

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1945
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION P.O. BOX 80008 LINCOLN, NE 68501-0008
2b	Employer Identification Number (EIN) 47-6092059
2c	Plan Sponsor's telephone number 402-474-1555
2d	Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2025	KATY WOLF BODE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor NEBRASKA BANKERS INSURANCE & SERVICES CO. P.O. BOX 80008 LINCOLN, NE 68501-0008	3b Administrator's EIN 47-0639387 3c Administrator's telephone number 402-474-1555
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4553
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 4553 6a(2) 4614 6b 6c 6d 4614 6e 6f 4614 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 6
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 158486726

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier HM LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041332	93440	407250	4635	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid GALLAGHER BENEFIT SERVICES INC PO BOX 95287 CHICAGO, IL 60694-5287
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2718639
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier
AMERITAS LIFE INSURANCE CORP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0098400	61301	010-351052	8703	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 293164	(b) Total amount of fees paid
--	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEBRASKA BANKERS INS & SERVICES CO 233 S 13TH ST STE 700
LINCOLN, NE 68508-2029

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
293164			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	0
--	-----------	---

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
---------------------------	--------------	---

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

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

(5) Total deductions	7e(5)	0
----------------------------	--------------	---

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
--	-----------	---

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4332647
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	760844	102	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 16624	(b) Total amount of fees paid
---	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid GALLAGHER BENEFIT SERVICES 7441 O STREET STE 102 LINCOLN, NE 68510
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13582			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NEBRASKA BANKERS INS & SRVCS 233 S 13TH ST STE 700 LINCOLN, NE 68508
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3042			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	81408
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	760844	3718	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 47575	(b) Total amount of fees paid
---	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEBRASKA BANKERS INS & SRVCS 233 S 13TH ST STE 700
LINCOLN, NE 68508

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
47575			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	475752	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-34510	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		441242
b Benefit charges (1) Claims paid	9b(1)	122062	
(2) Increase (decrease) in claim reserves	9b(2)	313311	
(3) Incurred claims (add (1) and (2))	9b(3)		435373
(4) Claims charged	9b(4)		435373
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	47575	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	73278	
(E) Taxes	9c(1)(E)	2206	
(F) Charges for risks or other contingencies	9c(1)(F)	52949	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		176008
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	760844	1168	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 18297	(b) Total amount of fees paid
---	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEBRASKA BANKERS INS & SRVCS 233 S 13TH ST STE 700
LINCOLN, NE 68508

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18297			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	243957	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-17915	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		226042
b Benefit charges (1) Claims paid	9b(1)	155502	
(2) Increase (decrease) in claim reserves	9b(2)	1552	
(3) Incurred claims (add (1) and (2))	9b(3)		157054
(4) Claims charged	9b(4)		157054
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	18297	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	57762	
(E) Taxes	9c(1)(E)	1130	
(F) Charges for risks or other contingencies	9c(1)(F)	15823	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		93012
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	760844	15972	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 213620	(b) Total amount of fees paid
--	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NEBRASKA BANKERS INS & SRVCS 233 S 13TH ST STE 700
LINCOLN, NE 68508

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
213620			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	1490639	
(2) Increase (decrease) in amount due but unpaid	9a(2)	-109006	
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)		1381633
b Benefit charges (1) Claims paid	9b(1)	1208500	
(2) Increase (decrease) in claim reserves	9b(2)	343047	
(3) Incurred claims (add (1) and (2))	9b(3)		1551547
(4) Claims charged	9b(4)		1551547
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	213620	
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	166217	
(E) Taxes	9c(1)(E)	13584	
(F) Charges for risks or other contingencies	9c(1)(F)	109369	
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		502790
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		57250
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

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

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

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

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

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

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

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)

AGILX, LLC

800 P ST. #300
LINCOLN, NE 68508

27-5282149

(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	NONE	22813	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BLUE CROSS BLUE SHIELD OF NEBRASKA

1919 ASKARBEN DR
OMAHA, NE 68180

47-0095156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 49	NONE	2400130	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CLINE WILLIAMS WRIGHT JOHNSON

233 SOUTH 13TH STREET, SUITE 1900
LINCOLN, NE 68508

47-0382823

(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?
29	NONE	106552	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

NEBR. BANKERS INSURANCE & SVCS CO

233 SOUTH 13TH, SUITE 700
LINCOLN, NE 68508

47-0639387

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NE BANKERS ASSN. SUBSID.	1793500	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

SBS CYBERSECURITY, LLC

700 S WASHINGTON AVE SUITE 200
MADISON, SD 57042

20-1679134

(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?
49	NONE	27736	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLNESS PARTNERS, LLC

106 WEST 3RD ST P.O. BOX 488
MCCOOK, NE 69001

20-5668686

(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?
49	NONE	494864	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

FORVIS MAZARS, LLP

1248 O ST STE 1040
LINCOLN, NE 68508

44-0160260

(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?
10	NONE	34225	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

FIDUCIENT ADVISORS LLC

500 W. MADISON STREET, SUITE 1700
CHICAGO, IL 60661

36-4001764

(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?
16	NONE	45512	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PARTNERS HEALTH ALLIANCE LLC

47-2739228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	114048	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

TELUS HEALTH (US) LTD.

