

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 (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
1b Three-digit plan number (PN): 010
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): CMFG LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 42-1427107
2c Plan Sponsor's telephone number: 608-238-5851
2d Business code (see instructions)

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: 1. Filed with authorized/valid electronic signature, Signature of plan administrator, Date 09/30/2025, Name BRIAN J BORAKOVE. 2. Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, Date 09/30/2025, Name BRADLEY J PRICER. 3. Signature of DFE, Date, Name.

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

Form 5500 (2024) v. 240311

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|--|--------------|--|-----------|--|-----------|--|-----------|--|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| 3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFIT PLAN ADMINISTRATION COMMITTEE P.O. BOX 391 MADISON, WI 53701-0391 | 3b Administrator's EIN 39-1240740 | | | | | | | | | | | | | | | | | | | | |
| | 3c Administrator's telephone number 608-238-5851 | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table> | 6a(1) | | 6a(2) | | 6b | | 6c | | 6d | | 6e | | 6f | | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | | | | | | | | | | | | | | | | | | | | | |
| 6b | | | | | | | | | | | | | | | | | | | | | |
| 6c | | | | | | | | | | | | | | | | | | | | | |
| 6d | | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | |
| 6f | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

| | | |
|---|--|-------------------|
| <p>A Name of plan CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST</p> | <p>B Three-digit plan number (PN) ▶</p> | <p>010</p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 CMFG LIFE INSURANCE COMPANY</p> | <p>D Employer Identification Number (EIN) 42-1427107</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
CMFG 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 |
| 39-0230590 | 62626 | 0480070-1 | 910 | 01/01/2024 | 12/31/2024 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

| | | |
|--|--------------|------------|
| b Balance at the end of the previous year | 7b | 995553055 |
| c Additions: (1) Contributions deposited during the year | 7c(1) | 59310408 |
| (2) Dividends and credits..... | 7c(2) | 10353773 |
| (3) Interest credited during the year..... | 7c(3) | 2544409 |
| (4) Transferred from separate account | 7c(4) | 234195982 |
| (5) Other (specify below)..... | 7c(5) | 111920253 |
| ▶ APPRECIATION/DEPRECIATION | | |
| (6) Total additions | 7c(6) | 418324825 |
| d Total of balance and additions (add lines 7b and 7c(6)) | 7d | 1413877880 |
| e Deductions: | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 114320501 |
| (2) Administration charge made by carrier..... | 7e(2) | 0 |
| (3) Transferred to separate account | 7e(3) | 234195982 |
| (4) Other (specify below)..... | 7e(4) | |
| ▶ | | |
| (5) Total deductions | 7e(5) | 348516483 |
| f Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f | 1065361397 |

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) | 0 |
| 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) | 0 |
| | (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) | 0 |
| | (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 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST | B Three-digit plan number (PN) ▶ | 010 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CMFG LIFE INSURANCE COMPANY | D Employer Identification Number (EIN) 42-1427107 | |

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

| | |
|-----------------------|--|
| APOGEM CAPITAL | 299 PARK AVENUE 37TH FLOOR NEW YORK, NY 10171 |
|-----------------------|--|

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

| | |
|--------------------------------|-------------------|
| BLACKROCK FUND ADVISORS | 94-2948313 |
|--------------------------------|-------------------|

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

| | |
|---|-------------------|
| BLACKROCK INST TRUST COMPANY, N.A. | 94-3112180 |
|---|-------------------|

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

| | |
|-----------------------|---|
| COLLER CAPITAL | 116 PARK STREET LONDON, ENGLAND W1K 6AF GB |
|-----------------------|---|

