</u> <u>BRODHEAD, WI 53520</u>	<b>1c</b> Effective date of plan <u>07/31/1970</u>  <b>2b</b> Employer Identification Number (EIN) <u>82-0566728</u>  <b>2c</b> Plan Sponsor's telephone number <u>608-897-2131</u>  <b>2d</b> Business code (see instructions) <u>333100</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/01/2025	JILL LEITZEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	968
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	722
	<b>6a(2)</b>	671
	<b>6b</b>	5
	<b>6c</b>	252
	<b>6d</b>	928
	<b>6e</b>	7
	<b>6f</b>	935
	<b>6g(1)</b>	880
<b>6g(2)</b>	911	
<b>6h</b>	56	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 2T 3D 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

<b>A</b> Name of plan <b>KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KUHN NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>82-0566728</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

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

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

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

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**(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)

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(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 36 37 38 50 64	NONE	139724	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)

ONEAMERICA INV ADV SERVICES, LLC

81-3920167

(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?
28 51	NONE	25000	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)

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	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"/>

**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
MATRIX TRUST COMPANY	19 21 25 62	0

(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.	
ONEAMERICA RETIREMENT SERVICES, LLC  46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$750 ANNUAL TRUST AND CUSTODY FEE PLUS 1 BASIS POINT ON MARKET VALUE ANNUALIZED MONTHLY	

(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.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>KUHN NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>82-0566728</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ONEAMERICA STABLE VALUE Z</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MIDWEST INSTITUTIONAL TRUST SERVICES</u>		
<b>c</b> EIN-PN <u>39-6490536-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5682173</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK AGGRESSIVE 2065 FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-7275344-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19911</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK AGGRESIVE RET FD CL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-4139823-600</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4114</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK AGGRESSIVE 2035 FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-4139825-602</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13337</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK AGGRESSIVE 2045 FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-4139826-603</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9954</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK AGGRESSIVE 2055 FD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-4139827-604</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22954</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENTTRACK CONSERVATIVE 2035 F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>38-4139835-612</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1028412</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK CONSERVATIVE 2045 F

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139836-613	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8848
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK CONSERVATIVE 2055 F

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139837-614	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7274
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK CONSERVATIVE RET FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139833-610	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	986
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK CONSERVATIVE 2065 F

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-7275346-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	377
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK MODERATE 2035 FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139830-607	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7541182
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK MODERATE 2045 FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139831-608	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6174917
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK MODERATE 2055 FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139832-609	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1753399
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK MODERATE 2065 FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-7275345-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25201
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENTTRACK MODERATE RET FD

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC

<b>c</b> EIN-PN 38-4139828-605	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10669816
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>KUHN NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>82-0566728</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	63929	3360
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	752000	660663
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	76981	49142
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5911215	32962855
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	93246024	78876522
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	100050149	112552542
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	100050149	112552542

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1879881	
(B) Participants.....	2a(1)(B)	3444497	
(C) Others (including rollovers).....	2a(1)(C)	15065	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		5339443
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	2696	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2696
(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)	4861354	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		4861354
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		1671462
(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)		8367215
<b>c</b> Other income .....	2c		25393
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		20267563

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	7584497	
(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)		7584497
<b>f</b> Corrective distributions (see instructions) .....	2f		15949
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)	139724	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	25000	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		164724
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		7765170

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		12502393
<b>l</b> 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: **SVA CERTIFIED PUBLIC ACCOUNTANTS SC**

(2) EIN: **39-1203191**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>KUHN NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>82-0566728</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 75-3182674

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

# Kuhn North America Retirement Savings Plan

Financial Report

December 31, 2024



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# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee of  
Kuhn North America Retirement Savings Plan  
Brodhead, Wisconsin

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

We have performed audits of the accompanying financial statements of Kuhn North America Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note B to the financial statements, is complete and accurate.

