

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/2011
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) ONEMAIN GENERAL SERVICES CORPORATION 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE, IN 47701-1159
2b	Employer Identification Number (EIN) 35-1313922
2c	Plan Sponsor's telephone number 817-348-5434
2d	Business code (see instructions) 522298

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	DENISE KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor ONEMAIN FINANCIAL RETIREMENT PLANS COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE, IN 47701-1159		3b Administrator's EIN 35-1313922	
		3c Administrator's telephone number 800-804-8502	
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	4694
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	1019
		6a(2)	914
		6b	1617
		6c	1840
		6d	4371
		6e	258
		6f	4629
		6g(1)	
		6g(2)	
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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
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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 SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEMAIN GENERAL SERVICES CORPORATION	D Employer Identification Number (EIN) 35-1313922
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	277188981	
b	Actuarial value	2b	277188981	
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	1833	139370753	139370753
b	For terminated vested participants	1842	58351385	58351385
c	For active participants	1019	46548072	47435046
d	Total	4694	244270210	245157184
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1172000	
c	Target normal cost	6c	1172000	

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 ALAN D. DANG Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17755 P.O. BOX 551343 ATLANTA, GA 30355 Address of the firm	08/11/2025 Date 23-07076 Most recent enrollment number 847-771-6426 Telephone number (including area code)
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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)	92153418	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1197604	0
9	Amount remaining (line 7 minus line 8)	90955814	0
10	Interest on line 9 using prior year's actual return of <u>8.73</u> %	7940443	0
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>5.05</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)	98896257	0

Part III Funding Percentages

14	Funding target attainment percentage	14	72.72 %
15	Adjusted funding target attainment percentage	15	113.06 %
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	106.27 %
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
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21	Discount rate:			
a	Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
b	Applicable month (enter code)			21b
22	Weighted average retirement age			22 61
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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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
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31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)	31a	1172000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34 1172000
35	Balances elected for use to offset funding requirement	Carryover balance 1172009	Prefunding balance 0
36	Additional cash requirement (line 34 minus line 35)		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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

A Name of plan SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ONEMAIN GENERAL SERVICES CORPORATION	D Employer Identification Number (EIN) 35-1313922

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

(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)

AON INVESTMENTS USA INC

27-2436452

(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?
28 50 51	INVESTMENT MANAGER	1004228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 68	TRUSTEE	148571	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WHITLEY PENN LLP

75-2393478

(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 50	AUDITOR	29930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ONEMAIN GENERAL SERVICES CORPORATION	D Employer Identification Number (EIN) 35-1313922	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT SMALL CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 945988	
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT LARGE CAP EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5498468	
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT LONG CREDIT BOND FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172254239	
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT US INT GOV BOND INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66103899	
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT HIGH YIELD PLUS BOND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2675037	
a Name of MTIA, CCT, PSA, or 103-12 IE: ACIT NON-US EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3843293	
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR US TREASRY STRIPS INDEX FD			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7382344	

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

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

A Name of plan SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ONEMAIN GENERAL SERVICES CORPORATION	D Employer Identification Number (EIN) 35-1313922

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	7875	3458
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2785721	2969790
(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)	274403260	258703268
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	277196856	261676516
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	209445	360324
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	209445	360324
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	276987411	261316192

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)	90163	
(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)		90163
(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)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		215007
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		262007
d Total income. Add all income amounts in column (b) and enter total	2d		567177

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14581573	
(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)		14581573
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)	29930	
(5) Investment advisory and investment management fees	2i(5)	1004228	
(6) Bank or trust company trustee/custodial fees	2i(6)	148571	
(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)	474094	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1656823
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16238396

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-15671219
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WHITLEY PENN LLP**

(2) EIN: **75-2393478**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541739.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		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					
A Name of plan SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN				B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ONEMAIN GENERAL SERVICES CORPORATION				D Employer Identification Number (EIN) 35-1313922	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074					
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	12
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 3.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 94.0 %

High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.1 % 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_____.

**SPRINGLEAF FINANCIAL SERVICES
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**As of December 31, 2024 and 2023, and for the
Years Ended December 31, 2024 and 2023
with Report of Independent Auditors**

**SPRINGLEAF FINANCIAL SERVICES
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

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

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<u>Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year)</u>	<u>19</u>
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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the
Springleaf Financial Services Retirement Plan

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

We have performed audits of the financial statements of the Springleaf Financial Services Retirement Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit section:

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters-Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Dallas, Texas
September 30, 2025

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
Assets		
Investments, at fair value	\$ 261,673,058	\$ 277,188,981
Receivables:		
Other receivables	3,458	7,875
Total receivables	3,458	7,875
 Total assets	 261,676,516	 277,196,856
 Liabilities		
Accrued expenses	360,324	209,445
 Net assets available for benefits	 \$ 261,316,192	 \$ 276,987,411

See accompanying Notes to Financial Statements.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2024	2023
Additions to Net Assets		
Investment income:		
Net realized and unrealized gains on investments	\$ 215,007	\$ 23,188,200
Interest income	90,163	75,276
Other income	\$ 262,007	\$ -
Total net investment gain	567,177	23,263,476
Total additions to net assets	567,177	23,263,476
Deductions from Net Assets		
Benefits paid to participants	14,581,573	14,560,421
Premiums paid to Pension Benefit Guaranty Corporation	474,094	457,728
Administrative expenses	1,182,729	1,162,853
Total deductions from net assets	16,238,396	16,181,002
Net increase/(decrease) in net assets available for benefits	(15,671,219)	7,082,474
Net assets available for benefits at beginning of year	276,987,411	269,904,937
Net assets available for benefits at end of year	<u>\$ 261,316,192</u>	<u>\$ 276,987,411</u>

See accompanying Notes to Financial Statements.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

Note 1 - Description of the Plan

General

The following brief description of the Springleaf Financial Services Retirement Plan (the “Plan”) is provided for general information purposes only. The Plan is sponsored by OneMain General Services Corporation (the “Company”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Evansville, Indiana.

The Plan was effective January 1, 2011, and restated effective January 1, 2013. Effective as of the close of business on December 31, 2012, the Plan was frozen with respect to both benefit accruals and new participation. The Plan is a qualified, noncontributory defined benefit pension plan that was available to all salaried employees of the Company or its affiliates who had attained age 21 and completed 12 months of continuous service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The OneMain Financial Retirement Plans Committee (the “Committee” and “Plan Administrator”) is a committee appointed by the Company that serves as a fiduciary of the Plan. The Committee has general responsibility for the administration and interpretation of the Plan. State Street Bank and Trust Company (“State Street”) is the Trustee and paying agent.

Contributions

The Company or its affiliates are responsible for funding the Plan and contributions by participants are not required or permitted. All contributions are paid directly to State Street. The Plan’s funding policy is for the Company or its affiliates to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No minimum funding contributions were required from the Company for the Plan years ended December 31, 2024 and 2023.

Retirement Benefits

The Plan was structured using a defined benefit formula providing a life annuity based primarily upon the employee's credited length of service and covered eligible compensation during certain years of the participant's employment period, subject to limits set by federal regulations. Participant criteria may differ based on their date of hire, including participants which may have been covered under the American General Finance, Inc. Retirement Plan. Effective December 31, 2012, as part of the Plan freeze, certain elements related to the Plan formula, including credited service, average final compensation, covered compensation, and the normal retirement benefit were also frozen. No compensation paid by the Company on or after January 1, 2013 will be recognized for any purpose under the Plan.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 1 - Description of the Plan – continued

In addition to normal retirement benefits at age 65, under certain conditions, the Plan also provides for early retirement, disability, death and termination, and spousal benefits, as defined by the Plan documents. Additionally, beginning August 1, 2021, the Plan allows participants to receive in-service distributions after attaining age 65.