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

DODGE & COX

94-1441976

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

EATON VANCE MANAGEMENT

58-2236910

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

GLENDOWER CAPITAL

8 ST JAMES
LONDON, ENGLAND SW1YJ 4JU GB

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

GOLDMAN SACHS ASSET MANAGEMENT

200 WEST STREET
NEW YORK, NY 10282

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

GOLDPOINT PARTNERS

13-4091043

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

JANUS HENDERSON INVESTORS US LLC

151 DETROIT STREET
DENVER, CO 80206

75-3019302

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

JP MORGAN

13-4994650

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

LANDMARK REALTY ADVISORS LLC

06-1471488

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

LOOMIS SAYLES

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

MORGAN STANLEY

27-1699867

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

STEPSTONE

4225 EXECUTIVE SQUARE
SUITE 1600
LA JOLLA, CA 92037

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

ULTRA SERIES

87-0698416

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

VANGUARD GROUP, INC

23-1945930

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

WELLS FARGO

90 SOUTH 7TH STREET
MINNEAPOLIS, MN 55402

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

WHITEHORSE LIQUIDITY PARTNERS

79 WELLINGTON ST., TD SOUTH TOWER SUITE 2100, P.O. BOX 92
TORONTO, ONTARIO M5K 1G8 CA

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

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

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

WELLINGTON MANAGEMENT COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

04-2755549

| (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? |
|------------------------|---|--|--|--|---|--|
| 51 72 | INVESTMENT MANAGER | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 20529 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

STATE STREET BANK

04-1867445

| (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? |
|------------------------|---|--|--|--|---|--|
| 51 72 | INVESTMENT MANAGER | 17333 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

CAPITAL DYNAMICS

45-4136991

| (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? |
|------------------------|---|--|--|--|---|--|
| 51 72 | INVESTMENT MANAGER | 11250 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" 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 <hr/> 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>CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST</u> | B Three-digit plan number (PN) | <u>010</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CMFG LIFE INSURANCE COMPANY</u> | D Employer Identification Number (EIN) <u>42-1427107</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) |
|---------------|--|

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON TRUST NATIONAL ASSOC.</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>8977663</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2030 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>TRUSTAGE FINANCIAL GROUP, INC.</u> | | |
| c EIN-PN <u>42-1427107-010</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>106984938</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2035 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>98703493</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2040 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>72868215</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2045 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>61446649</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2050 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>49821518</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LF PATH INDEX 2055 FUND W</u> | | |
| b Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u> | | |
| c EIN-PN <u>42-1427107-010</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>31244135</u> |

| | | |
|---|-------------------------------|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LF PATH INDEX 2060 FUND W | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13356594 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LF PATH INDEX 2065 FUND W | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4189496 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LF PTH INDEX FUND W | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94430559 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2500 INDEX | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52592096 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CTF US DEBT INDEX FUND | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23289028 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI INDEX FUND | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21479305 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK CTF EQUITY INDEX FUND J | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155732077 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN COMMINGLED PENSION TRUST | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63672977 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMISSAYLES CORE PLUS FIXED INCOME | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16997092 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ULTRA SERIES BOND SERIES | | |
| b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE | | |
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1703139 |

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON AAA CLO ETF

b Name of sponsor of entity listed in (a): CMFG LIFE INSURANCE COMPANY

| | | |
|--------------------------------|------------------------|--|
| c EIN-PN 42-1427107-010 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25265548 |
|--------------------------------|------------------------|--|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

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

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

| | | |
|-----------------|----------------------|---|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|---|

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

| | | |
|-------------------------------|--|--------------------------------|
| a Plan name | TRUSTAGE 401(K) PLAN FOR NON-REPRESENTED EMPLOYEES | |
| b Name of plan sponsor | CMFG LIFE INSURANCE COMPANY | c EIN-PN 39-0230590-008 |

| | | |
|-------------------------------|---|--------------------------------|
| a Plan name | TRUSTAGE PENSION PLAN FOR NON-REPRESENTED EMPLOYEES | |
| b Name of plan sponsor | TRUSTAGE FINANCIAL GROUP, INC | c EIN-PN 45-4418520-009 |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST | B Three-digit plan number (PN) ▶ 010 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CMFG LIFE INSURANCE COMPANY | D Employer Identification Number (EIN) 42-1427107 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 3430982 | 673336 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 9142498 | 11166288 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 8452433 | 10037023 |
| (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) | 0 | 0 |
| (5) Partnership/joint venture interests | 1c(5) | 69127197 | 62742807 |
| (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) | 907623366 | 902754522 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 490981027 | 558771681 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 121376396 | 107096322 |
| (15) Other..... | 1c(15) | 0 | 0 |

| 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 | 1610133899 | 1653241979 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 1610133899 | 1653241979 |