### Opinion

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

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

---

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## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kuhn North America Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kuhn North America Retirement Savings 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**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment 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 risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kuhn North America Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kuhn North America Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

### **Supplemental Schedule Required by ERISA**

The supplemental Schedule H, Line 4i – Schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*SVA Certified Public Accountants, S.C.*

Madison, Wisconsin

July 30, 2025

**KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
December 31, 2024 and 2023

	2024	2023
<b>ASSETS</b>		
Cash	\$ 3,360	\$ 63,929
Investments at fair value	111,839,377	99,157,239
Receivables:		
Employer contributions	660,663	752,000
Notes receivable from participants	49,142	76,981
Total receivables	709,805	828,981
<b>TOTAL ASSETS</b>	112,552,542	100,050,149
 <b>LIABILITIES</b>		
Excess contributions payable	3,826	15,949
Administrative expenses payable	17,614	10,526
<b>TOTAL LIABILITIES</b>	21,440	26,475
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 112,531,102	\$ 100,023,674

The accompanying notes are an integral part of these financial statements.

**KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
Year ended December 31, 2024

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Additions:	
Investment income:	
Interest and dividends	\$ 5,063,435
Net appreciation in fair value of investments	<u>9,861,500</u>
Total investment income	14,924,935
Interest income on notes receivable from participants	2,696
Contributions:	
Employer	1,879,881
Participant	3,441,159
Rollover	<u>15,065</u>
Total contributions	<u>5,336,105</u>
Total additions	20,263,736
Deductions:	
Benefits paid to participants	7,584,497
Administrative expenses	<u>171,811</u>
Total deductions	<u>7,756,308</u>
Net increase	12,507,428
Net assets available for benefits:	
Beginning of year	<u>100,023,674</u>
End of year	<u><u>\$ 112,531,102</u></u>

The accompanying notes are an integral part of these financial statements.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

---

### **NOTE A -- Description of plan and significant accounting policies**

The following brief description of Kuhn North America Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The employers, as described below, have adopted, with subsequent amendments, the OneAmerica Financial Partners, Inc. (OneAmerica) Defined Contribution Pre-Approved Plan originally effective July 30, 1990, with the most recent restatement effective July 1, 2022.

#### **General**

The Plan is a defined contribution plan covering all employees of Kuhn North America, Inc. and Kuhn Krause, Inc. (the employers) who have completed at least 1,000 hours of service during the first six months of employment or a year of service, whichever is earlier. Employees must be age 20 or older to be eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974. The Plan Administrative Committee oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance, and report to the Plan's Board of Directors.

The Plan's federal identification number is 82-0566728, and the Plan's number is 001.

#### **Contributions**

Each year, participants may contribute any combination of pretax and Roth deferrals up to 80% of annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution or defined benefit plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The employers may make a discretionary matching contribution equal to a uniform percentage or dollar amount of participant elective deferrals. The matching contribution is updated at the discretion of the employers each year. In 2024, the matching contribution was 50% of employee deferrals, up to 6% of compensation. The employers also have the right to make discretionary profit-sharing contributions to be allocated to participants under permitted disparity allocation as defined in the Plan document. Contributions are determined annually by the Board of Directors. In 2024, the employers made discretionary profit-sharing contributions of \$659,959. In order to receive a profit-sharing contribution, a participant must be employed on the last day of the Plan year (unless deceased, disabled, or retired during the year) and have worked 1,000 hours. Annual contributions from all sources are subject to certain limitations defined by the Internal Revenue Service (IRS).

#### **Contributions receivable**

Contributions receivable are written off when they are determined to be uncollectible. The allowance for credit losses is estimated based on expected credit losses considering the Plan's historical losses, existing economic conditions, and the financial stability of the company.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

---

### **NOTE A -- Description of plan and significant accounting policies (Continued)**

#### **Participant accounts and “rollovers”**

Each participant’s account is credited with the participant’s contribution and allocations of (a) the employer’s discretionary matching and profit-sharing contributions, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations of Plan earnings are based on participant account balances, as defined, and allocation of employer contributions are based on participant compensation, as provided in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. The Plan permits the rollover of funds from other qualified plans to a participant’s account.

#### **Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employers’ discretionary matching and profit-sharing contributions portion of their accounts is based on years of continuous service. A participant is 100% vested ratably after six years of credited service starting with year two of service. Participants, who leave the Plan because of death or disability, as defined in the Plan, are considered 100% vested in all amounts.

