

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): CHURCH MUTUAL INSURANCE COMPANY, S.I.
2b Employer Identification Number (EIN): 39-0712210
2c Plan Sponsor's telephone number: 715-536-5577
2d Business code (see instructions): 524150

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1569 |
| 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) | 1041 |
| | 6a(2) | 906 |
| | 6b | 103 |
| | 6c | 373 |
| | 6d | 1382 |
| | 6e | 8 |
| | 6f | 1390 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 34 |
| 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:
1C 1I

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

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

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

a Pension Schedules

- (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 _____

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

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

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

| | | |
|---|---|------------|
| A Name of plan <u>CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHURCH MUTUAL INSURANCE COMPANY, S.I.</u> | D Employer Identification Number (EIN) <u>39-0712210</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>118221808</u> |
| | b Actuarial value | 2b | <u>121097282</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>100</u> | <u>19139763</u> |
| | b For terminated vested participants | <u>433</u> | <u>41762227</u> |
| | c For active participants | <u>1041</u> | <u>48792641</u> |
| | d Total | <u>1574</u> | <u>109694631</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>5.23 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>3967025</u> |
| | b Expected plan-related expenses | 6b | <u>0</u> |
| | c Target normal cost | 6c | <u>3967025</u> |

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

| | | |
|------------------|---|---|
| SIGN HERE | | |
| | Signature of actuary | <u>06/13/2025</u> Date |
| | <u>TIMOTHY J. HERMAN, F.S.A</u> Type or print name of actuary | <u>23-05628</u> Most recent enrollment number |
| | <u>MILLIMAN, INC</u> Firm name | <u>262-796-3318</u> Telephone number (including area code) |
| | <u>17335 GOLF PARKWAY SUITE 100 BROOKFIELD, WI 53045</u> Address of the firm | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 18382387 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 18382387 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.71</u> % | 0 | 1601106 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 12841261 |
| | 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>5.27</u> % | | 676734 |
| | 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 | | 13517995 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 19983493 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 91.88 % |
| 15 | Adjusted funding target attainment percentage | 15 | 110.04 % |
| 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 | 94.13 % |
| 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 | | |
| 03/20/2025 | 575000 | 0 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Totals ▶ | 18(b) | 575000 | 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 | 540502 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

| | | | |
|--|------------------------|------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | 21b 0 |
| 22 Weighted average retirement age | | | 22 64 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

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

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

| | | | |
|--|---------------------|--------------------|--------------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | | | 31a 3967025 |
| b Excess assets, if applicable, but not greater than line 31a | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 8931296 | 816285 | |
| 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 4783310 |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 4245914 | 4245914 |
| 36 Additional cash requirement (line 34 minus line 35) | | | 36 537396 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | 37 540502 |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | | 38a 3106 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | 38b 3106 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | 40 0 |

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

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

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

| | | |
|---|--|------------|
| A Name of plan CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CHURCH MUTUAL INSURANCE COMPANY, S.I. | D Employer Identification Number (EIN) 39-0712210 | |

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

(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

(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

(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

(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

(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

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)

CAP INSTITUTIONAL SERVICES, INC.

75-1565705

| (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? |
|------------------------|---|--|--|--|---|--|
| 33 55 71 | BROKER | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 8794 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

| (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? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

| (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? |
|------------------------|---|--|--|--|---|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| CAP INSTITUTIONAL SERVICES, INC. | 33 55 71 | 1326 |

| (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. |
|---|--|
| RINGCENTRAL INC 20 DAVIS DR BELMONT, CA 94002 | PLAN RELATED EXPENSES |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--------------------------------------|---|
| CAP INSTITUTIONAL SERVICES, INC. | 33 55 71 | 1058 |

| (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. |
|--|--|
| AMKOR TECHNOLOGY INC COM 2045 E INNOVATION CIR TEMPE, AZ 85284 | PLAN RELATED EXPENSES |

| (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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 CHURCH MUTUAL INSURANCE COMPANY, S.I. | D Employer Identification Number (EIN) 39-0712210 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 17750000 | 575000 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 543078 | 511261 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 2336273 | 2150812 |
| (2) U.S. Government securities | 1c(2) | 12177978 | 10402208 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 51757049 | 50068081 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 33814058 | 29939444 |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (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 | 118378436 | 93646806 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 118378436 | 93646806 |

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) | 575000 | |
| (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) | | 575000 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | 231169 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 1618942 | |
| (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) | | 1850111 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 730437 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 188301 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 918738 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 25557662 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 23988886 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 1568776 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 3932036 | |
| (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) | | |
| (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 | | -7549 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 8837112 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 33568742 | |
| (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) | | 33568742 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 33568742 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -24731630 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553744.

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

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

| | | |
|---|--|------------|
| A Name of plan <u>CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHURCH MUTUAL INSURANCE COMPANY, S.I.</u> | D Employer Identification Number (EIN) <u>39-0712210</u> | |

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 39-6423733

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 | 149 |
|--|---|-----|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 32.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 64.00 %
 High-Yield Debt: 1.00 % Real Assets: 1.00 % Cash or Cash Equivalents: 2.00 % Other: 0.00 %

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 _____.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN

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

YEARS ENDED DECEMBER 31, 2024 AND 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

**CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

| | |
|---|-----------|
| INDEPENDENT AUDITORS' REPORT | 1 |
| FINANCIAL STATEMENTS | |
| STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS | 5 |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 6 |
| NOTES TO FINANCIAL STATEMENTS | 7 |
| ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO FORM 5500) | |
| SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) | 15 |
| SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS | 16 |



INDEPENDENT AUDITORS' REPORT

Plan Administrator
Church Mutual Insurance Company Cash Balance Plan
Merrill, Wisconsin

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Church Mutual Insurance Company Cash Balance 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 of Church Mutual Insurance Company Cash Balance Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Church Mutual Insurance Company Cash Balance Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Church Mutual Insurance Company Cash Balance Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.

Plan Administrator
Church Mutual Insurance Company Cash Balance Plan

- 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 Church Mutual Insurance Company Cash Balance 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 Church Mutual Insurance Company Cash Balance 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 Matter — Supplemental Schedules Required by ERISA

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

Plan Administrator
Church Mutual Insurance Company Cash Balance Plan

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).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Cloud, Minnesota
July 31, 2025

**CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

| ASSETS | 2024 | 2023 |
|--|----------------------|-----------------------|
| INVESTMENTS (at Fair Value) | | |
| Interest Bearing Cash | \$ 2,150,812 | \$ 2,336,272 |
| U.S Government Securities | 10,402,208 | 12,177,978 |
| Corporate Debt Instruments | 50,068,081 | 51,757,050 |
| Common Stocks | 29,939,444 | 33,814,058 |
| Total Investments (at Fair Value) | 92,560,545 | 100,085,358 |
| RECEIVABLES | | |
| Employer Contributions | 575,000 | 17,750,000 |
| Accrued Income | 511,261 | 543,078 |
| Total Receivables | 1,086,261 | 18,293,078 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 93,646,806 | \$ 118,378,436 |

See accompanying Notes to Financial Statements.

**CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

| | 2024 | 2023 |
|---|---------------|----------------|
| ADDITIONS: | | |
| INVESTMENT INCOME | | |
| Net Appreciation in Fair Value of Investments | \$ 5,461,445 | \$ 5,489,154 |
| Interest | 2,073,467 | 2,038,689 |
| Dividends | 727,200 | 771,712 |
| Total Investment Income (Loss) | 8,262,112 | 8,299,555 |
| EMPLOYER CONTRIBUTIONS | 575,000 | 17,750,000 |
| Total Additions | 8,837,112 | 26,049,555 |
| DEDUCTIONS: | | |
| BENEFITS PAID TO PARTICIPANTS | 33,568,742 | 5,826,212 |
| NET INCREASE (DECREASE) | (24,731,630) | 20,223,343 |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of Year | 118,378,436 | 98,155,093 |
| End of Year | \$ 93,646,806 | \$ 118,378,436 |

See accompanying Notes to Financial Statements.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN

The following description of Church Mutual Insurance Company Cash Balance Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering all employees of Church Mutual Insurance Company (the Company) and is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. The plan is noncontributory and covers all employees who have attained age 20½ and have completed six months of service as of the first day of the Plan year. U.S Bank National Association is the Trustee as defined by the Plan.

Pension Benefits

A hypothetical cash balance account in the Plan is established for each Plan participant if an employee becomes a participant on or after November 1, 2012. If a participant had an accrued benefit under the prior sponsored defined benefit plan prior to November 1, 2012, the accrued benefit as of October 31, 2012, was converted into an opening account balance in the Plan. After November 1, 2012, the balance in the participant's account will be interest credits.

Eligible participants earn benefits under the cash balance benefit formula. At the end of each Plan year, the Company applies up to three types of credits to the participant's account (1) pay credits, (2) interest credits and (3) transition credits. Pay credits are a percentage of the participant's eligible compensation and are based on years of service. Interest credits are applied to the hypothetical accounts by multiplying the greater of 4% or the third segment rate by the hypothetical cash balance account balance on the first day of the year. The transition credits began in 2013 and will continue until the earlier of termination of employment or the date at which the Plan ceases allowing for transition credits. Employees aged 45 and older with 15 years of service as of October 31, 2012 are eligible for the transition credit.

The Plan was amended effective August 16, 2023 to offer a voluntary retirement incentive program, subject to certain plan provisions. Qualifying employees are those who have attained age 55 and completed 10 full years of service using the credited service date from the Company's records as of December 31, 2023 or, if earlier, before terminating employment; and who have properly executed a Voluntary Retirement Incentive Agreement; and who have voluntarily terminated employment with the Company on December 31, 2023 or such other date as specified in the Participant's executed agreement accepting the terms of the Voluntary Retirement Incentive; and is not a participant rehired during 2023; and who is not a participant working in the Company's Products Department; and who is not the Company's Chief Executive Officer are eligible for the voluntary retirement incentive program.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Based on the voluntary retirement incentive program, a qualifying participant received an additional allocation equal to two weeks of covered compensation for each full year of service using the credited service date from the Company's records as of December 31, 2023, or if earlier, date of the termination of employment up to a maximum of 52 weeks with a minimum of 26 weeks, plus \$25,000 to be credited to the participant's hypothetical cash balance account as of December 31, 2023.

The Plan was also amended effective December 31, 2024 to freeze participation for all employees hired or rehired after December 31, 2024 and also to freeze benefit accruals for all participants as of the effective date.

Normal retirement age under the Plan depends on when the benefits were accrued under the plan. For benefits accrued prior to November 1, 2012, normal retirement age under the Plan is the later of age 60 or 30 years of service (but not later than the attainment of age 65 and the fifth anniversary the participant joined the Plan). For benefits accrued on or after November 1, 2012, normal retirement age is the later of age 65 or the fifth anniversary the participant joined the Plan.

Disability and Death Benefits

Participants may be entitled to receive a benefit upon disability or death. Benefits are payable in the form of a lump sum payment or a life annuity.

Vesting

Accrued benefits are 100% vested after attaining three years of credited service under a cliff vesting schedule. Notwithstanding the above, participants shall become 100% vested upon their death or disability, as defined by the Plan.

Benefit Payments

Upon termination of service, if the value of the hypothetical pension benefit is \$1,000 or less, the value will be distributed as soon as administratively possible as a single lump sum payment following the date of termination. Upon termination of service, if the value of the hypothetical pension benefit is greater than \$1,000, the participant can elect to have the value distributed as a life annuity (subject to joint and survivor rules) or a single lump sum payment.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for fair value of investments.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Administrative expenses of the Plan are paid by the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through July 31, 2025, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

**CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The significant actuarial assumptions used in determining the actuarial present value of accumulated plan benefits as of December 31, 2023 were:

- a. Assumed rate of return on investment at 5.50%.
- b. Mortality using White Collar Pri-2012.
- c. Projected mortality using generational projection MP-2021.
- d. Retirement age assumptions (age 65).
- e. Interest credit of 5.83%.

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

The following is a summary of the actuarial present value of accumulated plan benefits as of December 31, 2023:

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits:

| | |
|---|--------------------|
| Participants Currently Receiving Benefits | \$ 19,203,705 |
| Nonretired Participants | <u>89,407,957</u> |
| Total Vested Benefits | <u>108,611,662</u> |

Nonvested Benefits

| | |
|---|------------------------------|
| Total Actuarial Present Value of Accumulated Plan Benefits | <u><u>\$ 108,958,656</u></u> |
|---|------------------------------|

**CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the period ended December 31, 2023:

| | |
|--|-----------------------|
| Actuarial Present Value of Accumulated Plan Benefits - | |
| Beginning of Year | \$ 90,111,646 |
| Increase (Decrease) Attributable to: | |
| Reduction in the Discount Period | 4,798,064 |
| Benefits Accumulated Plus Actuarial (Gain)/Loss | 2,594,783 |
| Plan Amendments | 12,280,130 |
| Change in Assumptions | 5,000,245 * |
| Benefits Paid | <u>(5,826,212)</u> |
| Actuarial Present Value of Accumulated Plan Benefits - | |
| End of Year | <u>\$ 108,958,656</u> |

* Change in assumptions related to change in interest credit from 5.41% to 5.83%, change in the cash balance conversion rate from 4.00% to 5.75%, and change in mortality tables and projection scale as prescribed by Section 430(h)(3)(A).

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

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. U.S. Bank National Association, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, the supplemental schedule of assets (held at end of year) as of December 31, 2024, and the supplemental schedule of reportable transactions for the year ended December 31, 2024.

NOTE 5 FUNDING POLICY

The Company makes annual contributions to the Plan as determined by an independent consulting actuary. The required contributions for 2024 and 2023 met the minimum funding requirements of ERISA.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

Interest Bearing Cash: Valued at the daily closing price as reported by the fund.

U.S Government Securities: Valued at quoted prices for similar securities. These securities are considered actively traded.