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) | 152145 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 152145 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 418614 | |
| (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) | 2563481 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2982095 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 19980666 | |
| (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) | | 19980666 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 97791347 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|--|---------------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 111859885 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -102132588 |
| c Other income | 2c | | 623221 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 131256771 |

Expenses

| | | | |
|---|---------------|--|---|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 0 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 0 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 131256771 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 62069481 |
| (2) From this plan | 2l(2) | | 150218172 |

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: GRANT THORNTON, LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Financial Statements and Report of
Independent Certified Public Accountants

**CMFG Life Insurance Company Non-Represented Plan
Qualified Trust**

December 31, 2024 and 2023

GRANT THORNTON LLP

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Participants and Employee Benefit Plan Administration Committee
CMFG Life Insurance Company

Opinion

We have audited the financial statements of CMFG Life Insurance Company Non-Represented Plan Qualified Trust (the "Trust"), which comprise the statements of net assets as of December 31, 2024 and 2023, and the related statements of changes in net assets for the years then ended, and the related notes to the financial statements.

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

Basis for opinion

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

Other matter

The accompanying financial statements are those of the Trust. These financial statements do not purport to present the net assets available for benefits or the changes in net assets available for benefits of the participating plans and do not contain certain information on accumulated plan benefits and other disclosures necessary for a fair presentation of the financial statements of the participating plans in accordance with accounting principles generally accepted in the United States of America. Further, these financial statements do not purport to satisfy the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 relating to the financial statements of employee benefit plans.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US 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 Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain

additional procedures. These additional procedures included 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 US GAAS.

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

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

Grant Thornton LLP

Chicago, Illinois
September 17, 2025

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

| Assets | 2024 | 2023 |
|--|-------------------------|-------------------------|
| Investments | | |
| Pension and 401(k) accounts | \$ 1,640,372,552 | \$ 1,598,137,575 |
| Assets held in 401(h) account of pension plan | 1,703,139 | 2,853,826 |
| Total investments | 1,642,075,691 | 1,600,991,401 |
| Dividend receivable | 1,214,113 | - |
| Other assets - notes receivable from plan participants | 9,952,175 | 9,142,498 |
| Net assets available for benefits | \$ 1,653,241,979 | \$ 1,610,133,899 |

The accompanying notes are an integral part of these statements.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

| | 2024 | 2023 |
|---|-------------------------|-------------------------|
| Contributions: | | |
| Participating plans | \$ 62,069,481 | \$ 94,499,375 |
| Total contributions | 62,069,481 | 94,499,375 |
| Net investment income: | | |
| Net appreciation in fair value of investments | 107,518,644 | 161,214,666 |
| Interest and dividends | 22,962,761 | 19,534,163 |
| Interest income on notes receivable from plan participants | 623,221 | 449,418 |
| Total net investment income | 131,104,626 | 181,198,247 |
| Additions (deductions) from net assets: | | |
| Benefits paid on behalf of participating plans | (148,671,120) | (105,466,334) |
| Administrative expenses | (1,547,052) | (210,023) |
| Assets transferred from CMFG Life Insurance Company Represented Plan Qualified Trust | 152,145 | 578,199 |
| Total deductions from net assets | (150,066,027) | (105,098,158) |
| Net increase in net assets available for benefits | 43,108,080 | 170,599,464 |
| Net assets available for benefits at beginning of year | 1,610,133,899 | 1,439,434,435 |
| Net assets available for benefits at end of year | \$ 1,653,241,979 | \$ 1,610,133,899 |

The accompanying notes are an integral part of these statements.

**CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS**

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE TRUST

CMFG Life Insurance Company Non-Represented Plan Qualified Trust (the “Trust”) was established for the purpose of holding and investing the assets of the TruStage 401(k) Plan for Non-Represented Employees (the “401(k) Plan”) and the TruStage Pension Plan for Non-Represented Employees (the “Pension Plan”) (collectively the “Participating Plans” or “Plans”). The Trust is organized as a master trust as defined by 29 CFR 2520.103-1(e) of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plans cover substantially all full-time employees of MEMBERS Capital Advisors, Inc., CMFG Life Insurance Company (“CMFG Life”), and CPI Qualified Plan Consultants, Inc. (but with respect to CPI Qualified Plan Consultants, Inc., only the Non-Rep 401(k) Plan) (the “Employers”), who reside in the United States or its territories, who are employed in a position not covered by the collective bargaining agreement between the Office and Professional Employees International Union, AFL-CIO Local No. 39 and the Employers, and who have completed one hour of service. The Plans also cover substantially all part-time and temporary employees who have completed one year of service and reached the age of 21.

After December 31, 2019, the Pension Plan was frozen so that an individual who is not an employee of the Employer’s control group of companies on that date will not be eligible to become a participant in the Pension Plan.

The trustee, State Street Bank and Trust Company (“State Street Bank”), holds the Trust’s investment assets and executes investment transactions for the Trust on behalf of the Plans. Pension Plan investments are made under the direction of the Trust’s designated investment manager, MEMBERS Capital Advisors, Inc., an Employer under the Plans. Employer contributions for the Plans and participant contributions for the 401(k) Plan are deposited directly to the Trust. Participants in the 401(k) Plan may specify into which funds their participant and employer match contributions are to be invested. The net assets available for benefits of each plan are maintained by State Street Bank in separate investment accounts consisting solely of assets related to each plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Trust’s significant accounting policies applied in the preparation of the accompanying financial statements follows.

1. Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Trust invests in a fully benefit-responsive investment contract through a deposit administration contract (“DAC”) on behalf of the participants of the 401(k) Plan. Contract value for the DAC is based on participants’ contributions and withdrawals, and interest credited to the contract. The minimum interest rate is not guaranteed.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

Fair value for the DAC can be calculated by accumulating interest at the current crediting rate (see Note D) for the guaranteed period and discounting back to the measurement date at a prevailing market rate. The statements of net assets available for benefits present the investment in the DAC at contract value, which approximates fair value. An adjustment of the investment in the DAC from fair value to contract value is not required due to the fact that the prevailing market rate equaled the current crediting rate at December 31, 2024 and 2023. Therefore, the applicable accumulation of interest and discounting of the DAC resulted in contract value equaling fair value at each date.

2. Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

The Trust's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

Investments sold are removed from assets on a first-in, first-out basis. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Trust's gains and losses on investments bought and sold as well as held during the year.

4. Other Assets - Notes Receivable from 401(k) Plan Participants

Notes receivable from plan participants in the 401(k) Plan are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. If a participant ceases to make loan repayments and the 401(k) Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

5. Expenses

Individual investment funds are charged a management fee by the funds' investment managers, which is included in net investment income (loss). The Trust earns revenue-sharing rebates based on the volume of assets, which are allocated to the 401(k) Plan and recorded as an offset to administrative fees paid on behalf of the 401(k) Plan.

The Trust may pay administrative fees, which include professional fees, Pension Benefit Guarantee Corporation premiums, actuary fees and trustee fees, on behalf of the Participating Plans.

6. Benefits Paid on Behalf of the Participating Plans

The Trust pays benefits to participants on behalf of the Participating Plans which are recorded when paid.

7. Assets Transferred from Qualified Trust

During 2024 and 2023, assets totaling \$152,145 and \$578,199 were received by the Trust from the CMFG Life Insurance Company Represented Plan Qualified Trust in conjunction with a transfer of benefit obligations between the TruStage Pension Plan for Non-Represented Employees and the TruStage Pension Plan for Represented Employees, a participating plan in the CMFG Life Insurance Company Represented Plan Qualified Trust.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE C - INVESTMENTS

The following table presents the investments held by the Trust at December 31:

| | 2024 | 2023 |
|--|-------------------------|-------------------------|
| Investments, at fair value | | |
| Cash and cash equivalents ¹ | \$ 10,710,359 | \$ 11,883,415 |
| Mutual funds | 558,771,681 | 490,981,027 |
| Collective trust accounts | 902,754,522 | 907,623,366 |
| Limited partnerships | 62,742,807 | 69,127,197 |
| Investments, at contract value | | |
| Deposit administration contract | 107,096,322 | 121,376,396 |
| Total investments held by the trust | \$ 1,642,075,691 | \$ 1,600,991,401 |

1 - Includes cash that is not subject to fair value accounting of \$673,336 and \$3,430,982 for 2024 and 2023, respectively.