#### **Notes receivable from participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A participant may have two loans outstanding at any time. The applicable rate of interest on new loans is the greater of the prime rate as determined by Matrix Trust Company (Matrix) or Matrix’s 5-year CD rate plus 2%, unless for the purchase of a primary residence, then the rate is the 15-year mortgage rate as determined by Matrix. The loans are secured by the balance in the participant’s account. Principal and interest is paid ratably through payroll deductions.

#### **Benefits**

On termination of service due to death, disability, retirement (age 62) or termination of employment, a participant may elect either a lump-sum amount equal to the value of the participant’s vested interest in his or her account, a partial lump-sum amount, or installment distributions over a specified period not to exceed the life or life expectancy of the participant (and a designated beneficiary). A participant with an account valued at less than \$5,000 shall receive a lump-sum distribution. The Plan permits in-service distributions upon reaching age 59 ½. In addition, hardship distributions are permitted if certain criteria are met.

#### **Forfeited accounts**

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$76,379 and \$39,970, respectively. These accounts will be reallocated to participants in the same manner as company contributions. In 2024, \$65,740 was reallocated to participants from forfeited non-vested accounts.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

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### **NOTE A -- Description of plan and significant accounting policies (Continued)**

A summary of significant accounting policies follows:

#### **Basis of accounting**

The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) under the accrual method of accounting.

#### **Use of estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Cash**

The Plan maintains its cash in bank deposit accounts, which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. Management believes it is not exposed to any significant credit risk on cash.

#### **Investment valuation and income recognition**

The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note C for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought, sold and held during the year.

#### **Payments of benefits**

Benefits are recorded when paid. At December 31, 2024 and 2023, amounts for distributions to participants who have requested a distribution from the Plan prior to the Plan year end but were not yet paid at the Plan year end were \$0 and \$2,000, respectively.

#### **Administrative expenses**

The employers pay some of the administrative expenses of the Plan, which are excluded from these financial statements. The major administrative expenses paid by the Plan are recordkeeping fees (see Note D).

#### **Notes receivable from participants**

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses has been recorded.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

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### **NOTE A -- Description of plan and significant accounting policies (Continued)**

#### **Excess contributions payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions and adjustment to net appreciation/depreciation in fair value of investments. The Plan distributed the 2024 and 2023 excess contributions to the applicable participants prior to March 15, 2025 and 2024, respectively.

#### **Subsequent events**

These financial statements have not been updated for subsequent events occurring after July 30, 2025, which is the date these financial statements were available to be issued. The Plan has no responsibility to update these financial statements for events and circumstances occurring after that date.

### **NOTE B -- Information certified by the trustee and asset custodian**

Certain information related to cash, investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including cash, investments, and notes receivable from participants held at December 31, 2024 and 2023, and interest, dividends, net appreciation, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Matrix, the asset custodian and trustee of the Plan.

**KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024

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**NOTE C -- Fair value measurements**

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits.

	<u>Fair value</u>	Fair value measurements at reporting date using:		
		<u>Quoted prices in active markets for identical assets (level 1)</u>	<u>Significant observable inputs (level 2)</u>	<u>Significant unobservable inputs (level 3)</u>
<u>December 31, 2024</u>				
Registered investment companies	<u>\$ 78,876,522</u>	<u>\$ 78,876,522</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total assets in the fair value hierarchy	78,876,522	78,876,522	0	0
Investments measured at net asset value <sup>1</sup>	<u>32,962,855</u>	<u>0</u>	<u>0</u>	<u>0</u>
Investments at fair value	<u>\$ 111,839,377</u>	<u>\$ 78,876,522</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>December 31, 2023</u>				
Registered investment companies	<u>\$ 93,246,024</u>	<u>\$ 93,246,024</u>	<u>\$ 0</u>	<u>\$ 0</u>
Total assets in the fair value hierarchy	93,246,024	93,246,024	0	0
Investments measured at net asset value <sup>1</sup>	<u>5,911,215</u>	<u>0</u>	<u>0</u>	<u>0</u>
Investments at fair value	<u>\$ 99,157,239</u>	<u>\$ 93,246,024</u>	<u>\$ 0</u>	<u>\$ 0</u>

<sup>1</sup> In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

### NOTE C -- Fair value measurements (Continued)

U.S. GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- Registered investment companies. 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 (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- Collective trust funds. Composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the funds will sell the investment for an amount different from the reported net asset value.

