

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MOTORISTS MUTUAL RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ENCOVA HOLDINGS, INC.</u></p> <p><u>471 EAST BROAD STREET</u> <u>COLUMBUS, OH 43215</u></p>	<p>1c Effective date of plan <u>12/14/1945</u></p> <p>2b Employer Identification Number (EIN) <u>31-4259550</u></p> <p>2c Plan Sponsor's telephone number <u>304-941-1000</u></p> <p>2d Business code (see instructions) <u>524150</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2025	MARK PEACOCK
	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

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 _____

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

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

A Name of plan <u>MOTORISTS MUTUAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ENCOVA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-4259550</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>56162015</u>		
b Actuarial value	2b	<u>61254578</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>78</u>	<u>25482228</u>	<u>25482228</u>	
b For terminated vested participants	<u>79</u>	<u>8152088</u>	<u>8152088</u>	
c For active participants	<u>186</u>	<u>22665866</u>	<u>22857829</u>	
d Total	<u>343</u>	<u>56300182</u>	<u>56492145</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate	5	<u>5.13 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>390000</u>		
c Target normal cost	6c	<u>390000</u>		

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

SIGN HERE <u>LORI A. DEVORE</u> Signature of actuary <u>AON CONSULTING, INC.</u> Firm name <u>8940 LYRA DRIVE, SUITE 250</u> <u>COLUMBUS, OH 43240</u> Address of the firm	<u>08/05/2025</u> Date <u>23-05257</u> Most recent enrollment number <u>614-825-9424</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13368064
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1164937
9	Amount remaining (line 7 minus line 8)	0	12203127
10	Interest on line 9 using prior year's actual return of <u>9.80</u> %	0	1195906
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	13399033

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.71 %
15	Adjusted funding target attainment percentage	15	108.43 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.78 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
05/03/2024	15215	0					
			Totals ▶	18(b)	15215	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 14961
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 390000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	8636600	828753	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1218753
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1203792	1203792
36 Additional cash requirement (line 34 minus line 35)			36 14961
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 14961
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan MOTORISTS MUTUAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENCOVA HOLDINGS, INC.	D Employer Identification Number (EIN) 31-4259550	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

BLACKROCK INST. TRUST CO.

94-3118547

(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?
99	NONE	68285	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	51562	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)

UNITED BANK

514 MARKET STREET
PARKERSBURG, WV 26102

54-1071198

(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?
99	NONE	19778	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MOTORISTS MUTUAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ENCOVA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-4259550</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GVT BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3118547-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16873981</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-3263177-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33133212</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20 YEARS STRIPS FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-3227381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2331500</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE DURATION CORP</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>82-2229248-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4359462</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MOTORISTS MUTUAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENCOVA HOLDINGS, INC.	D Employer Identification Number (EIN) 31-4259550

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)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	58652215
(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)	12630807
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	56698155
(15) Other	1c(15)	11699795

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	71283022	68397950
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71283022	68397950

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	393795	
(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)		
(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)		-1510918
(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)		900060
c Other income	2c		34327
d Total income. Add all income amounts in column (b) and enter total	2d		-182736

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2292770	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2292770
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	139625	
(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)	269941	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		409566
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2702336

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2885072
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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 554455.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MOTORISTS MUTUAL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENCOVA HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>31-4259550</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3689044 42-0127290

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Motorists Mutual Retirement Plan

Financial Report
December 31, 2024

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Independent Auditor's Report

Board of Directors and Plan Administrator
Motorists Mutual Retirement Plan

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

We have performed audits of the financial statements of the Motorists Mutual Retirement Plan (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 statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions 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 audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 within one year after the date that the financial statements are issued or 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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 Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP

Columbus, Ohio
August 25, 2025

Motorists Mutual Retirement Plan

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Investments at fair value:		
Mutual funds	\$ 8,226,836	\$ 9,572,757
Common/collective trusts	45,010,057	46,589,259
Total investments	53,236,893	56,162,016
Assets held for Motorists Mutual Insurance Company:		
Group Health and Welfare Benefits Plan—401(h) account	15,161,057	15,121,006
Total assets	68,397,950	71,283,022
Liabilities		
Amounts due to Motorists Mutual Insurance Company:		
Group Health and Welfare Benefits Plan—401(h) account	15,161,057	15,121,006
Net assets available for benefits	\$ 53,236,893	\$ 56,162,016

See notes to financial statements.

Motorists Mutual Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2024 and 2023

	2024	2023
Investment income (loss):		
Interest and dividends	\$ 280,112	\$ 267,154
Net (depreciation) appreciation in fair value of investments	(572,871)	4,832,306
Total investment (loss) income	(292,759)	5,099,460
Other income	34,327	43,883
Total	(258,432)	5,143,343
Deductions:		
Pension benefits paid directly to participants and beneficiaries	2,264,362	1,829,983
Administrative expenses	402,329	300,079
Total deductions	2,666,691	2,130,062
Net (decrease) increase	(2,925,123)	3,013,281
Net assets available for benefits:		
Beginning	56,162,016	53,148,735
Ending	\$ 53,236,893	\$ 56,162,016

See notes to financial statements.

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Motorists Mutual Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan covering a portion of the employees of Encova Holdings, Inc. and its subsidiaries (the Sponsor). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is also subject to the relevant provisions of the Pension Protection Act of 2006 (PPA), the Worker, Retiree and Employer Recovery Act of 2008 (WREERA), the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA), the Moving Ahead for Progress in the 21st Century Act (MAP-21), the Highway and Transportation Funding Act of 2014 (HATFA), the Bipartisan Budget Act of 2015, the Coronavirus Aid, Relief and Economic Security Act (CARES Act), the Setting Every Community Up for Retirement Enhancement (SECURE) and the American Rescue Plan Act.

On August 11, 2017, the Board of Directors of Motorists Mutual Insurance Company adopted a resolution to freeze participation in and benefit accruals for plan participants effective December 31, 2017.