The employee may elect to receive pension benefits in the form of a 25%, 50%, 75% or 100% joint and survivor annuity, single life annuity, life and ten-year certain option, or adjustment of retirement allowance for social security benefits.

If employees terminate prior to attaining age 65 or completing at least five years of continuous service, they forfeit the right to receive their portion of accumulated benefits.

Generally, employees with ten or more years of benefit services may retire early between the age of 55 and their 65th birthday, with an early retirement factor applied to the basic benefit. Other rules may apply to the frozen past service Plan benefits, as defined by the Plan document.

Plan Expenses

Employees of the Company or its affiliates perform certain administrative functions with no compensation from the Plan. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company or its affiliates. Expenses that are paid by the Company or its affiliates are excluded from these financial statements.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 2 - Summary of Significant Accounting Policies – continued

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Investment Valuation and Income

The investments of the Plan are stated at fair value as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note 3 for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income, if any, is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan maintains cash balances as required by the Trustee, with any remainder invested into a short-term investment fund. At December 31, 2024, the Plan held such investments primarily in one financial institution, which at times during 2024 exceeded amounts covered by insurance provided by the U.S. Federal Deposit Insurance Corporation ("FDIC"). The Plan has not experienced any losses related to amounts in excess of FDIC limits.

Other Receivables

Other receivables generally consist of payments due to the trust or interest and/or dividends receivable. Receivables are recorded on an accrual basis and are stated at nominal cash value.

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Fair Value Measurements

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 and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 3 - Fair Value Measurements - continued

The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.
- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

Management has described their methodologies below used to measure each major category of assets. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Interest-bearing cash is valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- Short-term investment consists of government short-term investment funds which was primarily invested in publicly traded US Treasury bills and classified within Level 1 of the valuation hierarchy.
- Collective investment and common collective trust funds are valued at the net asset value ("NAV") of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value, and is based on the fair value of the underlying investments held by the fund less its liabilities, if applicable. Management may level the collective investment trust funds as Level I or Level 2 based on observable inputs of the underlying investments held by the fund. For proprietary derivative assets or funds of funds with no observable inputs, management excludes those assets from the fair value hierarchy and invokes the practical expedient to disclose the value of those assets at NAV. Were the Plan to initiate a full redemption of the collective investment trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 3 - Fair Value Measurements – continued

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2024 and 2023. The Plan has no assets classified within Level 3 of the valuation hierarchy.

	2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,001,259	\$ -	\$ -	\$ 1,001,259
Short-term investment	1,968,531	-	-	1,968,531
Collective investment trusts	7,382,344	172,254,239	-	179,636,583
Total investments in the fair value hierarchy	<u>\$ 10,352,134</u>	<u>\$ 172,254,239</u>	<u>\$ -</u>	\$ 182,606,373
Investments measured at NAV ^(a)				<u>\$ 79,066,685</u>
Total investments at fair value				<u>\$ 261,673,058</u>

	2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,001,379	\$ -	\$ -	\$ 1,001,379
Short-term investment	1,784,342	-	-	1,784,342
Collective investment trusts	10,653,397	182,361,442	-	193,014,839
Total investments in the fair value hierarchy	<u>\$ 13,439,118</u>	<u>\$ 182,361,442</u>	<u>\$ -</u>	\$ 195,800,560
Investments measured at NAV ^(a)				<u>\$ 81,388,421</u>
Total investments at fair value				<u>\$ 277,188,981</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 3 - Fair Value Measurements – continued

The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits. These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient and excluded from the fair value hierarchy due to unobservable inputs as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment ^(a)	Fair Value 2024	Fair Value 2023	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Aon Collective Investment Trust (ACIT) U.S. Intermediate Government Bond Index Fund	\$ 66,103,899	\$ 70,247,537	Daily	None
ACIT Large Cap Equity Index Fund	5,498,468	5,933,909	Daily	None
ACIT Non-U.S. Equity Index Fund	3,843,293	4,104,974	Daily	None
ACIT High Yield Plus Fund	2,675,037	-	Daily	None
ACIT Small Cap Equity Index Fund	945,988	1,102,001	Daily	None

(a) The Company does not hold any investments in which unfunded commitments are applicable.

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances, including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 4 - Actuarial Present Value of Accumulated Plan Benefits - continued

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary using a January 1st measurement date and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was prepared by an independent actuary as of January 1, 2024, which would not be materially different if prepared as of December 31, 2023.

For 2024 and 2023, the interest rates used in calculating the accumulated plan benefit obligation were 5.50% and 5.50%, respectively. For 2024 and 2023, the mortality rates are based on the Pri-2012 Mortality Table and the Plan's independent actuary's updated versions of the MP-2021 mortality improvement rates as calculated in November 2024 and 2023, respectively. For 2024 and 2023, disability, termination, and retirement rates are based on published statistical data and anticipated experience under the Plan. Retirement age is based on retirement probability for various age ranges from ages 55 through 70. Benefits accumulated, including actuarial adjustments, include the effects of actuarial experience gains and losses.

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

The actuarial present value of accumulated benefits for the Plan was computed at December 31, 2023, as follows:

	December 31, 2023
Vested benefits:	
Participants currently receiving payments	\$ 136,208,432
Other participants	100,505,452
	<u>236,713,884</u>
Nonvested benefits	872,080
	<u><u>\$ 237,585,964</u></u>

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 4 - Actuarial Present Value of Accumulated Plan Benefits – continued

The change in the present value of accumulated Plan benefits for the year ended December 31, 2023, was as follows:

	Year Ended December 31, 2023
Actuarial present value of accumulated benefits at beginning of year	\$ 240,120,936
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	920
Other changes	(787,070)
Increase for interest accumulation	12,811,599
Benefits paid	(14,560,421)
Net decrease	<u>(2,534,972)</u>
Actuarial present value of accumulated benefits at end of year	<u><u>\$ 237,585,964</u></u>

Note 5 - Information Certified by the Trustee

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net realized and unrealized gains (losses) on investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by State Street (the Trustee and Custodian of the Plan).

Note 6 - Tax Status

The Plan received a favorable determination letter dated June 11, 2014 from the IRS stating that the Plan is qualified under the appropriate sections of the Internal Revenue Tax Code (the “Code”). The Plan has been amended since receiving the determination letter. The Plan Administrator and legal counsel believe the Plan document remains in compliance with ERISA and the Code and the Plan is being operated in material compliance with the applicable requirements of the Code.

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 6 - Tax Status - continued

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

On August 27, 2020, the Plan Sponsor was notified that the Department of Labor Employee Benefits Security Administration was conducting a review of the Plan for compliance with Title 1 of ERISA for the three years beginning January 1, 2017. On February 17, 2023, the Department of Labor notified the Plan Sponsor that their investigation of the Springleaf Plan has been closed, with no significant findings to report.

Note 7 - Plan Termination

The Company reserves the right under the Plan to terminate the Plan subject to the provisions set forth under ERISA. In the event the Plan is terminated pursuant to a standard termination and no successor plan is established, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided for under ERISA. In distributing such assets, the Plan Administrator will either (i) purchase irrevocable commitments from an insurer to provide all benefit liabilities under the Plan or (ii) in accordance with provisions of the Plan and any applicable regulations otherwise fully provide benefit liabilities under the Plan (generally, this could include providing an election to receive a lump sum or an annuity).

To the extent unfunded vested benefits remain, the Pension Benefit Guaranty Corporation ("PBGC") will take over the Plan and pay certain benefits under the Plan to participants, up to specified limitations, as described under ERISA. For the 2024 Plan year, the maximum guaranteed monthly and annual benefits at age 65 are \$7,108 and \$85,295, respectively. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees as described above.