Gains and losses (realized and unrealized) included in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024, are reported in net appreciation in fair value of investments.

### Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant or Plan redemption restrictions for these investments.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
OneAmerica Stable Value Fund	\$5,682,173	N/A	Daily	N/A
RetirementTrack Funds	\$27,280,682	N/A	Daily	Five business days

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

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### NOTE C -- Fair value measurements (Continued)

#### Investments Measured Using the Net Asset Value per Share Practical Expedient (Continued)

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
OneAmerica Stable Value Fund	\$5,911,215	N/A	Daily	N/A

### NOTE D -- Party-in-interest transactions

Matrix is the trustee and asset custodian of the Plan and OneAmerica is the Plan recordkeeper and are therefore designated parties-in-interest. The Plan also invested in a OneAmerica collective trust fund and in mutual funds managed by Matrix.

Recordkeeping fees, investment fund fees, trustee/custodial service fees, and other administrative fees were paid by the Plan to OneAmerica in 2024. OneAmerica pays trustee/custodial service fees to Matrix on the Plan's behalf. These party-in-interest transactions occur in the course of ordinary business and are exempt transactions. Amounts paid during the year for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

OneAmerica receives revenue from mutual fund service providers. The revenue is credited (rebated) to the Plan as additional income and allocated to the accounts of the participants or used to offset the asset-based service fee. OneAmerica also provides a credit to the Plan based on participation in a collective trust fund. During 2024, \$0 was earned from OneAmerica under these arrangements and was allocated to participant accounts and is reported as other income on the Statement of Changes in Net Assets Available for Benefits.

### NOTE E -- Plan termination

Although it has not expressed any intent to do so, the company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974. In the event of Plan termination, participants will become 100% vested in their allocated employer contributions.

### NOTE F -- Tax status

The OneAmerica Financial Partners, Inc. Defined Contribution Pre-Approved Plan that the Plan has adopted effective July 1, 2022, obtained its latest opinion letter on August 19, 2020, in which the Internal Revenue Service stated that the prototype plan, as then designed, was acceptable under Section 401 of the Internal Revenue Code for use by employers for the benefit of their employees. The Plan has been amended since the date of the opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

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### NOTE G -- Concentration of market risk

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participant account balances and amounts reported in the Statements of Net Assets Available for Benefits.

### NOTE H -- Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 112,531,102	\$ 100,023,674
Excess contributions payable	3,826	15,949
Administrative expenses payable	<u>17,614</u>	<u>10,526</u>
Net assets available for benefits per Form 5500	<u>\$ 112,552,542</u>	<u>\$ 100,050,149</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits per the financial statements	\$ 12,507,428
Change in excess contributions payable	(12,123)
Change in administrative expenses payable	<u>7,088</u>
Net income per the Form 5500	<u>\$ 12,502,393</u>

### NOTE I -- Excess contributions payable

The Plan failed the discrimination test for the years ended December 31, 2024 and 2023. Excess contributions amounting to \$3,826 and \$15,949, respectively are recorded as a liability in the accompanying Statements of Net Assets Available for Benefits and as a reduction of participant-directed contributions for the year and adjustment to net appreciation/depreciation in fair value of investments. The Plan has reimbursed these excess contributions to its participants during February 2025 and March 2024, respectively. For purposes of the Form 5500, these excess contributions are not recorded until the year paid.

# KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2024

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### **NOTE J -- Subsequent event**

Effective January 1, 2025, Voya Financial (Voya) acquired the OneAmerica Financial full-service retirement plan business. As part of the transaction, Voya purchased OneAmerica Retirement Services LLC and OneAmerica Investment Advisory Services. The plan will transition to Voya in December 2025.

