



<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  AMERITAS HOME OFFICE RETIREMENT PLAN COMMITTEE  5900 O STREET LINCOLN, NE 68510-2234	<b>3b</b> Administrator's EIN 47-0806844																				
	<b>3c</b> Administrator's telephone number 402-467-1122																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN																				
	<b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 339																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td>329</td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td>329</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>	329	<b>6c</b>		<b>6d</b>	329	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>																					
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<b>6c</b>																					
<b>6d</b>	329																				
<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4D

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION	<b>B</b> Three-digit plan number (PN) ▶	522
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 AMERITAS HOLDING COMPANY	<b>D</b> Employer Identification Number (EIN) 47-0806844	

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

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

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

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

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

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

U.S. BANCORP ASSET MANAGEMENT

41-2003732

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

UMR, INC.

39-1995276

(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?
12	NONE	18703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MEADEN & MOORE, LTD.

34-1818258

(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	18550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXTEND HEALTH

26-0775680

(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?
12	NONE	13828	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

QUANTUM

20-8423895

(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?
12	NONE	7493	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERITAS LIFE INSURANCE CORP.

47-0098400

(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?
12	AFFILIATE	5936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
21	NONE	5207	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>522</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>AMERITAS HOLDING COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>47-0806844</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	18851      14970
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2947457      3138994
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	8859830      9596154
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11826138	12750118
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	38787	57934
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	26663	25528
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	65450	83462
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11760688	12666656

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	468822	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		468822
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	142266	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		142266
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	124646	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		124646
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	5022746	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3857847	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		1164899
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	874367	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		874367

	(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)	
<b>c</b> Other income .....	2c	866
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	2775866

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1440018
(2) To insurance carriers for the provision of benefits .....	2e(2)	47934
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	1487952
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	46878
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	13600
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	5207
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	316261
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	381946
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1869898

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	905968
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MEADEN & MOORE LTD**

(2) EIN: **34-1818258**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

FINANCIAL STATEMENTS AND SCHEDULES

Ameritas Holding Company Retiree Medical  
Voluntary Employee Beneficiary Association

*December 31, 2024 and 2023 and for the  
Years Ended December 31, 2024 and 2023  
with Independent Auditor's Report*

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**Financial Statements and Schedules**

**December 31, 2024 and 2023 and for the  
Years Ended December 31, 2024 and 2023**

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# MEADEN & MOORE

## INDEPENDENT AUDITOR'S REPORT

Plan Administrator  
Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association  
Lincoln, Nebraska

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

We have performed an audit of the financial statements of Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution, U.S. Bank, N.A., as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

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

### Basis for Opinion

We conducted our audit 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

**Other Matter — Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Meaden & Moore, Ltd.*

Meaden & Moore, Ltd.  
Dublin, Ohio

August 14, 2025

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**Statements of Net Assets Available For Benefits**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Net Assets Available For Benefits</b>		
Investments at fair value:		
First American Treasury Obligation Fund	\$ 3,138,994	\$ 2,947,457
Common stock	9,596,154	8,859,830
Total investments at fair value	12,735,148	11,807,287
Investment income due and accrued	14,970	18,851
<b>Total Assets</b>	12,750,118	11,826,138
<b>Liabilities</b>		
Reimbursement to Plan Sponsor	--	7,039
Accounts payable	1,557	1,688
Taxes Payable	23,971	17,936
<b>Total Liabilities</b>	25,528	26,663
<b>Net Assets Available For Benefits</b>	<b>\$ 12,724,590</b>	<b>\$ 11,799,475</b>

*The accompanying notes are an integral part of the financial statements.*

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**Statements of Changes in Net Assets Available For Benefits**

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>Net Increase in Net Assets Available For Benefits</b>		
Contributions:		
Retiree	\$ 468,822	\$ 524,985
Investment Income:		
Interest	142,266	116,027
Dividends	124,646	142,152
Net appreciation in fair value of investments	<u>2,039,266</u>	<u>1,866,233</u>
Total Investment Income	2,306,178	2,124,412
Other Income:		
Miscellaneous income	866	12
Deductions:		
Claims paid	1,420,871	909,667
Administrative expenses	118,569	138,552
Income taxes	<u>311,311</u>	<u>237,326</u>
Total Deductions	<u>1,850,751</u>	<u>1,285,545</u>
<b>Net Increase in Net Assets Available For Benefits</b>	925,115	1,363,864
<b>Net Assets Available For Benefits At Beginning of Period</b>	<u>11,799,475</u>	<u>10,435,611</u>
<b>Net Assets Available For Benefits At End of Period</b>	<u>\$ 12,724,590</u>	<u>\$ 11,799,475</u>