The Trust has entered into investment agreements for certain limited partnerships and other investment holdings which restrict the Trust's ability to sell the assets by requiring the approval of the other holders of the investment.

NOTE D - INVESTMENT CONTRACT

On behalf of the 401(k) Plan, the Trust entered into a fully benefit-responsive investment contract with CMFG Life, one of the Employers, in the form of a DAC on January 1, 2002. CMFG Life maintains the contributions in its general account. The account is credited with earnings and charged for participant withdrawals. There were no reserves against contract value for credit risk of the contract issuer or for any other risks as of December 31, 2024 and 2023. The crediting interest rate is based on a rate agreed upon with the issuer, and such interest rates are reviewed on an annual basis for resetting.

There are no events that limit the ability of the Trust to transact at contract value with CMFG Life, which is also the DAC issuer. The DAC does not permit CMFG Life to terminate the agreement.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENT

The Trust records its investments at fair value, except for the fully benefit-responsive investment contract and cash, using a fair value hierarchy that distinguishes between assumptions based on market data (observable inputs) and the Trust's assumptions (unobservable inputs). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The Company has categorized its financial instruments, based on the degree of subjectivity inherent in the valuation technique, as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Trust has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar instruments in active markets;
- Quoted prices for identical or similar instruments in markets that are not active;
- Inputs other than quoted prices that are observable for the instruments; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Cash, cash equivalents, and mutual funds (Level 1): Valued at the quoted market value as of the last business day of the year.

Collective trust accounts (Level 2): Valued using quoted prices for identical assets in markets that are not active and/or similar assets in markets that are active.

Collective trust accounts (Net asset value): Valued at the net asset value of shares held by the Trust at year-end as a practical expedient for fair value, based on information reported by investment managers and/or audited financial statements.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

Limited partnerships (Net asset value): Valued at the net asset value of shares held by the Trust at year-end as a practical expedient for fair value, based on information reported by the external investment managers and/or audited financial statements of the limited partnership. The limited partnership investments were designed to be liquidated after full funding, generally eight to twelve years, at the discretion of the general partners, and generally investors do not have the option to redeem their interests. Distributions will be received from these investments as the underlying assets are liquidated. The Trust does not directly invest in the underlying securities of the limited partnerships, and due to restrictions on the transferability and timing of withdrawals from the limited partnerships, the amounts realized upon liquidation could differ from such reported values.

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

| 2024 | | | | |
|--|-----------------------|---------------------|-----------------------|-------------------------|
| Fair Value Measurements | | | | |
| Using Input Type | | | | |
| | Level 1 | Level 2 | Net Asset Value | Total |
| Cash and cash equivalents ¹ | \$ 10,710,359 | \$ - | \$ - | \$ 10,710,359 |
| Mutual funds | 558,771,681 | - | - | 558,771,681 |
| Collective trust accounts | - | 1,703,139 | 901,051,383 | 902,754,522 |
| Limited partnerships | - | - | 62,742,807 | 62,742,807 |
| Total assets at fair value | \$ 569,482,040 | \$ 1,703,139 | \$ 963,794,190 | \$ 1,534,979,369 |

1 - Includes cash of \$673,336 that is not subject to fair value accounting.

