

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTAGE FINANCIAL GROUP, INC.</u></p> <p><u>P.O. BOX 391</u> <u>MADISON, WI 53701-0391</u></p>	<p>1c Effective date of plan <u>09/01/1958</u></p> <p>2b Employer Identification Number (EIN) <u>45-4418520</u></p> <p>2c Plan Sponsor's telephone number <u>608-238-5851</u></p> <p>2d Business code (see instructions) <u>551112</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	BRIAN J BORAKOVE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	BRADLEY J PRICER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EMPLOYEE BENEFITS 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 1218																				
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:10%;">6a(1)</td><td style="text-align: right;">489</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">492</td></tr> <tr><td>6b</td><td style="text-align: right;">479</td></tr> <tr><td>6c</td><td style="text-align: right;">231</td></tr> <tr><td>6d</td><td style="text-align: right;">1202</td></tr> <tr><td>6e</td><td style="text-align: right;">26</td></tr> <tr><td>6f</td><td style="text-align: right;">1228</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">8</td></tr> </table>	6a(1)	489	6a(2)	492	6b	479	6c	231	6d	1202	6e	26	6f	1228	6g(1)		6g(2)		6h	8
6a(1)	489																				
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6d	1202																				
6e	26																				
6f	1228																				
6g(1)																					
6g(2)																					
6h	8																				
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:
 3H 1A 1C

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 checked="" 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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" 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 checked="" 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 type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </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)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTAGE FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-4418520</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>197571114</u>
	b Actuarial value	2b	<u>215167558</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>492</u>	<u>108232681</u>
	b For terminated vested participants	<u>237</u>	<u>13976786</u>
	c For active participants	<u>489</u>	<u>58207271</u>
	d Total	<u>1218</u>	<u>180416738</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1924960</u>
	b Expected plan-related expenses	6b	<u>240000</u>
	c Target normal cost	6c	<u>2164960</u>

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

SIGN HERE	
Signature of actuary	<u>09/24/2025</u>
<u>JOHN M. CHMIELEWSKI, F.S.A.</u>	Date
Type or print name of actuary	<u>23-07661</u>
<u>MILLIMAN, INC.</u>	Most recent enrollment number
Firm name	<u>262-784-2250</u>
<u>17335 GOLF PARKWAY SUITE 100 BROOKFIELD, WI 53045</u>	Telephone number (including area code)
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	43253334
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3023621
9	Amount remaining (line 7 minus line 8)	0	40229713
10	Interest on line 9 using prior year's actual return of <u>9.51</u> %	0	3825846
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	44055559

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.44 %
15	Adjusted funding target attainment percentage	15	118.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 58
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 2164960
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		10060109	973614
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 3138574
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		3138574	3138574
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTAGE FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 45-4418520	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	150693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRANT THORNTON, LLP

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 16 50	NONE	42000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST

43-1661502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTAGE FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-4418520</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CMFG LIFE REP PLAN QUALIFIED TRST</u>		
b Name of sponsor of entity listed in (a): <u>TRUSTAGE FINANCIAL GROUP, INC.</u>		
c EIN-PN <u>45-4418520-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>186433285</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTAGE FINANCIAL GROUP, INC.	D Employer Identification Number (EIN) 45-4418520

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	561568
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	197719352
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	197719352	186994853
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	197719352	186994853

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(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)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1469333
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1469333

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11576999	
(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)		11576999
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)	464688	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		464688
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12041687

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10572354
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		152145

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
TRUSTAGE PENSION PLAN FOR NON-REPRESENTED EMPLOYEES	45-4418520	009

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 556728.

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

A Name of plan <u>TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTAGE FINANCIAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-4418520</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>39-6053142</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	16

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 15.7 % Private Equity: 11.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 71.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.1 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024
		This Form is Open to Public Inspection

Name of Plan	TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	45-4418520	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	2			13		
25 to 29	11			18		
30 to 34	13			29	78927	6709
35 to 39	11			23	86831	6441
40 to 44	5			16		
45 to 49	1			14		
50 to 54	6			11		
55 to 59	2			4		
60 to 64	1			3		
65 to 69				1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29	3					
30 to 34	17			5		
35 to 39	15			6		
40 to 44	12			8		
45 to 49	11			4		
50 to 54	3			6		
55 to 59	1			7		
60 to 64	2			3		
65 to 69	2			2		
70 & Up						

Name of Plan	TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	45-4418520	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	2					
40 to 44	4			1		
45 to 49	4			2		
50 to 54	6			8		
55 to 59	2			5		
60 to 64	1			8		
65 to 69				1		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	1					
45 to 49	2			1		
50 to 54	8			11		
55 to 59	12			32	119827	132856
60 to 64	2			8		
65 to 69	1			3		
70 & Up						

Name of Plan	TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	45-4418520	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	1					
55 to 59	26	109657	147947	2		
60 to 64	23	104336	154780	15		
65 to 69	3			3		
70 & Up						

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	45-4418520	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2807512	165053	9311193	12283758
2025	3182449	191733	9186579	12560761
2026	3513726	257480	9050014	12821220
2027	3567379	360296	8895269	12822944
2028	3704009	438618	8717844	12860471
2029	4000534	590521	8531776	13122831
2030	3974837	739291	8330178	13044306
2031	3966835	846395	8094337	12907567
2032	3957779	927039	7871095	12755913
2033	3918967	1027253	7627049	12573269
2034	3875731	1050441	7374167	12300339
2035	3928159	1116585	7107289	12152033
2036	3799216	1124297	6816705	11740218
2037	3807056	1156338	6517799	11481193
2038	3753820	1174202	6206792	11134814
2039	3729252	1189936	5890563	10809751
2040	3656376	1187546	5559635	10403557
2041	3632289	1198973	5222245	10053507
2042	3571977	1205750	4881365	9659092
2043	3510050	1209933	4541628	9261611
2044	3459306	1190246	4201714	8851266
2045	3389308	1156168	3864326	8409802
2046	3322851	1137482	3532200	7992533
2047	3237222	1109737	3207985	7554944
2048	3147187	1090349	2894102	7131638