Corporate Debt Instruments: Certain corporate and foreign bonds and debentures are valued at quoted prices that are observable for the asset. Other corporate and foreign bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Common Stock: Valued at the closing price reported on the New York Stock Exchange.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

| | 2024 | | | |
|---------------------------------|---------------|---------------|---------|----------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Interest Bearing Cash | \$ 2,150,812 | \$ - | \$ - | \$ 2,150,812 |
| U.S Government Securities | - | 10,402,208 | - | 10,402,208 |
| Corporate Debt Instruments | - | 50,068,081 | - | 50,068,081 |
| Common Stocks | 29,939,444 | - | - | 29,939,444 |
| Total Investments at Fair Value | \$ 32,090,256 | \$ 60,470,289 | \$ - | \$ 92,560,545 |
| | 2023 | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| Interest Bearing Cash | \$ 2,336,272 | \$ - | \$ - | \$ 2,336,272 |
| U.S Government Securities | - | 12,177,978 | - | 12,177,978 |
| Corporate Debt Instruments | - | 51,757,050 | - | 51,757,050 |
| Common Stocks | 33,814,058 | - | - | 33,814,058 |
| Total Investments at Fair Value | \$ 36,150,330 | \$ 63,935,028 | \$ - | \$ 100,085,358 |

NOTE 7 PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, for payment of the Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on a determination letter dated December 14, 2021, received from the Internal Revenue Service (IRS) on the Plan indicating that the Plan is qualified, and the trust established under the Plan is tax exempt under the appropriate sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Therefore, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are held by U.S Bank National Association, the trustee as defined by the Plan. The investment transactions qualify as party-in-interest transactions as defined by ERISA.



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

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

| (a) | (b) | (c) | (d) | (e) |
|--------------------|---------------------------|----------------------|----------------------|----------------------|
| Identity of Issuer | Description of Investment | Cost | Current Value | |
| * | U.S. Bank | See Attached | <u>\$ 84,271,055</u> | <u>\$ 92,560,545</u> |
| | Total Investments | <u>\$ 84,271,055</u> | <u>\$ 92,560,545</u> | |