*The accompanying notes are an integral part of the financial statements.*

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**Statements of Plan Benefit Obligations**

	<b>December 31,</b>	
	<b>2024</b>	<b>2023</b>
<b>Amounts Currently Payable</b>		
Claims payable and claims incurred but not reported	\$ 57,934	\$ 38,787
<b>Postretirement Benefit Obligations,</b>		
<b>Net of Amounts Currently Payable</b>		
Retired participants	3,155,167	3,585,077
Other participants fully eligible for benefits	358,263	390,592
Participants not yet fully eligible for benefits	268,357	300,311
<b>Total Postretirement Benefit Obligations,</b>		
<b>Net of Amounts Currently Payable</b>	3,781,787	4,275,980
<b>Plan Benefit Obligations</b>	\$ 3,839,721	\$ 4,314,767

*The accompanying notes are an integral part of the financial statements.*

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**Statements of Changes in Plan Benefit Obligations**

	<b>Year Ended December 31,</b>	
	<b><u>2024</u></b>	<b><u>2023</u></b>
<b>Amounts Currently Payable</b>		
Balance at beginning of year	\$ 38,787	\$ 41,258
Claims reported and approved for payment, including benefits reclassified from postretirement benefit obligations	1,440,018	907,196
Claims paid	<u>(1,420,871)</u>	<u>(909,667)</u>
Balance at end of year	57,934	38,787
<b>Postretirement Benefit Obligations, Net of Amounts Currently Payable</b>		
Balance at beginning of year	4,275,980	4,837,891
Increase in postretirement benefits attributable to benefits earned	11,426	12,397
Benefits reclassified to amounts currently payable	(971,196)	(382,211)
Interest cost	198,995	253,714
Changes in actuarial assumptions and other actuarial (gains) losses	<u>266,582</u>	<u>(445,811)</u>
Balance at end of year	<u>3,781,787</u>	<u>4,275,980</u>
<b>Plan Benefit Obligations at End of Year</b>	<b><u>\$ 3,839,721</u></b>	<b><u>\$ 4,314,767</u></b>

*The accompanying notes are an integral part of the financial statements.*

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1 - DESCRIPTION OF THE PLAN**

The following description of the Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association (“the Plan”) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more detailed information.

The Plan is a welfare plan as defined by the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan's assets are held in the Ameritas Holding Company Retiree Medical Voluntary Employee Beneficiary Association (“the Trust”). The Plan together with the Trust, constitutes a Voluntary Employees’ Benefit Association (“VEBA”).

The Plan is sponsored by The Ameritas Holding Company (“AHC or the Company”) and provides medical, dental and prescription drug benefits to the retirees of The Union Central Life Insurance Company (“UCL”) with at least ten years of service, and their dependents and designated beneficiaries, retirees of The Manhattan Life Insurance Company (“MLIC”), and their dependents and designated beneficiaries as of August 31, 1999. Effective January 1, 2016, the Plan also provides medical, dental and prescription drug benefits to certain retirees of The Acacia Life Insurance Company (“Acacia”) hired prior to January 1, 2005 who retire on or after age 55 with 15 years of service. Effective October 1, 2020 the Plan was amended to provide medical benefits to certain retirees of Ameritas Life Insurance Corp. (“Ameritas”) hired prior to January 1, 2005 who retire on or after age 55 with 15 years of service. The benefits and expenses of the Plan are paid from Plan assets. As of January 1, 2004, the Plan was amended so that the cost of dental benefits provided under the Plan, if elected, is entirely borne by Plan participants.

The Plan document provides that the Company shall make such contributions to the Trust that are sufficient to meet and discharge liabilities under the Plan. All such contributions are made in cash. Pursuant to the terms of the Plan, contributions may also be required of participants or other beneficiaries as a condition of participation. The dollar amount of the contributions is adjusted annually, based on the actual experience of the Plan.