250 ROYALL STREET SUITE 210W
CANTON, MA 02021

52-1883918

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	21330	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CONTINUUM EAP

3401 VILLAGE DR #210
LINCOLN, NE 68516

47-0646445

(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?
49	NONE	118750	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

GALLAGHER BENEFIT SERVICES, INC.

PO BOX 95287
CHICAGO, IL 60694-5287

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	107500	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

NAVIA BENEFIT SOLUTIONS

707 S GRADY WAY SUITE 350
RENTON, WA 98057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	29631	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION	D Employer Identification Number (EIN) 47-6092059	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2662606	3084006
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15728950	4247403
(2) U.S. Government securities	1c(2)	66247482	66282851
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	11125	0
f Total assets (add all amounts in lines 1a through 1e)	1f	84650163	73614260
Liabilities			
g Benefit claims payable	1g	7818871	8410057
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	69792681	69437706
k Total liabilities (add all amounts in lines 1g through 1j)	1k	77611552	77847763
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7038611	-4233503

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	81138525	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	559469	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		81697994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	501102	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		501102
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)	2035370	
(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)		
(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)		
c Other income	2c		544026
d Total income. Add all income amounts in column (b) and enter total	2d		84778492

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	9204849	
(3) Other	2e(3)	81976590	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		91181439
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4285926	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	34225	
(5) Investment advisory and investment management fees	2i(5)	45512	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	106552	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	396952	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4869167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		96050606

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11272114
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



Nebraska Bankers Association Benefit Plans

EIN 47-6092059 PN 501

Independent Auditor's Report and Financial Statements

December 31, 2024 and 2023



Nebraska Bankers Association
Benefit Plans
Contents
December 31, 2024 and 2023

Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Plans’ Benefit Obligations.....	6
Statements of Changes in Plans’ Benefit Obligations.....	7
Notes to Financial Statements	8
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	14
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024.....	15

Independent Auditor's Report

Plan Administrator & Trustees
Nebraska Bankers Association
Benefit Plans
Lincoln, Nebraska

Opinion

We have audited the financial statements of the Nebraska Bankers Association Benefit Plans (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and Plans' benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and changes in plan's benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plans as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 the Nebraska Bankers Association Benefit Plans and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

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 the Nebraska Bankers Association Benefit Plans' ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute 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 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 the Nebraska Bankers Association Benefit Plans' 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 the Nebraska Bankers Association Benefit Plans' ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Forvis Mazars, LLP

Omaha, Nebraska

May 30, 2025

Federal Employee Identification Number: 44-0160260

Nebraska Bankers Association
Benefit Plans
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value		
Insured deposit accounts	\$ 4,247,403	\$ 15,728,950
Pooled investment fund	66,282,851	66,247,482
	<u>70,530,254</u>	<u>81,976,432</u>
Receivables		
Other receivables	37,113	46,610
Pharmacy rebate receivable	3,046,893	2,615,996
	<u>3,084,006</u>	<u>2,662,606</u>
Database Software		
At cost	259,466	259,466
Accumulated amortization	(259,466)	(248,341)
	<u>-</u>	<u>11,125</u>
Total Assets	<u>73,614,260</u>	<u>84,650,163</u>
LIABILITIES		
Checks in excess of deposits	697,089	741,481
Contributions received in advance	68,552,364	68,838,419
Amounts due to insurance companies	188,253	188,625
Other payables	-	24,156
	<u>69,437,706</u>	<u>69,792,681</u>
Total Liabilities	<u>69,437,706</u>	<u>69,792,681</u>
Net Assets Available for Benefits	<u>\$ 4,176,554</u>	<u>\$ 14,857,482</u>