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

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS *(continued)*

Note 8 - Parties-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in a short-term investment managed by State Street. The Plan also invests in collective investment funds managed by Aon. Aon serves as the investment advisor, actuary, and provides administrative services for the Plan. State Street Bank and Trust Company is the plan Trustee and Custodian for plan assets. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Note 10 - Subsequent Events

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 30, 2025, the date the financial statements were available for issuance.

SUPPLEMENTAL SCHEDULES

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 35-1313922

Plan #: 004

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Aon Hewitt Collective Investment Trust	Long Credit Bond Fund	\$ 202,342,962	\$ 172,254,239
*	Aon Hewitt Collective Investment Trust	U.S. Intermediate Government Bond Index Fund	\$ 66,129,248	\$ 66,103,899
*	Aon Hewitt Collective Investment Trust	20+ Year U.S. Treasury STRIPS Index Fund	\$ 11,681,707	\$ 7,382,344
*	Aon Hewitt Collective Investment Trust	Large Cap Equity Index Fund	\$ 2,991,657	\$ 5,498,468
*	Aon Hewitt Collective Investment Trust	Non U.S. Equity Index Fund	\$ 2,992,754	\$ 3,843,293
*	Aon Hewitt Collective Investment Trust	High Yield Plus Fund	\$ 2,251,009	\$ 2,675,037
*	State Street Bank and Trust	Government Short-Term Investment Fund 25	\$ 1,968,531	\$ 1,968,531
*	Aon Hewitt Collective Investment Trust	Small Cap Equity Index Fund	\$ 604,079	\$ 945,988
*	State Street Bank & Trust	Interest Bearing Cash	\$ 1,001,259	\$ 1,001,259
				<u>\$ 261,673,058</u>

* A party-in-interest as defined by ERISA

SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN
FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

EIN: 35-1313922

Plan #: 004

(a)	(b)	(c)		(d)	(g)	(h)	(i)	
Identity of Party	Description of Asset	Number of Purchase Transactions	Purchase Price	Number of Sell Transactions	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single securities transactions in excess of 5% of Plan Assets								
Aon Collective Investment * Trust	US Intermediate Government Bond Index	0	\$ -	0	\$ -	\$ -	\$ -	\$ -
Aon Collective Investment * Trust	Long Credit Bond Fund	0	\$ -	0	\$ -	\$ -	\$ -	\$ -
Category (iii) - Series of securities transactions in excess of 5% of Plan Assets								
* State Street Bank and Trust	Government Short Term Investment Fund 25	25	\$ 15,869,576	30	\$ 15,685,387	\$ 15,685,387	\$ 31,554,963	\$ -
Aon Collective Investment * Trust	US Intermediate Government Bond Index Fund	2	\$ 7,000,000	5	\$ 13,000,000	\$ 13,036,429	\$ 20,000,000	\$ (36,429)
Aon Collective Investment * Trust	Long Credit Bond Fund	1	\$ 5,000,000	5	\$ 10,500,000	\$ 12,634,009	\$ 15,500,000	\$ (2,134,009)

* A party-in-interest as defined by ERISA
Columns (e) and (f) are not applicable

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
 EIN: 35-1313922 PN: 004

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

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

As of January 1, 2024

Springleaf Finance, Inc.
 Springleaf Financial Services Retirement Plan
 Active Employees

EIN: 35-1313922 PN: 004

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	3	3								
35-39	12	57 \$1,145	28 \$1,944							
40-44	6	32 \$1,233	137 \$2,857	39 \$4,602						
45-49	5	22 \$1,425	50 \$2,806	84 \$6,120	17					
50-54	3	24 \$1,197	27 \$3,494	42 \$6,261	75 \$8,834	16				
55-59	2	16	33 \$3,179	28 \$6,506	45 \$8,506	54 \$12,653	5			
60-64	2	14	16	14	21 \$10,086	24 \$11,078	28 \$16,011	1		
65-69		6	5	7	4	4	2	2		
70+		1			2	1				

N-1,019

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5% – 5.46% Duration 5.5% – 4.81% Duration 10.5% – 5.13% Duration 15.5% – 5.24% Duration 20.5% – 5.22% Duration 25.5% – 5.18% Duration 30.5% – 5.17%
Salary Increases	Not applicable as Plan is frozen
Social Security Wage Base Increases	Not applicable as Plan is frozen
Optional Payment Form Election Percentage	50% single life annuity 22% joint and 50% survivor annuity 22% joint and 100% survivor annuity 6% 10-year certain and life annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	Mortality table described in IRS revenue Ruling 2001-62
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Valuation Compensation	Not applicable as Plan is frozen
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$1,172,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	30.00%
64	30.00%
65	20.00%
66	40.00%
67	25.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
 EIN: 35-1313922 PN: 004

Table 2

Withdrawal Rates

Age	0 – 1	2 – 3	4 – 6	7 – 9	10+
25	27.50%	22.00%	16.50%	11.00%	0.00%
26	27.50%	22.00%	16.50%	11.00%	0.00%
27	27.50%	22.00%	16.50%	11.00%	0.00%
28	27.50%	22.00%	16.50%	11.00%	0.00%
29	27.50%	22.00%	16.50%	11.00%	0.00%
30	27.50%	22.00%	16.50%	11.00%	10.80%
31	27.50%	22.00%	16.50%	11.00%	10.26%
32	27.50%	22.00%	16.50%	11.00%	9.72%
33	27.50%	22.00%	16.50%	11.00%	9.18%
34	27.50%	22.00%	16.50%	11.00%	8.64%
35	27.50%	22.00%	16.50%	11.00%	8.10%
36	27.50%	22.00%	16.50%	11.00%	7.83%
37	27.50%	22.00%	16.50%	11.00%	7.56%
38	27.50%	22.00%	16.50%	11.00%	7.29%
39	27.50%	22.00%	16.50%	11.00%	7.02%
40	27.50%	22.00%	16.50%	11.00%	6.75%
41	27.50%	22.00%	16.50%	11.00%	6.48%
42	27.50%	22.00%	16.50%	11.00%	6.21%
43	27.50%	22.00%	16.50%	11.00%	5.94%
44	27.50%	22.00%	16.50%	11.00%	5.67%
45	27.50%	22.00%	16.50%	11.00%	5.40%
46	27.50%	22.00%	16.50%	11.00%	5.40%
47	27.50%	22.00%	16.50%	11.00%	5.40%
48	27.50%	22.00%	16.50%	11.00%	5.40%
49	27.50%	22.00%	16.50%	11.00%	5.40%
50	27.50%	22.00%	16.50%	11.00%	5.40%
51	27.50%	22.00%	16.50%	11.00%	5.13%
52	27.50%	22.00%	16.50%	11.00%	4.86%
53	27.50%	22.00%	16.50%	11.00%	4.59%
54	27.50%	22.00%	16.50%	11.00%	4.32%
55	27.50%	22.00%	16.50%	11.00%	0.00%
56+	27.50%	22.00%	16.50%	11.00%	0.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
 EIN: 35-1313922 PN: 004

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.000%	45	0.259%
21	0.031%	46	0.287%
22	0.034%	47	0.322%
23	0.036%	48	0.360%
24	0.040%	49	0.401%
25	0.043%	50	0.448%
26	0.047%	51	0.502%
27	0.051%	52	0.568%
28	0.055%	53	0.648%
29	0.059%	54	0.744%
30	0.064%	55	0.845%
31	0.068%	56	0.941%
32	0.075%	57	1.026%
33	0.081%	58	1.084%
34	0.090%	59	1.143%
35	0.098%	60	1.204%
36	0.108%	61	1.263%
37	0.119%	62	1.320%
38	0.131%	63	1.390%
39	0.143%	64	1.453%
40	0.158%	65+	0.000%
41	0.174%		
42	0.193%		
43	0.213%		
44	0.234%		