Name of Plan	TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	45-4418520	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3043681	1058804	2592703	6695188
2050	2942122	1008870	2305711	6256703
2051	2813432	979771	2034780	5827983
2052	2683952	929781	1781240	5394973
2053	2547789	908217	1546138	5002144
2054	2413032	859491	1330188	4602711
2055	2273925	813828	1133805	4221558
2056	2116727	782330	957114	3856171
2057	1968883	737798	799931	3506612
2058	1822059	685850	661759	3169668
2059	1671313	648342	541794	2861449
2060	1517608	598010	438961	2554579
2061	1372293	553216	351962	2277471
2062	1234641	505839	279346	2019826
2063	1105966	461361	219553	1786880
2064	992230	419900	170964	1583094
2065	887728	381487	131982	1401197
2066	793114	346076	101082	1240272
2067	706895	313570	76870	1097335
2068	631178	283833	58101	973112
2069	565149	256699	43676	865524
2070	507665	231982	32674	772321
2071	457760	209479	24329	691568
2072	414339	188988	17902	621229
2073	376390	170317	13214	559921

Financial Statements and Report of
Independent Certified Public Accountants

**TruStage Pension Plan for Represented
Employees**

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Participants and Plan Administrator
TruStage Pension Plan for Represented Employees

Opinion

We have audited the financial statements of TruStage Pension Plan for Represented Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for opinion

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

Responsibilities of management for the financial statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with

respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements

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

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.

Grant Thornton LLP

Chicago, Illinois
September 17, 2025

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

Assets	2024	2023
Plan interest in CMFG Life Insurance Company		
Represented Plan Qualified Trust	\$ 186,433,285	\$ 197,719,352
Dividend receivable	561,568	-
Net assets available for benefits	\$ 186,994,853	\$ 197,719,352

The accompanying notes are an integral part of these statements.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2024	2023
Contributions:		
Employers	\$ -	\$ -
Total contributions	-	-
Net investment income:		
Net investment income from Plan interest in CMFG Life Insurance Company Represented Plan Qualified Trust	1,469,333	17,821,972
Total net investment income	1,469,333	17,821,972
Deductions from net assets:		
Benefits paid to participants	11,576,999	10,800,611
Administrative expenses	464,688	142,775
Assets transferred to TruStage Pension Plan for Non-Represented Employees	152,145	578,199
Total deductions from net assets	12,193,832	11,521,585
Net increase (decrease) in net assets available for benefits	(10,724,499)	6,300,387
Net assets available for benefits at beginning of year	197,719,352	191,418,965
Net assets available for benefits at end of year	\$ 186,994,853	\$ 197,719,352

The accompanying notes are an integral part of these statements.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the TruStage Pension Plan for Represented Employees (the “Plan” or the “Rep Plan”) is based on the Plan document, as restated effective May 23, 2023, and provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

1. General

The Plan is intended to meet the applicable requirements of Section 401 of the Internal Revenue Code (“IRC”) and qualify as a non-contributory defined benefit pension plan that provides for retirement and death benefits. It is subject to the provisions 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”), and subsequent legislation and to the terms of a trust agreement with an original effective date of April 1, 1991. The Plan is participating as a single employer plan in the CMFG Life Insurance Company Represented Plan Qualified Trust, (the “Trust”). The Trust is organized as a master trust as defined by 29 CFR 2520.103-1(e) of ERISA. The trustee, State Street Bank and Trust Company (“State Street Bank”), holds the Plan’s investment assets and executes investment transactions for the Trust on behalf of the Plan. Investments are made under the direction of the Plan’s and the Trust’s designated investment managers, MEMBERS Capital Advisors, Inc.

The Plan covers substantially all full-time employees of CMFG Life Insurance Company (the “Employer” or “CMFG Life”) who reside in the United States or its territories, who are employed in a position covered by the collective bargaining agreement entered into between the Office and Professional Employees International Union, AFL-CIO, Local No. 39 and the Employer, and who have completed one hour of service. Part-time or temporary employees of CMFG Life who have completed one year of service and reached the age of 21 are also eligible for the Plan.

2. Pension Benefits

Normal retirement under the Plan is the later of age 65 or the fifth anniversary of the participant’s commencement of participation in the Plan. Early retirement is available to certain participants who have both attained age 50 and completed five or more years of service, as determined under the Plan. Early retirement benefits are determined in accordance with specific factors defined in the Plan document. The Plan also provides for termination benefits and for pre-retirement death benefits. Participants should refer to the Plan document for more information.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

For each year of service earned, a participant shall receive a contribution credit to his or her cash balance account. The contribution credit is equal to 4% of compensation if the participant's years of service total 9 or less, 5% of compensation if total years of service are greater than 9 and less than 20, and 6% of compensation if total years of service are 20 or greater. In addition, each participant receives a contribution credit equal to 1% of compensation which exceeds the Social Security taxable wage base. Each participant also receives an interest credit equal to his or her cash balance account at the beginning of the plan year, plus the contribution credit for the current year multiplied by an interest crediting rate equal to the 10-Year Constant Maturity Rate on Treasury Notes as reported on the Federal Reserve Bank's H.15 Report ("10-Year Rate") on October 31 of the prior plan year. Prior to January 1, 2006, the interest crediting rate was equal to the 10-Year Rate on December 31 of the prior plan year. However, for benefit commencement dates on and after January 1, 2006 and before January 1, 2007, the rate used to calculate benefits was equal to the 10-Year Rate on December 31 or October 31 of the prior plan year, whichever produced the greater benefit.