Nebraska Bankers Association
Benefit Plans
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Contributions		
Employer	\$ 81,138,525	\$ 77,727,665
COBRA	559,469	704,334
Total Contributions	81,697,994	78,431,999
Net Appreciation in Fair Value of Investments	2,035,370	1,947,482
Interest Income	501,102	451,454
Other Income	544,026	643,638
Total Additions	84,778,492	81,474,573
Deductions		
Benefits paid to participants		
Claims paid, net of credits for claims over stop loss limit and pharmacy rebates	81,385,404	71,226,348
	81,385,404	71,226,348
Administrative expense		
BlueCross BlueShield of Nebraska	2,400,130	2,337,835
Stop-loss premiums	2,718,639	2,218,042
Life insurance premiums	1,362,480	1,314,315
Dental premiums	3,540,688	3,436,132
Disability premiums	666,696	632,901
Vision premiums	857,458	837,586
Accident premiums	58,888	69,717
Nebraska Bankers Insurance & Services Co.	1,789,000	1,720,000
Wellness program expenses	96,796	104,858
Other administrative expenses	583,241	476,926
	14,074,016	13,148,312
Total Deductions	95,459,420	84,374,660
Net Decrease	(10,680,928)	(2,900,087)
Transfer from the NBA VEBA Group Insurance HDHP Plan (Plan 502)	-	(2,492,830)
Net Assets Available for Benefits, Beginning of Year	14,857,482	20,250,399
Net Assets Available for Benefits, End of Year	\$ 4,176,554	\$ 14,857,482

Nebraska Bankers Association
Benefit Plans
Statements of Plan's Benefit Obligations
December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents		
Claims reported but not yet paid	\$ 1,721,057	\$ 1,891,871
Claims incurred but not reported	6,689,000	5,927,000
Plan's Total Benefit Obligation	\$ 8,410,057	\$ 7,818,871

Nebraska Bankers Association
Benefit Plans
Statements of Changes in Plan's Benefit Obligations
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents		
Balance at beginning of year	\$ 7,818,871	\$ 3,959,715
Net change during year		
Claims incurred and claims and premiums reported and approved for payment	88,462,800	78,132,868
Claims and premiums paid	(87,871,614)	(77,516,999)
Transfer from the NBA VEBA Group Insurance HDHP Plan (Plan 502)	<u>-</u>	<u>3,243,287</u>
Plan's Total Benefit Obligation, End of Year	<u><u>\$ 8,410,057</u></u>	<u><u>\$ 7,818,871</u></u>

Note 1. Description of the Plan

General

The following brief description of the Nebraska Bankers Association Benefit Plans (NBA VEBA) provides only general information about the Plan's provisions. Participants should refer to the Plan agreements and Summary Plan Descriptions for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

The NBA VEBA plan and trust were created to provide group health and other benefits for employees of banks that are members of the Nebraska Bankers Association (Plan Sponsors). The Plan offers preferred provider health insurance and dental, vision, life and disability benefits. Participating banks define the eligibility requirements and are responsible for selecting benefits for their eligible employees. Certain Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA).

Benefits

The Plan provides health benefits (medical, vision, and dental), disability benefits and life insurance. The Plan also provides continuation of certain benefits upon termination of employment for the statutory period through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured Benefits

The Plan fully insures certain health benefits, life insurance and disability benefits. The Plan Sponsors purchase annual group insurance contracts for these benefits. Premiums for dental, vision, life and disability insurance programs are funded by premiums and paid to the insurance company from the general assets of the Company.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Self-Insured Benefits

The Plan self-insures medical insurance. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by either the Plan or the general assets of the Trust. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Contributions

In addition to deductibles and copayments, participants contribute specified amounts, based on applicable monthly premiums for their respective benefit elections. The Company and employees contribute amounts for dental, life, long-term and short-term disability, and accident insurance based on premium rates that are contracted with various insurance companies under fully insured contracts. Any deficiency of the Plan's net assets over benefit obligations is funded by adjustments to premium amounts charged to participants.

Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsors have the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Plan Sponsors or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, eligibility credits, and disclosure of contingent assets and liabilities at the date of the financial statements.

Payment of Benefits

Premiums paid by the VEBA Trust are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Health claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as unremitted insurance premiums in the accompanying statements of net assets available for benefits. The third-party claims processor processes health claims of active participants, dependents and beneficiaries, but the responsibility for payments to participants and providers is retained by the Plan. These payments are recorded as claims paid in the accompanying statements of changes in net assets available for benefits.

Stop-Loss

Premiums for stop-loss insurance are included in insurance premiums paid in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling approximately \$1,995,712 and \$2,554,000, in 2024 and 2023, respectively, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are carried at cost, which approximates fair value. NBA VEBA's investment policy limits investments to certificates of deposit and short-term funds. Insured deposit accounts are used if the yield is equivalent to the yield available on U.S. treasury bills.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when received.

Database Software

Database software consists of costs allocated to the Plan to develop an online enrollment system for the plans administered by NBA VEBA.

Refunds

Refunds due from the Plan's PBM are recorded when earned. Pharmacy rebates totaling \$5,824,342 and \$5,031,304 have been netted with claims paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Other Plan Benefits

Plan obligations for health claims incurred but not reported are estimated based upon historic claims experience and actual claims reported subsequent to the Plan's year end. Additional accruals are included for the estimated ultimate cost of future claims only if such claims are covered as of the Plan's fiscal year end and the Plan is obligated to pay for the care regardless of continued participation in the Plan.