Effective January 1, 2021, the companies collectively referred to as Encova Insurance were reorganized into a mutual holding company structure with Encova Mutual Insurance Group, Inc. as the ultimate parent. Affiliated mutual insurance companies of the group were converted into stock companies that are wholly owned by Encova Holdings, Inc., a stock subsidiary of Encova Mutual Insurance Group, Inc. Stock subsidiaries of the former affiliated companies remained as subsidiaries of those companies. This reorganization did not have any effect on the Plan.

Pension benefits: Participants are eligible to receive pension benefits upon reaching age 65; or, subject to certain age and length of service requirements, a participant may elect an early retirement at a reduced benefit. The normal form of benefit is a life annuity and optional forms of payment of benefits are available at the election of the participant. Benefits under the Plan are based on employees' average monthly compensation received during the five complete consecutive years with the highest compensation levels. Employees are 100% vested after five years of service. Survivor benefits are distributed in the event of pre-retirement death. Death benefits are paid to the beneficiaries of active and retired employees in accordance with the Plan. Active participants who become disabled continue to accrue pension benefits subject to certain limitations, as defined by the Plan; however, the Plan does not provide disability benefits. Effective December 18, 2017, the Plan was amended to allow single lump-sum benefits (up to \$25,000) to all participants, beneficiaries and alternate payees. Effective October 1, 2024, the Plan was amended to allow Age 62 in-service retirement pension distributions to all participants with a vested accrued benefit who has reached age 62 and has not experience and severance from employment.

Medical benefits: The Plan provides partial funding for future retiree health benefits under section 401(h) of the Internal Revenue Code (401(h) account). A separate account has been established and maintained in the Plan for the net assets related to the medical benefits component. In addition to the Plan's normal retirement benefits, certain employees who retire after December 31, 1999, and their spouses and dependents, are eligible for medical benefits. The medical benefits are provided by the Motorists Mutual Insurance Company Group Health and Welfare Benefits Plan (Health Care Plan). No key employees, as outlined by the Internal Revenue Service (IRS), will participate in these benefits. This plan feature allows an additional annual contribution to the Plan for medical benefits not to exceed certain limitations as defined by the Internal Revenue Code (IRC). Plan participants do not contribute to the 401(h) account.

Funding: Contributions are made by the Sponsor in such amounts as have been actuarially determined to fund current costs. Minimum funding requirements as set forth in ERISA have been met.

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 1. Description of the Plan (Continued)

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Note 2. Summary of Significant Accounting Policies

Investment valuation and income recognition: Investments are reported at fair value. 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. See Note 5 for discussion of fair value measurements.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions: The Sponsor's contributions are recognized on an accrual basis.

Benefits: Benefit payments to participants and beneficiaries are recorded upon distribution.

401(h) account: The assets held for the Health Care Plan represent investments that are held for future benefit of the Health Care Plan under the 401(h) account (see Note 1). The investment income, contributions, distributions, gains and losses related to this account are reflected in the financial statements of the Health Care Plan. The related obligations for health benefits are not included in this Plan's actuarial present value of accumulated plan benefits disclosure (see Note 3) but are reflected as obligations in the financial statements of the Health Care Plan. In accordance with the IRC, the Plan's investment in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and participants.

Administrative expenses: Administrative expenses represent fees for investment management and benefit payment services. Administrative expenses are recorded on an accrual basis. The Sponsor pays certain administrative expenses directly.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average monthly compensation received during the five complete consecutive years with the highest compensation levels. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Effective December 31, 2017, the Plan was frozen in relation to plan participation and benefit accruals. In November 2018, the Plan purchased an annuity contract for certain groups of participants. Allocated benefits, to be provided via annuity contracts, are excluded from plan assets and the related liabilities are excluded from accumulated plan benefits.

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 certain estimates and assumptions that affect the reported amounts of plan assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Risks and uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the participants' account balances and amounts reported in the statements of net assets available for benefits.

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

Subsequent events: The Plan Administrator has evaluated subsequent events August 25, 2025, the date on which the financial statements were available to be issued.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered prior to the Plan freeze effective December 31, 2017. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present values of accumulated plan benefits as of December 31 are as follows, excluding any consideration for the medical benefits provided for under the 401(h) account (described in Notes 1 and 2) that are reflected in the financial statements of the Health Care Plan:

	2024	2023
Vested benefits:		
Participants currently receiving benefits	\$ 28,483,536	\$ 25,906,234
Other participants	29,874,182	31,986,230
	<u>58,357,718</u>	<u>57,892,464</u>
Nonvested accrued benefits	100,663	166,796
Total actuarial present value of accumulated plan benefits	<u>\$ 58,458,381</u>	<u>\$ 58,059,260</u>

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value increased due to the following:

	2024	2023
Actuarial present value of accumulated plan benefits, beginning	\$ 58,059,260	\$ 53,908,632
Interest	2,989,432	3,037,266
Change in actuarial assumptions	-	3,088,673
Benefits accumulated	(325,949)	(145,328)
Benefits paid	(2,264,362)	(1,829,983)
Net increase	399,121	4,150,628
Actuarial present value of accumulated plan benefits, ending	<u>\$ 58,458,381</u>	<u>\$ 58,059,260</u>

The actuarial present value presented at December 31, 2024 and 2023, used January 1, 2025 and 2024 data, respectively, which was not materially different. Significant assumptions underlying the actuarial computations for Accounting Standards Codification (ASC) 960, Plan Accounting—Defined Benefit Pension Plans, requirements as of December 31, 2024 and 2023, include:

- Assumed rate of return on investments of 5.25%.
- Retirement at varying rates beginning at age 55 with all participants retired at age 70.
- Mortality rates for healthy and disabled lives are based on tables from the Pri-2012 mortality study and projected using scale MP-2021.

There were no significant assumption changes underlying the actuarial computations for ASC 960 requirements as of December 31, 2024.