For eligible participants whose termination of service date was prior to September 1, 2005, retirement benefits were determined under the formula contained in the CUNA Mutual Pension Plan (the "Prior Plan").

Participants whose years of service began prior to September 1, 2005 and ended after September 1, 2005 receive the greater of the retirement benefit amounts calculated under the Prior Plan's formula or the new plan's formula as described above.

Retirement benefits under the Prior Plan's formula was calculated as follows:

Participants in the Plan were entitled to pension benefits beginning at normal retirement age equal to 66.67% of final average monthly compensation offset by covered compensation and reduced by years of service as those terms as defined in the Plan.

Participants with an accrued benefit under a prior plan whose termination of service date is subsequent to January 1, 2016 shall receive a monthly pension at his or her normal retirement date equal to the greater of (i) the actuarial equivalent of the participant's cash balance account or (ii) the sum of (a) the participant's retirement benefit amount calculated under the applicable Prior Plan's formula based on service credited and compensation earned (as each is defined under the prior plans) as of December 31, 2015 plus (b) the actuarial equivalent of the participant's cash balance account which accrues to the participant from January 1, 2016 through the participant's termination of service date.

3. Vesting

For participants who terminated prior to January 1, 2005, the vesting schedule is as described in that the Prior Plan provides that pension benefits become non-forfeitable (vested) at the completion of five years of continuous service, as a year of service and continuous service are defined in the Plan. For participants who terminate on or after January 1, 2009, pension benefits become non-forfeitable at the completion of three years of continuous service. Notwithstanding the vesting schedule, a Participant's right to their normal retirement benefit is nonforfeitable upon the attainment of Normal Retirement Age (as defined by the Plan).

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

4. Benefit Payments

The Plan's normal form of retirement benefit is a straight-life annuity payable to single participants and a 50% joint and survivor annuity payable to married participants. Participants who have not attained age 50 may elect a single sum distribution in lieu of the normal form of benefit payment. For participants who have attained age 50, optional methods for distributing benefits include:

- 75% or 100% joint and survivor annuities;
- guaranteed payments for 10- and for participants terminating after September 1, 2005, 15- or 20-year periods not extending beyond the participant's life expectancy; or
- For participants terminating after September 1, 2005, single sum amounts as defined in the Plan.

For participants who terminated employment prior to September 1, 2005, the guaranteed payment option is limited to a 10-year period and single sum payments are only available if the total accrued benefit is less than \$20,000.

Any optional form of benefit shall be the actuarial equivalent of the normal benefit to which the participant is entitled. If a participant's accrued benefit does not exceed \$1,000 as of the date of the participant's termination of service, the benefit will be paid in a single sum.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the Plan'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.

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, the disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

3. Investment Valuation and Income Recognition

Changes in net assets available for plan benefit is based on the beginning-of-year value of the Plan's interest in the Trust plus contributions and investment income or loss less distributions and administrative expenses.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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 of a defined benefit 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.

Investments sold by the Trust 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 investment income (loss) from Plan interest in Trust includes the Trust's gains and losses on investments bought and sold as well as held during the year.

4. Administrative Expenses

Expenses of the Plan, which include professional fees, Pension Benefit Guarantee Corporation ("PBGC," a U.S. government agency) premiums, actuary fees and trustee fees, are paid by the Plan except for certain administrative fees which are paid by the Employer. Applicable fund management fees are charged by the investment managers and included in net investment income (loss) from Plan interest in the Trust.

5. Benefits Paid to Participants

Benefits are recorded when paid by the Plan.

NOTE C - FUNDING POLICY

The Employer's funding policy is to make the necessary contributions to meet the minimum funding requirements, as determined by the Plan's independent actuary. The Employer may, from time to time, contribute additional amounts above the minimum required. No voluntary employee contributions are required or permitted. The Plan utilizes the Unit Credit Cost Method as its funding method, in compliance with the provisions of the Pension Protection Act of 2006. The Plan was in compliance with applicable ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE D - PLAN INTEREST IN CMFG LIFE INSURANCE COMPANY REPRESENTED PLAN QUALIFIED TRUST

All of the Plan's investments are in the Trust, which was established for the investment of assets of the Plan and the TruStage 401(k) Plan for Represented Employees. The assets of the Trust are held by the trustee, State Street Bank. The net assets available for benefits of each plan are maintained in separate investment accounts consisting solely of the assets related to each plan. Net investment income from Plan interest in the Trust, and administrative expenses are recorded by the individual plans based on the assets held in these separate investment accounts.

The following table presents the investments held by the Trust and the Plan's interest in the investments held by the Trust at December 31, 2024:

	Investments Held by the Trust	The Plan's Interest in the Investments Held by the Trust
Investments, at fair value		
Cash and cash equivalents ¹	\$ 3,916,106	\$ 3,911,093
Mutual funds	181,305,601	161,574,349
Collective trust accounts	173,931,201	-
Limited partnerships	20,947,843	20,947,843
Investments, at contract value		
Deposit administration contract	27,776,991	-
Total investments held by the Trust	\$ 407,877,742	\$ 186,433,285

¹ - Includes cash of \$338,299 for Investments Held by the Trust that is not subject to fair value accounting.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

The following table presents the investments held by the Trust and the Plan's interest in the investments held by the Trust at December 31, 2023:

	Investments Held by the Trust	The Plan's Interest in the Investments Held by the Trust
Investments, at fair value		
Cash and cash equivalents ¹	\$ 4,558,643	\$ 4,553,630
Mutual funds	160,956,531	141,125,141
Collective trust accounts	195,944,854	28,953,673
Limited partnerships	23,086,908	23,086,908
Investments, at contract value		
Deposit administration contract	29,563,620	-
Total investments held by the Trust	\$ 414,110,556	\$ 197,719,352

1 - Includes cash of \$1,112,117 for Investments Held by the Trust that is not subject to fair value accounting.