* *Represents party-in-interest*

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-------------------------|---------------------|---|-------------------|--------------------|
| Cash And Equivalents | | | | | | |
| Money Markets | | | | | | |
| First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 | 2,150,812.100 | 2,150,812.10 1.0000 | 2,150,812.10 | .00 .00 | 3,529.74 | 4.00 |
| Total Money Markets | 2,150,812.100 | 2,150,812.10 | 2,150,812.10 | .00 .00 | 3,529.74 | 4.00 |
| Total Cash And Equivalents | 2,150,812.100 | 2,150,812.10 | 2,150,812.10 | .00 .00 | 3,529.74 | 4.00 |
| US Government Issues | | | | | | |
| F H L B Deb 2.020% 12/16/26 Standard & Poors Rating: AA+ Moodys Rating: Aaa 3130AHNR0 Asset Minor Code 22 | 1,000,000.000 | 955,110.00 95.5110 | 1,000,000.00 | - 44,890.00 19,280.00 | 841.67 | 2.11 |
| F H L B Deb 3.250% 4/21/27 Standard & Poors Rating: AA+ Moodys Rating: Aaa 3130ARKD2 Asset Minor Code 22 | 1,000,000.000 | 974,490.00 97.4490 | 1,000,000.00 | - 25,510.00 3,110.00 | 6,319.44 | 3.34 |
| F F C B Deb 0.700% 11/30/26 Standard & Poors Rating: AA+ Moodys Rating: Aaa 3133EMHW5 Asset Minor Code 22 | 1,000,000.000 | 933,670.00 93.3670 | 1,000,000.00 | - 66,330.00 32,930.00 | 602.78 | 0.75 |
| F F C B Deb 0.680% 1/13/27 Standard & Poors Rating: AA+ Moodys Rating: Aaa 3133EMMT6 Asset Minor Code 22 | 1,250,000.000 | 1,160,775.00 92.8620 | 1,247,812.50 | - 87,037.50 35,762.50 | 3,966.67 | 0.73 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-----------------------|--------------|---|-------------------|--------------------|
| F F C B Deb 1.890% 11/23/29 Standard & Poors Rating: AA+ Moody's Rating: Aaa 3133ENET3 Asset Minor Code 22 | 1,000,000.000 | 883,050.00 88.3050 | 1,000,000.00 | - 116,950.00 6,310.00 | 1,995.00 | 2.14 |
| F F C B Deb 1.470% 1/11/27 Standard & Poors Rating: AA+ Moody's Rating: Aaa 3133ENKG4 Asset Minor Code 22 | 1,000,000.000 | 943,810.00 94.3810 | 993,000.00 | - 49,190.00 21,410.00 | 6,941.67 | 1.56 |
| F F C B Deb 2.400% 3/14/28 Standard & Poors Rating: AA+ Moody's Rating: Aaa 3133ENRL6 Asset Minor Code 22 | 1,000,000.000 | 936,130.00 93.6130 | 995,750.00 | - 59,620.00 8,660.00 | 7,133.33 | 2.56 |
| F H L M C M T N 0.770% 9/14/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 3134GWM78 Asset Minor Code 22 | 1,000,000.000 | 908,310.00 90.8310 | 999,500.00 | - 91,190.00 23,190.00 | 2,288.61 | 0.85 |
| U S Treasury Nt 4.250% 12/31/24 Standard & Poors Rating: N/A Moody's Rating: WR 91282CGD7 Asset Minor Code 21 | .000 | .00 100.0000 | .00 | .00 - 7,020.00 | .00 | 0.00 |
| U S Treasury Nt 2.000% 8/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828K74 Asset Minor Code 21 | 1,000,000.000 | 986,120.00 98.6120 | 1,011,718.75 | - 25,598.75 23,810.00 | 7,554.35 | 2.03 |
| U S Treasury Nt 1.625% 2/15/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828P46 Asset Minor Code 21 | 750,000.000 | 728,572.50 97.1430 | 694,043.25 | 34,529.25 17,857.50 | 4,603.43 | 1.67 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-----------------------|----------------------|---|-------------------|--------------------|
| U S Treasury Nt 2.250% 1/31/24 912828V80 Asset Minor Code 21 | .000 | .00 100.0000 | .00 | .00 110.00 | .00 | 0.00 |
| U S Treasury Nt 2.125% 5/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828XB1 Asset Minor Code 21 | 1,000,000.000 | 992,170.00 99.2170 | 984,375.00 | 7,795.00 24,080.00 | 2,758.98 | 2.14 |
| Total US Government Issues | 11,000,000.000 | 10,402,207.50 | 10,926,199.50 | - 523,992.00 209,490.00 | 45,005.93 | 1.79 |
| Corporate Issues | | | | | | |
| Aflac Inc 2.875% 10/15/26 Standard & Poors Rating: A- Moody's Rating: A3 001055AQ5 Asset Minor Code 28 | 500,000.000 | 485,230.00 97.0460 | 486,195.00 | - 965.00 10,290.00 | 3,034.72 | 2.96 |
| Alphabet Inc Sr Gbl 1.100% 8/15/30 Standard & Poors Rating: AA+ Moody's Rating: Aa2 02079KAD9 Asset Minor Code 28 | 500,000.000 | 415,770.00 83.1540 | 419,420.00 | - 3,650.00 1,620.00 | 2,077.78 | 1.32 |
| Amgen Inc 1.650% 8/15/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 031162DB3 Asset Minor Code 28 | 1,000,000.000 | 893,780.00 89.3780 | 884,805.00 | 8,975.00 9,480.00 | 6,233.33 | 1.85 |
| Anthem Inc 4.100% 5/15/32 Standard & Poors Rating: A Moody's Rating: Baa2 036752AT0 Asset Minor Code 28 | 1,000,000.000 | 924,640.00 92.4640 | 915,500.00 | 9,140.00 - 30,350.00 | 5,238.89 | 4.43 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-------------------------|--------------|---|-------------------|--------------------|
| Apple Inc 1.650% 5/11/30 Standard & Poors Rating: AA+ Moody's Rating: Aaa 037833DU1 Asset Minor Code 28 | 1,000,000.000 | 859,640.00 85.9640 | 936,125.00 | - 76,485.00 - 2,070.00 | 2,291.67 | 1.92 |
| Autodesk Inc 3.500% 6/15/27 Standard & Poors Rating: BBB+ Moody's Rating: A3 052769AE6 Asset Minor Code 28 | 500,000.000 | 485,575.00 97.1150 | 522,150.00 | - 36,575.00 250.00 | 777.78 | 3.60 |
| Berkshire Hathaway 3.125% 3/15/26 Standard & Poors Rating: AA Moody's Rating: Aa2 084670BS6 Asset Minor Code 28 | 1,000,000.000 | 984,650.00 98.4650 | 999,410.00 | - 14,760.00 12,280.00 | 9,201.39 | 3.17 |
| Blackrock Inc 3.500% 3/18/24 Standard & Poors Rating: N/R Moody's Rating: WR 09247XAL5 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 51,373.75 | .00 | 0.00 |
| Boeing Co 2.196% 2/04/26 Standard & Poors Rating: BBB- Moody's Rating: Baa3 097023DG7 Asset Minor Code 28 | 1,000,000.000 | 969,790.00 96.9790 | 1,003,740.00 | - 33,950.00 24,900.00 | 8,967.00 | 2.26 |
| Bp Cap Markets 3.796% 9/21/25 Standard & Poors Rating: A- Moody's Rating: A1 10373QAB6 Asset Minor Code 28 | 1,250,000.000 | 1,244,350.00 99.5480 | 1,335,412.50 | - 91,062.50 12,100.00 | 13,180.56 | 3.81 |
| Bristol Myers Squibb 3.400% 7/26/29 Standard & Poors Rating: A Moody's Rating: A2 110122CP1 Asset Minor Code 28 | 1,000,000.000 | 943,890.00 94.3890 | 989,120.40 | - 45,230.40 - 4,570.00 | 14,638.89 | 3.60 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|--------------------------|--------------|---|-------------------|--------------------|
| Broadcom Inc Sr Gbl 4.150% 11/15/30 Standard & Poors Rating: BBB Moody's Rating: Baa1 11135FAQ4 Asset Minor Code 28 | 1,000,000.000 | 956,870.00 95.6870 | 923,000.00 | 33,870.00 1,690.00 | 5,302.78 | 4.34 |
| Cigna Corp 2.375% 3/15/31 Standard & Poors Rating: A- Moody's Rating: Baa1 125523CM0 Asset Minor Code 28 | 1,000,000.000 | 846,780.00 84.6780 | 1,004,800.00 | - 158,020.00 - 7,920.00 | 6,993.06 | 2.80 |
| Cvs Health Corp 3.875% 7/20/25 Standard & Poors Rating: BBB Moody's Rating: Baa3 126650CL2 Asset Minor Code 28 | 1,215,000.000 | 1,207,187.55 99.3570 | 1,266,308.18 | - 59,120.63 13,219.20 | 21,055.78 | 3.90 |
| Cvs Health Corp 1.300% 8/21/27 Standard & Poors Rating: BBB Moody's Rating: Baa3 126650DM9 Asset Minor Code 28 | 1,000,000.000 | 906,100.00 90.6100 | 995,810.00 | - 89,710.00 17,950.00 | 4,694.44 | 1.43 |
| Cisco Sys Inc 4.950% 2/26/31 Standard & Poors Rating: AA- Moody's Rating: A1 17275RBS0 Asset Minor Code 28 | 1,000,000.000 | 1,003,590.00 100.3590 | 1,036,600.00 | - 33,010.00 - 33,010.00 | 17,187.50 | 4.93 |
| Citigroup Inc 3.200% 10/21/26 Standard & Poors Rating: BBB+ Moody's Rating: A3 172967KY6 Asset Minor Code 28 | 755,000.000 | 734,229.95 97.2490 | 822,021.35 | - 87,791.40 14,314.80 | 4,697.78 | 3.29 |
| Coca Cola Co 1.650% 6/01/30 Standard & Poors Rating: A+ Moody's Rating: A1 191216CV0 Asset Minor Code 28 | 500,000.000 | 426,395.00 85.2790 | 495,150.00 | - 68,755.00 - 1,870.00 | 687.50 | 1.93 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|--|------------------------|-------------------------|--------------|---|-------------------|--------------------|
| Costco Wholesale 3.000% 5/18/27 Standard & Poors Rating: A+ Moody's Rating: Aa3 22160KAM7 Asset Minor Code 28 | 1,000,000.000 | 971,190.00 97.1190 | 1,103,440.00 | - 132,250.00 8,300.00 | 3,583.33 | 3.09 |
| Cummins Inc 0.750% 9/01/25 Standard & Poors Rating: A Moody's Rating: A2 231021AU0 Asset Minor Code 28 | 750,000.000 | 731,122.50 97.4830 | 741,675.00 | - 10,552.50 27,990.00 | 1,875.00 | 0.77 |
| Dover Corp 3.150% 11/15/25 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 260003AM0 Asset Minor Code 28 | 1,275,000.000 | 1,256,971.50 98.5860 | 1,264,148.75 | - 7,177.25 24,161.25 | 5,131.88 | 3.20 |
| Eog Res Inc Sr Glbl 4.375% 4/15/30 Standard & Poors Rating: A- Moody's Rating: A3 26875PAU5 Asset Minor Code 28 | 1,000,000.000 | 971,870.00 97.1870 | 1,009,760.00 | - 37,890.00 - 37,890.00 | 9,236.11 | 4.50 |
| Extra Space LP 3.500% 7/01/26 Standard & Poors Rating: BBB+ Moody's Rating: Baa2 30225VAL1 Asset Minor Code 28 | 1,000,000.000 | 981,360.00 98.1360 | 981,515.00 | - 155.00 14,005.00 | 17,500.00 | 3.57 |