SUPPLEMENTAL SCHEDULE

**KUHN NORTH AMERICA RETIREMENT SAVINGS PLAN**  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
EIN 82-0566728 Plan Number 001  
December 31, 2024

a)	b) Identity of issue c) Description of investment	d) Cost	e) Current value
	Collective trust funds:		
*	OneAmerica Stable Value Fund Class Z	N/A	\$ 5,682,173
	RetirementTrack Aggressive 2035 Fund Share Class R1	N/A	13,337
	RetirementTrack Aggressive 2045 Fund Share Class R1	N/A	9,954
	RetirementTrack Aggressive 2055 Fund Share Class R1	N/A	22,954
	RetirementTrack Aggressive 2065 Fund Class R1	N/A	19,911
	RetirementTrack Aggressive Retirement Fund Class R1	N/A	4,114
	RetirementTrack Conservative 2035 Fund Share Class R1	N/A	1,028,412
	RetirementTrack Conservative 2045 Fund Share Class R1	N/A	8,848
	RetirementTrack Conservative 2055 Fund Share Class R1	N/A	7,274
	RetirementTrack Conservative 2065 Fund Class R1	N/A	377
	RetirementTrack Conservative Retirement Fund Class R1	N/A	986
	RetirementTrack Moderate 2035 Fund Class R1	N/A	7,541,182
	RetirementTrack Moderate 2045 Fund Class R1	N/A	6,174,917
	RetirementTrack Moderate 2055 Fund Class R1	N/A	1,753,399
	RetirementTrack Moderate 2065 Fund Class R1	N/A	25,201
	RetirementTrack Moderate Retirement Fund Class R1	N/A	<u>10,669,816</u>
	Total collective trust funds		32,962,855
	Registered investment companies:		
	American Capital Income Builder Fund Class R6	N/A	1,187,014
	American Europacific Growth Fund Class R6	N/A	1,773,491
	American Funds New Perspective Fund Class R6	N/A	3,788,485
	Baird Core Plus Bond Fund Class Institutional	N/A	3,295,405
	Dodge & Cox International Stock Fund	N/A	410,016
	Invesco Global Fund Class A	N/A	3,852,183
	Royce Small-Cap Opportunity Fund	N/A	2,054,126
	T. Rowe Price Growth Stock Fund Class I	N/A	15,220,444
	T. Rowe Price Mid Cap Growth Fund Class I	N/A	9,547,433
	Vanguard Balanced Index Fund Class I	N/A	11,736,486
	Vanguard Development Markets Index Fund Admiral	N/A	357,595
	Vanguard Explorer Admiral	N/A	932,763
	Vanguard Institutional Index Fund	N/A	13,227,231
	Vanguard Mid Cap Value Index Fund Admiral	N/A	3,018,134
	Vanguard Mid Cap Index Fund Admiral	N/A	818,451
	Vanguard Small Cap Index Fund Admiral	N/A	600,111
	Vanguard Total Bond Market Index Fund Admiral	N/A	1,338,638
	Vanguard Windsor II Fund Admiral	N/A	<u>5,718,516</u>
	Total registered investment companies		78,876,522
*	Notes receivable from participants, interest (2.75% - 8.50%)	- 0 -	<u>49,142</u>
	Total assets (held at end of year)		<u><u>\$ 111,888,519</u></u>

\* Party-in-interest

N/A - Cost information not required to be provided as all investments are participant-directed.

