

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: SECURIAN FINANCIAL GROUP, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1945
2a Plan sponsor's name (employer, if for a single-employer plan): SECURIAN FINANCIAL GROUP, INC.
2b Employer Identification Number (EIN): 41-1919752
2c Plan Sponsor's telephone number: 651-665-3500
2d Business code (see instructions): 524140

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 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4032
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2647
	6a(2)	2702
	6b	120
	6c	1173
	6d	3995
	6e	81
	6f	4076
	6g(1)	0
	6g(2)	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1E 3F 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached <u>0</u>	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SECURIAN FINANCIAL GROUP, INC. RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SECURIAN FINANCIAL GROUP, INC.</p>	<p>D Employer Identification Number (EIN) 41-1919752</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	16219	0	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	721454880

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
		7c(6)

(6) Total additions **7c(6)**

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

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
		7e(5)

(5) Total deductions **7e(5)**

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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>SECURIAN FINANCIAL GROUP, INC. 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>SECURIAN FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>41-1919752</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 type="checkbox"/> 101-500 <input checked="" 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>1200192839</u>
	b Actuarial value	2b	<u>1284608311</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1279</u>	<u>427210869</u>
	b For terminated vested participants	<u>1210</u>	<u>132724516</u>
	c For active participants	<u>2583</u>	<u>252395676</u>
	d Total	<u>5072</u>	<u>812331061</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>5.21 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>25682107</u>
	b Expected plan-related expenses	6b	<u>1375000</u>
	c Target normal cost	6c	<u>27057107</u>

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

SIGN HERE		
	Signature of actuary	<u>07/29/2025</u> Date
	<u>ADAM COBURN</u> Type or print name of actuary	<u>23-07924</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>214-220-6292</u> Telephone number (including area code)
	<u>1717 MAIN ST SUITE 4400 DALLAS, TX 75201</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	331498099
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	331498099
10	Interest on line 9 using prior year's actual return of <u>11.80</u> %	0	39116776
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>5.35</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	370614875

Part III Funding Percentages			
14	Funding target attainment percentage	14	109.98 %
15	Adjusted funding target attainment percentage	15	154.58 %
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	112.65 %
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		
			Totals ▶	18(b)		18(c)	

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 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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
(4) 4th		

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
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 61

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	27057107
b Excess assets, if applicable, but not greater than line 31a	31b	27057107

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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 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 SECURIAN FINANCIAL GROUP, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SECURIAN FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 41-1919752	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 13 21 50 64	ACTUARY	504272	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)

MINNESOTA LIFE INSURANCE COMPANY

41-0417830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	378653	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)

AEA SMALL BUSINESS III LP

98-1310598

(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?
27 50	INVESTMENT ADVISORY	53872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AON INVESTMENTS USA INC.

36-3109431

(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?
27 50	INVESTMENT ADVISORY	443114	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)

APOGEM HERITAGE VI, LP

61-2080985

(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?
27 50	INVESTMENT ADVISORY	20377	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)

AQUILINE FINL SERV III LP

36-4793989

(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?
27 50	INVESTMENT ADVISORY	166531	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AXIOM ASIA PRIV CAP II LP

98-0629004

(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?
27 50	INVESTMENT ADVISORY	5861	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)

AXIOM ASIA PRIV CAP III LP

98-1044657

(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?
27 50	INVESTMENT ADVISORY	84090	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)

BISON CAP PARTNERS IV LP

32-0364034

(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?
27 50	INVESTMENT ADVISORY	31811	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GRIDIRON CAPITAL IV LP

83-2618844

(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?
27 50	INVESTMENT ADVISORY	18202	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)

HGGC FUND III, LP

98-1319219

(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?
27 50	INVESTMENT ADVISORY	65636	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)

LOOMIS SAYLES HIGH YIELD FUND

84-6391546

(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?
27 50	INVESTMENT ADVISORY	7102	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.	OMB No. 1210-0110 <hr/> 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>SECURIAN FINANCIAL GROUP, INC. 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>SECURIAN FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>41-1919752</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>MASTER SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>41-0417830-900</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MN LIFE INS CO FIXED GVA ACCT</u>		
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>41-0417830-902</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>518400611</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MN LIFE INS VARIABLE GVA ACCT</u>		
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>41-0417830-903</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>203054269</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MN LIFE INS GVA TRANSITION ACC</u>		
b Name of sponsor of entity listed in (a): <u>MINNESOTA LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>41-0417830-901</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMLL CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON</u>		
c EIN-PN <u>37-6543784-045</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>12674887</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-US EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON</u>		
c EIN-PN <u>37-6543784-044</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>40935568</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUN</u>		
b Name of sponsor of entity listed in (a): <u>AON</u>		
c EIN-PN <u>37-6543784-046</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>85225208</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **AON CORE REAL ESTATE FUND**

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

c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42115349
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AON GLOBAL EQUITY FUND**

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

c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124701890
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AON MULTI-ASSET CREDIT FUND**

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

c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21453173
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LOOMISSAYLES CORE FIXED INCOME**

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

c EIN-PN 84-6391546-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7573127
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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)
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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)
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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)
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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)
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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)
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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)
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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 SECURIAN FINANCIAL GROUP, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SECURIAN FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 41-1919752

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	288881502	10585379
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	22426	22510
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)	99701873	129943772
(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)		334679202
(10) Value of interest in pooled separate accounts	1c(10)	824717389	721454880
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1213323190	1196685743
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2616971	1741248
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2616971	1741248
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1210706219	1194944495

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)	1182064	
(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)		1182064
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13330374	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9922459	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3407915
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4597083	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4597083

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		44760315
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-18203437
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		283824
d Total income. Add all income amounts in column (b) and enter total	2d		26833598

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38701800	
(2) To insurance carriers for the provision of benefits	2e(2)	1741248	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		40443048
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)	1165673	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	986601	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2152274
j Total expenses. Add all expense amounts in column (b) and enter total	2j		42595322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-15761724
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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.)		X	
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 544474.

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.
--	---	---

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

A Name of plan <u>SECURIAN FINANCIAL GROUP, INC. 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>SECURIAN FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>41-1919752</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): 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	23
--	---	----

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: 22.0 % Private Equity: 10.9 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 6.8 % Other: 60.3 %

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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501263A.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



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**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
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YEARS ENDED DECEMBER 31, 2024 AND 2023**

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INDEPENDENT AUDITORS' REPORT

Retirement Committee
Securian Financial Group, Inc.
Retirement Plan
St. Paul, Minnesota

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of Securian Financial Group, Inc. Retirement 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 on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements 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.