Administrative Expenses

Administrative expenses may be paid by the Plans.

Contributions Received in Advance

Contributions collected before year end that relate to coverage for the next year are reported as contributions received in advance at year end and recognized as contributions in the year to which they relate.

Note 3. Benefit Obligations

The Plan's benefit obligations include the Plan's liability for claims payable, claims reported, but not yet processed and claims incurred but not reported for health care, dental and vision benefits and premiums currently due to insurers for disability, life insurance and accident coverage. The Plan's liabilities for claims incurred but not reported are estimated by the third-party administrators utilizing prior claims experience, past claims payment patterns, and employee demographic. The Plans are obligated to pay for the care of covered claims regardless of future participation in the Plans. The liability for claims payable and premiums due to insurers are based on invoiced amounts.

Note 4. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association or relatives of such persons.

NBA VEBA is associated with the Nebraska Bankers Association (NBA), a nonprofit association of Nebraska banks. Membership in NBA is a prerequisite for participation in the plans. Nebraska Bankers Insurance and Services Co. (NBISCO), a for-profit subsidiary of NBA, is the trust administrator for the plans. During 2024 and 2023, NBA VEBA paid \$1,789,000 and \$1,720,000, respectively, to NBISCO for trust administration.

NBA and NBISCO both purchase their employee group insurance through NBA VEBA. NBA and NBISCO paid premiums of \$454,538 and \$405,881 to NBA VEBA during 2024 and 2023, respectively.

NBISCO paid ancillary commissions to NBA VEBA of \$544,026 and \$643,638 during 2024 and 2023, respectively. These commissions are returned to NBA VEBA in relation to brokerage commissions that it received from certain fully insured products offered to members of the Trust.

**Nebraska Bankers Association
Benefit Plans
Notes to Financial Statements
December 31, 2024 and 2023**

The Plan's maintain all cash at participating banks. A participating bank serves as custodian of the insured deposit accounts. All deposits are subject to written investment policies adopted by the board of trustees that prescribe the maximum amount that may be invested and the minimum acceptable interest rate. Participating banks are parties in interest under ERISA.

The Plan Sponsors provide certain administrative services at no cost to the Plan.

Note 5. Disclosures About Fair Value of Plan Assets and Liabilities

Fair value 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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

Fair Value Measurements Using				
		Quoted Prices in Active Market for Identical Assets (Level 1)	Significant Other Unobservable Inputs (Level 2)	Significant Unobservables Inputs (Level 3)
2024	Fair Value			
Insured deposit accounts	\$ 4,247,403	\$ 4,247,403	\$ -	\$ -
Pooled separate account	66,282,851	-	66,282,851	-
Investments at fair value	<u>\$ 70,530,254</u>	<u>\$ 4,247,403</u>	<u>\$ 66,282,851</u>	<u>\$ -</u>
2023				
Insured deposit accounts	\$ 15,728,950	\$ 15,728,950	\$ -	\$ -
Pooled separate account	66,247,482	-	66,247,482	-
Investments at fair value	<u>\$ 81,976,432</u>	<u>\$ 15,728,950</u>	<u>\$ 66,247,482</u>	<u>\$ -</u>

Nebraska Bankers Association
Benefit Plans
Notes to Financial Statements
December 31, 2024 and 2023

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy.

Note 6. Plan Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service dated October 31, 1974, stating that the trust, as then designed, was tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in the financial statements. The Plan Administrator believes that the Plans and related trust are currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 7. Risks and Uncertainties

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 4,176,554	\$ 14,857,482
Benefit obligations currently payable	<u>(8,410,057)</u>	<u>(7,818,871)</u>
Net assets available for benefits per Form 5500	<u>\$ (4,233,503)</u>	<u>\$ 7,038,611</u>

Nebraska Bankers Association
Benefit Plans
Notes to Financial Statements
December 31, 2024 and 2023

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 81,385,404	\$ 71,226,348
Add: Claims payable and claims incurred but not reportable end of year	8,410,057	7,818,871
Less: Claims payable and claims incurred but not reportable beginning of year	<u>(7,818,871)</u>	<u>(3,959,715)</u>
Benefits paid to participants per Form 5500	<u>\$ 81,976,590</u>	<u>\$ 75,085,504</u>

Note 9. Subsequent Events

Approved March 27, 2025, a premium rate increase of 7.5% will be applied and charged based on the members, spouses, and dependents who are participating in the Group Health Plans on the date of billing, effective July 1, 2025.