Net investment income for the Trust is as follows for the years ended December 31:

	2024	2023
Net appreciation in fair value of investments	\$ 18,261,484	\$ 39,355,830
Interest and dividends	7,618,131	6,356,519
Total net investment income	\$ 25,879,615	\$ 45,712,349

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE E - FAIR VALUE MEASUREMENT

The Plan records its investment in the Trust 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 in the Trust. 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 (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.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
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 partnerships. 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	\$ 3,916,106	\$ -	\$ -	\$ 3,916,106
Mutual funds	181,305,601	-	-	181,305,601
Collective trust accounts	-	-	173,931,201	173,931,201
Limited partnerships	-	-	20,947,843	20,947,843
Total assets at fair value	\$ 185,221,707	\$ -	\$ 194,879,044	\$ 380,100,751

1 - Includes cash of \$338,299 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	\$ 4,558,643	\$ -	\$ -	\$ 4,558,643
Mutual funds	160,956,531	-	-	160,956,531
Collective trust accounts	-	-	195,944,854	195,944,854
Limited partnerships	-	-	23,086,908	23,086,908
Total assets at fair value	\$ 165,515,174	\$ -	\$ 219,031,762	\$ 384,546,936

1 - Includes cash of \$1,112,117 that is not subject to fair value accounting.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
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	\$ 173,931,201	\$ -	Daily	Daily
Limited partnerships	20,947,843	7,569,759	N/A	N/A

2023				
Investment type	Fair value	Unfunded commitments	Redemption frequency	Redemption notice period
Collective trust accounts	\$ 195,944,854	\$ -	Daily	Daily
Limited partnerships	23,086,908	8,951,569	N/A	N/A

NOTE F - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid, as elected under the Plan, to retired or terminated employees or their beneficiaries, to beneficiaries of employees who have died, and to present employees or their beneficiaries.

Benefits for retired or terminated employees or their beneficiaries are based on the employee's final average monthly salary or accumulated cash balance, as determined under the Plan. The accumulated plan benefits for active employees are based on their estimated final average monthly salary, as defined in the Plan, based on an expected per-year salary increase, preceding the valuation date or accumulated cash balance. Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Actuaries from Milliman Inc., an actuarial and consulting firm, estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions in the actuarial valuation as of December 31, 2023 were (a) life expectancy of participants the PRI-2012 White Collar mortality table (Employee, Retiree, Disabled, and Contingent Survivor, as appropriate) and Generational projection using Projection Scale MP-2021 (male and female, appropriate), (b) retirement age assumptions (the assumed retirement age was the weighted average retirement age produced by a table of expected retirement rates by age) and (c) investment return.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

The December 31, 2023 valuation included an assumed average rate of return of 5.75%, net of anticipated administrative expenses associated with providing benefits.

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

Information regarding the Plan's accumulated plan benefits is as follows as of and for the year ended December 31, 2023 (based on the Plan in effect for such year):

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 105,252,321
Other participants	68,807,559
Total vested benefits	174,059,880
Non-vested benefits	693,476
Total actuarial present value of accumulated plan benefits	\$ 174,753,356
Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 173,997,705
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial (gain)/loss	1,735,113
Increase for interest due to the decrease in the discount period	9,702,855
Obligations transferred to other qualified plan (note G)	(152,145)
Change in assumptions	123,523
Benefit payments	(10,653,695)
Net increase	755,651
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 174,753,356

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

The following assumptions changes have been made from December 31, 2022 to December 31, 2023. The overall impact of these assumptions changes was an increase to the present value of accumulated plan benefits.

- The cash balance interest crediting rate has been updated from 4.10% to 4.88% for 2024 and 4.00% for years after 2024.
- The interest rate and mortality used to calculate the lump sum form of payment have been updated from 5.10%/5.83%/5.68% and the 2023 417(e) applicable mortality table to 5.10%/5.28%/5.31% and the 2024 417e mortality table.

NOTE G - ASSETS TRANSFERRED TO TRUSTAGE PENSION PLAN FOR NON-REPRESENTED EMPLOYEES

The Employer also sponsors the TruStage Pension Plan for Non-Represented Employees (“Non-Rep Plan”), a non-contributory defined benefit pension plan established for certain employees who do not meet the eligibility criteria of the Rep Plan. Employees cannot accrue benefits under both plans simultaneously; however, certain employees (“transferred employees”) have accumulated benefits under both the Rep Plan and the Non-Rep Plan due to changes in employment status.

On an annual basis, the Plan’s actuary determines the accumulated plan benefit accrued to each transferred employee under his or her original plan using each plan’s definition of actuarial equivalence. Based on these calculations, the actuary determined that \$152,145 and \$578,199 should be transferred from the Rep Plan to the Non-Rep Plan in 2024 and 2023, respectively, to account for the net difference in accumulated plan benefits of participants who have transferred between the plans. These transfers were made on July 5, 2024 and July 17, 2023, respectively.

As a result of these transfers, all future benefit payments for each transferred employee will be payable from the employee’s current plan. The actuarial present value of accumulated plan benefits for each plan (as discussed in Note F) will reflect these changes.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE H - PLAN TERMINATION

The Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a termination of the Plan, the net assets are to be allocated in accordance with the priority set forth in ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the PBGC up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

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

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

NOTE I - TAX STATUS

The Plan obtained its latest determination letter dated April 29, 2016, in which the Internal Revenue Service ("IRS") stated that the Plan, as designed, is in compliance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date and no provision for income taxes has been included in the Plan's financial statements.