Retirement Committee
Securian Financial Group, Inc.
Retirement Plan

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 Securian Financial Group, Inc. Retirement 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 Securian Financial Group, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2023 Financial Statements

We have audited the 2023 financial statements, and in our report dated September 17, 2024 we expressed an unmodified opinion on those financial statements.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
September 4, 2025

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PENSION BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Pooled Separate Accounts	\$ 721,454,880	\$ 808,674,410
Cash and Equivalents	10,584,527	288,881,502
Private Equity Funds	129,943,772	99,701,873
Collective Investment Trusts	319,031,568	-
Total Investments	1,181,014,747	1,197,257,785
INVESTMENTS HELD IN 401(h) ACCOUNT	15,648,486	16,042,979
OTHER ASSETS		
Due from Broker	22,510	22,426
Total Assets	1,196,685,743	1,213,323,190
LIABILITIES		
LIABILITIES		
Amounts Related to Obligation of 401(h) Account	15,648,486	16,042,979
Total Liabilities	15,648,486	16,042,979
NET ASSETS AVAILABLE FOR PENSION BENEFITS	\$ 1,181,037,257	\$ 1,197,280,211

See accompanying Notes to Financial Statements.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PENSION BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 23,422,789	\$ 125,304,187
Interest	1,181,228	397,486
Total Investment Income	24,604,017	125,701,673
Investment Management Fee	(802,320)	-
Net Investment Income	23,801,697	125,701,673
DEDUCTIONS:		
BENEFIT PAYMENTS	(38,701,800)	(35,107,458)
ADMINISTRATIVE EXPENSES		
Pension Benefit Guaranty Corporation Assessment	(384,608)	(350,592)
Tax Payments	(57,309)	(9,902)
Trustee Expense	(148,022)	-
Actuarial Fee	(356,250)	-
Administrative Expenses	(378,653)	-
Other Expense	(18,009)	-
Total Administrative Expenses	(1,342,851)	(360,494)
Total Deductions	(40,044,651)	(35,467,952)
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PENSION BENEFITS	(16,242,954)	90,233,721
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	1,197,280,211	1,107,046,490
End of Year	\$ 1,181,037,257	\$ 1,197,280,211

See accompanying Notes to Financial Statements.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of the Securian Financial Group, Inc. Retirement Plan (the Plan) is provided for general information purposes. Participants should refer to the Plan document for more complete information. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended.

The Plan is a noncontributory, defined benefit plan sponsored by Securian Financial Group, Inc. (the Company). Any individuals employed by the Company, or by one or more Participating Companies, as a common law employee, with the exception of full-time life insurance salesmen for the Company unless specifically stated, who have completed 1,000 hours of service and are at least 21 years old are eligible to participate in the Plan. Under the terms of the Plan, the Company's contributions may, at the discretion of the Plan Trustees, be invested among one or more investment options as the Trustees shall deem advisable.

Effective January 1, 2024, the Company amended the Base Plan Document of the Plan. This amendment appointed Principal Financial Group (Principal) as the recordkeeper of the Plan. The Plan is subject to the provisions of the ERISA of 1974, as amended. With the change in recordkeeper, the assets of the Plan are in trust with Principal Trust Company and managed by Aon Investments USA, Inc.

Participants in the Plan accrue monthly retirement benefits equal to 1.0% of their average monthly compensation plus 0.45% of their average monthly compensation in excess of covered compensation during the highest five consecutive of their last 10 years of service multiplied by their respective years of participation (maximum of 35 years). Vesting of benefits is based on service time, defined by the Plan as the first day of the Plan year proceeding the date the employee is first employed. Accrued benefits become 100% vested after five years of service. Any amounts accruing to the Plan through forfeiture of a participant's nonvested accrued benefits shall be applied to reduce the Company's cost of funding the Plan.

Under the terms of the Plan, participants are eligible for normal retirement benefits as of the first day of the month coinciding with or following the later of the participant's 65th birthday or the fifth anniversary of the date the participant commenced participation in the Plan. An optional early retirement election is available for participants meeting certain age and years of service requirement.

Under terms of the Plan, a participant's spouse will be entitled to a survivor annuity upon the participant's death if the participant had an earned vested benefit and had not been terminated or waived the coverage.

Participants who terminate active employment due to total and permanent disability will continue to accumulate benefits until the earlier of recovery, death, the date retirement benefits become payable or the date which payments under the Company's long-term disability plan to the employee cease and the employment relation terminates.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on an accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect reported amounts of net assets available for pension benefits and changes therein, disclosure of contingent assets and liabilities at the date of the financial statements and the actuarial present value of accumulated plan benefits and changes therein. Actual results could vary from those estimates.

Separate Account Deposits

Separate Account deposits of the Plan are under an immediate participation guaranteed contract with Minnesota Life Insurance Company (Minnesota Life), a wholly owned subsidiary of the Company. The deposits are currently maintained in pooled separate accounts of Minnesota Life.

Pooled separate account deposits are stated at the underlying fair value of the pooled separate account investments, which consists primarily of mutual funds, fixed maturity securities, equity securities, and cash and cash equivalents. The estimated fair values of pooled separate accounts are based on the fair value of the underlying assets owned by the pooled separate account and are generally based on observable inputs.

Purchases, transfers, and withdrawals of units of the pooled separate accounts are based on the fair value of the accounts at the date of purchase, transfer, or withdrawal.

Net appreciation (depreciation) in the fair value of pooled separate account deposits is comprised of realized gains (losses) on sales of pooled separate account investments and changes in unrealized appreciation (depreciation) in the fair value of pooled separate account investments.

Other Investments

Cash and cash equivalents are carried at cost, which approximates fair value. The Company considers all money market funds and commercial paper with original maturity dates of less than three months to be cash equivalents. The Company places its cash and cash equivalents with high quality financial institutions and, at times, these balances may be in excess of the Federal Deposit Insurance Corporation (FDIC) insurance limit.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Other Investments (Continued)

The Plan has additional investments that primarily consist of private equity investments in limited partnerships and collective investment trusts. The fair value of private equity investments is initially determined by reference to the transaction price. Subsequently, the fair value of these private equity investments is obtained from net asset value (NAV) information provided by the general partner or manager of the investments, the financial statements of which are generally audited annually.

Collective investment trusts are valued at the daily NAV of the units of a bank collective trust. See Note 4 for discussion of fair value measurements.

Purchases, transfers, and withdrawals of units of the other investments are based on the fair value of the accounts at the date of purchase, transfer, or withdrawal. Investments, with the exception of private equity funds, are accounted for on a trade date, the date securities are purchased or sold, basis. Investments in private equity funds are accounted for on a settlement date basis.

Net appreciation (depreciation) in the fair value of other investments is comprised of realized gains (losses) on sales of other investments and changes in unrealized appreciation (depreciation) in the fair value of other investments.

Annual Funding

The Plan's minimum funding standards are determined under federal income tax laws by a nonaffiliated enrolled actuarial consultant and reviewed by the Company.

For 2024 and 2023, the maximum compensation allowed under the Plan to calculate benefits was \$345,000 and \$330,000, respectively.

The Plan meets the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain investment related expenses are included in net appreciation of fair value of investments.

Benefit Payments

Benefits are recorded when paid.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefit Assumptions

Significant actuarial assumptions as of December 31, 2024 include:

Expenses	\$1,375,000 paid from the plan assets.
Mortality Rates	Pri-2012 separate employee and retiree tables with white collar adjustments and no contingent survivor adjustments, projected generationally with improvements using the MP-2021 projection scale
Interest Rate	6.25%.
Retirement Age	Age 55-56, 6%; 57, 7%; 58, 10%; 59, 13%; 60-63, 16%; 64, 25%; 65, 40% 66, 50%; 67-69, 25%; 70 and above, 100%

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through September 4, 2025, the date the financial statements were available to be issued.

NOTE 3 RISKS

The Plan's financial statements are based on estimates and assumptions that are subject to significant business and economic risks and uncertainties, many of which are beyond management's control or are subject to change. As such, actual results could differ from the estimates used in the Plan's financial statements and the value of the Plan's investments and net assets available for benefits could be adversely affected. The following risks and uncertainties, among others, may have such an effect:

- Economic environment and capital markets-related risks such as those related to interest rates, equity markets, and credit spreads.
- Investment-related risks such as those related to valuation.
- Business and operational-related risks such as those related to cyber or other information security, fraud, and overall risk management.
- Catastrophic and pandemic event-related risks that may impact volatility in financial markets and economic activity, and operations.
- Regulatory and legal risks such as those related to changes in tax, fiscal and other legislation, the regulatory environment impact to the Plan and accounting standards.