| Exxon Mobil Corp 2.709% 3/06/25 Standard & Poors Rating: AA- Moody's Rating: Aa2 30231GAF9 Asset Minor Code 28 | 1,000,000.000 | 996,820.00 99.6820 | 952,000.00 | 44,820.00 20,320.00 | 8,653.75 | 2.72 |
| Meta Platforms Inc 3.850% 8/15/32 Standard & Poors Rating: AA- Moody's Rating: Aa3 30303M8H8 Asset Minor Code 28 | 1,000,000.000 | 929,340.00 92.9340 | 864,920.00 | 64,420.00 - 21,800.00 | 14,544.44 | 4.14 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|--------------------------|--------------|---|-------------------|--------------------|
| Gatx Corp 3.500% 3/15/28 Standard & Poors Rating: BBB Moody's Rating: Baa2 361448BA0 Asset Minor Code 28 | 1,000,000.000 | 954,700.00 95.4700 | 1,020,300.00 | - 65,600.00 13,380.00 | 10,305.56 | 3.67 |
| Honeywell 2.700% 8/15/29 Standard & Poors Rating: A Moody's Rating: A2 438516BU9 Asset Minor Code 28 | 1,000,000.000 | 916,520.00 91.6520 | 957,795.00 | - 41,275.00 - 7,840.00 | 10,200.00 | 2.95 |
| Hubbell Inc 3.500% 2/15/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 443510AJ1 Asset Minor Code 28 | 1,000,000.000 | 960,580.00 96.0580 | 964,200.00 | - 3,620.00 - 3,620.00 | 13,222.22 | 3.64 |
| IBM Corp 3.450% 2/19/26 Standard & Poors Rating: A- Moody's Rating: A3 459200JG7 Asset Minor Code 28 | 1,000,000.000 | 986,680.00 98.6680 | 978,335.00 | 8,345.00 12,750.00 | 12,650.00 | 3.50 |
| Johnson Johnson 4.900% 6/01/31 Standard & Poors Rating: AAA Moody's Rating: Aaa 478160CV4 Asset Minor Code 28 | 1,000,000.000 | 1,006,310.00 100.6310 | 1,040,500.00 | - 34,190.00 - 34,190.00 | 4,083.33 | 4.87 |
| Kinder Morgan Ener 4.250% 9/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 494550BV7 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 157,262.50 | .00 | 0.00 |
| Laboratory Corp Amer 1.550% 6/01/26 Standard & Poors Rating: BBB Moody's Rating: Baa2 50540RAX0 Asset Minor Code 28 | 1,000,000.000 | 955,540.00 95.5540 | 983,395.00 | - 27,855.00 31,540.00 | 1,291.67 | 1.62 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|--|------------------------|-----------------------|--------------|---|-------------------|--------------------|
| Lowes Cos Inc 1.700% 10/15/30 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 548661DY0 Asset Minor Code 28 | 1,000,000.000 | 836,670.00 83.6670 | 901,495.00 | - 64,825.00 6,140.00 | 3,588.89 | 2.03 |
| Mastercard Inc 2.950% 6/01/29 Standard & Poors Rating: A+ Moody's Rating: Aa3 57636QAM6 Asset Minor Code 28 | 1,000,000.000 | 933,060.00 93.3060 | 1,047,000.00 | - 113,940.00 - 8,200.00 | 2,458.33 | 3.16 |
| McCormick Co 3.150% 8/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 579780AM9 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 83,020.00 | .00 | 0.00 |
| McDonalds Corp Mtn 3.700% 1/30/26 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 58013MEY6 Asset Minor Code 28 | 1,000,000.000 | 992,250.00 99.2250 | 1,094,230.00 | - 101,980.00 9,150.00 | 15,519.44 | 3.73 |
| McDonalds Corp Mtn 3.500% 7/01/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 58013MFP4 Asset Minor Code 28 | 1,000,000.000 | 974,010.00 97.4010 | 1,108,095.00 | - 134,085.00 2,680.00 | 17,500.00 | 3.59 |
| Merck Co Inc 3.400% 3/07/29 Standard & Poors Rating: A+ Moody's Rating: A1 58933YAX3 Asset Minor Code 28 | 1,000,000.000 | 951,350.00 95.1350 | 1,091,547.50 | - 140,197.50 - 9,270.00 | 10,766.67 | 3.57 |
| Morgan Stanley C 4.250% 4/29/26 61765QSH3 Asset Minor Code 28 | 1,000,000.000 | 989,590.00 98.9590 | 1,000,000.00 | - 10,410.00 33,380.00 | 7,452.06 | 4.29 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-----------------------|--------------|---|-------------------|--------------------|
| Netapp Inc Sr 2.375% 6/22/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa2 64110DAJ3 Asset Minor Code 28 | 1,000,000.000 | 944,910.00 94.4910 | 1,009,650.00 | - 64,740.00 16,470.00 | 593.75 | 2.51 |
| O Reilly Automotive 3.600% 9/01/27 Standard & Poors Rating: BBB Moody's Rating: Baa1 67103HAF4 Asset Minor Code 28 | 1,000,000.000 | 970,340.00 97.0340 | 987,425.00 | - 17,085.00 6,580.00 | 12,000.00 | 3.71 |
| Occidental Petroleum 3.200% 8/15/26 Standard & Poors Rating: Bb+ Moody's Rating: Baa3 674599CR4 Asset Minor Code 28 | 275,000.000 | 265,559.25 96.5670 | 276,267.75 | - 10,708.50 6,371.75 | 3,324.44 | 3.31 |
| Oracle Corporation 2.500% 4/01/25 Standard & Poors Rating: BBB Moody's Rating: Baa2 68389XBT1 Asset Minor Code 28 | 1,000,000.000 | 994,240.00 99.4240 | 1,057,500.00 | - 63,260.00 27,550.00 | 6,250.00 | 2.51 |
| Parker Hannifin Mtn 3.300% 11/21/24 Standard & Poors Rating: N/R Moody's Rating: WR 70109HAL9 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 78,830.00 | .00 | 0.00 |
| Pfizer Inc 3.400% 5/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 717081DM2 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 32,660.00 | .00 | 0.00 |
| Public Svc 0.800% 8/15/25 Standard & Poors Rating: BBB Moody's Rating: Baa2 744573AP1 Asset Minor Code 28 | .000 | .00 97.5570 | .00 | .00 37,725.00 | .00 | 0.00 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|--|------------------------|-----------------------|--------------|---|-------------------|--------------------|
| Quest Diagnostic Inc 4.250% 4/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 74834LAV2 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 8,330.00 | .00 | 0.00 |
| Realty Income Corp 3.000% 1/15/27 Standard & Poors Rating: A- Moody's Rating: A3 756109AS3 Asset Minor Code 28 | 1,000,000.000 | 967,070.00 96.7070 | 961,250.00 | 5,820.00 5,820.00 | 13,833.33 | 3.10 |
| Roper Technologies 1.400% 9/15/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa2 776743AN6 Asset Minor Code 28 | 200,000.000 | 183,204.00 91.6020 | 199,720.00 | - 16,516.00 4,256.00 | 824.44 | 1.53 |
| Ross Stores Inc 4.700% 4/15/27 Standard & Poors Rating: BBB+ Moody's Rating: A2 778296AC7 Asset Minor Code 28 | 137,000.000 | 135,077.89 98.5970 | 160,707.85 | - 25,629.96 - 449.36 | 1,359.34 | 4.77 |
| Shell Fin US 2.375% 11/07/29 Standard & Poors Rating: A+ Moody's Rating: Aa2 822905AF2 Asset Minor Code 28 | 1,000,000.000 | 897,060.00 89.7060 | 1,042,670.00 | - 145,610.00 - 19,805.00 | 3,562.50 | 2.65 |
| Sherwin Williams Co 3.125% 6/01/24 Standard & Poors Rating: N/R Moody's Rating: WR 824348AV8 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 17,420.00 | .00 | 0.00 |
| Starbucks Corp 4.000% 11/15/28 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 855244AR0 Asset Minor Code 28 | 1,000,000.000 | 969,240.00 96.9240 | 1,193,780.00 | - 224,540.00 - 15,500.00 | 5,111.11 | 4.13 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|-----------------------|--------------|---|-------------------|--------------------|
| State Street Corp 3.550% 8/18/25 Standard & Poors Rating: A Moody's Rating: Aa3 857477AT0 Asset Minor Code 28 | 1,000,000.000 | 993,960.00 99.3960 | 1,077,130.00 | - 83,170.00 12,840.00 | 13,115.28 | 3.57 |
| Stryker Corp 3.375% 11/01/25 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 863667AH4 Asset Minor Code 28 | 1,000,000.000 | 989,990.00 98.9990 | 971,135.00 | 18,855.00 16,650.00 | 5,625.00 | 3.41 |
| T Mobile USA Inc 3.500% 4/15/25 Standard & Poors Rating: BBB Moody's Rating: Baa2 87264ABB0 Asset Minor Code 28 | .000 | .00 99.5480 | .00 | .00 2,607.50 | .00 | 0.00 |
| Textron Inc 3.650% 3/15/27 Standard & Poors Rating: BBB Moody's Rating: Baa2 883203BX8 Asset Minor Code 28 | 500,000.000 | 487,225.00 97.4450 | 554,835.00 | - 67,610.00 7,365.00 | 5,373.61 | 3.75 |
| Thermo Fisher 4.950% 11/21/32 Standard & Poors Rating: A- Moody's Rating: A3 883556CU4 Asset Minor Code 28 | 1,000,000.000 | 993,340.00 99.3340 | 1,032,660.00 | - 39,320.00 - 39,320.00 | 5,500.00 | 4.98 |
| 3M Company Mtn 2.875% 10/15/27 Standard & Poors Rating: BBB+ Moody's Rating: A3 88579YAY7 Asset Minor Code 28 | 1,000,000.000 | 957,400.00 95.7400 | 981,490.00 | - 24,090.00 16,350.00 | 6,069.44 | 3.00 |
| 3M Company Mtn 3.625% 9/14/28 Standard & Poors Rating: BBB+ Moody's Rating: A3 88579YBC4 Asset Minor Code 28 | 1,000,000.000 | 966,830.00 96.6830 | 1,170,875.00 | - 204,045.00 13,910.00 | 10,774.31 | 3.75 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|--|------------------------|-------------------------|--------------|---|-------------------|--------------------|
| Union Pacific Corp 2.750% 3/01/26 Standard & Poors Rating: A- Moody's Rating: A3 907818EH7 Asset Minor Code 28 | 1,150,000.000 | 1,126,068.50 97.9190 | 1,131,826.60 | - 5,758.10 18,883.00 | 10,541.67 | 2.81 |
| Verizon 3.000% 3/22/27 Standard & Poors Rating: BBB+ Moody's Rating: Baa1 92343VFF6 Asset Minor Code 28 | 1,000,000.000 | 965,990.00 96.5990 | 1,086,800.00 | - 120,810.00 15,260.00 | 8,250.00 | 3.11 |