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	QUANTITY	DESCRIPTION OF INVESTMENT including maturity date, rate of interest, collateral, par or maturity value	COST	CURRENT VALUE
<b>Participant Loans</b>				
Master Participant Loan - Interest Rate 2.75% - 8.50%	49,142.04	Master Participant Loan	49,142.04	49,142.04
<b>Value of Interest in Common / Collective Trusts</b>				
* OneAmerica Stable Value Z	5,682,173.150	OneAmerica Stable Value Z	5,682,173.15	5,682,173.15
RetirementTrack Aggressive 2065 Fund R1	1,420.120	RetirementTrack Aggressive 2065 Fund	19,746.24	19,911.08
RetirementTrack Aggressive Ret Fd Cl R1	329.006	RetirementTrack Aggressive Ret Fd Cl	4,160.89	4,114.09
RetirementTrack Agrsv 2035 Fd Shr Cl R1	926.408	RetirementTrack Agrsv 2035 Fd Shr Cl	13,042.03	13,336.66
RetirementTrack Agrsv 2045 Fd Shr Cl R1	657.886	RetirementTrack Agrsv 2045 Fd Shr Cl	9,849.17	9,953.88
RetirementTrack Agrsv 2055 Fd Shr Cl R1	1,506.224	RetirementTrack Agrsv 2055 Fd Shr Cl	22,450.97	22,954.40
RetirementTrack Cnsv 2035 Fd Shr Cl R1	82,478.846	RetirementTrack Cnsv 2035 Fd Shr Cl	1,008,224.28	1,028,412.24
RetirementTrack Cnsv 2045 Fd Shr Cl R1	646.303	RetirementTrack Cnsv 2045 Fd Shr Cl	8,825.17	8,848.02
RetirementTrack Cnsv 2055 Fd Shr Cl R1	472.262	RetirementTrack Cnsv 2055 Fd Shr Cl	7,267.33	7,273.97
RetirementTrack Cnsv Ret Fd Cl R1	85.490	RetirementTrack Cnsv Ret Fd Cl R1	984.07	986.14
RetirementTrack Conservative 2065 Fund R1	27.784	RetirementTrack Conservative 2065 Fun	374.29	377.30
RetirementTrack Moderate 2035 Fund Cl R1	538,763.640	RetirementTrack Moderate 2035 Fund Cl	7,135,599.45	7,541,182.42
RetirementTrack Moderate 2045 Fund Cl R1	402,988.786	RetirementTrack Moderate 2045 Fund Cl	7,742,705.87	6,174,916.57
RetirementTrack Moderate 2055 Fund Cl R1	110,840.614	RetirementTrack Moderate 2055 Fund Cl	6,224,212.07	1,753,398.76
RetirementTrack Moderate 2065 Fund R1	1,769.145	RetirementTrack Moderate 2065 Fund R1	23,710.62	25,200.94
RetirementTrack Moderate Ret Fd Cl R1	878,897.535	RetirementTrack Moderate Ret Fd Cl R1	10,586,424.17	10,669,816.07
<b>Value of Interest in Registered Investment Companies</b>				
American Capital Income Builder R6	17,220.576	American Capital Income Builder R6	1,145,196.31	1,187,014.30
American Funds Europacific Growth R6	33,013.616	American Funds Europacific Growth R6	61,811,134.21	1,773,491.45
American Funds New Perspective R6	60,957.112	American Funds New Perspective R6	3,446,830.36	3,788,484.51
Baird Core Plus Bond Inst	329,211.338	Baird Core Plus Bond Inst	3,341,899.99	3,295,405.49
Dodge & Cox International Stock Fund X	8,216.752	Dodge & Cox International Stock Fund	414,336.42	410,015.92
Invesco Global Fund A	41,138.224	Invesco Global Fund A	3,740,663.31	3,852,183.30
Royce Small-Cap Opportunity Fund	132,609.786	Royce Small-Cap Opportunity Fund	2,016,630.28	2,054,125.59
T. Rowe Price Growth Stock I	143,670.420	T. Rowe Price Growth Stock I	12,721,496.36	15,220,444.29
T. Rowe Price Mid-Cap Growth I	95,436.157	T. Rowe Price Mid-Cap Growth I	9,624,893.84	9,547,433.15
Vanguard Balanced Index I	242,039.298	Vanguard Balanced Index I	10,901,861.02	11,736,485.56
Vanguard Developed Markets Index Admiral	23,280.907	Vanguard Developed Markets Index Admiral	64,255.34	357,594.73
Vanguard Explorer Adm	8,729.651	Vanguard Explorer Adm	950,047.87	932,763.21
Vanguard Institutional Index I	27,620.028	Vanguard Institutional Index I	10,986,018.05	13,227,231.41
Vanguard Mid-Cap Value Index Admiral	36,020.215	Vanguard Mid-Cap Value Index Admiral	2,723,696.36	3,018,133.81
Vanguard Mid Cap Index Admiral	2,503.903	Vanguard Mid Cap Index Admiral	737,457.39	818,450.77
Vanguard Small Cap Index Adm	5,211.109	Vanguard Small Cap Index Adm	540,188.74	600,111.31
Vanguard Total Bond Market Index Adm	141,206.527	Vanguard Total Bond Market Index Adm	1,366,404.97	1,338,637.88
Vanguard Windsor™ II Admiral™	72,800.960	Vanguard Windsor™ II Admiral™	5,574,089.03	5,718,515.41

\* A party-in-interest as defined by ERISA