Management actively monitors and manages risks and uncertainties through a variety of policies and procedures in an effort to mitigate or minimize the adverse impact of any exposures impacting the Plan's financial statements.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE OF FINANCIAL INSTRUMENTS

The fair value of the Plan's financial assets and financial liabilities has been determined by the Company using available market information as of December 31, 2024 and 2023. Although the Company is not aware of any factors that would significantly affect the fair value of financial assets and financial liabilities, such amounts have not been comprehensively revalued since those dates. Therefore, estimates of fair value subsequent to the valuation dates may differ significantly from the amounts presented herein. Considerable judgment is required to interpret market data to develop the estimates of fair value. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

For reporting purposes, current value is equal to fair value.

Financial Assets and Financial Liabilities Reported at Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. In determining fair value, the Company primarily uses the market approach which utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. To a lesser extent, the Company also uses the income approach which uses discounted cash flows to determine fair value. When applying either approach, the Company maximizes the use of observable inputs and minimizes the use of unobservable inputs. Observable inputs reflect the assumptions market participants would use in valuing a financial instrument based on market data obtained from sources independent of the Company. Unobservable inputs reflect the Company's estimates about the assumptions market participants would use in valuing financial assets and financial liabilities based on the best information available in the circumstances.

The Plan is required to categorize its financial assets and financial liabilities recorded in the statements of net assets available for pension benefits according to a three-level hierarchy. A level is assigned to each financial asset and financial liability based on the lowest level input that is significant to the fair value measurement in its entirety. The levels of fair value hierarchy are as follows:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2 – Fair value is based on significant inputs, other than quoted prices included in Level 1, that are observable in active markets for identical or similar assets and liabilities.

Level 3 – Fair value is based on at least one or more significant unobservable inputs. These inputs reflect the Company's assumptions about the inputs market participants would use in pricing the assets or liabilities.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

Financial Assets and Financial Liabilities Reported at Fair Value (Continued)

The Company uses prices and inputs that are current as of the measurement date. In periods of market disruption, the ability to observe prices and inputs may be reduced, which could cause an asset or liability to be reclassified to a lower level.

Refer to Note 2 Summary of Significant Accounting Policies for additional information on techniques used to measure fair value.

The following table summarizes the Plan's financial assets and financial liabilities measured at fair value on a recurring basis as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Investment in Pooled Separate Accounts	\$ -	\$ 721,454,880	\$ -	\$ 721,454,880
Cash and Cash Equivalents	10,584,527	-	-	10,584,527
Private Equity Funds (1)	-	-	-	129,943,772
Collective Investment Trusts	-	319,031,568	-	319,031,568
Total Investments	10,584,527	1,040,486,448	-	1,181,014,747
Net Investments Held in 401(h) Account:				
Investment in Pooled Separate Accounts	-	15,648,486	-	15,648,486
Total Net Investments Held in 401(h) Account	-	15,648,486	-	15,648,486
Total Financial Assets	<u>\$ 10,584,527</u>	<u>\$ 1,056,134,934</u>	<u>\$ -</u>	<u>\$ 1,196,663,233</u>
Amounts Related to Obligation of 401(h) Account:				
Investment in Pooled Separate Accounts	\$ -	\$ 15,648,486	\$ -	\$ 15,648,486
Total Financial Liabilities	<u>\$ -</u>	<u>\$ 15,648,486</u>	<u>\$ -</u>	<u>\$ 15,648,486</u>

(1) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient 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 amounts presented in the statement of net assets available for pension benefits.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

Financial Assets and Financial Liabilities Reported at Fair Value (Continued)

The following table summarizes the Plan's financial assets and financial liabilities measured at fair value on a recurring basis as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Investment in Pooled Separate Accounts	\$ -	\$ 808,674,410	\$ -	\$ 808,674,410
Cash and Cash Equivalents	288,881,502	-	-	288,881,502
Private Equity Funds (1)	-	-	-	99,701,873
Total Investments	288,881,502	808,674,410	-	1,197,257,785
Net Investments Held in 401(h) Account:				
Investment in Pooled Separate Accounts	-	16,042,979	-	16,042,979
Total Net Investments Held in 401(h) Account	-	16,042,979	-	16,042,979
Total Financial Assets	<u>\$ 288,881,502</u>	<u>\$ 824,717,389</u>	<u>\$ -</u>	<u>\$ 1,213,300,764</u>
Amounts Related to Obligation of 401(h) Account:				
Investment in Pooled Separate Accounts	\$ -	\$ 16,042,979	\$ -	\$ 16,042,979
Total Financial Liabilities	<u>\$ -</u>	<u>\$ 16,042,979</u>	<u>\$ -</u>	<u>\$ 16,042,979</u>

(1) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient 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 amounts presented in the statement of net assets available for pension benefits.

Investments in Pooled Separate Accounts – Investments in pooled separate accounts are stated at the corresponding unit value of the pooled separate account. The estimated fair value of pooled separate accounts are based on the fair value of the underlying assets owned by the pooled separate account and are generally based on observable inputs and are classified within Level 2. Assets within the pooled separate accounts include mutual funds, fixed maturity securities, equity securities, and cash and cash equivalents.

Cash Equivalents – Cash equivalents primarily include money market instruments. Money market instruments are generally valued using unadjusted quoted prices in active markets and are reflected in Level 1.

Private Equity Funds – Investment in private equity funds primarily include limited partnership investments. The fair value of these investments is estimated by using the NAV per share (or its equivalent) as a practical expedient.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)

Financial Assets and Financial Liabilities Reported at Fair Value (Continued)

Collective Funds – Valued at the NAV of units of a bank collective trust. NAV is readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

There were no transfers into or out of Level 3 for the years ended December 31, 2024 and 2023.

The Plan did not have any financial assets or liabilities reported at fair value on a nonrecurring basis that are required to be disclosed.

The following table summarizes the fair value of the Plan’s financial assets and liabilities that calculate a NAV per share on a recurring basis as of December 31:

	2024 Fair Value	2023 Fair Value
Private Equity Funds (1)	\$ 129,943,772	\$ 99,701,873

(1) These accounts include several private equity funds that invest primarily in debt and venture capital partnerships.

Private equity investments cannot be redeemed. Distributions are received through the liquidation of the underlying assets of the fund. It is estimated that the underlying assets of the funds would generally be liquidated within 5 to 10 years. The Plan has no intent to sell these investments. As of December 31, 2024 and 2023, there were unfunded private equity commitments of \$13,197,152 and \$16,844,819, respectively.

NOTE 5 INVESTMENTS

Principal Bank, a qualified institution, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for pension benefits as of December 31, 2024, the related investment activity reflected in the statement of changes in net assets available for pension benefits for the year then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year then ended.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in Plan assets being transferred to or used by a party-in-interest are prohibited under ERISA unless a specific exemption applies. Minnesota Life is a party-in-interest as it receives contributions and other deposits under the terms of an immediate participation guaranteed contract issued to the Trustees of the Plan. Administrative expenses are also paid to Minnesota Life. Administrative expenses of \$378,653 and \$-0- were paid to Minnesota Life for the years ended December 31, 2024 and 2023. These transactions are covered by an exemption from the “prohibited transactions” provisions of ERISA and the Internal Revenue Code (IRC).