For UCL and MLIC retirees under age 65, the Company’s maximum annual contribution for participants in 2024 and 2023 was \$7,258. Participants who retired prior to January 1, 1991 or after December 31, 2008 are required to pay any premiums in excess of the Company’s maximum annual contribution. For participants who retired between January 1, 1991 and December 31, 2008, participant contributions are determined based on age and length of service. The contribution percentages for each category are multiplied by the monthly premium rate to determine the necessary contribution. Participant contributions for 2024 and 2023 were as follows:

<u>Age at Retirement</u>	<u>Years of Service</u>	<u>Retiree Rate</u>
55-60	10-15	45%-65%
55-60	16-20	35%-53%
55-60	21-25	25%-43%
55-60	26-30	15%-33%
61-65	10-15	35%-53%
61-65	16-20	25%-41%
61-65	21-25	15%-31%
61-65	26-30	10%-21%

Retiree monthly premium rates for medical coverage for UCL and MLIC retirees under age 65 were as follows:

	<u>Retired prior to January 1, 2009</u>		<u>Retired on or after January 1, 2009</u>	
	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>
Single	\$596.45 - \$725.29	\$568.58 - \$691.42	\$596.45 - \$725.29	\$ 568.58 - \$ 691.42
Plus spouse	\$1,192.77 - \$1,450.50	\$1,137.05 - \$1,382.75	\$1,192.77 - \$1,450.50	\$1,137.05 - \$1,382.75
Plus child(ren)	\$1,007.58 - \$1,412.61	\$1,004.89 - \$1,324.27	\$946.18 - \$1,281.21	\$873.49 - \$1,192.87
Family	\$1,896.06 - \$2,408.00	\$1,785.14 - \$2,273.15	\$1,633.26 - \$2,145.20	\$1,522.34 - \$2,010.35

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)**

There were no Acacia retirees under age 65 in 2024 or 2023.

All retirees age 65 and over participate in a healthcare exchange. The Company provides subsidies to the post-65 participants via a Health Reimbursement Account (“HRA”) ranging from \$900 to \$1,500 per year.

Retiree monthly premium rates for dental coverage for all retirees were as follows:

	<b>2024</b>	<b>2023</b>
Single	\$ 35.90	\$ 35.90
Plus one dependent	\$ 72.48	\$ 72.48
Plus two or more dependents	\$ 100.17	\$ 100.17

The authority to manage and control the operation and administration of the Plan is vested in a committee, consisting of one or more persons appointed by Ameritas management and ratified by the Board of Directors of the Company. Such committee members may participate in the Plan. The Plan’s trustees include certain officers of the Company and its affiliates.

Although it has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided to retired employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. If the Company terminates, or partially terminates the Plan, the Trust will pay benefits that participants are entitled to receive under the terms of the Plan.

**Reimbursement to Plan Sponsor**

Reimbursement to Plan Sponsor presented on the Statements of Net Assets Available For Benefits represents amounts due to the Plan Sponsor for retiree premiums at December 31, 2023.

**Accounts Payable**

Accounts payable presented on the Statements of Net Assets Available For Benefits consist of audit fees and custodial fees payable by the Plan as of December 31, 2024 and 2023.

**Taxes Payable**

Taxes Payable presented on the Statement of Net Assets Available For Benefits consists of taxes payable by the Plan at December 31, 2024 and 2023.

**Administrative Expenses**

Administrative expenses presented on the Statements of Changes in Net Assets Available For Benefits consist of bank fees, third party administrator fees and other administrative expenses incurred by the Plan.

**Income Taxes**

Income taxes presented on the Statements of Changes in Net Assets Available For Benefits represent taxes paid by the Plan.

**Miscellaneous income**

Miscellaneous income presented on the Statements of Changes in Net Assets Available For Benefits consists of proceeds from litigation settlements awarded to the Plan related to the Plan’s common stock investments.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting and Presentation**

The accompanying financial statements of the Plan have been prepared in conformity with accounting principles generally accepted in the United States.

**Investment Valuation**

Investments in the First American Treasury Obligation Fund represent funds held in a bank-administered money market fund. Investments in common stock represent a portfolio of equity securities, which are valued at the quoted market prices. The portfolio is managed by Ameritas Investment Partners, Inc., an affiliate of the Company. Dividends included in the Statements of Changes in Net Assets Available For Benefits represent dividends paid on the common stock. The net appreciation in fair value of investments presented on the Statements of Changes in Net Assets Available For Benefits is related to the investment in common stock. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as held during the year.