Subsequent events have been evaluated through May 30, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Nebraska Bankers Association
Benefit Plans
Schedule H, Line 4i- Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issuer	Description of Investment		Current Value
	Rate	Maturity	
* Insured deposit accounts (FDIC insured demand accounts at various unrelated banks. Custodian is party-in-interest)	3.83%	N/A	\$ 4,247,403
Pooled Investment Fund			
IR&M Short Fund LLC			66,282,851
			<u>\$ 70,530,254</u>
* Indicates party-in-interest			

Nebraska Bankers Association
Benefit Plans
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Insured deposit accounts	3.83% Demand Account	\$ -	\$ 81,196,869	\$ -	\$ 81,196,869	\$ 81,196,869	\$ -
Insured deposit accounts	3.83% Demand Account	133,737,004	-	-	133,737,004	133,737,004	-
Insured deposit accounts	3.83% Demand Account	-	30,000,000	-	30,000,000	30,000,000	-
Insured deposit accounts	3.83% Demand Account	-	33,000,000	-	33,000,000	33,000,000	-
IR&M Short Fund	Investment Fund	30,000,000	-	-	30,000,000	30,000,000	-
IR&M Short Fund	Investment Fund	33,000,000	-	-	33,000,000	33,000,000	-
IR&M Short Fund	Investment Fund	-	65,000,000	-	63,106,931	65,000,000	1,893,069

Nebraska Bankers Association
Benefit Plans
Schedule H, Line 4i- Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issuer	Description of Investment		Current Value
	Rate	Maturity	
* Insured deposit accounts (FDIC insured demand accounts at various unrelated banks. Custodian is party-in-interest)	3.83%	N/A	\$ 4,247,403
Pooled Investment Fund			
IR&M Short Fund LLC			66,282,851
			<u>\$ 70,530,254</u>
* Indicates party-in-interest			

Nebraska Bankers Association
Benefit Plans
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Insured deposit accounts	3.83% Demand Account	\$ -	\$ 81,196,869	\$ -	\$ 81,196,869	\$ 81,196,869	\$ -
Insured deposit accounts	3.83% Demand Account	133,737,004	-	-	133,737,004	133,737,004	-
Insured deposit accounts	3.83% Demand Account	-	30,000,000	-	30,000,000	30,000,000	-
Insured deposit accounts	3.83% Demand Account	-	33,000,000	-	33,000,000	33,000,000	-
IR&M Short Fund	Investment Fund	30,000,000	-	-	30,000,000	30,000,000	-
IR&M Short Fund	Investment Fund	33,000,000	-	-	33,000,000	33,000,000	-
IR&M Short Fund	Investment Fund	-	65,000,000	-	63,106,931	65,000,000	1,893,069

Name of Sponsor: NEBRASKA BANKERS ASSN VOLUNTARY
EIN: 47-6092059
Plan Name: NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS
Plan Number: 501

FOOTNOTES

THE 4Q WELFARE FEATURE CODE ON PAGE TWO OF THE FORM 5500 INCLUDES THE
FOLLOWING BENEFITS:

EMPLOYEE ASSISTANCE PROGRAM

Nebraska Bankers Association Benefit Plans
 EIN - 47-6092059
 Plan Number 501
 Multiple-Employer Plan Participating Employer Information