Principal Bank and Principal Custody Solutions are parties-in-interest. Trustee fees of \$148,022 and \$-0-, respectively, were paid to Principal Bank and Principal Custody Solutions for the years ended December 31, 2024 and 2023, which qualify as party-in-interest transactions. These transactions are also covered by an exemption from the “prohibited transactions” provisions of ERISA and the IRC.

Aon Investments, USA, Inc. is a party-in-interest as it manages certain portfolios under the Plan. These transactions are covered by an exemption from the “prohibited transactions” provisions of ERISA and the IRC. For the year ended December 31, 2024, the Plan Sponsor paid Aon Investments, USA, Inc. \$443,114 in investment management fees.

Securian Asset Management, Inc. is a party-in-interest that managed certain portfolios under the Plan in 2023. These transactions were covered by an exemption from the “prohibited transactions” provisions of ERISA and the IRC. For the year ended December 31, 2023, the Plan Sponsor paid Securian Asset Management, Inc., the investment fees related to the plan.

As provided in the Plan document, the Plan Sponsor pays all expenses related to the medical-benefit component described in Note 7 401(h) Account and is subsequently reimbursed by the plan for the expenses paid.

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 OBLIGATION FOR PENSION BENEFITS

Pursuant to ERISA requirements, if a termination is the result of bankruptcy or near bankruptcy of the Plan's Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and pay those benefits which it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits as described in the Plan and the level of benefits guaranteed by the PBGC at that time. The Plan paid assessments to the PBGC of \$384,608 and \$350,592 and for the years ended December 31, 2024 and 2023, respectively. See Note 10 Benefits Insured by the PBGC for additional disclosure on benefits insured by the PBGC.

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

While the Company has not expressed any intent to terminate the Plan or discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. If the Plan should terminate at some future time, all participants will become 100% vested in benefits earned as of the termination date.

NOTE 8 401(h) ACCOUNTS

The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. Contributions are maintained within pooled separate accounts and mutual funds. The Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in this Plan's obligations reported in Note 9 Actuarial Present Value of Accumulated Plan Benefits but are reflected as obligations within the reporting of the health and welfare plan. Plan participants do not contribute to the 401(h) account. Employer contributions to the 401(h) account are determined annually and are at the discretion of the Plan Sponsor. A portion of the Plan's net assets are restricted to fund a portion of the postretirement health benefits for retirees and their beneficiaries in accordance with Code Section 401(h).

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 9 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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) current employees or their beneficiaries. The actuarial assumptions described in Note 2 Summary of Significant Accounting Policies are based on the presumption that the Plan will continue. Accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The actuarial present value of accumulated plan benefits at December 31, 2023 was as follows:

Vested Benefits:

Participants and Beneficiaries Currently Receiving Payments	\$ 224,038,911
Participants Terminated With Vested Deferred Benefits	117,761,653
Other Participants	393,489,121
Total Vested Benefits	<u>735,289,685</u>
Nonvested Benefits	<u>16,326,662</u>
Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 751,616,347</u></u>

The change in the actuarial present value of accumulated plan benefits for the period December 31, 2022 through December 31, 2023 was as follows:

Actuarial Present Value of Accumulated Plan Benefits as of the Beginning of Period	\$ 754,094,996
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated and (Gains) Losses	30,392,182
Benefits Increased for Interest	42,270,126
Benefits Paid	(35,007,458)
Change in Actuarial Assumptions**	<u>(40,133,499)</u>
Actuarial Present Value of Accumulated Plan Benefits as of the End of Period	<u><u>\$ 751,616,347</u></u>

**Relates to the change in the interest rate assumption from 5.75% (2022) to 6.25% (2023).

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 BENEFITS INSURED BY THE PBGC

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age 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 on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling, which is adjusted periodically, was \$7,108 and \$6,750 per month, respectively. The ceiling applies to those annuitants who elect to receive their benefits in the form of a straight-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 other than a straight-life annuity, the corresponding ceilings are actuarially adjusted downward. The ceilings may be higher for those over 65 who elect to receive their benefits. Benefit increases attributable to plan amendments effective within five years before a plan's termination date may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. The PBGC generally guarantees the larger of 20% of the benefit increase or \$20 per month for each full year the benefit increase was in effect and which results in benefits below the ceilings.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 11 FEDERAL INCOME TAXES

The Internal Revenue Service (IRS) has determined and informed the Company by letter that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 FEDERAL INCOME TAXES (CONTINUED)

The Plan recognized unrelated business taxable income (UBTI) on pass-through investments. The Plan deposited \$48,264 and \$166,704 of estimated income taxes for the 2024 and 2023 tax years, respectively, related to the UBTI activity.

NOTE 12 RECONCILIATION TO FORM 5500

The accompanying financial statement amounts differ from Form 5500 as filed with the Department of Labor as follows:

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health benefits.

	<u>2024</u>	<u>2023</u>
Net Assets Available for Pension Benefits per Form 5500	\$ 1,194,944,495	\$ 1,210,706,219
Adjustments:		
Payable to Company for 401(h) Benefits Payments	1,741,248	2,616,971
Net Assets Held in 401(h) Account Included as Assets in Form 5500	<u>(15,648,486)</u>	<u>(16,042,979)</u>
Net Assets Available for Pension Benefits per Accompanying Financial Statements	<u>\$ 1,181,037,257</u>	<u>\$ 1,197,280,211</u>
Net Increase (Decrease) per 5500	\$ (15,761,724)	\$ 89,941,662
Adjustments:		
Change due to 401(h) activity	<u>(481,230)</u>	<u>292,059</u>
Net Increase (Decrease) per Accompanying Financial Statements	<u>\$ (16,242,954)</u>	<u>\$ 90,233,721</u>