**Plan Benefit Obligations**

The postretirement benefit obligation presented on the Statements of Plan Benefit Obligations represents the actuarial present value of estimated future benefits that are attributed to employee service rendered through the end of each fiscal year. Postretirement benefits include future benefits expected to be paid to or for certain current Ameritas retirees, UCL retirees, MLIC retirees, Acacia retirees and their beneficiaries and dependents, and active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service rendered through the valuation date. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Company and from existing Plan assets.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and by the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

Estimated health claims incurred but not reported are determined by applying actuarial assumptions to historical claims lag data to estimate unreported claims due at the end of each fiscal year.

**Risks and Uncertainties:**

The Plan's investments include investments in common stocks and a money market fund with varying degrees of risk, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available For Benefits.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**NOTE 3 - PLAN BENEFIT OBLIGATIONS**

Health costs incurred by participants and their beneficiaries and dependents are covered by employer and employee contributions to the Plan. It is the present intention of the Company and the Plan to continue funding coverage for benefits. The Company is not permitted under present tax law to deduct amounts for future benefits expected to occur beyond one year. Benefits for future years in respect of the Plan's postretirement benefit obligation will be funded by employer and employee contributions to the Plan in those later years.

In addition, for 2024 and 2023 the mortality assumption used the Pri-2012 headcount weighted mortality tables with separate rates for non-annuitants, annuitants, and contingent survivors. Mortality improvement is projected from 2012 using the MP-2021 improvement scale.

Changes in the discount rate assumptions resulted in a net decrease of (\$71,740) and a net increase of \$44,957 in the postretirement benefit obligation during the valuation period ended December 31, 2024 and 2023, respectively. Demographic (gains) losses, primarily due to retiree medical coverage experience, of \$338,322 in 2024 and (\$490,768) in 2023 contributed to decreases in the postretirement benefit obligation during these respective periods.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount rate	5.64%	5.25%
Rate of return	5.45%	6.00%
Gross medical trend rates	N/A*	N/A*

\* Since employer contributions for pre-65 retirees are capped and post-65 retirees receive a fixed subsidy amount, there is no impact due to changes in health care costs.

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

**NOTE 4 - INVESTMENTS**

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2024 and 2023 and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023 were obtained or derived from information certified as complete and accurate by U.S. Bank, N.A., the Custodian.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**NOTE 5 - FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- Quoted prices for similar assets or liabilities in active markets.
  - Quoted prices for identical or similar assets or liabilities in inactive markets.
  - Inputs other than quoted prices that are observable for the asset or liability.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 - Inputs that are unobservable inputs for the asset or liability.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There were no changes to the valuation methodology for the years ended December 31, 2024 and 2023.

**First American Treasury Obligation Fund**

The First American Treasury Obligation Fund is classified in Level 2 of the fair value hierarchy as fair value is based on amortized cost, which approximates market value.

**Common Stocks**

Common stocks are valued at quoted active market prices at year end and are classified in Level 1 of the fair value hierarchy.

These assets can be redeemed at any time and its shares are offered for sale to the public.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>December 31, 2024</b>				
First American Treasury Obligation Fund	\$ --	\$ 3,138,994	\$ --	\$ 3,138,994
Common stocks	<u>9,596,154</u>	<u>--</u>	<u>--</u>	<u>9,596,154</u>
Total investments at fair value	<u>\$ 9,596,154</u>	<u>\$ 3,138,994</u>	<u>\$ --</u>	<u>\$ 12,735,148</u>
<b>December 31, 2023</b>				
First American Treasury Obligation Fund	\$ --	\$ 2,947,457	\$ --	\$ 2,947,457
Common stocks	<u>8,859,830</u>	<u>--</u>	<u>--</u>	<u>8,859,830</u>
Total investments at fair value	<u>\$ 8,859,830</u>	<u>\$ 2,947,457</u>	<u>\$ --</u>	<u>\$ 11,807,287</u>

**NOTE 6 - INCOME TAX STATUS OF THE PLAN**

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service dated November 22, 1995, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employees' Beneficiary Association (VEBA). The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. A revised determination letter is not required. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related Trust is tax exempt. However, the Trust is required to pay income tax on any unrelated business income, primarily investment activity.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

**NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following reconciles the net assets available for benefits per the financial statements to Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
<b>Net Assets Available For Benefits</b>		
Net assets available for benefits per the financial statements	\$ 12,724,590	\$ 11,799,475
Less: Health claims payable and claims incurred but not reported at December 31	<u>(57,934)</u>	<u>(38,787)</u>
Net assets available for benefits per Form 5500	<u>\$ 12,666,656</u>	<u>\$ 11,760,688</u>

Health claims payable and claims incurred but not reported are reflected as benefit obligations for financial statement purposes, but are reported as a liability and a reduction in net assets on Form 5500.