Significant assumption changes underlying the actuarial computations for ASC 960 requirements as of December 31, 2023, include:

- A change in the expected return on investments from 5.73% for 2023 to 5.25% for 2024.
- A change in the COLA assumption from 2.25% for 2023 for 2.75% for 2024.

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

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 4. Information Certified and Provided by The Huntington National Bank (HNB) and United Bank (UB)

The following is a summary of the plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by the trustees and custodians of the Plan. During 2023, the Plan changed the third-party administrators providing trustee and custodial services. HNB (trustee and custodian) certified information as of March 31, 2023 and for the period from January 1, 2023 through March 31, 2023. UB (trustee and custodian) certified information as of and for the years ended December 31, 2024 and 2023. The Plan Administrator has obtained certifications from the trustees and the custodians that information provided to the Plan Administrator by the trustees and the custodians related to the following assets is complete and accurate to the best of their knowledge and belief. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets:

	2024	2023
Investments at fair value:		
Mutual funds	\$ 8,226,836	\$ 9,572,757
Common/collective trusts	45,010,057	46,589,259
	<u>\$ 53,236,893</u>	<u>\$ 56,162,016</u>
Group Health and Welfare Benefits Plan—401(h) account:		
Investments at fair value:		
Mutual funds	\$ 3,472,959	\$ 3,058,050
Common/collective trusts	11,688,098	12,062,956
	<u>\$ 15,161,057</u>	<u>\$ 15,121,006</u>

HNB and UB also certified as to the completeness and accuracy of the following plan activity during the years ended December 31, 2024 and 2023. Amounts are exclusive of the changes in the assets held for the 401(h) account:

	2024		
	UB	Total	
Interest and dividend income	\$ 280,112	\$ 280,112	
Net appreciation in fair value of investments	(572,871)	(572,871)	
	2023		
	HNB	UB	Total
Interest and dividend income	\$ 3	\$ 267,151	\$ 267,154
Net depreciation in fair value of investments	348,641	4,483,665	4,832,306

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 5. Fair Value Measurements

The Financial Accounting Standards Board (FASB) guidance establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB guidance are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- 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 to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued by published market sources at the net asset value (NAV) of shares held by the Plan at year-end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Description	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$11,699,795	\$ -	\$ -	\$11,699,795
Total assets in the fair value hierarchy	<u>\$11,699,795</u>	<u>\$ -</u>	<u>\$ -</u>	<u>11,699,795</u>
Investments measured at NAV (a)				<u>56,698,155</u>
Investments at fair value				<u>\$68,397,950</u>

Description	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$12,630,807	\$ -	\$ -	\$12,630,807
Total assets in the fair value hierarchy	<u>\$12,630,807</u>	<u>\$ -</u>	<u>\$ -</u>	<u>12,630,807</u>
Investments measured at NAV (a)				<u>58,652,215</u>
Investments at fair value				<u>\$71,283,022</u>

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

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The following tables summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023, respectively:

Investment	2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trusts*	<u>\$56,698,155</u>	\$ -	Daily	None

Investment	2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Common/collective trusts*	<u>\$58,652,215</u>	\$ -	Daily	None

* These investments are direct filing entity funds which no longer requires a disclosure in regards to the investment strategy in accordance with Subtopic 820-10.

Note 6. Parties-in-Interest Transactions

HNB, UB and BlackRock Institutional Trust Company, N.A. (BlackRock) are trustees, custodians and/or recordkeepers as defined by the Plan. In addition, certain Plan investments are managed by BlackRock. Accordingly, transactions with these service providers qualify as party-in-interest transactions. Total fees paid by the Plan to these service providers were approximately \$132,000 and \$33,000 during the years ended December 31, 2024 and 2023, respectively. In addition, the Plan paid approximately \$270,000 and \$267,000 for other expenses related to Plan operations during the years ended December 31, 2024 and 2023, respectively.

Note 7. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 7. Plan Termination (Continued)

4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024, that ceiling is \$7,108 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Sponsor and the level of benefits guaranteed by the PBGC.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Sponsor and the Plan has sufficient assets, the Sponsor will be required to pay to the Plan an amount that, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan's termination.

Note 8. Tax Status

The IRS has determined and informed the Sponsor by a letter dated May 29, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Note 9. Reconciliation of the Financial Statements to the Form 5500

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

	2024	2023
Net assets available for benefits per financial statements	\$ 53,236,893	\$ 56,162,016
401(h) account assets held included on Form 5500	15,161,057	15,121,006
Net assets available for benefits per the Form 5500	<u>\$ 68,397,950</u>	<u>\$ 71,283,022</u>

Motorists Mutual Retirement Plan

Notes to Financial Statements

Note 9. Reconciliation of the Financial Statements to the Form 5500 (Continued)

Following are the reconciliations of the changes in net assets per the financial statements to the Form 5500 for the years ended December 31:

	2024	2023
Net (depreciation) appreciation in fair value of investments per financial statements	\$ (572,871)	\$ 4,832,306
401(h) account included on Form 5500	(37,987)	1,397,271
Net (depreciation) appreciation in fair value of investments per the Form 5500	<u>\$ (610,858)</u>	<u>\$ 6,229,577</u>
Interest and dividend income per financial statements	\$ 280,112	\$ 267,154
401(h) account included on Form 5500	113,683	79,974
Interest and dividend income per the Form 5500	<u>\$ 393,795</u>	<u>\$ 347,128</u>
Pension benefits paid per the financial statements	\$ 2,264,362	\$ 1,829,983
401(h) account included on Form 5500	28,408	812,478
Benefits paid per the Form 5500	<u>\$ 2,292,770</u>	<u>\$ 2,642,461</u>
Administrative expenses per financial statements	\$ 402,329	\$ 300,079
401(h) account included on Form 5500	7,237	28,049
Administrative expenses per the Form 5500	<u>\$ 409,566</u>	<u>\$ 328,128</u>

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but can be used only to pay retiree health and welfare benefits as defined by the Health Care Plan. The related obligations are not a component of this Plan's obligations but are reflected as obligations in the Health Care Plan's financial statements.