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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
1a	Name of plan SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 01/01/2011
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) ONEMAIN GENERAL SERVICES CORPORATION 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-1159
2b	Employer Identification Number (EIN) 35-1313922
2c	Plan Sponsor's telephone number 817-348-5434
2d	Business code (see instructions) 522298

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	Denise King	9/30/2025 2:13 PM	DENISE KING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor ONEMAIN FINANCIAL RETIREMENT PLANS COMMITTEE 601 NORTHWEST 2ND STREET PO BOX 59 EVANSVILLE IN 47701-1159		3b Administrator's EIN 35-1313922 3c Administrator's telephone number 800-804-8502
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 4,694
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 1,019 6a(2) 914 6b 1,617 6c 1,840 6d 4,371 6e 258 6f 4,629 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

Plan Name	SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN
Plan Sponsor EIN	35-1313922
ERISA Plan No.	004
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

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
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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 SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ONEMAIN GENERAL SERVICES CORPORATION	D Employer Identification Number (EIN) 35-1313922
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	277,188,981	
b	Actuarial value	2b	277,188,981	
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	1,833	139,370,753	139,370,753
b	For terminated vested participants	1,842	58,351,385	58,351,385
c	For active participants	1,019	46,548,072	47,435,046
d	Total	4,694	244,270,210	245,157,184
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.14%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1,172,000	
c	Target normal cost	6c	1,172,000	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	ALAN D. DANG <i>ADD</i>
Signature of actuary	
ALAN D. DANG	
Type or print name of actuary	
AON CONSULTING, INC.	
Firm name	
MSC# 17755 P.O. Box 551343	
ATLANTA GA 30355	
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 V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: % 2nd segment: % 3rd segment: %	☒ N/A, full yield curve used
b	Applicable month (enter code).....		21b
22	Weighted average retirement age		22 61
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years		28 0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29 0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....		31a 1, 172, 000
b	Excess assets, if applicable, but not greater than line 31a		31b 0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 1, 172, 000
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	1, 172, 009	0
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	10.00%	0.9500	5.37
57.5	10.00%	0.8550	4.92
58.5	10.00%	0.7695	4.50
59.5	10.00%	0.6926	4.12
60.5	10.00%	0.6233	3.77
61.5	15.00%	0.5610	5.17
62.5	30.00%	0.4768	8.94
63.5	30.00%	0.3338	6.36
64.5	30.00%	0.2336	4.52
65.5	20.00%	0.1635	2.14
66.5	40.00%	0.1308	3.48
67.5	25.00%	0.0785	1.32
68.5	50.00%	0.0589	2.02
69.5	50.00%	0.0294	1.02
70	100.00%	0.0147	1.03
Weighted Average			61.46

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on the full yield curve with no lookback (as of December 2023) (to which the interest rate stabilization corridor does not apply), with sample rates as follows: Duration 0.5% – 5.46% Duration 5.5% – 4.81% Duration 10.5% – 5.13% Duration 15.5% – 5.24% Duration 20.5% – 5.22% Duration 25.5% – 5.18% Duration 30.5% – 5.17%
Salary Increases	Not applicable as Plan is frozen
Social Security Wage Base Increases	Not applicable as Plan is frozen
Optional Payment Form Election Percentage	50% single life annuity 22% joint and 50% survivor annuity 22% joint and 100% survivor annuity 6% 10-year certain and life annuity
Optional Payment Form Conversion Interest Rate	7.50%
Optional Payment Form Conversion Mortality	Mortality table described in IRS revenue Ruling 2001-62
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 62
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Valuation Compensation	Not applicable as Plan is frozen
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$1,172,000. The expenses included in the Target Normal Cost reflect the current year's expected administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	30.00%
63	30.00%
64	30.00%
65	20.00%
66	40.00%
67	25.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
 EIN: 35-1313922 PN: 004

Table 2

Withdrawal Rates

Age	0 – 1	2 – 3	4 – 6	7 – 9	10+
25	27.50%	22.00%	16.50%	11.00%	0.00%
26	27.50%	22.00%	16.50%	11.00%	0.00%
27	27.50%	22.00%	16.50%	11.00%	0.00%
28	27.50%	22.00%	16.50%	11.00%	0.00%
29	27.50%	22.00%	16.50%	11.00%	0.00%
30	27.50%	22.00%	16.50%	11.00%	10.80%
31	27.50%	22.00%	16.50%	11.00%	10.26%
32	27.50%	22.00%	16.50%	11.00%	9.72%
33	27.50%	22.00%	16.50%	11.00%	9.18%
34	27.50%	22.00%	16.50%	11.00%	8.64%
35	27.50%	22.00%	16.50%	11.00%	8.10%
36	27.50%	22.00%	16.50%	11.00%	7.83%
37	27.50%	22.00%	16.50%	11.00%	7.56%
38	27.50%	22.00%	16.50%	11.00%	7.29%
39	27.50%	22.00%	16.50%	11.00%	7.02%
40	27.50%	22.00%	16.50%	11.00%	6.75%
41	27.50%	22.00%	16.50%	11.00%	6.48%
42	27.50%	22.00%	16.50%	11.00%	6.21%
43	27.50%	22.00%	16.50%	11.00%	5.94%
44	27.50%	22.00%	16.50%	11.00%	5.67%
45	27.50%	22.00%	16.50%	11.00%	5.40%
46	27.50%	22.00%	16.50%	11.00%	5.40%
47	27.50%	22.00%	16.50%	11.00%	5.40%
48	27.50%	22.00%	16.50%	11.00%	5.40%
49	27.50%	22.00%	16.50%	11.00%	5.40%
50	27.50%	22.00%	16.50%	11.00%	5.40%
51	27.50%	22.00%	16.50%	11.00%	5.13%
52	27.50%	22.00%	16.50%	11.00%	4.86%
53	27.50%	22.00%	16.50%	11.00%	4.59%
54	27.50%	22.00%	16.50%	11.00%	4.32%
55	27.50%	22.00%	16.50%	11.00%	0.00%
56+	27.50%	22.00%	16.50%	11.00%	0.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
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Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.000%	45	0.259%
21	0.031%	46	0.287%
22	0.034%	47	0.322%
23	0.036%	48	0.360%
24	0.040%	49	0.401%
25	0.043%	50	0.448%
26	0.047%	51	0.502%
27	0.051%	52	0.568%
28	0.055%	53	0.648%
29	0.059%	54	0.744%
30	0.064%	55	0.845%
31	0.068%	56	0.941%
32	0.075%	57	1.026%
33	0.081%	58	1.084%
34	0.090%	59	1.143%
35	0.098%	60	1.204%
36	0.108%	61	1.263%
37	0.119%	62	1.320%
38	0.131%	63	1.390%
39	0.143%	64	1.453%
40	0.158%	65+	0.000%
41	0.174%		
42	0.193%		
43	0.213%		
44	0.234%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Schedule SB, Part V — Summary of Plan Provisions

Employees Who Became Participants After December 31, 2002

Effective Date

The effective date of the plan is January 1, 2011. The plan year is the calendar year. The plan was frozen December 31, 2012.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Eligibility

Employees of the company, other than CommoLoCo, Inc., who are employed in the US and who are classified as salaried employees shall become a member on the first of the month following attainment of age 21 and completion of one year of continuous service.

An employee's participation in the plan shall continue during any period of disability salary continuance and/or any period during which the participant is in receipt of benefits under a long-term disability program administered by the company. During any such period, continuous service and credited service shall continue to accrue and the participant shall be credited with compensation at his rate of compensation immediately prior to commencement of such benefit. If the participant becomes disabled after January 1, 2009 and has less than 10 years of continuous service at the date of disability, credited service and continuous service shall continue to accrue for no more than three years.

Effective December 31, 2012, the plan is closed to new entrants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Definitions

Prior Plan

AIG Retirement Plan.