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EMPLOYER IDENTIFICATION NUMBER 47-0806844  
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**NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

The following reconciles claims paid for participants per the financial statements to Form 5500:

	<b><u>Year Ended December 31, 2024</u></b>
<b>Claims Paid</b>	
Claims paid per the financial statements	\$ 1,420,871
Add: Health claims payable and claims incurred but not reported at December 31, 2024	57,934
Less: Health claims payable and claims incurred but not reported at December 31, 2023	<u>(38,787)</u>
Benefits paid per Form 5500	<u>\$ 1,440,018</u>

**NOTE 8 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan has arrangements with various service providers and these arrangements qualify as party-in-interest transactions.

**NOTE 9 – SUBSEQUENT EVENTS**

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through August 14, 2025, which is the date the financial statements were available to be issued.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION  
EMPLOYER IDENTIFICATION NUMBER 47-0806844  
PLAN NUMBER 522**

**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Money Market Funds:			
*First American Treasury Obligation Fund, a mutual fund	3,138,994 Shares	\$ 3,138,994	\$ 3,138,994
Common Stock:			
Aflac, Inc.	700 Shares	40,300	72,408
Abbott Laboratories	600 Shares	25,536	67,866
Abbvie Inc.	600 Shares	87,954	106,620
Adobe Inc.	150 Shares	55,849	66,702
Advanced Micro Devices, Inc.	700 Shares	46,461	84,553
Alphabet, Inc.	2,600 Shares	182,513	495,144
Amazon.com, Inc.	2,150 Shares	199,901	471,688
American Tower Corp.	100 Shares	17,161	18,341
Apple, Inc.	2,500 Shares	113,315	626,050
Autozone Inc.	15 Shares	39,131	48,030
Ball Corp.	1,100 Shares	55,884	60,643
Bank of America Corporation	1,400 Shares	43,582	61,530
Berkley Corp	1,350 Shares	58,207	79,002
Berkshire Hathaway, Inc.	110 Shares	12,693	49,861
Best Buy Co Inc.	400 Shares	36,060	34,320
Blackrock Inc Com	50 Shares	38,395	51,255
Bristol Myers Squibb Co.	1,300 Shares	72,169	73,528
Broadcom Inc.	1,400 Shares	69,704	324,576
Builders Firstsource Inc.	400 Shares	65,910	57,172
Cardinal Health Inc.	500 Shares	26,932	59,135
Chevron Corp.	500 Shares	80,887	72,420
Cisco Systems	2,100 Shares	94,173	124,320
Citigroup Inc.	1,500 Shares	99,281	105,585
ConocoPhillips	1,000 Shares	53,438	99,170
Corteva, Inc.	900 Shares	36,109	51,264
Costco Wholesale Corp.	75 Shares	34,996	68,720
D T E Energy Co.	300 Shares	33,034	36,225
Danaher Corp.	310 Shares	33,981	71,160
Digital Realty Trust, Inc.	300 Shares	27,768	53,199
Eaton Corp Plc Shs	200 Shares	32,666	66,374
Eqf Corp	1,700 Shares	60,988	78,387
Ecolab Inc.	200 Shares	31,390	46,864

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION  
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PLAN NUMBER 522**