Supplementary Information

Motorists Mutual Retirement Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) December 31, 2024

Employer Identification Number: 31-4259550

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Shares	Cost	Current Value
Motorists Mutual Retirement Plan:				
Shares of mutual funds:				
Artisan	Artisan International Value Fund	51,522	\$ 1,920,840	\$ 2,423,070
Vanguard	Vanguard S&P Small Cap 600 Index	3,401	974,482	1,450,838
Vanguard	Vanguard Institutional Index	7,682	2,198,144	3,679,134
Fidelity	Government CL I #57	673,794	673,794	673,794
			5,767,260	8,226,836
Shares of common/collective trusts:				
* BlackRock	Long Term Government Bond Index Fund	186,663	17,963,473	14,024,629
* BlackRock	U.S. Long Credit Bond Fund	1,970,785	24,066,809	25,775,817
* BlackRock	U.S. STRIPS 20+ Year Bond Index RSL Fund	108,609	3,101,464	1,815,505
* BlackRock	Intermediate Duration Corporate Credit Screened Non-Lendable Fund	306,878	3,202,997	3,394,106
			48,334,743	45,010,057
Assets held for Motorists Mutual Insurance Company Group				
Health and Welfare Benefits Plan—401(h) account:				
Shares of mutual funds:				
Artisan	Artisan International Value Fund	19,233	710,029	904,515
Vanguard	Vanguard S&P Small Cap 600 Index	970	257,242	413,701
Vanguard	Vanguard Institutional Index	3,245	1,135,358	1,554,128
Fidelity	Government CL I #57	600,615	600,615	600,615
			2,703,244	3,472,959
Shares of common/collective trusts:				
* BlackRock	Long Term Government Bond Index Fund	37,924	3,132,757	2,849,353
* BlackRock	U.S. Long Credit Bond Fund	562,537	7,214,945	7,357,394
* BlackRock	U.S. STRIPS 20+ Year Bond Index RSL Fund	30,868	649,934	515,995
* BlackRock	Intermediate Duration Corporate Credit Screened Non-Lendable Fund	87,283	880,893	965,356
			11,878,529	11,688,098
			\$ 68,683,776	\$ 68,397,950

* Designates party-in-interest.

The above information has been certified as complete and accurate by United Bank, trustee and custodian of the Plan.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3								
30-34		13								
35-39		12								
40-44		19								
45-49		18			4	2				
50-54		20			1	6	2			
55-59		10			4	7	8	5		
60-64		5		1	7	7	3	12	10	
65-69		5				1		1		
70+										

N-186

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
COLA Increases	2.75%, applicable to former Iowa Mutual participants on their accrued benefits earned as of December 1, 1990
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy	2024 generational mortality table for annuitants and non-annuitants
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2022 Plan Year	3.82%
2023 Plan Year	5.73%
2024 Plan Year	5.25%
Trust Expenses Included in Target Normal Cost	The Plan pays trust fees from the trust. The current year's expenses are assumed to be equal to the prior year's expenses paid from the trust.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Table 1
Retirement Rates—Active Participants

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	8.00%
59	8.00%
60	8.00%
61	8.00%
62	20.00%
63	25.00%
64	25.00%
65	30.00%
66	40.00%
67	50.00%
68	75.00%
69	75.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Table 2
Retirement Rates—Terminated Vested Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	12.50%
64	33.33%
65	50.00%
66	50.00%
67	66.67%
68+	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Withdrawal Rates

Age	Years of Service		
	0-2	3-4	5+
20	20.0000%	15.0000%	11.2569%
21	20.0000%	15.0000%	11.1571%
22	20.0000%	15.0000%	11.0574%
23	20.0000%	15.0000%	10.9576%
24	20.0000%	15.0000%	10.8579%
25	20.0000%	15.0000%	10.7582%
26	20.0000%	15.0000%	10.6585%
27	20.0000%	15.0000%	10.5588%
28	20.0000%	15.0000%	10.3592%
29	20.0000%	15.0000%	10.1595%
30	20.0000%	15.0000%	9.9599%
31	20.0000%	15.0000%	9.7603%
32	20.0000%	15.0000%	9.5707%
33	20.0000%	15.0000%	9.0188%
34	20.0000%	15.0000%	8.4668%
35	20.0000%	15.0000%	7.9149%
36	20.0000%	15.0000%	7.3629%
37	20.0000%	15.0000%	6.5905%
38	20.0000%	15.0000%	6.4412%
39	20.0000%	15.0000%	6.2859%
40	20.0000%	15.0000%	6.1252%
41	20.0000%	15.0000%	5.9571%
42	20.0000%	15.0000%	5.7794%
43	20.0000%	15.0000%	5.5921%
44	20.0000%	15.0000%	5.3937%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Table 3—Page 2 of 2
Withdrawal Rates

Age	Years of Service		
	0-2	3-4	5+
45	20.0000%	15.0000%	5.1819%
46	20.0000%	15.0000%	4.9492%
47	20.0000%	15.0000%	4.6859%
48	20.0000%	15.0000%	4.3833%
49	20.0000%	15.0000%	4.0351%
50	20.0000%	15.0000%	3.6397%
51	20.0000%	15.0000%	3.2033%
52	20.0000%	15.0000%	2.7402%
53	20.0000%	15.0000%	2.2687%
54	20.0000%	15.0000%	1.8105%
55	20.0000%	15.0000%	1.3858%
56	20.0000%	15.0000%	1.0110%
57	20.0000%	15.0000%	0.6966%
58	20.0000%	15.0000%	0.4474%
59	20.0000%	15.0000%	0.2618%
60	20.0000%	15.0000%	0.1336%
61	20.0000%	15.0000%	0.0647%
62	20.0000%	15.0000%	0.0140%
63+	20.0000%	15.0000%	0.0000%

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.) [x] 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: [x] 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: MOTORISTS MUTUAL RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/14/1945
2a Plan sponsor's name (employer, if for a single-employer plan): Encova Holdings, Inc.
Mailing address: 471 EAST BROAD STREET, COLUMBUS, OH 43215
2b Employer Identification Number (EIN): 31-4259550
2c Plan Sponsor's telephone number: 304-941-1000
2d Business code (see instructions): 524150

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.