Continuous Service

Service from date of hire rendered after age 18. No service is recognized for an employment year in which an employee does not work 1,000 hours. In no event shall continuous service be less than continuous service recognized under the prior plan.

Credited Service Continuous service from membership date plus six months. In no event will credited service be less than credited service recognized under the prior plan.

Effective December 31, 2012, credited service is frozen.

Compensation

Compensation is defined as total regular base pay, including commissions, not to exceed the IRC section 401(a)(17) limit.

Average Final Compensation

Average annual compensation during the three consecutive years out of the last 10 years of credited service that produces the highest average. Average of all compensation if credited service is less than three years.

Effective December 31, 2012, average final compensation is frozen.

Covered Compensation

150% of the average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending with the last day of the calendar year in which the participant attains or will attain Social Security retirement age. Covered compensation is limited to the Social Security taxable wage base in the year of termination.

Effective December 31, 2012, covered compensation is frozen.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

A life annuity equal to (1) x (2):

(1) 0.925% x average final compensation up to covered compensation plus 1.425% of average final compensation in excess of covered compensation x projected credited service through age 65 (limited to 35 years) plus 1.425% x average final compensation x projected credited service through age 65 in excess of 35 years but limited to 44 years.

(2) The ratio of credited service at termination to projected credited service through age 65.

The annual benefit shall be no less than \$1,200, reduced proportionally if member has less than 10 years of credited service.

Effective December 31, 2012, the normal retirement benefit is frozen.

Early Retirement

Eligibility

Termination of employment following attainment of age 55 and completion of five years of credited service, but prior to normal retirement eligibility.

Benefit

The normal retirement benefit reduced as follows:

Eligibility Requirement	Percent Reduction for Each Year the Commencement Date Precedes the Normal Retirement Date
Age 60 and 30 or More Years of Credited Service	3%
Age 60 and 25 but Less Than 30 Years of Credited Service	4%
All Other Participants Meeting Early Retirement Eligibility	5%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Deferred Vested Pension

Eligibility

Termination of employment after completing five years of continuous service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with 10 years of credited service, the normal retirement benefit is available payable at age 55 or later, reduced 1/15 for each of the first five years and 1/30 for each additional year that benefits commence prior to age 65.

Disability Retirement Allowance

Eligibility

A participant who has not reached his normal retirement date but who has completed 10 years of credited service shall be retired on a disability retirement allowance, provided that such participant is totally incapacitated, mentally or physically, from the further performance of duty and that such incapacity is likely to be permanent. However, a participant may not retire on a disability allowance while in receipt of disability salary continuance, weekly disability income benefits or long-term disability benefits under a program administered by the company.

Benefit

The normal retirement benefit computed using credited service and average final compensation as of the disability retirement date, payable immediately.

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Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of continuous service. The surviving spouse must have been married to the participant for at least six months.

Benefit

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is equal to or less than the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the play year in which death occurs, the death benefit is the greater of (1) or (2) below:

- (1) 40% of the participant's normal retirement benefit payable as a life annuity determined using credited service projected to age 65 payable immediately. This is reduced 2% for every year that the surviving spouse is more than five years younger than the participant.
- (2) Amount which would have been payable to the spouse had the participant terminated immediately prior to death and elected to receive payment at the first eligible age with a 50% joint and survivor annuity option (100% joint and survivor annuity option if death occurs at or after age 65) in effect.

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is in excess of the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the play year in which death occurs, the death benefit is equal to the amount described in (2) above.

Forms of Payment

The normal form of payment is a life annuity for single participants and a reduced 50% joint and survivor annuity for married participants. In lieu of the normal form, participants may elect to receive their benefit as a joint and survivor annuity (100%, 75%, 50%, and 25%), 120 months certain and life annuity, lump sum if value of benefit is less than \$10,000, or a Social Security level income annuity.

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**Actuarial Equivalence for Alternative
Forms of Payment**

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the mortality table described in IRS Revenue Ruling 2001-62.

**Actuarial Equivalence for Lump Sum and
Social Security Level Income Option**

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the three months preceding the benefit commencement date reflecting the appropriate phase-ins.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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For Participants in the Prior American General Retirement Plan

Effective Date

The effective date of the plan is January 1, 1999. The plan year is the calendar year. The plan was frozen December 31, 2012.

Participating Employees

Any employee other than: (1) a director who is not otherwise an officer or common-law employee of the company, (2) any career agent or manager of a life insurance company, (3) any leased employee or (4) an individual whose terms of employment are governed by a collective bargaining agreement between a collective bargaining unit and the employer unless such agreement provides for coverage of such individual under the plan.

Effective December 31, 2012, the plan is closed to new entrants.

Eligibility

For employees who are paid on a monthly salary basis, participation begins on the first day of the month coincident with or next following age 21. All other employees shall become participants upon the November 1 or May 1 coincident with or next following the later of attainment of age 21 or the completion of one year of service.

Effective December 31, 2012, the plan is closed to new entrants.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Definitions

Continuous Service

Service from date of hire rendered after age 18. No service is recognized for an employment year in which an employee does not work 1,000 hours. In no event shall continuous service be less than continuous service recognized under the prior plan.

Benefit Service and Credited Service

For periods ending prior to January 1, 2003:

One year of benefit service is granted for each year of service in which an employee is credited with 12 months of service. One-twelfth of a year is credited for each month an employee is credited with at least one hour of service for years in which at least six months of service are completed. One-twelfth of a year is credited for each month an employee is credited with at least one hour of service in the year of retirement, even if less than six months.

For periods beginning after December 31, 2002:

Credited service as defined for post December 31, 2002 participants.

Effective December 31, 2012, benefit service and credited service are frozen.

Compensation Considered

For periods ending prior to January 1, 2003:

Total remuneration including base pay, annual cash incentive compensation (bonuses), overtime pay, and for Sales employees also includes commissions paid in connection with the sale or service of property casualty insurance for the Interstate Fire Insurance Company and commissions paid in connection with the sale or service of life and accident insurance, but excluding executive deferred compensation and long term capital accumulation programs, moving expenses, personal use of company cars, mortgage assistance, stock options, excess life insurance, and severance payments. This amount shall not to exceed the IRC section 401(a)(17) limit.

For periods beginning after December 31, 2002:

Compensation as defined for post December 31, 2002 participants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Average Monthly Compensation

The monthly average during the five consecutive completed calendar years of employment during the last 10 completed calendar years of employment which yield the highest average compensation.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for the calendar years during the 35 year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The accrued benefit is equal to the greater of A (based on average monthly compensation, average monthly covered compensation, and benefit service at December 31, 2002) plus B or C where, A is equal to:

- (1) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (2) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (3) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (4) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

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B is equal to the benefit determined using the formula and provisions that apply to post-December 31, 2002 participants reflecting compensation and credited service after December 31, 2002; C is equal to the benefit determined using the formula and provisions that apply to post-December 31, 2002 participants reflecting compensation after December 31, 2002 and all benefit and credited service.

Effective December 31, 2012, the normal retirement benefit is frozen.

Early Retirement

Eligibility

Termination of employment following attainment of age 55 and completion of 10 years of credited service, but prior to normal retirement eligibility.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. Part A from the normal retirement formula above is reduced by multiplying: The sum of benefits (1) and (3) by the factor in Column A of the table below, and the sum of benefits (2) and (4) by the factor in Column B of the table below:

Commencement Age	Early Retirement Factors	
	A	B
65	1.00	1.00000
64	1.00	0.93333
63	0.96	0.86667
62	0.89	0.80000
61	0.82	0.73333
60	0.75	0.66667
59	0.70	0.63333
58	0.66	0.60000
57	0.62	0.56667
56	0.58	0.53333
55	0.54	0.50000

Reductions for the B and C components of the normal retirement benefit follow the terms of the provisions for post-December 31, 2002 participants, recognizing all credited and benefit service to determine the reductions.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Deferred Vested Pension

Eligibility

Termination of employment after completing five years of continuous service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with 10 years of credited service, the reduced normal retirement benefit is available payable at age 55 or later.