| 2023 | | | | |
|--|-----------------------|---------------------|-----------------------|-------------------------|
| Fair Value Measurements | | | | |
| Using Input Type | | | | |
| | Level 1 | Level 2 | Net Asset Value | Total |
| Cash and cash equivalents ¹ | \$ 11,883,415 | \$ - | \$ - | \$ 11,883,415 |
| Mutual funds | 490,981,027 | - | - | 490,981,027 |
| Collective trust accounts | - | 2,853,826 | 904,769,540 | 907,623,366 |
| Limited partnerships | - | - | 69,127,197 | 69,127,197 |
| Total assets at fair value | \$ 502,864,442 | \$ 2,853,826 | \$ 973,896,737 | \$ 1,479,615,005 |

1 - Includes cash of \$3,430,982 that is not subject to fair value accounting.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

The tables below set forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31:

| 2024 | | | | |
|---------------------------|----------------|----------------------|----------------------|--------------------------|
| Investment type | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
| Collective trust accounts | \$ 902,754,522 | \$ - | Daily | Daily |
| Limited partnerships | 62,742,807 | 25,003,428 | N/A | N/A |
| 2023 | | | | |
| Investment type | Fair value | Unfunded commitments | Redemption frequency | Redemption notice period |
| Collective trust accounts | \$ 907,623,366 | \$ - | Daily | Daily |
| Limited partnerships | 69,127,197 | 27,614,641 | N/A | N/A |

The target collective trust accounts' objectives are to seek investment return through a mix of investments, which change over time according to a predetermined path, which becomes more conservative as the fund approaches the target date. To achieve this, the funds invest in equity, bond index, and money market funds.

The balanced collective trust accounts' objectives are to maintain principal value, protect against market price volatility, and obtain consistent income return. To achieve this, the funds invest in instruments which are not expected to experience significant price fluctuation in most economic or interest rate environments.

The Trust invests in mezzanine and private equity limited partnerships to meet the objectives of maintaining principal value and obtaining consistent income returns.

As a part of the limited partnership investments, the Trust invests in hedge funds which invest in a wide mix of investments to meet the objective of obtaining consistent and strong investment returns.

There is no assurance that the objectives of each type of investment can be achieved.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE F - TAX STATUS

The Trust was established by the 401(k) Plan and the Pension Plan to hold the Plans' assets and is intended to meet the applicable requirements of Section 501(a) of the Internal Revenue Code of 1986 ("IRC") and qualify as a tax-exempt trust.

The Plans obtained their latest determination letters dated April 29, 2016 for the Pension Plan and May 1, 2017 for the 401(k) Plan, in which the Internal Revenue Service ("IRS") stated that the Plans, as designed, are in compliance with the applicable requirements of the IRC. The Plans have since been amended. The Plans' administrator and the Plans' tax counsel believe that the Plans are designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plans' administrator believes that the Plans are qualified and the Trust is tax-exempt as of the financial statement date and no provision for income taxes has been included in the Trust's financial statements.

Accounting principles generally accepted in the United States of America require management of the Trust to evaluate tax positions taken by the Trust and recognize a tax liability if the Trust has taken an uncertain position that, more likely than not, would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by the Trust and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Trust is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits in progress for any tax periods.

NOTE G - RELATED PARTY TRANSACTIONS

Certain expenses of the Plans are paid by the Employers.

Notes receivable from plan participants are also considered party-in-interest transactions.

Certain Trust investments are managed by State Street Bank. State Street Bank is the custodian and trustee as defined by the Trust and, therefore, any transactions with State Street Bank qualify as party-in-interest transactions.

On behalf of the 401(k) Plan, the Trust is party to a fully benefit-responsive investment contract with CMFG Life, one of the Employers, in the form of a DAC.

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE H - 401(h) ACCOUNT

The Pension Plan includes a medical benefit component, in addition to the normal retirement benefits, to fund a portion of the post-retirement medical obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Trust for the net assets related to the medical benefit component (“401(h) Account”). In accordance with IRC Section 401(h), the Trust’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 as determined under the IRC and its regulations. Any assets transferred to the 401(h) Account from the defined benefit plan in a qualified transfer of excess pension plan assets (and any income allocable thereto) that are not used during the plan year must be transferred out of the account to the Pension Plan. The related obligations for health benefits are not included in the Trust’s financial statements or the Pension Plan’s obligations in the disclosure of accumulated plan benefits but are reflected as obligations in the Pension Plan’s sponsor’s financial statements.