Table with 3 rows for signatures. Row 1: SIGN HERE, Signature of plan administrator, Date 09/10/2025, MARK PEACOCK. Row 2: SIGN HERE, Signature of employer/plan sponsor, Date 09/10/2025, MARK PEACOCK. Row 3: SIGN HERE, Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

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

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

A Name of plan MOTORISTS MUTUAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Motorists Mutual Insurance Company	D Employer Identification Number (EIN) 31-4259550	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	56,162,015
b Actuarial value	2b	61,254,578

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	78	25,482,228	25,482,228
b For terminated vested participants	79	8,152,088	8,152,088
c For active participants	186	22,665,866	22,857,829
d Total	343	56,300,182	56,492,145

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.13 %

6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	390,000
c Target normal cost	6c	390,000

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

SIGN HERE	<u>LAD</u> Signature of actuary	<u>8/5/2025</u> Date
	LORI A. DEVORE Type or print name of actuary	<u>2305257</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>614-825-9424</u> Telephone number (including area code)
	<u>8940 Lyra Drive, Suite 250</u> <u>COLUMBUS OH 43240</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	13,368,064
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,164,937
9 Amount remaining (line 7 minus line 8)	0	12,203,127
10 Interest on line 9 using prior year's actual return of <u>9.80%</u>	0	1,195,906
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	13,399,033

Part III	Funding Percentages	
14 Funding target attainment percentage	14	84.71%
15 Adjusted funding target attainment percentage	15	108.43%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.78%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
05/03/2024	15,215	0				
Totals ▶			18(b)	15,215	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	14,961

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	390,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	8,636,600	828,753
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1,218,753
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,203,792	1,203,792
36 Additional cash requirement (line 34 minus line 35).....			36 14,961
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 14,961

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.13%	Interest Adjusted Contribution
May 3, 2024	\$ 15,215	123	\$ 14,961
Total Contribution	\$ 15,215		\$ 14,961

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	8.00%	0.9412	4.37
59	8.00%	0.8659	4.09
60	8.00%	0.7966	3.82
61	8.00%	0.7329	3.58
62	20.00%	0.6743	8.36
63	25.00%	0.5394	8.50
64	25.00%	0.4046	6.47
65	30.00%	0.3034	5.92
66	40.00%	0.2124	5.61
67	50.00%	0.1274	4.27
68	75.00%	0.0637	3.25
69	75.00%	0.0159	0.82
70	100.00%	0.0040	0.28
	Weighted Average		62.63

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Schedule SB, Part V—Statement of Actuarial
 Assumptions/Methods

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
COLA Increases	2.75%, applicable to former Iowa Mutual participants on their accrued benefits earned as of December 1, 1990
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy	2024 generational mortality table for annuitants and non-annuitants
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 3
Disability Rates	None

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets	
2022 Plan Year	3.82%
2023 Plan Year	5.73%
2024 Plan Year	5.25%
Trust Expenses Included in Target Normal Cost	The Plan pays trust fees from the trust. The current year's expenses are assumed to be equal to the prior year's expenses paid from the trust.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Table 1
Retirement Rates—Active Participants

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	8.00%
59	8.00%
60	8.00%
61	8.00%
62	20.00%
63	25.00%
64	25.00%
65	30.00%
66	40.00%
67	50.00%
68	75.00%
69	75.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Table 2
Retirement Rates—Terminated Vested Participants

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	12.50%
60	12.50%
61	12.50%
62	12.50%
63	12.50%
64	33.33%
65	50.00%
66	50.00%
67	66.67%
68+	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Withdrawal Rates

Age	Years of Service		
	0-2	3-4	5+
20	20.0000%	15.0000%	11.2569%
21	20.0000%	15.0000%	11.1571%
22	20.0000%	15.0000%	11.0574%
23	20.0000%	15.0000%	10.9576%
24	20.0000%	15.0000%	10.8579%
25	20.0000%	15.0000%	10.7582%
26	20.0000%	15.0000%	10.6585%
27	20.0000%	15.0000%	10.5588%
28	20.0000%	15.0000%	10.3592%
29	20.0000%	15.0000%	10.1595%
30	20.0000%	15.0000%	9.9599%
31	20.0000%	15.0000%	9.7603%
32	20.0000%	15.0000%	9.5707%
33	20.0000%	15.0000%	9.0188%
34	20.0000%	15.0000%	8.4668%
35	20.0000%	15.0000%	7.9149%
36	20.0000%	15.0000%	7.3629%
37	20.0000%	15.0000%	6.5905%
38	20.0000%	15.0000%	6.4412%
39	20.0000%	15.0000%	6.2859%
40	20.0000%	15.0000%	6.1252%
41	20.0000%	15.0000%	5.9571%
42	20.0000%	15.0000%	5.7794%
43	20.0000%	15.0000%	5.5921%
44	20.0000%	15.0000%	5.3937%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
 EIN: 31-4259550 PN: 001

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0-2	3-4	5+
45	20.0000%	15.0000%	5.1819%
46	20.0000%	15.0000%	4.9492%
47	20.0000%	15.0000%	4.6859%
48	20.0000%	15.0000%	4.3833%
49	20.0000%	15.0000%	4.0351%
50	20.0000%	15.0000%	3.6397%
51	20.0000%	15.0000%	3.2033%
52	20.0000%	15.0000%	2.7402%
53	20.0000%	15.0000%	2.2687%
54	20.0000%	15.0000%	1.8105%
55	20.0000%	15.0000%	1.3858%
56	20.0000%	15.0000%	1.0110%
57	20.0000%	15.0000%	0.6966%
58	20.0000%	15.0000%	0.4474%
59	20.0000%	15.0000%	0.2618%
60	20.0000%	15.0000%	0.1336%
61	20.0000%	15.0000%	0.0647%
62	20.0000%	15.0000%	0.0140%
63+	20.0000%	15.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	December 14, 1945
Effective Date of Last Amendment:	June 1, 2018
Plan Year:	January 1 to December 31
Employer Fiscal Year:	January 1 to December 31
Employer ID Number:	31-4259550
Plan Administrator's ID Number:	31-4259550
Plan Number:	001
Plan Administrator:	Encova Mutual Insurance Group Benefit Committee