Name	EIN	Percent of Total Contributions
Adams Bank & Trust - AIA - North Platte, NE	47-0467141	0.34%
Adams Bank & Trust - North Platte, NE	47-0467141	2.78%
Adams County Bank - Kenesaw, NE	47-0087660	0.38%
Adams State Bank - Adams, NE	47-0087930	0.21%
American Exchange Bank - Elmwood, NE	47-0090860	0.16%
American Interstate Bank - Elkhorn, NE	47-0157590	0.38%
Bank of Clarks - Silver Creek, NE	47-0098065	0.41%
Bank of Dixon County - Ponca, NE	47-0098080	0.11%
Bank of Elgin - Elgin, NE	47-0098100	0.18%
Bank of Hartington - Hartington, NE	47-0184498	0.46%
Bank of Lindsay - Lindsay, NE	47-0397930	0.42%
Bank of Mead - Mead, NE	47-0098170	0.08%
Bank of Prague - Prague, NE	47-0098260	0.13%
Bank of Steinauer - Steinauer, NE	47-0098300	0.13%
Bank of the Valley - Columbus, NE	47-0670238	1.65%
BankFirst - Norfolk, NE	47-0529225	1.07%
Banner Capital Bank - Harrisburg, NE	47-0486173	0.92%
Battle Creek State Bank - Battle Creek, NE	47-0100665	0.07%
Boelus State Bank - Boelus, NE	47-0108420	0.02%
BrandtHoranHallstromStilmock - Nebraska City, NE	47-0575853	0.16%
Bruning Bank - Bruning, NE	47-0114250	1.99%
Brunswick State Bank - Brunswick, NE	47-0114480	0.35%
Bush & Roe Financial Inc-MadisonCtyBk - Norfolk, NE	71-0951116	0.01%
Butte State Bank - Butte, NE	47-0343859	0.23%
Cattle Bank & Trust Company - Seward, NE	47-0121680	0.53%
Cedar Rapids State Bank - Cedar Rapids, NE	47-0121900	0.47%
Cedar Security Bank - Fordyce, NE	47-0672448	0.13%
CerescoBank - Ceresco, NE	47-0157060	0.08%
Chambers State Bank - Chambers, NE	47-0123590	0.14%
Charter West Bank - West Point, NE	47-0679592	1.92%
Citizens Bank and Trust - Saint Paul, NE	47-0125860	0.68%
Citizens State Bank - Carleton, NE	47-0125910	0.07%
Citizens State Bank - Wisner, NE	47-0125880	1.73%
City Bank & Trust Co. - Crete, NE	47-0126890	0.57%
Clarkson Bank - Clarkson, NE	47-0127540	0.21%
Columbus Bank & Trust Company - Columbus, NE	47-0130210	0.43%
Commerce Bank of Wyoming-Rock Springs - North Platte, NE	47-0811054	0.10%
Commercial Bank - Nelson, NE	47-0130550	0.15%
Commercial State Bank - Republican City, NE	47-0180850	0.11%
Commercial State Bank - Wausa, NE	47-0130860	0.52%
Community First Bank - Maywood, NE	47-0157697	0.05%
Community State Bank - Colon - Cedar Bluffs, NE	47-0306990	0.23%

Community Wealth Specialists, LLC - Stuart, NE	273901307	0.02%
Corn Growers State Bank - Murdock, NE	47-0371919	0.10%
Cornerstone Bank - York, NE	47-0341288	7.78%
Cornhusker Bank - Lincoln, NE	47-0157560	1.69%
Countryside Bank - Unadilla, NE	47-0090720	0.31%
Culbertson Bank - Culbertson, NE	47-0137720	0.02%
Custer Federal State Bank - Broken Bow, NE	47-0744456	0.43%
Dayspring Bank - Gothenburg, NE	47-0162740	1.17%
Dundee Bank - Omaha, NE	47-0294050	0.71%
Elkhorn Valley Bank & Trust - Norfolk, NE	47-0343009	1.83%
Equitable Bank - Grand Island, NE	47-0151910	1.31%
Exchange Bank - Grand Island, NE	47-0153340	2.08%
F&M Bank - Falls City, NE	47-0162345	0.35%
F&M Bank - West Point, NE	47-0157145	0.92%
Farmers & Merchants Bank - Ashland, NE	47-0157140	0.16%
Farmers & Merchants Bank - Milford, NE	47-0369814	0.81%
Farmers & Merchants Bank - Milligan, NE	47-0157120	0.32%
First Bank & Trust of Fullerton - Fullerton, NE	47-0162360	0.25%
First Bank and Trust Company - Minden, NE	47-0240961	0.22%
First Bank of Bancroft - Bancroft, NE	47-0097912	0.04%
First Bank of Utica - Utica, NE	47-0323225	0.42%
First Central Bank - Cambridge, NE	47-0110230	0.96%
First Community Bank - Beemer, NE	47-0162235	0.70%
First National Bank - Greeley - Ord, NE	47-0162530	0.03%
First National Bank - Johnson, NE	47-0162450	0.32%
First National Bank - Ord, NE	47-0162530	0.26%
First National Bank - Sargent - Ord, NE	47-0162530	0.11%
First Nebraska Bank - Columbus, NE	47-0323447	1.10%
First Northeast Bank of Nebraska - Lyons, NE	47-0227675	0.40%
First Northeast Bank of Nebraska-Ceresco - Lyons, NE	47-0227675	0.23%
First Northeast Bank of Nebraska-Fremont - Lyons, NE	47-0227675	0.10%
First Northeast Bank of Nebraska-Hooper - Lyons, NE	47-0227675	0.12%
First Northeast Bank of Nebraska-Oakland - Lyons, NE	47-0227675	0.13%
First Northeast Bank of Nebraska-Tekamah - Lyons, NE	47-0227675	0.04%
First Northeast Bank of Nebraska-Uehling - Lyons, NE	47-0227675	0.02%
First State Bank - Farnam, NE	47-0160070	0.35%
First State Bank - Hordville, NE	47-0162760	0.10%
First State Bank - Randolph, NE	47-0162790	0.19%
First State Holding Company - Lincoln, NE	47-0593732	1.46%
First Tri-County Bank - Swanton, NE	47-0098310	0.11%
First Westroads Bank - Ameriwest - Omaha, NE	47-0497986	0.02%
First Westroads Bank - Omaha, NE	47-0497986	0.51%
FirstBank of Nebraska - Wahoo, NE	47-0326425	0.70%
FirsTier Bank - Kimball, NE	47-0412269	1.78%
Five Points Bank - Grand Island, NE	47-0803224	2.93%
Five Points Bank of Hastings - Grand Island, NE	47-0294100	0.53%
Flatwater Bank - Gothenburg, NE	47-0175510	0.40%
Flatwater Bank-Ansley - Gothenburg, NE	47-0175510	0.02%