Plan participants do not contribute to the 401(h) Account. Employer contributions or qualified transfers to the 401(h) Account are determined annually and are at the discretion of the Pension Plan’s sponsor. Certain of the Trust’s net assets are restricted to fund a portion of post-retirement health benefits for retirees and their beneficiaries in accordance with IRC Section 401(h).

NOTE I - RISKS AND UNCERTAINTIES

The Trust invests in various investments. Investments are exposed to various risks including, but not limited to, interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets.

Because limited partnerships are not readily marketable, their estimated fair value is subject to greater uncertainty and, therefore, may differ significantly from the values that would have been used had a ready market existed.

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

NOTE J - SUBSEQUENT EVENTS

The Trust administrator evaluated the Trust’s December 31, 2024 financial statements for subsequent events through September 17, 2025, the date that the financial statements were available to be issued. The Trust administrator is not aware of any subsequent events which would require recognition or disclosure in the Trust’s financial statements.

SUPPLEMENTAL SCHEDULES

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 42-1427107 PN 010
December 31, 2024

| (a) | (b) Identity of issuer | (c) Description of investment | (d) Cost | (e) Current value |
|----------------------------------|---------------------------|--|-------------|----------------------|
| Cash and cash equivalents | | | | |
| | State Street Bank | Cash | \$ 673,336 | \$ 673,336 |
| | Vanguard | Treasury Money Market Fund | 1,125,658 | 1,125,658 |
| | Wells Fargo | Government Money Market Fund | 8,911,365 | 8,911,365 |
| | | | 10,710,359 | 10,710,359 |
| Mutual funds | | | | |
| | Dodge & Cox | International Stock Fund | 21,137,379 | 23,151,928 |
| | Eaton Vance | Atlanta Capital SMID - Cap Fund | 37,586,174 | 43,730,968 |
| | Vanguard | International Growth | 7,717,898 | 5,337,285 |
| | Vanguard | Long-term Investment Grade Admiral Fund | 343,933,184 | 286,026,679 |
| | Vanguard | FTSE All World Inst | 13,111,369 | 14,317,773 |
| | Vanguard | Equity Income Fund | 23,880,985 | 27,385,247 |
| | Vanguard | Total Stock Market Index Fund | 22,471,316 | 44,504,137 |
| | Vanguard | Short-term Corporate Bond | 95,447,642 | 98,721,310 |
| | Vanguard | REIT Index Fund | 15,310,207 | 15,596,354 |
| | | | 580,596,154 | 558,771,681 |
| Collective trust accounts | | | | |
| | BlackRock | Russell 2500 Index | 40,666,290 | 52,592,096 |
| | BlackRock | CTF Equity Index Fund J | 99,227,473 | 155,732,077 |
| | BlackRock | MSCI ACWI Index Fund | 18,793,083 | 21,479,305 |
| | BlackRock | CTF US Debt Index Fund | 23,390,957 | 23,289,028 |
| | BlackRock | LifePath Index 2030 Fund W | 49,577,100 | 106,984,938 |
| | BlackRock | LifePath Index 2035 Fund W | 46,627,436 | 98,703,493 |
| | BlackRock | LifePath Index 2040 Fund W | 36,508,089 | 72,868,215 |
| | BlackRock | LifePath Index 2045 Fund W | 30,888,767 | 61,446,649 |
| | BlackRock | LifePath Index 2050 Fund W | 24,751,600 | 49,821,518 |
| | BlackRock | LifePath Index 2055 Fund W | 16,720,029 | 31,244,135 |
| | BlackRock | LifePath Index 2060 Fund W | 7,448,144 | 13,356,594 |
| | BlackRock | LifePath Index 2065 Fund W | 3,472,414 | 4,189,496 |
| | BlackRock | LifePath Index Fund W | 77,343,137 | 94,430,559 |
| | Janus Henderson | AAA CLO ETF | 25,003,974 | 25,265,548 |
| | JP Morgan | Commingled Pension Trust Fund | 40,148,390 | 63,672,977 |
| | Loomis Sayles | Core Plus Fixed Income | 16,466,452 | 16,997,092 |
| * | Ultra Series | Bond Series | 2,027,056 | 1,703,139 |
| | Wellington Trust Co. | National Association | 9,178,136 | 8,977,663 |
| | | | 568,238,527 | 902,754,522 |