Motorists Mutual Plan Benefit

Eligibility

All employees of the Employer are eligible to participate in the Plan at the later of completion of one year of service and the attainment of age 21. Former Phenix Mutual associates were eligible to enter the plan as of January 1, 2011 if these conditions had been met using their employment at Phenix Mutual. Former Consumers USA associates were eligible to enter the plan as of January 1, 2016 if these conditions had been met using their employment at Consumers USA. No new participants will be permitted entry into the plan after December 31, 2017.

Service

Service, both for vesting and benefit accrual purposes, is equal to the period of continuous service with the Employer. Phenix Mutual associates receive only vesting service for their employment at Phenix Mutual prior to January 1, 2011. Consumers USA associates only receive vesting service for their employment at Consumers USA prior to January 1, 2016. Service for benefit accruals will cease to accrue after December 31, 2017.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the later of the attainment of age 65 and the fifth anniversary of the date of participation.

Normal Retirement Benefit

For participants hired prior to April 1, 2010, the amount of the monthly benefit to be paid for life is the sum of (1) plus (2):

- (1) 1.25% of Average Compensation times years of credited service not in excess of 40 years.
- (2) 0.75% of Average Compensation in excess of covered compensation times years of credited service not in excess of 35 years. The 0.75% decreases to 0.70% for participants born in 1939 to 1954 and to 0.65% for participants born after 1954.

For participants hired on or after April 1, 2010, the amount of the benefit to be paid for life is the sum of (1) plus (2):

- (1) 1.00% of Average Compensation times years of credited service not in excess of 40 years.
- (2) 0.50% of Average Compensation in excess of covered compensation times years of credited service not in excess of 35 years.

Former Phenix Mutual, Motorists Commercial Mutual, and Consumers USA associates earn benefits using the formula for participants hired on or after April 1, 2010.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death, the greater of a benefit based upon salary and Service through his actual date of retirement and the actuarial equivalent of his Normal Retirement Benefit.

Annual Compensation

The Participant's total cash remuneration, including overtime, paid for services to the company, excluding bonuses, incentive compensation, stock options, disability payments and other forms of irregular payments.

Average Compensation

The average of a participant's monthly compensation during the highest five consecutive Plan Years of employment. Annual Compensation earned after December 31, 2017 will not be considered for the Average Compensation calculation.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

Accrued Benefit

(1) times (2) divided by (3), but not less than (4).

(1) A Participant's expected normal retirement pension assuming: (1) that he continued to work to Normal Retirement Date, (2) that his final Average Compensation is the same as at his date of determination and (3) the Social Security Taxable Wage Base will remain unchanged from the date of this determination.

(2) Credited service accrued to date of determination.

(3) Credited service projected to Normal Retirement Date.

(4) For participants in the Prior Plan, the accrued monthly pension provided by the plan as of December 31, 1988.

Former Iowa Mutual participants had their prior plan benefit frozen as of December 31, 2004 and will receive an additional benefit for Motorists service after December 31, 2004 using the formula for participants hired prior to April 1, 2010.

Former Motorists Commercial Mutual participants had their prior plan benefit frozen as of December 31, 2011 and will receive an additional benefit for Motorists service after December 31, 2011 using the formula for participants hired on or after April 1, 2010.

Former Phenix Mutual participants had their prior plan benefit frozen as of December 31, 2010 and will receive an additional benefit for Motorists service after December 31, 2010 using the formula for participants hired on or after April 1, 2010.

Accrued Benefits are frozen as of December 31, 2017.

Early Retirement Benefit

Upon the completion of 5 years of Service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at early retirement date. Payments may begin before the Normal Retirement Date, with the part (1) portion of the Normal Retirement Benefit being reduced 1/3 of 1% for each month preceding the Normal Retirement Date and the part (2) portion of the Normal Retirement Benefit being reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months for which the benefit commencement date precedes the Normal Retirement Date.

The prior plans' provisions for normal and early retirement apply to the frozen benefits as of December 31, 2004 December 31, 2011, and December 31, 2010 for former Iowa Mutual, Motorists Commercial Mutual, and Phenix Mutual participants, respectively.

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable assuming the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit commencing at the earliest possible retirement date. In the past, former participants were charged for this coverage between their date of termination and date of first payment. As of January 1,

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

2018, former participants are no longer charged for this coverage between their date of termination and date of first payment.

Disability Benefit

A Participant who terminates employment with the employer due to disability shall receive a benefit payable at Normal Retirement Date which reflects continued Service and Annual Compensation beyond the date of disability. For those with less than 10 years of Service at the time of disability, Service and Compensation continues for a period of 30 months or until the Normal Retirement Date, if earlier. For those with 10 or more years of Service at the time of disability, Service and Annual compensation continues until the Normal Retirement Date. Service and Annual Compensation will cease if a Participant elects to retire prior to the expiration of the dates listed. Accruals under this portion will not extend past December 31, 2017.

Severance Benefit

Upon the termination of employment after 5 or more years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [2] below with the participant's spouse as his beneficiary. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-quarter the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter for life.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

- (7) For participants in the plan before January 1, 2002, a reduced benefit to be paid during the participant's lifetime with a lump sum amount payable to his beneficiary upon his death.
- (8) Social Security Leveling Options (SSLO), options which provide benefits on a single life annuity or 50% joint and survivor basis which would provide a level income when combined with an estimated Social Security benefit commencing at age 65.
- (9) A lump sum payment shall be made if such amount does not exceed \$25,000.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on a 7% interest rate on the UP 1984 Mortality Table, except for the lump sum and SSLO options which use the applicable mortality table and interest rates for the first month for the calendar quarter preceding the calendar quarter containing the annuity start date.