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
E.I.N. 41-1919752 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(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	Cost **	Current Value
		<u>Pooled Separate Accounts:</u>		
*	Minnesota Life Insurance Company	MN Life Fixed GVA Mirror Asset	\$	518,400,611
*	Minnesota Life Insurance Company	MN Life Variable GVA Mirror Asset		203,054,269
		<u>Cash and Cash Equivalents:</u>		
*	Principal	Deposit Sweep Program		10,585,379
		<u>Collective Investment Trusts:</u>		
*	Aon	Core Real Estate		42,115,349
*	Aon	Multi-Asset Credit		21,453,173
*	Aon	Collective Invt Tr Non-US Equity Index Fund		40,935,568
*	Aon	Collective Investment Tr Global Equity CI I		124,701,890
*	Aon	Collective Invt Tr Small Cap Equity Index Fd		12,674,887
*	Aon	Collective Invt Tr Large Cap Equity Index Fd		85,225,208
	Loomis Sayles	Loomis Sayles Core Fixed Income		7,573,127
		<u>Private Equity Funds:</u>		
	Partnership Fund 2004 U.S. Fund	Partnership Fund 2004 U.S. Fund		24,820
	Partnership Fund 2004 Non U.S. Fund	Partnership Fund 2004 Non U.S. Fund		51,551
	Partnership Fund 2005 U.S. Fund	Partnership Fund 2005 U.S. Fund		46,113
	Partnership Fund 2005 Non U.S. Fund	Partnership Fund 2005 Non U.S. Fund		6,105
	Partnership Fund 2007 Non U.S. Fund	Partnership Fund 2007 Non U.S. Fund		27,793
	Partnership Fund 2008 Non U.S. Fund	Partnership Fund 2008 Non U.S. Fund		63,757
	AEA Small Business Fund III, LP	AEA Small Business Fund III, LP		1,329,161
	Amberbrook VI LLC	Amberbrook VI LLC		635,694
*	Aon	Return Enhancing Alternatives Portfolio		44,091,100
	Apogem Heritage Fund VI	Apogem Heritage Fund VI		2,913,561
	Aquiline Financial Services Fund III	Aquiline Financial Services Fund III		253,924
	Axiom Asia Private Capital Fund II	Axiom Asia Private Capital Fund II		632,331
	Axiom Asia Private Capital Fund III	Axiom Asia Private Capital Fund III		2,633,298
	Bison Capital Partners IV	Bison Capital Partners IV		1,048,329
	Bison Capital Partners V	Bison Capital Partners V		1,899,840
	Caltius Equity Partners III	Caltius Equity Partners III		1,342,286
	Capvent India Private Equity Fund	Capvent India Private Equity Fund		515,518
	Charles River Partnership XVI	Charles River Partnership XVI		3,971,646
	Charles River Partnership XVII	Charles River Partnership XVII		3,322,420
	Charles River Partnership XVIII	Charles River Partnership XVIII		915,398
	Charles River Partnership XIX	Charles River Partnership XIX		488,358
	EW Healthcare Partners	EW Healthcare Partners		711,848
	EW Healthcare Partners Fund 2	EW Healthcare Partners Fund 2		1,624,134
	First Reserve Fund XIII	First Reserve Fund XIII		1,014,610
	Genstar Capital Partners VII	Genstar Capital Partners VII		1,788,475
	Genstar Capital Partners VIII	Genstar Capital Partners VIII		4,956,950
	Genstar Capital Partners IX	Genstar Capital Partners IX		1,491,171
	Genstar Capital Partners XI	Genstar Capital Partners XI		92,466
	Goldpoint Partners Co-Investment V	Goldpoint Partners Co-Investment V		3,587
	Gridiron Capital Fund III	Gridiron Capital Fund III		5,073,646
	Gridiron Capital Fund IV	Gridiron Capital Fund IV		1,445,075
	Gridiron Capital Fund V	Gridiron Capital Fund V		1,262,921
	HGGC Fund II	HGGC Fund II		2,047,738

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN (CONTINUED)
E.I.N. 41-1919752 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(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	Cost **	Current Value
	HGGC Fund III	HGGC Fund III		2,229,540
	IDG Ventures USA III	IDG Ventures USA III		1,730,365
	Lerer Hippeau Ventures V	Lerer Hippeau Ventures V		5,133,197
	LS Power Equity Partners III	LS Power Equity Partners III		1,539,353
	Maveron Equity Partners VI	Maveron Equity Partners VI		3,297,787
	New Leaf Ventures III	New Leaf Ventures III		1,195,649
	New Leaf Ventures IV	New Leaf Ventures IV		4,670,124
	North Sky Cleantech Fund IV	North Sky Cleantech Fund IV		288,928
	PA Co-Investment Fund III	PA Co-Investment Fund III		1,295,804
	Partech International Ventures VI	Partech International Ventures VI		849,841
	Partners Group Secondary USO 2011	Partners Group Secondary USO 2011		578,188
	Partners Group Secondary USO 2015	Partners Group Secondary USO 2015		2,902,676
	Revelstoke Capital Partners Fund I	Revelstoke Capital Partners Fund I		980,700
	Revelstoke Capital Partners Co-Investment Fund I	Revelstoke Capital Partners Co-Investment Fund I		416,540
	Revelstoke Capital Partners Fund II	Revelstoke Capital Partners Fund II		2,699,905
	Revolution Growth III	Revolution Growth III		1,512,258
	Ridge Ventures IV	Ridge Ventures IV		3,586,807
	Saybrook Corporate Opportunity Fund II	Saybrook Corporate Opportunity Fund II		130,679
	Siguler Guff Distressed Opportunities Fund III	Siguler Guff Distressed Opportunities Fund III		87,561
	SPC Partners VI	SPC Partners VI		1,990,861
	Threshold Ventures I	Threshold Ventures I		1,262,795
	Threshold Ventures II	Threshold Ventures II		2,555,166
	TVM Life Science Inovation I	TVM Life Science Inovation I		496,299
	TVM Life Science Inovation II	TVM Life Science Inovation II		787,125
	Total			<u><u>\$ 1,196,663,233</u></u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

SECURIAN FINANCIAL GROUP, INC.
RETIREMENT PLAN
E.I.N. 41-1919752 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

Series of transactions (involving one security) which exceed 5% of plan assets:

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (i) - Single Transactions</u>								
Aon	Collective Invt Tr Large Cap Equity Index Fd	\$ 80,900,000	\$ -	\$ -	\$ -	\$ 80,900,000	\$ 80,900,000	\$ -
Aon	Collective Investment Tr Global Equity CI I	110,300,000	-	-	-	110,300,000	110,300,000	-
Principal	Deposit Sweep Program	240,500,000	-	-	-	240,500,000	240,500,000	-
Principal	Deposit Sweep Program	67,785,558	-	-	-	67,785,558	67,785,558	-
Principal	Deposit Sweep Program	-	110,300,000	-	-	110,300,000	110,300,000	-
Principal	Deposit Sweep Program	-	130,200,000	-	-	130,200,000	130,200,000	-
<u>Category (iii) - Series of Transactions</u>								
Aon	Collective Invt Tr Large Cap Equity Index Fd	\$ 89,071,979	\$ -	\$ -	\$ -	\$ 89,071,979	\$ 89,071,979	\$ -
Aon	Collective Invt Tr Large Cap Equity Index Fd	-	21,984,489	-	-	21,282,419	21,984,489	702,070
Aon	Collective Investment Tr Global Equity CI I	110,300,000	-	-	-	110,300,000	110,300,000	-
Aon	Collective Investment Tr Global Equity CI I	-	6,000,000	-	-	5,232,833	6,000,000	767,167
Minnesota Life Insurance Company	MN Life Fixed GVA Mirror Asset	52,878,899	-	-	-	52,878,899	52,878,899	-
Minnesota Life Insurance Company	MN Life Fixed GVA Mirror Asset	-	99,298,052	-	-	99,298,052	99,298,052	-
Principal	Deposit Sweep Program	584,424,667	-	-	-	584,424,667	584,424,667	-
Principal	Deposit Sweep Program	-	584,477,038	-	-	584,477,038	584,477,038	-

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

05/06/25

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CGS2339 ANNUITY CONTRACT NUMBER 6-35093