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 42-1427107 PN 010
December 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--|-------------------------------|---|-------------------------|-------------------------|
| Identity of issuer | Description of investment | Cost | Current value | |
| Limited partnerships | | | | |
| | Apogem | NYCLSP Select Manager Fund II | 1,837,053 | 210,888 |
| | Capital Dynamics | Generation VIII - US Mid-Market | 214,925 | 1,096,034 |
| | Coller Capital | VI Feeder Fund | 330,644 | 249,260 |
| | Coller Capital | VII Feeder Fund | 84,218 | 2,572,148 |
| | Glendower Capital | SOF V (Feeder A), SCSp | 1,638,901 | 2,450,372 |
| | Glendower Capital | Secondary Opportunities III LP | 936,488 | 621,823 |
| | Goldman Sachs | Vintage Fund VI Offshore | 1,361,459 | 1,265,968 |
| | Goldman Sachs | Growth + Emerging Markets | 2,846,890 | 1,982,278 |
| | Goldman Sachs | Private Equity Managers (2015) Offshore | 1,127,875 | 2,046,066 |
| | Goldman Sachs | Private Equity Manager 2014 Offshore LP | 1,248,390 | 1,527,884 |
| | GoldPoint Partners LLC | Select Manager Fund IV | 8,055,998 | 9,710,136 |
| | GoldPoint Partners LLC | Select Manager Fund III | 5,606,866 | 6,405,973 |
| | GoldPoint Partners LLC | Select Fund V | 6,885,121 | 8,430,571 |
| | Landmark Partners | Fund VII | 22,371 | 410,454 |
| | Landmark Partners | Private Equity XVI Offshore | 1,727,741 | 2,435,932 |
| | Landmark Partners | Fund VIII | 1,450,435 | 1,982,306 |
| | Landmark Partners | Equity Partners XVII Offshore | 3,002,610 | 3,195,855 |
| | Morgan Stanley | Private Markets XIV | - | 195,290 |
| | Morgan Stanley | Private Markets Fund VI | - | 4,890,044 |
| | Stepstone | Tactical Growth Offshore Fund III | 3,424,257 | 3,594,234 |
| | Stepstone | Secondary Opportunities Fund IV | 4,209,129 | 5,055,050 |
| | Whitehorse Liquidity Partners | Equity Fund LP | 2,152,003 | 2,414,241 |
| | | | <u>48,163,374</u> | <u>62,742,807</u> |
| Deposit administration contract | | | | |
| * | | CMFG Life Insurance Company Deposit administration contract | 102,297,063 | 107,096,322 |
| | | | <u>\$ 1,310,005,477</u> | <u>\$ 1,642,075,691</u> |

* Indicates a known party-in-interest to the Trust

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
 EIN 42-1427107 PN 010
 December 31, 2024

| (a) Identity of party involved | (b) Description of asset | (c) Purchase price of cumulative assets purchased | (d) Selling price of cumulative assets sold* | (e) Cost of assets sold(purchased) | (f) Net gain (loss) |
|-----------------------------------|---|---|--|--|---------------------------|
| Single transactions | | | | | |
| Vanguard | Long-term Investment Grade Admiral Fund | \$ 8.32 | \$ - | (92,095,314) | |
| Vanguard | Long-term Investment Grade | 8.32 | 19.53 | 92,095,314 | (9,779,571) |

* Represents current value of asset on transaction date

CMFG LIFE INSURANCE COMPANY NON-REPRESENTED PLAN QUALIFIED TRUST
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| Deposit administration contract | | | | |
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| | | | <u>\$ 1,310,005,477</u> | <u>\$ 1,642,075,691</u> |

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