TRUSTAGE PENSION PLAN FOR REPRESENTED EMPLOYEES
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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

NOTE J - RELATED PARTY TRANSACTIONS

Certain Plan expenses are paid by the Employer.

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

NOTE K - RISKS AND UNCERTAINTIES

Through its investment in the Trust, the Plan invests in various investments. Investments are exposed to various risks including, but not limited to, interest rate and 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 available for benefits.

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.

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 L - SUBSEQUENT EVENTS

The Plan administrator evaluated the Plan'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 Plan administrator is not aware of any subsequent events which would require recognition or disclosure in the Plan's financial statements.

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.75%) or the applicable statutory interest rate for the year.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2014).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None

Appendix B – Summary of Actuarial Assumptions

The assumptions summarized below represent mandated assumptions or the current best estimate of future expectations under this plan based upon an experience study completed for the period January 1, 2016 - January 1, 2021 dated July 2, 2021. If developing experience differs significantly from these assumptions, they may be revised for subsequent valuations.

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	5.01%
Segment 2 (5–20 years)	4.87%	4.46%	5.13%
Segment 3 (20+ years)	5.59%	4.52%	5.15%
Effective Interest Rate	5.12%	4.43%	5.13%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method (adopted January 1, 2014) is used for the PBGC variable rate premium calculation.

FASB ASC Topic 960: 5.75% per year (adopted January 1, 2021). This is the assumed rate of return for the Plan's entire portfolio of assets. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 5.75% per year (adopted January 1, 2021). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Salary Increases

Effective January 1, 2021, 2.2% per year inflation component for all years. Merit/productivity increases equal to 5.8% in year 1 grading down to 1.3% in year 14+. The merit productivity increases are shown below:

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
%	5.8	5.8	4.3	4.3	4.3	4.3	4.3	4.3	3.3	3.3	3.3	2.8	2.8	1.3	1.3

Inflation (CPI)

3.20% per year (adopted January 1, 2021).

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

FASB ASC Topic 960: The assumed inflation assumption of 3.20% per year (adopted January 1, 2021).

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

Social Security Taxable Wage Base Increases

3.20% per year (adopted January 1, 2021).

Administrative Expenses

Administrative expenses paid from the Plan assumed to be \$240,000 in 2024.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on Milliman's judgment and continual review of experience.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective January 1, 2024, Statutory generational mortality tables for 2024 based on PRI-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Sclae MP-2021.

FASB ASC Topic 960:

Base Table: Pri-2012 White Collar mortality table (Employee, Retiree, and Contingent Survivor, as appropriate). For disabled lives, Pri-2012 Disabled Annuitant Mortality Table.

Projection: Projection Scale MP-2021.

Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire. These rates were adopted January 1, 2021.

	50-54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Magic 85	0	15	10	10	10	10	10	30	30	30	30	25	25	25	25	25	100
Other	7	10	10	10	10	15	25	20	20	20	20	25	25	25	25	25	100

Terminated vested participants are assumed to retire at age 65.

Termination

Annual rates of termination are based on age. Sample rates (adopted January 1, 2021) are shown in the following table.

Effective January 1, 2021, select and ultimate rates based upon years of service from hire date. Select rates are 23%, 23%, 23%, 23% and 23% in years 1, 2, 3, 4 and 5, respectively. Ultimate rates as shown in the table below.

Age	M&F
25	13.50%
30	12.96
35	12.42
40	12.39
45	7.50
50	5.10

Disability

None assumed.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Effective January 1, 2021, for participants eligible for Magic 85 benefit (or over age 65), 25% elect a lump sum, while 75% elect an actuarially reduced 100% joint and survivor annuity. For all other participants, 40% are assumed to elect a lump sum, while 60% are assumed to elect an actuarially reduced 100% joint and survivor annuity.

Cash Balance Interest Credit: 4.88% (actual rate) for the 2024 plan year and 4.00% for years after 2024 (long-term assumption).

Marital Characteristics

For participants not in pay status: 75% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Lump Sum Factors

FASB ASC Topic 960: Effective January 1, 2024, 2024 417(e) mortality table and 5.10% / 5.28% / 5.31%.

ERISA minimum funding, maximum deductible contribution, and PBGC premium: Effective January 1, 2024, 2024 417(e) mortality table and underlying interest rates listed above.

Benefits Not Valued

None.

Special Data Adjustments

None.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: Effective January 1, 2024, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

Interest rates for Maximum Deductible Contribution: Effective January 1, 2024, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

Interest rates for PBGC premiums: Effective January 1, 2024, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements.

Cash Balance Interest Credit: Effective January 1, 2024, the interest crediting rate was changed from 4.10% to 4.88% to reflect the change in the rate for the 2024 plan year. Plan years after 2024 use the long-term assumption of 4.00%.

Interest Rates for Lump Sum Form of Payment: Effective January 1, 2024, the interest rates used for lump sum calculation purposes were updated based on the rates used for ERISA minimum funding, maximum deductible, and PBGC as applicable. For ASC Topic 960, the rates were updated to the estimated December 2023 417(e) rates (5.10% / 5.28% / 5.31%).

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective January 1, 2024, mortality was updated to the Statutory generational tables for 2024.