| Virginia Elec Power 3.450% 2/15/24 Standard & Poors Rating: N/R Moody's Rating: WR 927804FQ2 Asset Minor Code 28 | .000 | .00 100.0000 | .00 | .00 29,840.00 | .00 | 0.00 |
| Visa Inc 3.150% 12/14/25 Standard & Poors Rating: AA- Moody's Rating: Aa3 92826CAD4 Asset Minor Code 28 | 1,000,000.000 | 988,650.00 98.8650 | 1,006,360.00 | - 17,710.00 12,980.00 | 1,487.50 | 3.19 |
| Walmart Inc 4.100% 4/15/33 Standard & Poors Rating: AA Moody's Rating: Aa2 931142FD0 Asset Minor Code 28 | 1,000,000.000 | 952,800.00 95.2800 | 1,000,000.00 | - 47,200.00 - 47,200.00 | 8,655.56 | 4.30 |
| Whirlpool Corp 3.700% 5/01/25 Standard & Poors Rating: BBB- Moody's Rating: Baa3 963320AT3 Asset Minor Code 28 | .000 | .00 99.5200 | .00 | .00 37,670.00 | .00 | 0.00 |
| Whirlpool Corp 4.750% 2/26/29 Standard & Poors Rating: BBB- Moody's Rating: Baa3 963320AW6 Asset Minor Code 28 | 750,000.000 | 739,095.00 98.5460 | 881,377.50 | - 142,282.50 - 7,747.50 | 12,369.79 | 4.82 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|--------------------------|----------------------|---|-------------------|--------------------|
| Total Corporate Issues | 51,257,000.000 | 49,072,451.14 | 51,923,378.38 | - 2,850,927.24 707,292.89 | 430,444.60 | 3.32 |
| Foreign Issues | | | | | | |
| Shell International 3.250% 5/11/25 Standard & Poors Rating: A+ Moody's Rating: Aa2 822582BD3 Asset Minor Code 35 | 1,000,000.000 | 995,630.00 99.5630 | 994,650.00 | 980.00 15,320.00 | 4,513.89 | 3.26 |
| Shell International 2.375% 11/07/29 Standard & Poors Rating: A+ Moody's Rating: Aa2 822582CD2 Asset Minor Code 35 | .000 | .00 90.0440 | .00 | .00 26,510.00 | .00 | 0.00 |
| Total Foreign Issues | 1,000,000.000 | 995,630.00 | 994,650.00 | 980.00 41,830.00 | 4,513.89 | 3.26 |
| Domestic Common Stocks | | | | | | |
| Alphabet Inc Cl A 02079K305 Asset Minor Code 42 | 5,451.000 | 1,031,874.30 189.3000 | 577,655.74 | 454,218.56 270,424.11 | .00 | 0.42 |
| Cencora Inc 03073E105 Asset Minor Code 42 | 3,134.000 | 704,147.12 224.6800 | 140,109.89 | 564,037.23 - 64,035.83 | .00 | 0.98 |
| Amgen Inc 031162100 Asset Minor Code 42 | 2,620.000 | 682,876.80 260.6400 | 148,517.38 | 534,359.42 - 71,735.60 | .00 | 3.65 |
| Amkor Technology Inc Com 031652100 Asset Minor Code 42 | 26,458.000 | 679,706.02 25.6900 | 992,913.22 | - 313,207.20 - 313,207.20 | .00 | 1.29 |
| Elevance Health Inc 036752103 Asset Minor Code 42 | 1,651.000 | 609,053.90 368.9000 | 65,013.88 | 544,040.02 - 169,491.66 | .00 | 1.77 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|------------------------|------------|---|-------------------|--------------------|
| Apple Inc Com 037833100 Asset Minor Code 42 | 3,542.000 | 886,987.64 250.4200 | 42,249.77 | 844,737.87 142,738.77 | .00 | 0.40 |
| Assurant Inc 04621X108 Asset Minor Code 42 | 3,396.000 | 724,095.12 213.2200 | 332,071.37 | 392,023.75 35,307.39 | .00 | 1.50 |
| Bjs Wholesale Club Holdings Inc 05550J101 Asset Minor Code 42 | 7,971.000 | 712,208.85 89.3500 | 621,466.19 | 90,742.66 206,096.76 | .00 | 0.00 |
| Broadcom Inc 11135F101 Asset Minor Code 42 | 3,510.000 | 813,758.40 231.8400 | 76,227.65 | 737,530.75 - 30,281.18 | .00 | 1.02 |
| The Cigna Group 125523100 Asset Minor Code 42 | 2,443.000 | 674,610.02 276.1400 | 412,195.66 | 262,414.36 - 56,946.33 | .00 | 2.03 |
| Cvs Health Corp 126650100 Asset Minor Code 42 | .000 | .00 44.8900 | .00 | .00 - 409,968.88 | .00 | 0.00 |
| Caci Intl Inc 127190304 Asset Minor Code 42 | 1,546.000 | 624,676.76 404.0600 | 375,708.30 | 248,968.46 80,254.55 | .00 | 0.00 |
| Chevron Corporation 166764100 Asset Minor Code 42 | 5,439.000 | 787,784.76 144.8400 | 650,286.77 | 137,497.99 - 17,666.37 | .00 | 4.50 |
| Cisco Systems Inc 17275R102 Asset Minor Code 42 | 15,854.000 | 938,556.80 59.2000 | 372,719.16 | 565,837.64 137,612.72 | .00 | 2.70 |
| Conagra Brands Inc 205887102 Asset Minor Code 42 | 26,854.000 | 745,198.50 27.7500 | 921,234.30 | - 176,035.80 - 24,437.14 | .00 | 5.05 |
| Concentrix Corp 20602D101 Asset Minor Code 42 | .000 | .00 43.2700 | .00 | .00 280,252.70 | .00 | 0.00 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|--|------------------------|------------------------|------------|---|-------------------|--------------------|
| Darden Restaurants Inc 237194105 Asset Minor Code 42 | 5,157.000 | 962,760.33 186.6900 | 728,084.90 | 234,675.43 109,680.77 | .00 | 2.95 |
| Dell Technologies Inc Cl C 24703L202 Asset Minor Code 42 | 5,368.000 | 618,608.32 115.2400 | 340,693.53 | 277,914.79 - 177,635.19 | .00 | 1.54 |
| Honeywell Intl Inc 438516106 Asset Minor Code 42 | 3,503.000 | 791,292.67 225.8900 | 198,194.64 | 593,098.03 56,678.54 | .00 | 2.00 |
| Hubbell Inc Com 443510607 Asset Minor Code 42 | 1,666.000 | 697,870.74 418.8900 | 181,325.95 | 516,544.79 - 9,912.64 | .00 | 1.26 |
| Jabil Inc 466313103 Asset Minor Code 42 | 5,915.000 | 851,168.50 143.9000 | 380,329.40 | 470,839.10 30,514.82 | .00 | 0.22 |
| Johnson Johnson 478160104 Asset Minor Code 42 | .000 | .00 144.6200 | .00 | .00 - 431,230.18 | .00 | 0.00 |
| Lkq Corporation 501889208 Asset Minor Code 42 | .000 | .00 36.7500 | .00 | .00 - 234,823.14 | .00 | 0.00 |
| Magnolia Oil Gas Corp 559663109 Asset Minor Code 42 | 26,773.000 | 625,952.74 23.3800 | 607,736.39 | 18,216.35 66,369.70 | .00 | 2.22 |
| Metlife Inc 59156R108 Asset Minor Code 42 | 9,905.000 | 811,021.40 81.8800 | 593,488.78 | 217,532.62 140,908.83 | .00 | 2.66 |
| Microsoft Corp Com 594918104 Asset Minor Code 42 | 2,025.000 | 853,537.50 421.5000 | 55,340.85 | 798,196.65 92,056.50 | .00 | 0.79 |
| Microchip Technology Inc 595017104 Asset Minor Code 42 | .000 | .00 57.3500 | .00 | .00 - 527,435.28 | .00 | 0.00 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|------------------------|------------|---|-------------------|--------------------|
| Morgan Stanley Com New 617446448 Asset Minor Code 42 | 5,668.000 | 712,580.96 125.7200 | 327,389.65 | 385,191.31 73,137.00 | .00 | 2.94 |
| National Fuel Gas Co Nj 636180101 Asset Minor Code 42 | 12,041.000 | 730,647.88 60.6800 | 510,217.32 | 220,430.56 107,386.71 | 6,201.12 | 3.39 |
| Newmont Corp 651639106 Asset Minor Code 42 | 13,435.000 | 500,050.70 37.2200 | 663,889.63 | - 163,838.93 - 7,681.75 | .00 | 2.69 |
| Oracle Corporation 68389X105 Asset Minor Code 42 | 3,970.000 | 661,560.80 166.6400 | 140,634.39 | 520,926.41 46,847.68 | .00 | 0.96 |
| Paypal Holdings Inc 70450Y103 Asset Minor Code 42 | 9,759.000 | 832,930.65 85.3500 | 658,818.25 | 174,112.40 250,676.56 | .00 | 0.00 |
| Pfizer Inc 717081103 Asset Minor Code 42 | 26,476.000 | 702,408.28 26.5300 | 959,473.31 | - 257,065.03 - 64,412.80 | .00 | 6.48 |
| Progressive Corp 743315103 Asset Minor Code 42 | 3,204.000 | 767,710.44 239.6100 | 211,963.21 | 555,747.23 21,307.50 | .00 | 0.17 |
| Ringcentral Inc Class A 76680R206 Asset Minor Code 42 | 18,530.000 | 648,735.30 35.0100 | 578,073.00 | 70,662.30 70,662.30 | .00 | 0.00 |
| Ross Stores Inc 778296103 Asset Minor Code 42 | 5,224.000 | 790,234.48 151.2700 | 11,869.04 | 778,365.44 - 136,891.85 | .00 | 0.97 |
| Ss C Technologies Holdings 78467J100 Asset Minor Code 42 | 10,952.000 | 829,942.56 75.7800 | 664,706.00 | 165,236.56 159,364.99 | .00 | 1.32 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|---|------------------------|------------------------|----------------------|---|-------------------|--------------------|
| Sonoco Prods Co 835495102 Asset Minor Code 42 | .000 | .00 48.8500 | .00 | .00 64,791.77 | .00 | 0.00 |
| Starwood Property Trust Inc 85571B105 Asset Minor Code 42 | 36,150.000 | 685,042.50 18.9500 | 837,776.25 | - 152,733.75 - 74,830.50 | 17,352.00 | 10.13 |
| T Mobile US Inc 872590104 Asset Minor Code 42 | 3,230.000 | 712,957.90 220.7300 | 209,539.91 | 503,417.99 3,891.70 | .00 | 1.39 |
| Tapestry Inc 876030107 Asset Minor Code 42 | 13,038.000 | 851,772.54 65.3300 | 350,126.27 | 501,646.27 288,094.11 | .00 | 2.14 |
| Target Corp Com 87612E106 Asset Minor Code 42 | 4,984.000 | 673,737.12 135.1800 | 1,010,105.20 | - 336,368.08 21,029.16 | .00 | 3.31 |
| Verizon Communications Inc Com 92343V104 Asset Minor Code 42 | 22,205.000 | 887,977.95 39.9900 | 1,021,919.52 | - 133,941.57 50,849.45 | .00 | 6.78 |
| Vertex Pharmaceuticals Inc Com 92532F100 Asset Minor Code 42 | 1,646.000 | 662,844.20 402.7000 | 326,010.93 | 336,833.27 - 104,001.51 | .00 | 0.00 |
| Total Domestic Common Stocks | 360,693.000 | 28,478,881.45 | 17,296,075.60 | 11,182,805.85 - 119,689.94 | 23,553.12 | 2.13 |
| Foreign Stocks | | | | | | |
| Amdocs Ltd G02602103 Asset Minor Code 53 | 8,796.000 | 748,891.44 85.1400 | 809,554.07 | - 60,662.63 - 60,662.63 | 4,213.28 | 2.25 |
| Accenture Plc Ireland Shs Class A G1151C101 Asset Minor Code 53 | 2,023.000 | 711,671.17 351.7900 | 170,385.76 | 541,285.41 - 158,231.18 | .00 | 1.68 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