FMS Bank - Fort Morgan, CO	84-0882445	1.03%
Foundation One Bank - Waterloo, NE	47-0219890	0.18%
Frontier Bank - Omaha, NE	47-0098167	1.94%
Frontier Holdings, LLC - Omaha, NE	20-1881669	0.15%
Generations Bank - Exeter, NE	47-0162330	0.24%
Genoa Community Bank - Genoa, NE	47-0171470	0.29%
Great Plains State Bank - Columbus, NE	47-0267880	0.90%
Heartland Bank - Geneva, NE	47-0171400	2.31%
Henderson State Bank - Henderson, NE	47-0343086	0.97%
Heritage Bank - Aurora, NE	47-0098350	1.12%
Hershey State Bank - Hershey, NE	47-0521506	0.13%
Homestead Bank - Ainsworth - Cozad, NE	47-0135500	0.16%
Homestead Bank - Albion - Cozad, NE	47-0135500	0.09%
Homestead Bank - Chadron - Cozad, NE	47-0135500	0.19%
Homestead Bank - Cozad, NE	47-0135500	0.42%
Homestead Bank - Howells - Cozad, NE	47-0135500	0.07%
Homestead Bank - Schuyler - Cozad, NE	47-0135500	0.17%
Homestead Bank - Wolbach - Cozad, NE	47-0135500	0.04%
Homestead Bank-Lexington - Cozad, NE	47-0135500	0.09%
Homestead Bank-St. Paul - Cozad, NE	47-0135500	0.18%
Horizon Bank - Waverly, NE	47-0218913	0.38%
i3 Bank - Bennington, NE	47-0098010	0.57%
Jones Bank - Seward, NE	83-2525814	0.65%
Legends West Bank - Lewellen, NE	47-0162460	0.22%
Madison County Bank - Norfolk, NE	47-0228520	0.69%
Midwest Bank - Admin - Norfolk, NE	47-0131280	0.50%
Midwest Bank - Creighton - Norfolk, NE	47-0131280	0.14%
Midwest Bank - Deshler - Norfolk, NE	47-0131280	0.11%
Midwest Bank - Lincoln - Norfolk, NE	47-0131280	0.17%
Midwest Bank - Loan Processing - Norfolk, NE	47-0131280	0.37%
Midwest Bank - Midtown - Norfolk, NE	47-0131280	0.04%
Midwest Bank - Norfolk - Norfolk, NE	47-0131280	0.30%
Midwest Bank - Operations - Norfolk, NE	47-0131280	0.28%
Midwest Bank - Pierce - Norfolk, NE	47-0131280	0.30%
Midwest Bank - Pilger - Norfolk, NE	47-0131280	0.09%
Midwest Bank - Pioneers - Norfolk, NE	47-0131280	0.03%
Midwest Bank - Pioneers - Norfolk, NE	47-0131280	0.00%
Midwest Bank - Plainview - Norfolk, NE	47-0131280	0.16%
Midwest Bank - Redstone - Admin - Norfolk, NE	47-0131280	0.07%
Midwest Bank - Redstone - Centennial - Norfolk, NE	47-0131280	0.11%
Midwest Bank - Redstone - Littleton - Norfolk, NE	47-0131280	0.03%
Midwest Bank - Redstone - Loan Processing - Norfolk, NE	47-0131280	0.13%
Midwest Bank - Redstone - Operations - Norfolk, NE	47-0131280	0.02%
Midwest Bank - Redstone - Parker - Norfolk, NE	47-0131280	0.01%
Midwest Bank - West Point - Norfolk, NE	47-0131280	0.07%
Midwest Bank - Wisner - Norfolk, NE	47-0131280	0.10%
Midwest Bank - York - Norfolk, NE	47-0131280	0.15%
Minden Exchange Bank & Trust - Minden, NE	47-0240960	0.45%