Iowa Mutual Plan Benefit

All former participants in the Iowa Mutual plan as of December 31, 2004 shall have that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2004. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2004.

American Hardware Plan Benefit

All former participants in the American Hardware plan as of December 31, 2011 shall have that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2011. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2011.

Phenix Plan Benefit

All former participants in the Phenix Mutual plan as of December 31, 2010 had that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2010. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2010.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The plan reporting valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.73% for 2023 to 5.25% for 2024.
- A change in the COLA assumption from 2.25% for 2023 to 2.75% for 2024.

These assumptions were updated to better reflect current capital market outlook assumptions.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
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Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3								
30-34		13								
35-39		12								
40-44		19								
45-49		18			4	2				
50-54		20			1	6	2			
55-59		10			4	7	8	5		
60-64		5		1	7	7	3	12	10	
65-69		5				1		1		
70+										

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Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 9,634,317	January 1, 2023	14	\$ 919,526
Shortfall	\$ (997,717)	January 1, 2024	15	\$ (90,773)

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 Motorists Mutual Retirement Plan
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.13%	Interest Adjusted Contribution
May 3, 2024	\$ 15,215	123	\$ 14,961
Total Contribution	\$ 15,215		\$ 14,961

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Motorists Mutual Retirement Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	8.00%	0.9412	4.37
59	8.00%	0.8659	4.09
60	8.00%	0.7966	3.82
61	8.00%	0.7329	3.58
62	20.00%	0.6743	8.36
63	25.00%	0.5394	8.50
64	25.00%	0.4046	6.47
65	30.00%	0.3034	5.92
66	40.00%	0.2124	5.61
67	50.00%	0.1274	4.27
68	75.00%	0.0637	3.25
69	75.00%	0.0159	0.82
70	100.00%	0.0040	0.28
	Weighted Average		62.63

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan:

General Information

Original Effective Date:	December 14, 1945
Effective Date of Last Amendment:	June 1, 2018
Plan Year:	January 1 to December 31
Employer Fiscal Year:	January 1 to December 31
Employer ID Number:	31-4259550
Plan Administrator's ID Number:	31-4259550
Plan Number:	001
Plan Administrator:	Encova Mutual Insurance Group Benefit Committee

Motorists Mutual Plan Benefit

Eligibility

All employees of the Employer are eligible to participate in the Plan at the later of completion of one year of service and the attainment of age 21. Former Phenix Mutual associates were eligible to enter the plan as of January 1, 2011 if these conditions had been met using their employment at Phenix Mutual. Former Consumers USA associates were eligible to enter the plan as of January 1, 2016 if these conditions had been met using their employment at Consumers USA. No new participants will be permitted entry into the plan after December 31, 2017.

Service

Service, both for vesting and benefit accrual purposes, is equal to the period of continuous service with the Employer. Phenix Mutual associates receive only vesting service for their employment at Phenix Mutual prior to January 1, 2011. Consumers USA associates only receive vesting service for their employment at Consumers USA prior to January 1, 2016. Service for benefit accruals will cease to accrue after December 31, 2017.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following the later of the attainment of age 65 and the fifth anniversary of the date of participation.

Normal Retirement Benefit

For participants hired prior to April 1, 2010, the amount of the monthly benefit to be paid for life is the sum of (1) plus (2):

- (1) 1.25% of Average Compensation times years of credited service not in excess of 40 years.
- (2) 0.75% of Average Compensation in excess of covered compensation times years of credited service not in excess of 35 years. The 0.75% decreases to 0.70% for participants born in 1939 to 1954 and to 0.65% for participants born after 1954.

For participants hired on or after April 1, 2010, the amount of the benefit to be paid for life is the sum of (1) plus (2):

- (1) 1.00% of Average Compensation times years of credited service not in excess of 40 years.
- (2) 0.50% of Average Compensation in excess of covered compensation times years of credited service not in excess of 35 years.

Former Phenix Mutual, Motorists Commercial Mutual, and Consumers USA associates earn benefits using the formula for participants hired on or after April 1, 2010.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement or death, the greater of a benefit based upon salary and Service through his actual date of retirement and the actuarial equivalent of his Normal Retirement Benefit.

Annual Compensation

The Participant's total cash remuneration, including overtime, paid for services to the company, excluding bonuses, incentive compensation, stock options, disability payments and other forms of irregular payments.

Average Compensation

The average of a participant's monthly compensation during the highest five consecutive Plan Years of employment. Annual Compensation earned after December 31, 2017 will not be considered for the Average Compensation calculation.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

Accrued Benefit

(1) times (2) divided by (3), but not less than (4).

(1) A Participant's expected normal retirement pension assuming: (1) that he continued to work to Normal Retirement Date, (2) that his final Average Compensation is the same as at his date of determination and (3) the Social Security Taxable Wage Base will remain unchanged from the date of this determination.

(2) Credited service accrued to date of determination.

(3) Credited service projected to Normal Retirement Date.

(4) For participants in the Prior Plan, the accrued monthly pension provided by the plan as of December 31, 1988.

Former Iowa Mutual participants had their prior plan benefit frozen as of December 31, 2004 and will receive an additional benefit for Motorists service after December 31, 2004 using the formula for participants hired prior to April 1, 2010.

Former Motorists Commercial Mutual participants had their prior plan benefit frozen as of December 31, 2011 and will receive an additional benefit for Motorists service after December 31, 2011 using the formula for participants hired on or after April 1, 2010.

Former Phenix Mutual participants had their prior plan benefit frozen as of December 31, 2010 and will receive an additional benefit for Motorists service after December 31, 2010 using the formula for participants hired on or after April 1, 2010.