ASSET DETAIL (continued)

| DESCRIPTION | SHARES/ FACE AMOUNT | MARKET PRICE/UNIT | BOOK VALUE | UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD | ENDING ACCRUAL | YIELD ON MARKET |
|----------------------|------------------------|----------------------|----------------------|---|-------------------|--------------------|
| Total Foreign Stocks | 10,819.000 | 1,460,562.61 | 979,939.83 | 480,622.78 - 218,893.81 | 4,213.28 | 1.97 |
| Total Assets | 65,779,324.100 | 92,560,544.80 | 84,271,055.41 | 8,289,489.39 620,029.14 | 511,260.56 | 2.78 |
| Accrued Income | .000 | 511,260.56 | 511,260.56 | | | |
| Grand Total | 65,779,324.100 | 93,071,805.36 | 84,782,315.97 | | | |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset/Transaction | (c) Purchase Price | (d) Selling Price | (f) Expense Incurred | (g) Cost of Asset | (h) Current Value of Asset | (i) Net Gain or (Loss) |
|---|--|--------------------------|-------------------------|----------------------------|-------------------------|----------------------------------|------------------------------|
| <u>Category (i) - Single Transactions in Excess of 5% of Plan Assets</u> | | | | | | | |
| First American | Treasury Obligation Fund - Purchase | \$ 12,750,000 | \$ - | \$ - | \$ 12,750,000 | \$ 12,750,000 | \$ - |
| First American | Treasury Obligation Fund - Sale | - | 10,103,107 | - | 10,103,107 | 10,103,107 | - |
| <u>Category (ii) - Series of Transactions with Same Broker in Excess of 5% of Plan Assets</u> | | | | | | | |
| Cap Institutional Services | See Attached | - | 16,496,195 | 8,794 | 11,204,138 | - | 5,292,057 |
| InspereX | See Attached | - | 9,435,223 | - | 9,479,148 | - | (43,925) |
| <u>Category (iii) - Series of Transactions in Excess of 5% of Plan Assets</u> | | | | | | | |
| First American | Treasury Obligation Fund - Purchases | 41,558,828 | - | - | 41,558,828 | 41,558,828 | - |
| First American | Treasury Obligation Fund - Sales | - | 41,744,287 | - | 41,744,287 | 41,744,287 | - |