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F G, I. R P

EIN 41 1919752
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 04 NONUS	\$ 0.00	\$ 51,551.00
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 04 US	\$ 0.00	\$ 24,820.00
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 05 NONUS	\$ 0.00	\$ 6,105.00
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 05 US	\$ 0.00	\$ 46,113.00
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 07 NONUS	\$ 0.00	\$ 27,793.00
	ADAMS STREET PARTNERS	Partnership / Joint Venture ADAMS ST PTRNSHP FND 08 NONUS	\$ 0.00	\$ 63,757.00
	AFA INVESTORS	Partnership / Joint Venture AFA INVSTRS SMALL BUS FND III	\$ 0.00	\$ 1,329,161.00
	WILLOWRIDGE	Partnership / Joint Venture AMBERBROOK VI LLC	\$ 0.00	\$ 635,694.00
	AON	Common/Collective Trust AON CORE REAL ESTATE FUND	\$ 0.00	\$ 42,115,349.00
	AON	Common/Collective Trust AON GLOBAL EQUITY FUND	\$ 0.00	\$124,701,890.00
	AON	Common/Collective Trust AON LARGE CAP EQUITY INDEX FUN	\$ 0.00	\$ 85,225,208.00
	AON	Common/Collective Trust AON MULTI-ASSET CREDIT FUND	\$ 0.00	\$ 21,453,173.00
	AON	Common/Collective Trust AON NON-US EQUITY INDEX FUND	\$ 0.00	\$ 40,935,568.00
	AON	Partnership / Joint Venture AON RTRN ENHANCING ALTRNIVS	\$ 0.00	\$ 44,091,100.00
	AON	Common/Collective Trust AON SMALL CAP EQUITY INDEX FUND	\$ 0.00	\$ 12,674,887.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F G, I. R P
 EIN 41 1919752
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	APOGEM CAPITAL	Partnership / Joint Venture APOGEM HERITAGE FUND VI, LP	\$ 0.00	\$ 2,913,561.00
	AQUILINE CAPITAL	Partnership / Joint Venture AQUILINE FINL SERV III LP	\$ 0.00	\$ 253,924.00
	AXIOM ASIA	Partnership / Joint Venture AXIOM ASIA PRIV CAP II LP	\$ 0.00	\$ 632,331.00
	AXIOM ASIA	Partnership / Joint Venture AXIOM ASIA PRIV CAP III LP	\$ 0.00	\$ 2,633,298.00
	BISON CAPITAL	Partnership / Joint Venture BISON CAPITAL PARTNERS IV, L.P	\$ 0.00	\$ 1,048,329.00
	BISON CAPITAL	Partnership / Joint Venture BISON CAPITAL PARTNERS V, L.P.	\$ 0.00	\$ 1,899,840.00
	CALTIUS CAPITAL MANAGEMENT	Partnership / Joint Venture CALTIUS EQUITY PARTNERS III, L	\$ 0.00	\$ 1,342,286.00
	CAPVENT	Partnership / Joint Venture CAPVENT INDIA PE LTD	\$ 0.00	\$ 515,518.00
	CHARLES RIVER	Partnership / Joint Venture CHARLES RIVER PARTNERSHIP XVI	\$ 0.00	\$ 3,971,646.00
	CHARLES RIVER	Partnership / Joint Venture CHARLES RIVER PARTNERSHIP XVII	\$ 0.00	\$ 3,322,420.00
	CHARLES RIVER	Partnership / Joint Venture CRV XIX, LP	\$ 0.00	\$ 488,358.00
	CHARLES RIVER	Partnership / Joint Venture CRV XVIII, LP	\$ 0.00	\$ 915,398.00
	EW HEALTHCARE	Partnership / Joint Venture EW HEALTHCARE PART LP	\$ 0.00	\$ 711,848.00
	EW HEALTHCARE	Partnership / Joint Venture EW HEALTHCARE PART 2 LP	\$ 0.00	\$ 1,624,134.00
	FIRST RESERVE	Partnership / Joint Venture FIRST RESERVE FUND XIII, L.P.	\$ 0.00	\$ 1,014,610.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

05/06/25

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CGS2339 ANNUITY CONTRACT NUMBER 6-35093

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F G, I. R P

EIN 41 1919752
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
GENSTAR CAPITAL	Partnership / Joint Venture GENSTAR CAPITAL PART IX, LP	Partnership / Joint Venture GENSTAR CAPITAL PART IX, LP	\$ 0.00	\$ 1,491,171.00
GENSTAR CAPITAL	Partnership / Joint Venture GENSTAR CAPITAL PART VII, LP	Partnership / Joint Venture GENSTAR CAPITAL PART VII, LP	\$ 0.00	\$ 1,788,475.00
GENSTAR CAPITAL	Partnership / Joint Venture GENSTAR CAPITAL PART VIII, LP	Partnership / Joint Venture GENSTAR CAPITAL PART VIII, LP	\$ 0.00	\$ 4,956,950.00
GENSTAR CAPITAL	Partnership / Joint Venture GENSTAR CAPITAL PART XI, LP	Partnership / Joint Venture GENSTAR CAPITAL PART XI, LP	\$ 0.00	\$ 92,466.00
GOLDPOINT PARTNERS	Partnership / Joint Venture GOLDPOINT PARTNERS CO INV V	Partnership / Joint Venture GOLDPOINT PARTNERS CO INV V	\$ 0.00	\$ 3,587.00
GRIDIRON CAPITAL	Partnership / Joint Venture GRIDIRON CAPITAL FUND III, L.P.	Partnership / Joint Venture GRIDIRON CAPITAL FUND III, L.P.	\$ 0.00	\$ 5,073,646.00
GRIDIRON CAPITAL	Partnership / Joint Venture GRIDIRON CAPITAL FUND IV, L.P.	Partnership / Joint Venture GRIDIRON CAPITAL FUND IV, L.P.	\$ 0.00	\$ 1,445,075.00
GRIDIRON CAPITAL	Partnership / Joint Venture GRIDIRON CAPITAL FUND V, L.P.	Partnership / Joint Venture GRIDIRON CAPITAL FUND V, L.P.	\$ 0.00	\$ 1,262,921.00
HGGC	Partnership / Joint Venture HGGC FUND II, LP	Partnership / Joint Venture HGGC FUND II, LP	\$ 0.00	\$ 2,047,738.00
HGGC	Partnership / Joint Venture HGGC FUND III, LP	Partnership / Joint Venture HGGC FUND III, LP	\$ 0.00	\$ 2,229,540.00
RIDGE VENTURES	Partnership / Joint Venture IDG VENTURES USA III, LP	Partnership / Joint Venture IDG VENTURES USA III, LP	\$ 0.00	\$ 1,730,365.00
LERER HIPPEAU	Partnership / Joint Venture LERER HIPPEAU VENTURES V, LP	Partnership / Joint Venture LERER HIPPEAU VENTURES V, LP	\$ 0.00	\$ 5,133,197.00
LOOMIS SAYLES	Common/Collective Trust LOOMISSAYLES CORE FIXED INCOME	Common/Collective Trust LOOMISSAYLES CORE FIXED INCOME	\$ 0.00	\$ 7,573,127.00
LS POWER	Partnership / Joint Venture LS POWER EQUITY PARTNERS III	Partnership / Joint Venture LS POWER EQUITY PARTNERS III	\$ 0.00	\$ 1,539,353.00
MAVERON LLC	Partnership / Joint Venture MAVERON EQUITY PARTNERS VI	Partnership / Joint Venture MAVERON EQUITY PARTNERS VI	\$ 0.00	\$ 3,297,787.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S F G, I. R P
 EIN 41 1919752
 PLAN NUMBER 001
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	MINNESOTA LIFE INSURANCE COMPANY	Pooled Separate Accounts MN LIFE INS CO FIXED GVA ACCT	\$ 0.00	\$518,400,611.00
	MINNESOTA LIFE INSURANCE COMPANY	Pooled Separate Accounts MN LIFE INS VARIABLE GVA ACCT	\$ 0.00	\$203,054,269.00
	NEW LEAF VENTURES	Partnership / Joint Venture NEW LEAF VENTURES III, L.P.	\$ 0.00	\$ 1,195,649.00
	NEW LEAF VENTURES	Partnership / Joint Venture NEW LEAF VENTURES IV, L.P.	\$ 0.00	\$ 4,670,124.00
	NORTH SKY	Partnership / Joint Venture NORTH SKY CLEANTECH FUND IV	\$ 0.00	\$ 288,928.00
	PORTFOLIO ADVISORS LLC	Partnership / Joint Venture PA CO-INVESTMENT FUND III	\$ 0.00	\$ 1,295,804.00
	PARTECH	Partnership / Joint Venture PARTECH INTL VEN VI FCPR	\$ 0.00	\$ 849,841.00
	PARTNERS GROUP	Partnership / Joint Venture PARTNERS GROUP SECONDARY 2011	\$ 0.00	\$ 578,188.00
	PARTNERS GROUP	Partnership / Joint Venture PARTNERS GROUP SECONDARY 2015	\$ 0.00	\$ 2,902,676.00
*	Principal	Non Interest Bearing Cash PRINCIPAL DEPOSIT SWEEP PRGRM	\$ 0.00	\$ 10,585,379.00
	REVELSTOKE	Partnership / Joint Venture REVELSTOKE CAP PART CO INV I	\$ 0.00	\$ 416,540.00
	REVELSTOKE	Partnership / Joint Venture REVELSTOKE CAP PART I LP	\$ 0.00	\$ 980,700.00
	REVELSTOKE	Partnership / Joint Venture REVELSTOKE CAP PART II LP	\$ 0.00	\$ 2,699,905.00
	REVOLUTION	Partnership / Joint Venture REVOLUTION GROWTH III, LP	\$ 0.00	\$ 1,512,258.00
	RIDGE VENTURES	Partnership / Joint Venture RIDGE VENTURES IV, LP	\$ 0.00	\$ 3,586,807.00