Mortality for FASB ASC 960 Lump Sum Form of Payment: Effective January 1, 2024, the mortality assumptions were updated to reflect the current 417(e) mortality table.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan TruStage Pension Plan for Represented Employees	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TruStage Financial Group, Inc.	D Employer Identification Number (EIN) 45-4418520	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	197,571,114	
b Actuarial value	2b	215,167,558	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	492	108,232,681	108,232,681
b For terminated vested participants.....	237	13,976,786	13,976,786
c For active participants	489	58,207,271	58,962,641
d Total.....	1,218	180,416,738	181,172,108
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate			5 5.12 %
6 Target normal cost.....			
a Present value of current plan year accruals.....			6a 1,924,960
b Expected plan-related expenses			6b 240,000
c Target normal cost			6c 2,164,960

Statement by Enrolled Actuary

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

SIGN HERE	John M. Chmielewski <i>JMC</i> Signature of actuary	<u>09/24/2025</u> Date
	JOHN M. CHMIELEWSKI, F.S.A.	23-07661
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN, INC.	(262) 784-2250
	Firm name	Telephone number (including area code)
	17335 GOLF PARKWAY SUITE 100 BROOKFIELD WI 53045	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	43,253,334
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	3,023,621
9 Amount remaining (line 7 minus line 8)	0	40,229,713
10 Interest on line 9 using prior year's actual return of <u>9.51</u> %	0	3,825,846
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	44,055,559

Part III	Funding Percentages	
14 Funding target attainment percentage	14	94.44%
15 Adjusted funding target attainment percentage	15	118.76%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.44%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 58
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2,164,960
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	10,060,109		973,614	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 3,138,574
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	3,138,574	3,138,574	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

TruStage Pension Plan for Represented Employees
 (EIN: 45-4418520)
 (PN: 001)

Age (a)	Rate (b)	Weight (c)	Product (a) x (c)
50	0.07	.0700	3.50
51	0.07	.0651	3.32
52	0.07	.0605	3.15
53	0.07	.0563	2.98
54	0.07	.0524	2.83
55	0.10	.0696	3.83
56	0.10	.0626	3.51
57	0.10	.0564	3.21
58	0.10	.0507	2.94
59	0.15	.0685	4.04
60	0.25	.0970	5.82
61	0.20	.0582	3.55
62	0.20	.0466	2.89
63	0.20	.0372	2.35
64	0.20	.0298	1.91
65	0.25	.0298	1.94
66	0.25	.0223	1.47
67	0.25	.0168	1.12
68	0.25	.0126	0.85
69	0.25	.0094	0.65
70	1.00	.0283	1.98
		Sum:	57.84
		Average Retirement Age:	58

Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Effective Date

Originally effective September 1, 1958; last restated January 1, 2021.

Participation

Each Employee who was a participant in the Prior Plan as of December 31, 2000 is automatically a participant of this plan on January 1, 2001. Prior to September 1, 2005, each other Employee of a Participating Employer who is not covered under any other qualified defined benefit plan of the Employer shall become a participant in this plan on the first day of the month after attaining age 21 and one Year of Service. After September 1, 2005, full-time Employees shall become a participant in this plan on the later of September 1, 2005 or their date of hire. Part-time and temporary Employees shall participate after age 21 and completion of one Year of Service.

Employee: Employee means any person employed by a member of the controlled group of TruStage working in a position covered by the collective bargaining agreement with the office and Professional Employees' International Union, AFL-CIO, Local No. 39 except for leased employees, persons living outside the United States, persons living in Puerto Rico and persons working for both TruStage and a credit union, credit union service organization or credit union league.

Year of Service: Year of Service means the 12 consecutive month period from the date of hire, date of rehire or adjusted date of rehire as applicable during which the Employee completes at least 1,000 Hours of Service (750 for exempt Employees if actual hours are not maintained).

Vesting

Prior to January 1, 2008, 100% at Normal Retirement Age or after Continuous Service has accumulated to five Years of Service as defined above. After December 31, 2007, 100% vested after three Years of Service.

Rehired Employees: Prior Years of Service from earlier employment are included and such Rehired Employee shall immediately participate in the Plan on their rehire date.

Transferred Employees: Employment with an Employer or Non-Participating Affiliate shall be credited with Years of Service for eligibility, vesting and Magic 85 eligibility.

Normal Retirement

Normal Retirement Age: Later of age 65 or the fifth anniversary of the participation commencement date.

Normal Retirement Benefit: All participants receive a monthly pension equal to the greater of (1) or (2):

- (1) The actuarial equivalent of their cash balance account.
- (2) Participants of the Plan as of September 1, 2005 (including deferred vested Members at September 1, 2005 who are rehired after September 1, 2005) will receive a minimum monthly pension equal to 2.22% times the Final Average Monthly Compensation times Continuous Service not to exceed 30 years. This amount is reduced by .065% times Covered Compensation times Continuous Service not to exceed 30 years. A participant hired prior to September 1, 1989 and who was age 35 or older on that date receives 2.667% instead of 2.22% and Continuous Service is limited to 25 years. Effective December 31, 2015, the benefits described in this paragraph were frozen. Starting on January 1, 2016, a new Cash Balance Account is established that is added to this frozen accrued benefit.

Early Retirement

Early Retirement Age: Age 50 and 5 years of Continuous Service.

Early Retirement Benefit: All participants receive a monthly pension equal to the greater of (1) or (2):

- (1) The actuarial equivalent of their cash balance account.
- (2) Participants of the Plan as of September 1, 2005 will receive a minimum early retirement monthly pension equal to 2.22% times the Early Retirement Factor (see Retirement Definitions) times Final Average Monthly Compensation times Continuous Service not to exceed 30 years. This amount is reduced by the Integration Factor (see Retirement Definitions) times Covered Compensation times Continuous Service not to exceed 30 years. A participant hired prior to September 1, 1989 and who was age 35 or older at that date receives 2.667% instead of 2.22% and Continuous Service is limited to 25 years. Effective December 31, 2015, the benefits described in this paragraph were frozen. Starting on January 1, 2016, a new Cash Balance Account is established that is added to this frozen accrued benefit.

Magic 85 Early Retirement

Magic 85 Age: Age 55 and the combination of age plus Service is equal to or greater than 85 and was a participant of the CUNA Mutual Pension Plan for Represented Employees as of August 31, 2005.