**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)  
(Continued)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Common Stock (continued):			
Electronic Arts Inc Com	300 Shares	39,912	43,890
Eli Lilly and Co.	275 Shares	24,417	212,300
Emerson Electric Co.	400 Shares	30,630	49,572
Etsy Inc	800 Shares	38,858	42,312
Exxon Mobil Corp.	1,000 Shares	60,496	107,570
Fair Isaac Corporation	40 Shares	69,133	79,637
FedEx Corp.	275 Shares	47,787	77,366
Fifth Third Bancorp	1,200 Shares	33,365	50,736
Ford Motor Co.	5,200 Shares	59,215	51,480
Fortinet, Inc.	1,000 Shares	41,403	94,480
General Dynamics Corp.	175 Shares	34,427	46,111
Godaddy Inc.	300 Shares	41,839	59,211
Home Depot, Inc.	300 Shares	85,274	116,697
Honeywell International, Inc.	350 Shares	58,667	79,061
Intl Business Machines Corp.	225 Shares	27,595	49,462
Intuitive Surgical, Inc.	150 Shares	21,629	78,294
Kenvue Inc Com	2,300 Shares	48,905	49,105
Keysight Technologies, Inc.	500 Shares	58,652	80,315
Lamb Weston Holdings, Inc.	400 Shares	23,657	26,732
Lululemon Athletica Inc.	150 Shares	43,599	57,361
Marriott International, Inc.	250 Shares	44,469	69,735
McCormick Co.	470 Shares	23,858	35,833
Merck Co Inc.	1,000 Shares	74,586	99,480
Meta Platforms, Inc.	200 Shares	72,689	117,102
Microsoft Corporation	1,325 Shares	115,910	558,488
Molson Coors Beverage Co	1,700 Shares	107,328	97,444
Morgan Stanley	800 Shares	46,959	100,576
Nasdaq Inc	700 Shares	41,136	54,117
Netflix Com Inc.	200 Shares	68,635	178,264
Nextera Energy, Inc.	1,100 Shares	67,471	78,859
Northrop Grumman Corporation	100 Shares	35,133	46,929
Nucor Corp.	200 Shares	33,381	23,342
Nvidia Corp.	5,100 Shares	86,165	684,879
Parker Hannifin Corp.	150 Shares	35,241	95,404
PayPal Holdings, Inc.	1,300 Shares	83,202	110,955
Pepsico Inc.	300 Shares	51,707	45,618
Phillips 66	500 Shares	37,229	56,965
PNC Financial Services Group, Inc.	400 Shares	53,168	77,140
Ppl Corporation	1,400 Shares	35,554	45,444
Pool Corporation	175 Shares	62,575	59,665
Proctor & Gamble Co.	500 Shares	72,830	83,825
Prologis, Inc.	300 Shares	22,620	31,710
Qualcomm Inc.	500 Shares	60,539	76,810
Quanta Sves Inc.	175 Shares	19,043	55,309
Quest Diagnostics Inc	300 Shares	42,001	45,258
Realty Income Corp	400 Shares	26,648	21,364
Servicenow, Inc.	75 Shares	33,096	79,509

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION  
EMPLOYER IDENTIFICATION NUMBER 47-0806844  
PLAN NUMBER 522**

**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)  
(continued)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Common Stock (continued):			
Sherwin Williams Co.	125 Shares	19,161	42,491
SP Global, Inc.	225 Shares	66,182	112,057
Stryker Corp.	200 Shares	61,729	72,010
TJX Companies, Inc.	400 Shares	26,660	48,324
Target Corp Com	600 Shares	86,344	81,108
Tesla, Inc.	200 Shares	69,284	80,768
3M Co	500 Shares	52,427	64,545
Tyler Technologies, Inc.	150 Shares	52,984	86,496
Union Pacific Corp.	430 Shares	42,290	98,057
United Rentals Inc Com	100 Shares	71,254	70,444
*Unitedhealth Group, Inc.	225 Shares	71,060	113,819
Veralto Corp.	400 Shares	30,666	40,740
Verisk Analytics Inc Comm	125 Shares	21,361	34,429
Vertex Pharmaceuticals, Inc.	125 Shares	34,139	50,338
Visa, Inc.	650 Shares	69,380	205,426
Wells Fargo Co.	1,200 Shares	32,688	84,288
*Willis Towers Watson PLC	150 Shares	31,788	46,986
Total Common Stock		<u>5,088,398</u>	<u>9,596,154</u>
Total Investments		<u>\$ 8,227,392</u>	<u>\$ 12,735,148</u>

\* Represents a party-in-interest.

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**Schedule H, Line 4j - Schedule of Reportable Transactions**

**Year Ended December 31, 2024**

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<i>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</i>					
First American Treasury Obligation Fund, a mutual fund	\$ 2,274,888		\$ 2,274,888	\$ 2,274,888	--
First American Treasury Obligation Fund, a mutual fund		\$ 2,083,351	\$ 2,083,351	\$ 2,083,351	--

There were no category (i), (ii) or (iv) reportable transactions during 2024.