Part A of the normal retirement benefit is reduced by multiplying it by the factors in the table below:

Commencement Age	Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the B and C components of the accrued benefit follow the terms of the provisions for post-December 31, 2001 participants.

Disability Pension

Effective January 1, 2003, the disability provisions for post-December 31, 2002 participants apply.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of continuous service. The surviving spouse must have been married to the participant for at least six months.

Benefit

The benefit is equal to the largest (on a present value basis) of the following amounts:

- (1) 40% of the post-December 31, 2002 formula accrued benefit determined using all service (credited service and benefit service) projected to age 65, payable immediately.
- (2) 50% (100% if death occurs at or after age 65) of the post-December 31, 2002 formula accrued benefit using all service (credited service and benefit service) through date of death payable at the earliest age the participant could have commenced, reduced for early commencement and J&S coverage.
- (3) 50% of the December 31, 2002 American General accrued benefit reduced for early commencement and 50% J&S coverage payable at the earliest age the participant could have commenced, plus 40% of the post-December 31, 2002 formula benefit determined using service after December 31, 2002 projected to age 65, payable immediately.
- (4) 50% of the December 31, 2002 American General accrued benefit plus 50% (100% if death occurs at or after age 65) of the post-December 31, 2002 accrued benefit reflecting credited service after December 31, 2002, both reduced for early commencement and the J&S coverage, payable at the earliest age the participant could have commenced.

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is in excess of the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the plan year in which death occurs, the death benefit is equal to the greater of (2) or (4) above.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Forms of Payment of Pension

The normal form of payment is a life annuity for single participants and a reduced 50% joint and survivor annuity for married participants. In lieu of the normal form, participants may elect to receive their benefit as a joint and survivor annuity (100%, 75%, 50%, and 25%), 120 months certain and life annuity, lump sum if value of benefit is less than \$10,000, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the mortality table described in IRS Revenue Ruling 2001-62.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the three months preceding the benefit commencement date reflecting the appropriate phase-ins.

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

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

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
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Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

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

As of January 1, 2024

Springleaf Finance, Inc.
 Springleaf Financial Services Retirement Plan
 Active Employees

EIN: 35-1313922 PN: 004

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34	3	3								
35-39	12	57 \$1,145	28 \$1,944							
40-44	6	32 \$1,233	137 \$2,857	39 \$4,602						
45-49	5	22 \$1,425	50 \$2,806	84 \$6,120	17					
50-54	3	24 \$1,197	27 \$3,494	42 \$6,261	75 \$8,834	16				
55-59	2	16	33 \$3,179	28 \$6,506	45 \$8,506	54 \$12,653	5			
60-64	2	14	16	14	21 \$10,086	24 \$11,078	28 \$16,011	1		
65-69		6	5	7	4	4	2	2		
70+		1			2	1				

N-1,019

Schedule SB Attachment (Form 5500) — 2024 Plan Year
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Schedule SB, line 26b — Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	451,881	1,024,822	13,938,663	15,415,366
2025	864,330	1,243,744	13,505,538	15,613,612
2026	1,250,687	1,596,963	13,044,889	15,892,539
2027	1,611,396	1,908,716	12,540,456	16,060,568
2028	1,927,157	2,199,389	12,111,233	16,237,779
2029	2,213,614	2,645,374	11,707,243	16,566,231
2030	2,471,016	2,944,248	11,263,495	16,678,759
2031	2,694,372	3,102,231	10,815,995	16,612,598
2032	2,896,620	3,431,576	10,349,332	16,677,528
2033	3,082,528	3,647,944	9,877,646	16,608,118
2034	3,251,188	3,878,617	9,394,946	16,524,751
2035	3,396,001	4,058,479	8,897,719	16,352,199
2036	3,520,317	4,208,039	8,388,207	16,116,563
2037	3,619,787	4,317,434	7,869,435	15,806,656
2038	3,711,423	4,418,296	7,344,828	15,474,547
2039	3,800,832	4,549,173	6,818,164	15,168,169
2040	3,862,001	4,648,128	6,293,426	14,803,555
2041	3,899,579	4,719,623	5,774,747	14,393,949
2042	3,950,409	4,814,664	5,266,206	14,031,279
2043	3,976,297	4,855,251	4,771,656	13,603,204
2044	3,971,616	4,912,718	4,294,647	13,178,981
2045	3,946,888	4,912,139	3,838,318	12,697,345
2046	3,899,227	4,887,005	3,405,400	12,191,632
2047	3,831,235	4,824,870	2,998,179	11,654,284
2048	3,743,829	4,720,047	2,618,494	11,082,370
2049	3,640,916	4,597,191	2,267,758	10,505,865
2050	3,521,847	4,446,736	1,946,908	9,915,491
2051	3,391,577	4,274,198	1,656,381	9,322,156
2052	3,250,303	4,093,200	1,396,111	8,739,614
2053	3,101,643	3,903,867	1,165,540	8,171,050
2054	2,946,721	3,708,634	963,652	7,619,007
2055	2,787,153	3,508,994	788,995	7,085,142
2056	2,624,305	3,306,310	639,764	6,570,379
2057	2,459,641	3,102,111	513,872	6,075,624
2058	2,294,543	2,897,984	409,020	5,601,547
2059	2,130,438	2,695,502	322,820	5,148,760
2060	1,968,636	2,496,146	252,857	4,717,639
2061	1,810,354	2,301,320	196,778	4,308,452
2062	1,656,687	2,112,286	152,372	3,921,345
2063	1,508,583	1,930,110	117,609	3,556,302
2064	1,366,849	1,755,678	90,683	3,213,210
2065	1,232,114	1,589,635	70,029	2,891,778
2066	1,104,828	1,432,421	54,318	2,591,567
2067	985,286	1,284,313	42,451	2,312,050

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	873,650	1,145,428	33,538	2,052,616
2069	769,960	1,015,771	26,869	1,812,600
2070	674,165	895,251	21,887	1,591,303
2071	586,166	783,735	18,163	1,388,064
2072	505,815	681,071	15,369	1,202,255
2073	432,928	587,102	13,256	1,033,286

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	10.00%	0.9500	5.37
57.5	10.00%	0.8550	4.92
58.5	10.00%	0.7695	4.50
59.5	10.00%	0.6926	4.12
60.5	10.00%	0.6233	3.77
61.5	15.00%	0.5610	5.17
62.5	30.00%	0.4768	8.94
63.5	30.00%	0.3338	6.36
64.5	30.00%	0.2336	4.52
65.5	20.00%	0.1635	2.14
66.5	40.00%	0.1308	3.48
67.5	25.00%	0.0785	1.32
68.5	50.00%	0.0589	2.02
69.5	50.00%	0.0294	1.02
70	100.00%	0.0147	1.03
Weighted Average			61.46