MNB Bank - McCook, NE	47-0233940	1.11%
MNB Insurance Agency - McCook, NE	47-0679670	0.25%
MNB Realty, LLC - McCook, NE	83-4588424	0.05%
Nebraska Bank - Bridgeport - Hickman, NE	47-0157570	1.26%
Nebraska Bank of Commerce - Lincoln, NE	26-1441291	0.32%
Nebraska Bank of Commerce-NBC Trust Co - Lincoln, NE	47-3552599	0.03%
Nebraska Bankers Association - Lincoln, NE	47-0248240	0.52%
Nebraska State Bank & Trust Co. - Broken Bow, NE	47-0249890	0.63%
Nebraska State Bank - Bristow, NE	47-0249888	0.14%
Nebraska State Bank - Lynch, NE	47-0356288	0.08%
Nebraska State Bank - Oshkosh, NE	47-0249940	0.17%
NebraskaLand Bank - North Platte, NE	47-0811054	0.96%
NebraskaLand Bank-Kearney - North Platte, NE	47-0811054	0.13%
Pathway Bank - Cairo, NE	47-0306980	0.57%
Platte Valley Bank - North Bend, NE	47-0271640	0.15%
Platte Valley Companies - Scottsbluff, NE	47-0800148	5.83%
Points West Community Bank - Windsor - Sidney, NE	84-0240535	1.70%
Riverstone Bank - Eagle - Scottsbluff, NE	47-0560194	1.18%
RVR Bank - Fremont, NE	47-0423910	0.97%
Sandhills State Bank - North Platte, NE	47-0130530	0.76%
Scribner Bank - Scribner, NE	47-0157780	0.21%
Security Bank - Laurel, NE	47-0294010	0.69%
Sidney Federal Savings and Loan - Sidney, NE	47-0298080	0.01%
Siouxland Bank - South Sioux City, NE	36-3064621	0.07%
South Central State Bank - Blue Hill, NE	47-0364892	0.40%
Stanton State Bank - Stanton, NE	47-0306280	0.15%
State Bank of Scotia - Scotia, NE	47-0307080	0.09%
State Bank of Table Rock - Pawnee City, NE	47-0307110	0.57%
State Nebraska Bank & Trust - Wayne, NE	47-0307290	0.48%
Tecumseh Federal Bank - Tecumseh, NE	47-0314680	0.13%
Thayer County Bank - Hebron, NE	47-0315920	0.07%
The First National Bank of Fleming - Fleming, CO	84-0203927	0.09%
The First National Bank of Gordon - Gordon, NE	47-0162380	0.72%
The Potter State Bank of Potter - Potter, NE	47-0346667	0.02%
The Tri-County Bank - Stuart, NE	47-0349189	0.76%
Town & Country Bank - Las Vegas, NV	88-0515250	0.31%
Town & Country Bank - Ravenna, NE	47-0277600	0.70%
United Republic Bank - Elkhorn, NE	01-0871157	0.28%
Wahoo State Bank - Wahoo, NE	47-0326520	0.18%
Waypoint Bank - Cozad, NE	47-0162290	0.93%
West Gate Bank - Lincoln, NE	47-0523112	2.49%
West Plains Bank - Ainsworth, NE	47-0130770	0.27%
Western National Bank-Chester - Summerfield, KS	48-0441710	0.87%
Western Nebraska Bank - North Platte, NE	47-0138320	0.59%

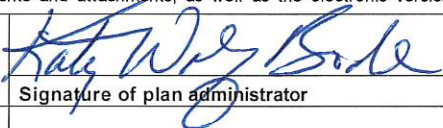
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning and ending	
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.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan NEBRASKA BANKERS ASSOCIATION BENEFIT PLANS	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NEBRASKA BANKERS ASSN VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION P.O. BOX 80008 LINCOLN, NE 68501-0008	1c Effective date of plan 10/01/1945 2b Employer Identification Number (EIN) 47-6092059 2c Plan Sponsor's telephone number 402-474-1555 2d Business code (see instructions) 522110

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

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

SIGN HERE		6-30-2025	KATY WOLF BODE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan SponsorNEBRASKA BANKERS INSURANCE &
SERVICES CO.P.O. BOX 80008
LINCOLN, NE 68501-0008**3b** Administrator's EIN
47-0639387**3c** Administrator's telephone
number
402-474-1555**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 4553**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a(1)** Total number of active participants at the beginning of the plan year **6a(1)** 4553**a(2)** Total number of active participants at the end of the plan year **6a(2)** 4614**b** Retired or separated participants receiving benefits **6b** 0**c** Other retired or separated participants entitled to future benefits. **6c** 0**d** Subtotal. Add lines 6a(2), 6b, and 6c. **6d** 4614**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. **6e** 0**f** Total. Add lines 6d and 6e. **6f** 4614**g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) **6g(1)** 0**g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) **6g(2)** 0**h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested **6h** 0**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) **7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E 4F 4H 4Q

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 6
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)