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
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**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Money Market Funds:			
*First American Treasury Obligation Fund, a mutual fund	3,138,994 Shares	\$ 3,138,994	\$ 3,138,994
Common Stock:			
Aflac, Inc.	700 Shares	40,300	72,408
Abbott Laboratories	600 Shares	25,536	67,866
Abbvie Inc.	600 Shares	87,954	106,620
Adobe Inc.	150 Shares	55,849	66,702
Advanced Micro Devices, Inc.	700 Shares	46,461	84,553
Alphabet, Inc.	2,600 Shares	182,513	495,144
Amazon.com, Inc.	2,150 Shares	199,901	471,688
American Tower Corp.	100 Shares	17,161	18,341
Apple, Inc.	2,500 Shares	113,315	626,050
Autozone Inc.	15 Shares	39,131	48,030
Ball Corp.	1,100 Shares	55,884	60,643
Bank of America Corporation	1,400 Shares	43,582	61,530
Berkley Corp	1,350 Shares	58,207	79,002
Berkshire Hathaway, Inc.	110 Shares	12,693	49,861
Best Buy Co Inc.	400 Shares	36,060	34,320
Blackrock Inc Com	50 Shares	38,395	51,255
Bristol Myers Squibb Co.	1,300 Shares	72,169	73,528
Broadcom Inc.	1,400 Shares	69,704	324,576
Builders Firstsource Inc.	400 Shares	65,910	57,172
Cardinal Health Inc.	500 Shares	26,932	59,135
Chevron Corp.	500 Shares	80,887	72,420
Cisco Systems	2,100 Shares	94,173	124,320
Citigroup Inc.	1,500 Shares	99,281	105,585
ConocoPhillips	1,000 Shares	53,438	99,170
Corteva, Inc.	900 Shares	36,109	51,264
Costco Wholesale Corp.	75 Shares	34,996	68,720
D T E Energy Co.	300 Shares	33,034	36,225
Danaher Corp.	310 Shares	33,981	71,160
Digital Realty Trust, Inc.	300 Shares	27,768	53,199
Eaton Corp Plc Shs	200 Shares	32,666	66,374
Eqf Corp	1,700 Shares	60,988	78,387
Ecolab Inc.	200 Shares	31,390	46,864

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
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**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)  
(Continued)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Common Stock (continued):			
Electronic Arts Inc Com	300 Shares	39,912	43,890
Eli Lilly and Co.	275 Shares	24,417	212,300
Emerson Electric Co.	400 Shares	30,630	49,572
Etsy Inc	800 Shares	38,858	42,312
Exxon Mobil Corp.	1,000 Shares	60,496	107,570
Fair Isaac Corporation	40 Shares	69,133	79,637
FedEx Corp.	275 Shares	47,787	77,366
Fifth Third Bancorp	1,200 Shares	33,365	50,736
Ford Motor Co.	5,200 Shares	59,215	51,480
Fortinet, Inc.	1,000 Shares	41,403	94,480
General Dynamics Corp.	175 Shares	34,427	46,111
Godaddy Inc.	300 Shares	41,839	59,211
Home Depot, Inc.	300 Shares	85,274	116,697
Honeywell International, Inc.	350 Shares	58,667	79,061
Intl Business Machines Corp.	225 Shares	27,595	49,462
Intuitive Surgical, Inc.	150 Shares	21,629	78,294
Kenvue Inc Com	2,300 Shares	48,905	49,105
Keysight Technologies, Inc.	500 Shares	58,652	80,315
Lamb Weston Holdings, Inc.	400 Shares	23,657	26,732
Lululemon Athletica Inc.	150 Shares	43,599	57,361
Marriott International, Inc.	250 Shares	44,469	69,735
McCormick Co.	470 Shares	23,858	35,833
Merck Co Inc.	1,000 Shares	74,586	99,480
Meta Platforms, Inc.	200 Shares	72,689	117,102
Microsoft Corporation	1,325 Shares	115,910	558,488
Molson Coors Beverage Co	1,700 Shares	107,328	97,444
Morgan Stanley	800 Shares	46,959	100,576
Nasdaq Inc	700 Shares	41,136	54,117
Netflix Com Inc.	200 Shares	68,635	178,264
Nextera Energy, Inc.	1,100 Shares	67,471	78,859
Northrop Grumman Corporation	100 Shares	35,133	46,929
Nucor Corp.	200 Shares	33,381	23,342
Nvidia Corp.	5,100 Shares	86,165	684,879
Parker Hannifin Corp.	150 Shares	35,241	95,404
PayPal Holdings, Inc.	1,300 Shares	83,202	110,955
Pepsico Inc.	300 Shares	51,707	45,618
Phillips 66	500 Shares	37,229	56,965
PNC Financial Services Group, Inc.	400 Shares	53,168	77,140
Ppl Corporation	1,400 Shares	35,554	45,444
Pool Corporation	175 Shares	62,575	59,665
Proctor & Gamble Co.	500 Shares	72,830	83,825
Prologis, Inc.	300 Shares	22,620	31,710
Qualcomm Inc.	500 Shares	60,539	76,810
Quanta Svcs Inc.	175 Shares	19,043	55,309
Quest Diagnostics Inc	300 Shares	42,001	45,258
Realty Income Corp	400 Shares	26,648	21,364
Servicenow, Inc.	75 Shares	33,096	79,509