Accrued Benefits are frozen as of December 31, 2017.

Early Retirement Benefit

Upon the completion of 5 years of Service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the benefit accrued at early retirement date. Payments may begin before the Normal Retirement Date, with the part (1) portion of the Normal Retirement Benefit being reduced 1/3 of 1% for each month preceding the Normal Retirement Date and the part (2) portion of the Normal Retirement Benefit being reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months for which the benefit commencement date precedes the Normal Retirement Date.

The prior plans' provisions for normal and early retirement apply to the frozen benefits as of December 31, 2004 December 31, 2011, and December 31, 2010 for former Iowa Mutual, Motorists Commercial Mutual, and Phenix Mutual participants, respectively.

Death Benefit

In the event of a vested active participant's death, a spouse's benefit will be payable assuming the participant had terminated on the day prior to death and elected a joint and one-half contingent annuitant survivor benefit commencing at the earliest possible retirement date. In the past, former participants were charged for this coverage between their date of termination and date of first payment. As of January 1,

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

2018, former participants are no longer charged for this coverage between their date of termination and date of first payment.

Disability Benefit

A Participant who terminates employment with the employer due to disability shall receive a benefit payable at Normal Retirement Date which reflects continued Service and Annual Compensation beyond the date of disability. For those with less than 10 years of Service at the time of disability, Service and Compensation continues for a period of 30 months or until the Normal Retirement Date, if earlier. For those with 10 or more years of Service at the time of disability, Service and Annual compensation continues until the Normal Retirement Date. Service and Annual Compensation will cease if a Participant elects to retire prior to the expiration of the dates listed. Accruals under this portion will not extend past December 31, 2017.

Severance Benefit

Upon the termination of employment after 5 or more years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity, a life annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option [2] below with the participant's spouse as his beneficiary. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-quarter the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with three-fourths the reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his beneficiary for the beneficiary's lifetime after his death.
- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (7) For participants in the plan before January 1, 2002, a reduced benefit to be paid during the participant's lifetime with a lump sum amount payable to his beneficiary upon his death.

Schedule SB Attachment (Form 5500)—2024 Plan Year

Motorists Mutual Retirement Plan

EIN: 31-4259550 PN: 001

(8) Social Security Leveling Options (SSLO), options which provide benefits on a single life annuity or 50% joint and survivor basis which would provide a level income when combined with an estimated Social Security benefit commencing at age 65.

(9) A lump sum payment shall be made if such amount does not exceed \$25,000.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity on a unisex basis based on a 7% interest rate on the UP 1984 Mortality Table, except for the lump sum and SSLO options which use the applicable mortality table and interest rates for the first month for the calendar quarter preceding the calendar quarter containing the annuity start date.

Iowa Mutual Plan Benefit

All former participants in the Iowa Mutual plan as of December 31, 2004 shall have that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2004. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2004.

American Hardware Plan Benefit

All former participants in the American Hardware plan as of December 31, 2011 shall have that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2011. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2011.

Phenix Plan Benefit

All former participants in the Phenix Mutual plan as of December 31, 2010 had that plan's benefit frozen as of this date and will receive an additional benefit for Motorists service after December 31, 2010. Plan provisions of the prior plan apply to the accrued benefit as of December 31, 2010.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Motorists Mutual Retirement Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2024**

Employer Identification Number: 31-4259550
Plan Number: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Shares	Cost	Current Value
Motorists Mutual Retirement Plan:				
Shares of mutual funds:				
Artisan	Artisan International Value Fund	51,522	\$ 1,920,840	\$ 2,423,070
Vanguard	Vanguard S&P Small Cap 600 Index	3,401	974,482	1,450,838
Vanguard	Vanguard Institutional Index	7,682	2,198,144	3,679,134
Fidelity	Government CL I #57	673,794	673,794	673,794
			5,767,260	8,226,836
Shares of common/collective trusts:				
* BlackRock	Long Term Government Bond Index Fund	186,663	17,963,473	14,024,629
* BlackRock	U.S. Long Credit Bond Fund	1,970,785	24,066,809	25,775,817
* BlackRock	U.S. STRIPS 20+ Year Bond Index RSL Fund	108,609	3,101,464	1,815,505
* BlackRock	Intermediate Duration Corporate Credit Screened Non-Lendable Fund	306,878	3,202,997	3,394,106
			48,334,743	45,010,057
Assets held for Motorists Mutual Insurance Company Group Health and Welfare Benefits Plan—401(h) account:				
Shares of mutual funds:				
Artisan	Artisan International Value Fund	19,233	710,029	904,515
Vanguard	Vanguard S&P Small Cap 600 Index	970	257,242	413,701
Vanguard	Vanguard Institutional Index	3,245	1,135,358	1,554,128
Fidelity	Government CL I #57	600,615	600,615	600,615
			2,703,244	3,472,959
Shares of common/collective trusts:				
* BlackRock	Long Term Government Bond Index Fund	37,924	3,132,757	2,849,353
* BlackRock	U.S. Long Credit Bond Fund	562,537	7,214,945	7,357,394
* BlackRock	U.S. STRIPS 20+ Year Bond Index RSL Fund	30,868	649,934	515,995
* BlackRock	Intermediate Duration Corporate Credit Screened Non-Lendable Fund	87,283	880,893	965,356
			11,878,529	11,688,098
			\$ 68,683,776	\$ 68,397,950

* Designates party-in-interest.

The above information has been certified as complete and accurate by United Bank, trustee and custodian of the Plan.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 9,634,317	January 1, 2023	14	\$ 919,526
Shortfall	\$ (997,717)	January 1, 2024	15	\$ (90,773)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Motorists Mutual Retirement Plan
EIN: 31-4259550 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The plan reporting valuation reflects the following assumption changes:

- A change in the expected return on assets from 5.73% for 2023 to 5.25% for 2024.
- A change in the COLA assumption from 2.25% for 2023 to 2.75% for 2024.

These assumptions were updated to better reflect current capital market outlook assumptions.