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
 EIN: 35-1313922 PN: 004

Schedule SB, line 26b — Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	451,881	1,024,822	13,938,663	15,415,366
2025	864,330	1,243,744	13,505,538	15,613,612
2026	1,250,687	1,596,963	13,044,889	15,892,539
2027	1,611,396	1,908,716	12,540,456	16,060,568
2028	1,927,157	2,199,389	12,111,233	16,237,779
2029	2,213,614	2,645,374	11,707,243	16,566,231
2030	2,471,016	2,944,248	11,263,495	16,678,759
2031	2,694,372	3,102,231	10,815,995	16,612,598
2032	2,896,620	3,431,576	10,349,332	16,677,528
2033	3,082,528	3,647,944	9,877,646	16,608,118
2034	3,251,188	3,878,617	9,394,946	16,524,751
2035	3,396,001	4,058,479	8,897,719	16,352,199
2036	3,520,317	4,208,039	8,388,207	16,116,563
2037	3,619,787	4,317,434	7,869,435	15,806,656
2038	3,711,423	4,418,296	7,344,828	15,474,547
2039	3,800,832	4,549,173	6,818,164	15,168,169
2040	3,862,001	4,648,128	6,293,426	14,803,555
2041	3,899,579	4,719,623	5,774,747	14,393,949
2042	3,950,409	4,814,664	5,266,206	14,031,279
2043	3,976,297	4,855,251	4,771,656	13,603,204
2044	3,971,616	4,912,718	4,294,647	13,178,981
2045	3,946,888	4,912,139	3,838,318	12,697,345
2046	3,899,227	4,887,005	3,405,400	12,191,632
2047	3,831,235	4,824,870	2,998,179	11,654,284
2048	3,743,829	4,720,047	2,618,494	11,082,370
2049	3,640,916	4,597,191	2,267,758	10,505,865
2050	3,521,847	4,446,736	1,946,908	9,915,491
2051	3,391,577	4,274,198	1,656,381	9,322,156
2052	3,250,303	4,093,200	1,396,111	8,739,614
2053	3,101,643	3,903,867	1,165,540	8,171,050
2054	2,946,721	3,708,634	963,652	7,619,007
2055	2,787,153	3,508,994	788,995	7,085,142
2056	2,624,305	3,306,310	639,764	6,570,379
2057	2,459,641	3,102,111	513,872	6,075,624
2058	2,294,543	2,897,984	409,020	5,601,547
2059	2,130,438	2,695,502	322,820	5,148,760
2060	1,968,636	2,496,146	252,857	4,717,639
2061	1,810,354	2,301,320	196,778	4,308,452
2062	1,656,687	2,112,286	152,372	3,921,345
2063	1,508,583	1,930,110	117,609	3,556,302
2064	1,366,849	1,755,678	90,683	3,213,210
2065	1,232,114	1,589,635	70,029	2,891,778
2066	1,104,828	1,432,421	54,318	2,591,567
2067	985,286	1,284,313	42,451	2,312,050

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	873,650	1,145,428	33,538	2,052,616
2069	769,960	1,015,771	26,869	1,812,600
2070	674,165	895,251	21,887	1,591,303
2071	586,166	783,735	18,163	1,388,064
2072	505,815	681,071	15,369	1,202,255
2073	432,928	587,102	13,256	1,033,286

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Schedule SB, Part V — Summary of Plan Provisions

Employees Who Became Participants After December 31, 2002

Effective Date

The effective date of the plan is January 1, 2011. The plan year is the calendar year. The plan was frozen December 31, 2012.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Eligibility

Employees of the company, other than CommoLoCo, Inc., who are employed in the US and who are classified as salaried employees shall become a member on the first of the month following attainment of age 21 and completion of one year of continuous service.

An employee's participation in the plan shall continue during any period of disability salary continuance and/or any period during which the participant is in receipt of benefits under a long-term disability program administered by the company. During any such period, continuous service and credited service shall continue to accrue and the participant shall be credited with compensation at his rate of compensation immediately prior to commencement of such benefit. If the participant becomes disabled after January 1, 2009 and has less than 10 years of continuous service at the date of disability, credited service and continuous service shall continue to accrue for no more than three years.

Effective December 31, 2012, the plan is closed to new entrants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Definitions

Prior Plan

AIG Retirement Plan.

Continuous Service

Service from date of hire rendered after age 18. No service is recognized for an employment year in which an employee does not work 1,000 hours. In no event shall continuous service be less than continuous service recognized under the prior plan.

Credited Service Continuous service from membership date plus six months. In no event will credited service be less than credited service recognized under the prior plan.

Effective December 31, 2012, credited service is frozen.

Compensation

Compensation is defined as total regular base pay, including commissions, not to exceed the IRC section 401(a)(17) limit.

Average Final Compensation

Average annual compensation during the three consecutive years out of the last 10 years of credited service that produces the highest average. Average of all compensation if credited service is less than three years.

Effective December 31, 2012, average final compensation is frozen.

Covered Compensation

150% of the average of the Social Security taxable wage bases in effect for each calendar year during the 35 year period ending with the last day of the calendar year in which the participant attains or will attain Social Security retirement age. Covered compensation is limited to the Social Security taxable wage base in the year of termination.

Effective December 31, 2012, covered compensation is frozen.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

A life annuity equal to (1) x (2):

(1) 0.925% x average final compensation up to covered compensation plus 1.425% of average final compensation in excess of covered compensation x projected credited service through age 65 (limited to 35 years) plus 1.425% x average final compensation x projected credited service through age 65 in excess of 35 years but limited to 44 years.

(2) The ratio of credited service at termination to projected credited service through age 65.

The annual benefit shall be no less than \$1,200, reduced proportionally if member has less than 10 years of credited service.

Effective December 31, 2012, the normal retirement benefit is frozen.

Early Retirement

Eligibility

Termination of employment following attainment of age 55 and completion of five years of credited service, but prior to normal retirement eligibility.

Benefit

The normal retirement benefit reduced as follows:

Eligibility Requirement	Percent Reduction for Each Year the Commencement Date Precedes the Normal Retirement Date
Age 60 and 30 or More Years of Credited Service	3%
Age 60 and 25 but Less Than 30 Years of Credited Service	4%
All Other Participants Meeting Early Retirement Eligibility	5%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Deferred Vested Pension

Eligibility

Termination of employment after completing five years of continuous service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with 10 years of credited service, the normal retirement benefit is available payable at age 55 or later, reduced 1/15 for each of the first five years and 1/30 for each additional year that benefits commence prior to age 65.

Disability Retirement Allowance

Eligibility

A participant who has not reached his normal retirement date but who has completed 10 years of credited service shall be retired on a disability retirement allowance, provided that such participant is totally incapacitated, mentally or physically, from the further performance of duty and that such incapacity is likely to be permanent. However, a participant may not retire on a disability allowance while in receipt of disability salary continuance, weekly disability income benefits or long-term disability benefits under a program administered by the company.

Benefit

The normal retirement benefit computed using credited service and average final compensation as of the disability retirement date, payable immediately.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of continuous service. The surviving spouse must have been married to the participant for at least six months.

Benefit

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is equal to or less than the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the play year in which death occurs, the death benefit is the greater of (1) or (2) below:

- (1) 40% of the participant's normal retirement benefit payable as a life annuity determined using credited service projected to age 65 payable immediately. This is reduced 2% for every year that the surviving spouse is more than five years younger than the participant.
- (2) Amount which would have been payable to the spouse had the participant terminated immediately prior to death and elected to receive payment at the first eligible age with a 50% joint and survivor annuity option (100% joint and survivor annuity option if death occurs at or after age 65) in effect.

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is in excess of the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the play year in which death occurs, the death benefit is equal to the amount described in (2) above.

Forms of Payment

The normal form of payment is a life annuity for single participants and a reduced 50% joint and survivor annuity for married participants. In lieu of the normal form, participants may elect to receive their benefit as a joint and survivor annuity (100%, 75%, 50%, and 25%), 120 months certain and life annuity, lump sum if value of benefit is less than \$10,000, or a Social Security level income annuity.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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**Actuarial Equivalence for Alternative
Forms of Payment**

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the mortality table described in IRS Revenue Ruling 2001-62.

**Actuarial Equivalence for Lump Sum and
Social Security Level Income Option**

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the three months preceding the benefit commencement date reflecting the appropriate phase-ins.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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For Participants in the Prior American General Retirement Plan

Effective Date

The effective date of the plan is January 1, 1999. The plan year is the calendar year. The plan was frozen December 31, 2012.