**AMERITAS HOLDING COMPANY RETIREE MEDICAL  
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**Schedule H, Line 4i - Schedule of Assets (Held At End of Year)  
(continued)**

**December 31, 2024**

<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
Common Stock (continued):			
Sherwin Williams Co.	125 Shares	19,161	42,491
SP Global, Inc.	225 Shares	66,182	112,057
Stryker Corp.	200 Shares	61,729	72,010
TJX Companies, Inc.	400 Shares	26,660	48,324
Target Corp Com	600 Shares	86,344	81,108
Tesla, Inc.	200 Shares	69,284	80,768
3M Co	500 Shares	52,427	64,545
Tyler Technologies, Inc.	150 Shares	52,984	86,496
Union Pacific Corp.	430 Shares	42,290	98,057
United Rentals Inc Com	100 Shares	71,254	70,444
*Unitedhealth Group, Inc.	225 Shares	71,060	113,819
Veralto Corp.	400 Shares	30,666	40,740
Verisk Analytics Inc Comm	125 Shares	21,361	34,429
Vertex Pharmaceuticals, Inc.	125 Shares	34,139	50,338
Visa, Inc.	650 Shares	69,380	205,426
Wells Fargo Co.	1,200 Shares	32,688	84,288
*Willis Towers Watson PLC	150 Shares	31,788	46,986
Total Common Stock		<u>5,088,398</u>	<u>9,596,154</u>
Total Investments		<u>\$ 8,227,392</u>	<u>\$ 12,735,148</u>

\* Represents a party-in-interest.

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

<b>Part II Basic Plan Information</b> - enter all requested information	
<b>1a</b> Name of plan <b>AMERITAS HOLDING COMPANY RETIREE MEDICAL VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>522</b>
	<b>1c</b> Effective date of plan <b>03/31/1993</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>AMERITAS HOLDING COMPANY</b>  <b>5900 O STREET</b>  <b>LINCOLN NE 68510</b>	<b>2b</b> Employer Identification Number (EIN) <b>47-0806844</b> <b>2c</b> Plan Sponsor's telephone number <b>402-467-1122</b> <b>2d</b> Business code (see instructions) <b>524140</b>

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

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

<b>SIGN HERE</b>	<i>Crystal A Meyer</i>	9/8/2025	<b>CRYSTAL A. MEYER</b>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Crystal A Meyer</i>	9/8/2025	<b>CRYSTAL A. MEYER</b>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor <b>AMERITAS HOME OFFICE</b> <b>RETIREMENT PLAN COMMITTEE</b>  <b>5900 O STREET</b> <b>LINCOLN</b>	<b>3b</b> Administrator's EIN <b>47-0806844</b>  <b>3c</b> Administrator's telephone number <b>402-467-1122</b>
<b>NE 68510-2234</b>	

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	339
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	329
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	329
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

**4A 4D**

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**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 \_\_\_\_\_

AMERITAS HOLDING COMPANY RETIREE MEDICAL  
VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION  
EMPLOYER IDENTIFICATION NUMBER 47-0806844  
PLAN NUMBER 522

**Schedule H, Line 4j - Schedule of Reportable Transactions**

**Year Ended December 31, 2024**

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<i>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</i>					
First American Treasury Obligation Fund, a mutual fund	\$ 2,274,888		\$ 2,274,888	\$ 2,274,888	--
First American Treasury Obligation Fund, a mutual fund		\$ 2,083,351	\$ 2,083,351	\$ 2,083,351	--

There were no category (i), (ii) or (iv) reportable transactions during 2024.