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized¹	Nonstabilized	PBGC (Std)
• First 5 years	4.75%	3.62%	5.01%
• Next 15 years	4.87%	4.46%	5.13%
• Over 20 years	5.59%	4.52%	5.15%
Mortality sponsor elections			
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.		
Other economic assumptions			
• Salary increases	Age	Percentage	
	20-35	7.00%	
	36-50	5.00%	
	51-70	3.00%	
• Bonuses	Future bonuses are estimated based on target bonuses with no adjustment for future bonus deferrals.		
• Inflation	2.25% per year		
• Social Security taxable wage base increases	3.25% per year		
• Expected investment return	4.75% for 2022; 6.25% for 2023; 6.50% for 2024		
• Expenses	For 2024, \$1,375,000 is added to normal cost.		
• Variable Annuity Increases	3.50% per year		
Demographic assumptions			
• Withdrawal	Sample Rates:		
	Age	0-5 YOP	6+ YOP
	20	10.00%	10.00%
	25	10.00%	10.00%
	30	10.00%	8.30%
	35	10.00%	6.00%
	40	10.00%	3.90%
	45	10.00%	3.50%
	50	10.00%	3.50%
	55	10.00%	3.50%
	64	10.00%	3.50%
• Disability	None		

¹ The interest rates funding relief from the American Rescue Plan Act (ARPA) was adopted in 2021.

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

• Retirement age	Age	Percentage		
	55-56	6%		
	57	7%		
	58	10%		
	59	13%		
	60-63	16%		
	64	25%		
	65	40%*		
	66	50%*		
	67-69	25%*		
70 and above	100%			
*100% for officers				
• Benefit commencement age for				
– All vested deferred	Earlier of age 65 or Rule of 90			
• Spouse assumptions	Male participants	Female participants		
– Percentage married	70%	70%		
– Spouse age difference	2 years younger	2 years older		
Form of payment	Fixed single life	Fixed 50% J&S	Variable single life	Variable 50% J&S
• When variable benefit is available (100% pre-February 2006 and 50% February 2006 – 2011)	27%	63%	3%	7%
• When variable benefit is not available (post-2011)	30%	70%	0%	0%
Rates above are derived from underlying assumptions: 70% married, 100% of married will elect J&S, 10% of those eligible for variable annuity will elect it.				
Unpredictable contingent event assumptions	Not applicable			
At-risk assumptions	Not applicable			

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

The market value of assets are in Separate Accounts under a contract issued by Minnesota Life Insurance Company, and in other investments including cash, cash equivalents, mutual funds, common stock, private equity in limited partnerships, and other assets. The assets are adjusted for payables, other liabilities, and for the value of receivable contributions. The total of net assets available for pension benefits is obtained from the independent auditors' report.

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

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** Mercer understands that the Plan has purchased irrevocable commitments to fund retirees' liability for participants who retired prior to January 1, 2024. The value of these insurance contracts is included in Plan assets and retirees are reflected in liability calculations. Securian does not include retirees for purposes of determining flat rate PBGC premiums.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: June 1, 1947 Restated plan: January 1, 2020 Most recent amendment signed: January 23, 2023 Plan year: Calendar Year
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Eligible employees	Employees of Securian (or Minnesota Life prior to 2011) excluding full-time life insurance salesmen.
• Participation Date	Effective 1/1/2002, participation commences on the January 1 or July 1 coincident with or next following the later of employment date or age 21. Employees must also complete 1000 hours in the first year of employment or any subsequent plan year (not required for membership before 1/1/2002).
• Vesting service	Years of service begin the first day of the plan year the employee was first employed by the employer or an affiliate.
• Credited service	One year of credited service is given for each calendar year during which 1,000 hours are worked. Prior to 2002 (and continuing as a minimum for those with 3 years of vesting service on 1/1/2002), service was granted for 1,000 hours in a Participation Year (12 months measured from Participation Date).
• Pensionable earnings	Regular wages, overtime, and bonuses. Before 1/1/1993, commissions, bonuses, Performance Share Program distributions, and other forms of irregular remuneration were excluded.
• Final average earnings	Average monthly compensation is the monthly equivalent of the average compensation paid during the highest 5 consecutive completed calendar years out of the last 10. Years without 1000 hours are ignored.
• Covered Compensation	Average of the Social Security wage earning bases for the 35-year period ending with the year Social Security normal retirement age is attained.
• Accrued Benefit	A) 1.20% for each year of participation prior to 2012; 1.00% for each year of participation on or after 2012, multiplied by average monthly compensation, plus B) 0.45% of average monthly compensation in excess of Covered Compensation multiplied by total years of participation. Total years of participation in either portion of formula cannot exceed 35.
Normal retirement	
• Eligibility	Age 65, or the 5th anniversary of the participation, if later.
• Benefit	Accrued Benefit as a single life annuity. No actuarial reduction for Qualified Joint and 50% to Survivor optional form for benefits accrued prior to February 1, 2006, and for benefits accrued after February 1, 2006 for “grandfathered” participants who meet eligibility requirements.
Early retirement	
• Eligibility	Age 55 and 15 years of participation, or age 60 and 10 years of participation.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The accrued benefit reduced by .50% for each of the first 60 months and .33% for each of the next 60 months by which the participant's early retirement date precedes the earlier of: 1) the participant's normal retirement date or 2) the date the participant's age plus years of participation equal or exceed 90, but no earlier than the participant's 60th birthday.
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Deferred vested

• Eligibility	Upon termination of employment for any reason other than retirement, disability, or death, the participant shall have a vested accrued benefit in accordance with the following vesting schedule:						
	<table border="1"> <thead> <tr> <th style="text-align: center;">Years of service</th> <th style="text-align: center;">Percentage of accrued benefit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Less than 5</td> <td style="text-align: center;">0%</td> </tr> <tr> <td style="text-align: center;">5 or more</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	Years of service	Percentage of accrued benefit	Less than 5	0%	5 or more	100%
Years of service	Percentage of accrued benefit						
Less than 5	0%						
5 or more	100%						
• Benefit	The amount of the vested accrued benefit payable beginning at normal retirement date. If the participant has enough years of participation to retire with an early retirement benefit, he may do so in accordance with the early retirement provisions of the plan.						