Participating Employees

Any employee other than: (1) a director who is not otherwise an officer or common-law employee of the company, (2) any career agent or manager of a life insurance company, (3) any leased employee or (4) an individual whose terms of employment are governed by a collective bargaining agreement between a collective bargaining unit and the employer unless such agreement provides for coverage of such individual under the plan.

Effective December 31, 2012, the plan is closed to new entrants.

Eligibility

For employees who are paid on a monthly salary basis, participation begins on the first day of the month coincident with or next following age 21. All other employees shall become participants upon the November 1 or May 1 coincident with or next following the later of attainment of age 21 or the completion of one year of service.

Effective December 31, 2012, the plan is closed to new entrants.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Definitions

Continuous Service

Service from date of hire rendered after age 18. No service is recognized for an employment year in which an employee does not work 1,000 hours. In no event shall continuous service be less than continuous service recognized under the prior plan.

Benefit Service and Credited Service

For periods ending prior to January 1, 2003:

One year of benefit service is granted for each year of service in which an employee is credited with 12 months of service. One-twelfth of a year is credited for each month an employee is credited with at least one hour of service for years in which at least six months of service are completed. One-twelfth of a year is credited for each month an employee is credited with at least one hour of service in the year of retirement, even if less than six months.

For periods beginning after December 31, 2002:

Credited service as defined for post December 31, 2002 participants.

Effective December 31, 2012, benefit service and credited service are frozen.

Compensation Considered

For periods ending prior to January 1, 2003:

Total remuneration including base pay, annual cash incentive compensation (bonuses), overtime pay, and for Sales employees also includes commissions paid in connection with the sale or service of property casualty insurance for the Interstate Fire Insurance Company and commissions paid in connection with the sale or service of life and accident insurance, but excluding executive deferred compensation and long term capital accumulation programs, moving expenses, personal use of company cars, mortgage assistance, stock options, excess life insurance, and severance payments. This amount shall not to exceed the IRC section 401(a)(17) limit.

For periods beginning after December 31, 2002:

Compensation as defined for post December 31, 2002 participants.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Average Monthly Compensation

The monthly average during the five consecutive completed calendar years of employment during the last 10 completed calendar years of employment which yield the highest average compensation.

Effective December 31, 2012, average monthly compensation is frozen.

Average Monthly Covered Compensation

One-twelfth of the average of the Social Security taxable wage bases in effect for the calendar years during the 35 year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age.

Effective December 31, 2012, average monthly covered compensation is frozen.

Normal Retirement

Eligibility

Termination of employment following the later of a participant's sixty-fifth birthday or the fifth anniversary of the date of participation.

Benefit

The accrued benefit is equal to the greater of A (based on average monthly compensation, average monthly covered compensation, and benefit service at December 31, 2002) plus B or C where, A is equal to:

- (1) 1% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (2) 1.65% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service not in excess of 30 years; plus
- (3) 0.5% of average monthly compensation not in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years; plus
- (4) 0.5% of average monthly compensation in excess of average monthly covered compensation multiplied by years of benefit service in excess of 30 years but not in excess of 40 years.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Springleaf Financial Services Retirement Plan
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B is equal to the benefit determined using the formula and provisions that apply to post-December 31, 2002 participants reflecting compensation and credited service after December 31, 2002; C is equal to the benefit determined using the formula and provisions that apply to post-December 31, 2002 participants reflecting compensation after December 31, 2002 and all benefit and credited service.

Effective December 31, 2012, the normal retirement benefit is frozen.

Early Retirement

Eligibility

Termination of employment following attainment of age 55 and completion of 10 years of credited service, but prior to normal retirement eligibility.

Benefit

The normal retirement benefit reduced to reflect the age of the participant at the time of commencement. Part A from the normal retirement formula above is reduced by multiplying: The sum of benefits (1) and (3) by the factor in Column A of the table below, and the sum of benefits (2) and (4) by the factor in Column B of the table below:

Commencement Age	Early Retirement Factors	
	A	B
65	1.00	1.00000
64	1.00	0.93333
63	0.96	0.86667
62	0.89	0.80000
61	0.82	0.73333
60	0.75	0.66667
59	0.70	0.63333
58	0.66	0.60000
57	0.62	0.56667
56	0.58	0.53333
55	0.54	0.50000

Reductions for the B and C components of the normal retirement benefit follow the terms of the provisions for post-December 31, 2002 participants, recognizing all credited and benefit service to determine the reductions.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
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Deferred Vested Pension

Eligibility

Termination of employment after completing five years of continuous service, but prior to normal or early retirement eligibility.

Benefit

The normal retirement benefit deferred to normal retirement date. If the participant terminated with 10 years of credited service, the reduced normal retirement benefit is available payable at age 55 or later.

Part A of the normal retirement benefit is reduced by multiplying it by the factors in the table below:

Commencement Age	Commencement Factors
65	1.00000
64	0.88930
63	0.79305
62	0.70906
61	0.63552
60	0.57091
59	0.51398
58	0.46365
57	0.41904
56	0.37938
55	0.34406

Reductions for the B and C components of the accrued benefit follow the terms of the provisions for post-December 31, 2001 participants.

Disability Pension

Effective January 1, 2003, the disability provisions for post-December 31, 2002 participants apply.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Preretirement Death Benefit

Eligibility

Surviving spouse of an active participant who died after completing five years of continuous service. The surviving spouse must have been married to the participant for at least six months.

Benefit

The benefit is equal to the largest (on a present value basis) of the following amounts:

- (1) 40% of the post-December 31, 2002 formula accrued benefit determined using all service (credited service and benefit service) projected to age 65, payable immediately.
- (2) 50% (100% if death occurs at or after age 65) of the post-December 31, 2002 formula accrued benefit using all service (credited service and benefit service) through date of death payable at the earliest age the participant could have commenced, reduced for early commencement and J&S coverage.
- (3) 50% of the December 31, 2002 American General accrued benefit reduced for early commencement and 50% J&S coverage payable at the earliest age the participant could have commenced, plus 40% of the post-December 31, 2002 formula benefit determined using service after December 31, 2002 projected to age 65, payable immediately.
- (4) 50% of the December 31, 2002 American General accrued benefit plus 50% (100% if death occurs at or after age 65) of the post-December 31, 2002 accrued benefit reflecting credited service after December 31, 2002, both reduced for early commencement and the J&S coverage, payable at the earliest age the participant could have commenced.

If the participant's compensation for the 12 calendar months prior to the month in which death occurs is in excess of the average compensation for all participants shown in the actuary's funding valuation report for the plan year prior to the plan year in which death occurs, the death benefit is equal to the greater of (2) or (4) above.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Springleaf Financial Services Retirement Plan
EIN: 35-1313922 PN: 004

Forms of Payment of Pension

The normal form of payment is a life annuity for single participants and a reduced 50% joint and survivor annuity for married participants. In lieu of the normal form, participants may elect to receive their benefit as a joint and survivor annuity (100%, 75%, 50%, and 25%), 120 months certain and life annuity, lump sum if value of benefit is less than \$10,000, or a Social Security level income annuity.

Actuarial Equivalence for Alternative Forms of Payment

Amount of an alternative form of benefit (other than a lump sum and Social Security leveling option) which has a value equivalent to the benefit or benefits otherwise payable under the plan, computed on the basis of a 7.5% compound annual interest rate and the mortality table described in IRS Revenue Ruling 2001-62.

Actuarial Equivalence for Lump Sum and Social Security Level Income Option

PPA mortality and interest rates equal to the three-tiered minimum present value segment rate for the three months preceding the benefit commencement date reflecting the appropriate phase-ins.

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

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

Plan Name	SPRINGLEAF FINANCIAL SERVICES RETIREMENT PLAN
Plan Sponsor EIN	35-1313922
ERISA Plan No.	004
Plan Year End	12/31/2024

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)