Magic 85 Benefit: Early Retirement Benefit using Magic 85 Retirement Factor (see Retirement Definitions) instead of the Early Retirement Factor above.

Transfer Benefits

Transfer to Non-Represented Plan: A transfer of assets is made to the Non-Represented Plan.

Transfer From Non-Represented Plan: A transfer of assets is made from the Non-Represented Plan.

Death Benefit

Pre-retirement

Single Members: Designated beneficiary will receive 100% of the Account Balance.

Married Members: Spouse receives the standard Qualified Pre-retirement Survivor Annuity (QPSA) based upon the greater of the Account Balance or the Prior Plan Accrued Benefit (Prior Plan Frozen Accrued Benefit if applicable). The designated beneficiary will receive 100% of the Account Balance reduced by the Actuarial Equivalent of the QPSA paid to the surviving spouse. Surviving spouses of members with 10 or more Years of Service who had a Prior Plan Accrued Benefit or a Prior Plan Frozen Accrued Benefit from the CMFG Life Insurance Company Pension Plan receive a single life annuity equal to 70% of the Member's Accrued Benefit. Surviving spouse may elect to receive their benefit in a lump sum.

Post-retirement: Death benefit paid according to the Optional Form of benefit selected.

Retirement Definitions

Final Average Monthly Compensation: Average of the highest 60 consecutive calendar months of Monthly Compensation.

Compensation: Regular basic compensation, including CSSP, sales incentive pay, differential pay, lump-sum merit and paid time off but excluding other reimbursements, expense allowances, moving expenses, fringe or welfare benefits, discretionary bonuses, severance, overtime and longevity payments, Christmas gifts, insurance payments, and other irregular payments. It shall include pre-tax elective deferrals under 125, 132(f)(4), 401(b)(3),

402(h), and 403(b). Compensation for TruStage Pension Plan for Represented Employees minimum benefits shall be regular basic compensation excluding bonus, severance, overtime, longevity, Christmas gifts, insurance benefits, vacation and sick leave at termination.

Compensation is limited to \$345,000 for 2024, as indexed by regulations, for any Plan Year.

“Legacy” Early Retirement Factor: Age factor interpolated for months in between ages.

Age	65	64	63	62	61	60	59	58
Factor	1.00	.94	.88	.82	.76	.70	.67	.64

Age	57	56	55	54	53	52	51	50
Factor	.61	.58	.55	.52	.49	.46	.43	.40

“Legacy” Magic 85 Factor: Age factor interpolated for months in between ages.

Age	65	64	63	62	61	60	59	58	57	56	55
Factor	1.00	.98	.96	.94	.92	.90	.88	.86	.84	.82	.80

“Legacy” Integration Factor: Age factor interpolated for months in between ages.

Age	65	64	63	62	61	60	59	58
Factor	.0065	.006	.0055	.005	.00475	.0045	.00425	.004

Age	57	56	55	54	53	52	51	50
Factor	.00375	.00344	.00316	.00289	.00264	.00242	.00222	.00204

Cash Balance Account: The Cash Balance Account as of the end of any plan year for a participant shall be equal to the Cash Balance Account for that participant at the beginning of the plan year increased by the Contribution Credit for the plan year plus the Interest Credit for the plan year. For participants as of August 31, 2005 of the CUNA Mutual Pension Plan for Represented Employees, the initial Cash Balance Account as of September 1, 2005 shall be equal to the actuarial equivalent present value of the September 1, 2005 accrued normal retirement benefit. A rehired Employee who participated in a prior plan shall receive an initial Cash Balance Account determined as of September 1, 2005 and increased by Interest Credits to the date of rehire. For all participants with a “Legacy” benefit, a new initial Cash Balance will be determined January 1, 2016 and added to the “Legacy” benefit.

Contribution Credit: Each participant shall receive a Contribution Credit to their Cash Balance Account as of the beginning of a plan year if they earn a Year of Service equal to 4% of their Compensation (5% of their Compensation if the total Years of Service is more than 9 and 6% of their Compensation if the total Years of Service is more than 19) plus 1% of their Compensation which exceeds the social security taxable wage base.

Interest Credit: Each participant shall receive an Interest Credit equal to their Cash Balance Account at the beginning of the plan year plus the Contribution Credit for the current year multiplied by an Interest Crediting Rate equal to the 10 Year Constant Maturity Treasury Note as reported on the Federal Reserve Bank’s H.15 Report on October 31 of each year. Simple interest method is used for partial years.

Optional Forms: Lump sum actuarial equivalent of the unsubsidized normal retirement benefit, 50% Joint & Survivor Annuity, 75% Joint & Survivor Annuity, 100% Joint & Survivor Annuity, and 10 Year Certain & Life Annuity.

Year of Service: 1,000 Hours of Service in an employment year. Prior to September 1, 2005, benefit service was calculated on a plan year basis. Proportional credit is granted in the year of separation from service.

Actuarial Equivalent: Project the Cash Balance Account to Normal Retirement Age using the latest Interest Crediting Rate. Convert this amount into a monthly benefit in the Normal Form using the IRC 417(e)(3) rate. If early retirement, reduction factors of $\frac{1}{2}\%$ per month and $\frac{1}{4}\%$ per month apply from ages 65 to 60 and 60 to 50, respectively. To calculate optional forms, use 6.5% interest and the RR2001-62 mortality table (except for lump sum which uses IRC 417(e)(3) rate). The lump sum cannot be less than the Cash Balance Account.

Normal Form of Payment

Single Life Annuity.