Disability

• Benefit	If a participant ceases to be actively employed because of total disability, he shall continue to accrue years of service and years of participation under the plan during the period of total disability. The participant's average monthly compensation during total disability is equal to the average monthly compensation for the participant as of the onset of total disability. The accrual shall continue until the earlier of death, recovery from total disability, or retirement.
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Pre-retirement death

• Benefit prior to early retirement	If the participant is not eligible for early retirement, the surviving spouse or domestic partner is entitled to the survivor portion of the life and 50% to survivor annuity to which the participant would have been entitled had the participant terminated on the day immediately preceding his or her death, first payable at what would have been the participant's earliest retirement date.
• Benefit after early retirement	If a participant is eligible for, but does not elect early retirement, the surviving spouse or domestic partner is entitled to the survivor portion of a life and 50% to survivor annuity that would have been available if the participant had elected the life and 50% to survivor annuity and had retired on the last day immediately preceding his or her death.

Form of benefits

• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants or domestic partnerships	50% Joint & Survivor Annuity
• Optional forms	a) Life Annuity--5, 10, or 15 Years Certain b) Qualified Joint and 50% to Survivor Annuity c) Qualified Optional Joint and 75% to Survivor Annuity d) Joint Life Annuity--100% to Survivor e) Lump Sums only available if actuarially equivalent present value is \$50,000 or less

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	Select Optional forms: 5 years C&C uses 0.985; 10 years C&C uses 0.945; 15 years C&C uses 0.885; otherwise, 417(e) mortality and 417(e) interest for the 3rd calendar month preceding the Plan Year of distribution.
• Variable Annuity Election	Grandfathered participants may elect a variable annuity at retirement of up to 100% of accrued benefits. Nongrandfathered participants may elect: (1) up to 100% of benefits accrued prior to February 1, 2006, (2) up to 50% of benefits accrued after February 1, 2006 and prior to January 1, 2012. Allocation into the variable annuity is graded from 100% fixed at retirement to the elected allocation over a period of 36 months. Variable annuity benefits are adjusted on a monthly basis using the plan's hurdle rate of return of 3.5% against a Separate Account of Minnesota Life Insurance Company selected by the Trustees.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024 the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through 2024, are included in this valuation:

- **Most recent plan amendments included:** Amendment #1 signed January 1, 2023
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued without including the late retirement actuarial increase. There are a very small number of affected participants and this has a limited impact on liability.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024. Domestic partners were added as eligible beneficiaries for joint & survivor benefits.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		80									80
		62,265									
25–29		180	80								260
		73,639	108,645								
30–34		150	158	41							349
		78,102	89,748	131,487							
35–39		132	120	86	60						398
		88,484	101,755	108,972	131,439						
40–44		97	69	35	78	36					315
		95,623	112,728	123,212	122,298	136,898					
45–49		65	40	21	50	69	34				279
		104,423	132,940	128,335	132,882	134,525	152,143				
50–54		75	47	15	37	29	70	31			304
		123,778	128,862		125,168	110,970	144,326	133,481			
55–59		66	37	22	29	21	49	32	57		313
		123,635	98,936	98,933	120,968	122,270	133,727	171,188	122,795		
60–64		42	21	18	21	15	23	13	33	16	202
		90,033	102,228		81,607		152,503		154,830		
65–69		12	8	1	6	6	6	3	1	4	47
70 & up		3	2			1				1	7
Total		902	582	239	281	177	182	79	91	21	2,554
											108,642

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2023 limited to \$330,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, line 24 — Change in Non-Prescribed Actuarial Assumptions

Actuarial assumption changes since prior valuation

Funding

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The normal cost expense load increased from \$350,592 to \$1,375,000.
- The expected investment return increased from 6.25% to 6.50%.
- Withdrawal rates and retirement rates were updated based on an experience study completed by Securian in 2023.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The combined weighted average retirement age for non-officers and officers is 61.

Non-officers:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	6.00%	10,000	600	33,000
56	6.00%	9,400	564	31,584
57	7.00%	8,836	619	35,256
58	10.00%	8,217	822	47,661
59	13.00%	7,396	961	56,725
60	16.00%	6,434	1,029	61,769
61	16.00%	5,405	865	52,751
62	16.00%	4,540	726	45,037
63	16.00%	3,814	610	38,441
64	25.00%	3,203	801	51,255
65	40.00%	2,403	961	62,467
66	50.00%	1,442	721	47,571
67	25.00%	721	180	12,073
68	25.00%	541	135	9,190
69	25.00%	405	101	6,994
70	100.00%	304	304	21,285
Total			10,000	613,060
Average				61.31

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The combined weighted average retirement age for non-officers and officers is 61.

Officers:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	6.00%	10,000	600	33,000
56	6.00%	9,400	564	31,584
57	7.00%	8,836	619	35,256
58	10.00%	8,217	822	47,661
59	13.00%	7,396	961	56,725
60	16.00%	6,434	1,029	61,769
61	16.00%	5,405	865	52,751
62	16.00%	4,540	726	45,037
63	16.00%	3,814	610	38,441
64	25.00%	3,203	801	51,255
65	100.00%	2,403	2,403	156,168
66	100.00%	0	0	0
67	100.00%	0	0	0
68	100.00%	0	0	0
69	100.00%	0	0	0
70	100.00%	0	0	0
Total			10,000	609,648
Average				60.96

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan SECURIAN FINANCIAL GROUP INC RETIREMENT PLAN AND TRUST AGREEMENT		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SECURIAN FINANCIAL GROUP INC		D Employer Identification Number (EIN) 41-1919752	
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 type="checkbox"/> 101-500 <input checked="" 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	1,200,192,839
	b Actuarial value	2b	1,284,608,311
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,279	427,210,869
	b For terminated vested participants	1,210	132,724,516
	c For active participants	2,583	252,395,676
	d Total	5,072	812,331,061
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.21%
6	Target normal cost		
	a Present value of current plan year accruals	6a	25,682,107
	b Expected plan-related expenses	6b	1,375,000
	c Target normal cost	6c	27,057,107

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>ANC</u>	<u>July 29, 2025</u>
	Signature of actuary	Date
<u>ADAM COBURN</u>	Type or print name of actuary	<u>2307924</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>214-220-6292</u>
		Telephone number (including area code)
<u>1717 MAIN ST SUITE 4400</u>	Address of the firm	
<u>DALLAS TX 75201</u>		

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	331,498,099
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	331,498,099
10 Interest on line 9 using prior year's actual return of <u>11.80%</u>	0	39,116,776
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>5.35%</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	370,614,875

Part III	Funding Percentages	
14 Funding target attainment percentage	14	109.98%
15 Adjusted funding target attainment percentage	15	154.58%
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	112.65%
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
Totals ▶			18(b)	0	18(c)
				0	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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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	(4) 4th

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
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 61

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** 27,057,107

b Excess assets, if applicable, but not greater than line 31a **31b** 27,057,107

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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