CMFG LIFE INSURANCE COMPANY REPRESENTED PLAN QUALIFIED TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
EIN 39-6053142 PN 006
December 31, 2024

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current value
Cash and cash equivalents				
	Wells Fargo	Government Money Market Fund	\$ 2,453,661	\$ 2,453,661
	State Street Bank	Cash	338,299	338,299
	Vanguard	Treasury Money Market	1,124,146	1,124,146
			<u>3,916,106</u>	<u>3,916,106</u>
Mutual funds				
	Dodge & Cox	International Stock Fund - Class X	3,669,745	4,103,197
	Eaton Vance	Atlanta Capital SMID - Cap Fund	7,179,842	9,227,682
	Loomis Sayles	Core Plus Fixed Income Fund	2,974,168	3,075,510
	Vanguard	Long-term Investment Grade Admiral Fund	163,613,713	132,296,990
	Vanguard	Total Stock Market Index Fund	7,681,308	13,847,889
	Vanguard	REIT Index Fund	3,048,947	3,324,862
	Vanguard	Equity Income Fund	6,759,282	7,535,425
	Vanguard	FTSE All World Index	5,260,527	5,796,617
	Vanguard	International Growth	3,032,954	2,097,429
			<u>203,220,486</u>	<u>181,305,601</u>
Collective trust accounts				
	BlackRock	Russell 2500 Index	5,752,369	8,128,905
	BlackRock	CTF Equity Index Fund J	16,830,777	30,205,350
	BlackRock	MSCI ACWI Index Fund	2,628,258	3,104,904
	BlackRock	CTF US Debt Index Fund	4,309,719	4,287,091
	BlackRock	LifePath Index 2030 Fund W	13,138,225	29,877,374
	BlackRock	LifePath Index 2035 Fund W	10,324,989	18,381,841
	BlackRock	LifePath Index 2040 Fund W	5,318,894	11,313,718
	BlackRock	LifePath Index 2045 Fund W	3,674,697	7,656,081
	BlackRock	LifePath Index 2050 Fund W	4,118,641	8,793,730
	BlackRock	LifePath Index 2055 Fund W	2,588,643	5,124,497
	BlackRock	LifePath Index 2060 Fund W	2,761,795	6,090,494
	BlackRock	LifePath Index 2065 Fund W	527,788	703,891
	BlackRock	LifePath Index Retirement Fund W	23,985,275	29,015,069
	JPMorgan	Commingled Pension Trust Fund	6,054,216	10,340,007
	Wellington Trust Co.	National Association	938,216	908,249
			<u>102,952,502</u>	<u>173,931,201</u>

CMFG LIFE INSURANCE COMPANY REPRESENTED PLAN QUALIFIED TRUST
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED

EIN 39-6053142 PN 006

December 31, 2024

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost	(e) Current value
Deposit administration contract				
*	CMFG Life Insurance Company	Deposit administration contract	25,669,500	27,776,991
Limited partnerships				
	Apogem	NYLCSP Select Manager Fund II	612,351	121,898
	Capital Dynamics	Generation VIII - US Mid-Market	71,642	365,344
	Coller Capital	VI Feeder Fund Feeder LP	104,414	78,713
	Coller Capital	VII Fund Feeder LP	28,073	857,380
	Deutsche Bank	Secondary Opportunities III LP	312,163	207,274
	Glendower	Capital Sof V	546,300	816,971
	Goldman Sachs	2014 Offshore LP	416,125	509,294
	Goldman Sachs	Growth + Emerging Markets	948,972	660,758
	Goldman Sachs	Private Equity Manager 2015	375,954	682,021
	Goldman Sachs	Vintage, Fund VI Offshore LP	453,819	421,897
	GoldPoint Partners LLC	Select Manager Fund III	1,868,955	2,135,324
	GoldPoint Partners LLC	Select Manager Fund LP	2,685,333	3,236,709
	GoldPoint Partners LLC	Select Fund V LP	2,295,040	2,810,284
	Landmark Partners	Fund VII	7,458	136,816
	Landmark Partners	Equity Partners XVI Offshore	575,913	820,324
	Landmark Partners	Real Estate Partners VIII	483,478	660,771
	Landmark Partners	Equity Partners XVII Offshore	1,000,870	1,043,291
	Morgan Stanley	Private Markets 14 Fund	-	64,920
	Morgan Stanley	Alternative Investment Partners	-	1,630,016
	Stepstone	TAC Growth	1,141,414	1,198,077
	Stepstone	Secondary Opportunities Fund IV	1,402,186	1,685,014
	Whitehorse Liquidity Partners	Equity Fund LP	717,334	804,747
			16,047,794	20,947,843
			\$ 351,806,388	\$ 407,877,742

Attachment to 2024 Schedule SB, Line 32 – Schedule of Amortization Bases

TruStage Pension Plan for Represented Employees

(EIN: 45-4418520)

(PN: 001)

TYPE OF BASE	PRESENT VALUE OF REMAINING INSTALLMENTS	VALUATION DATE ESTABLISHED	YEARS REMAINING IN AMORTIZATION PERIOD	AMORTIZATION INSTALLMENT
Shortfall	\$13,074,054	01/01/2023	14.0	\$1,247,824
Shortfall	(\$3,013,945)	01/01/2024	15.0	(\$274,210)
Sum	\$10,060,109			\$973,614

Attachment to 2024 Schedule SB, Line 24 – Change in Assumptions

TruStage Pension Plan for Represented Employees

(EIN: 45-4418520)

(PN: 001)

The plan has changed the assumption for the cash balance interest credit. The cash balance interest credit rate was revised to reflect the actual rate for the current plan year with a long-term assumption for future years.

Cash Balance

Interest Credit:

Prior to January 1, 2024, 4.10% per annum is assumed for each future year.

Effective January 1, 2024, 4.88% per annum used for 2024. Plan years after 2024 use the long-term assumption of 4%.