There were no category (iv) transactions for the year ended December 31, 2024.

Column (e) is omitted as it is not applicable.

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---|---|------------------------------|-----------------------|-----------------------------|---------------------------|-----------------------------|-------------------------------|
| CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE | | | | | | | |
| Broker: Cap Institutional Services Inc | | | | | | | |
| 03/19/2024 | Issue: 743315103 - Progressive Corp S | - 2,050.000 | 204.6500 | 85 | 419,447 | 135,619 | 283,828 |
| 03/19/2024 | Issue: 778296103 - Ross Stores Inc S | - 1,500.000 | 145.7200 | 62 | 218,518 | 3,408 | 215,110 |
| 03/19/2024 | Issue: 237194105 - Darden Restaurants Inc S | - 1,000.000 | 173.1806 | 41 | 173,139 | 141,088 | 32,051 |
| 03/19/2024 | Issue: 24703L202 - Dell Technologies Inc Cl C S | - 6,750.000 | 107.1752 | 276 | 723,157 | 293,001 | 430,156 |
| 03/19/2024 | Issue: G1151C101 - Accenture Plc Ireland Shs Class A S | - 600.000 | 373.6550 | 26 | 224,167 | 50,535 | 173,633 |
| 03/19/2024 | Issue: 03073E105 - Cencora Inc S | - 775.000 | 242.2900 | 33 | 187,742 | 34,647 | 153,095 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------|--|------------------------------|-----------------------|-----------------------------|---------------------------|-----------------------------|-------------------------------|
| 03/19/2024 | Issue: 11135F101 - Broadcom Inc S | - 230.000 | 1,215.2400 | 11 | 279,494 | 49,950 | 229,544 |
| 03/19/2024 | Issue: 443510607 - Hubbell Inc Com S | - 475.000 | 393.5352 | 21 | 186,909 | 51,699 | 135,210 |
| 03/20/2024 | Issue: 478160104 - Johnson Johnson S | - 4,750.000 | 155.8500 | 196 | 740,092 | 313,285 | 426,807 |
| 03/20/2024 | Issue: 595017104 - Microchip Technology Inc S | - 8,403.000 | 86.8000 | 342 | 729,038 | 230,347 | 498,691 |
| 03/20/2024 | Issue: G02602103 - Amdocs Ltd B | 8,200.000 | 92.0664 | 328 | - 755,272 | 755,272 | |
| 05/09/2024 | Issue: 127190304 - Caci Intl Inc S | - 311.000 | 425.2746 | 14 | 132,247 | 75,579 | 56,668 |
| 05/20/2024 | Issue: 24703L202 - Dell Technologies Inc Cl C S | - 1,950.000 | 145.3800 | 86 | 283,405 | 84,645 | 198,760 |
| 05/21/2024 | Issue: 501889208 - Lkq Corporation S | - 13,832.000 | 44.6052 | 570 | 616,409 | 426,208 | 190,201 |
| 06/18/2024 | Issue: 835495102 - Sonoco Prods Co S | - 12,402.000 | 57.2896 | 516 | 709,990 | 757,692 | - 47,702 |
| 06/18/2024 | Issue: 126650100 - Cvs Health Corp S | - 10,701.000 | 61.3072 | 446 | 655,602 | 434,982 | 220,620 |
| 06/18/2024 | Issue: 031652100 - Amkor Technology Inc Com B | 21,000.000 | 39.2453 | 840 | - 824,991 | 824,991 | |
| 06/18/2024 | Issue: 11135F101 - Broadcom Inc S | - 184.000 | 1,806.9354 | 17 | 332,460 | 39,960 | 292,500 |
| 08/05/2024 | Issue: 717081103 - Pfizer Inc B | 4,401.000 | 29.7900 | 176 | - 131,282 | 131,282 | |
| 08/05/2024 | Issue: 237194105 - Darden Restaurants Inc B | 1,175.000 | 141.5000 | 47 | - 166,310 | 166,310 | |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|--|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 08/05/2024 | Issue: 466313103 - Jabil Inc B | 2,236.000 | 98.3523 | 89 | - 220,005 | 220,005 | |
| 08/05/2024 | Issue: 876030107 - Tapestry Inc B | 3,638.000 | 36.5900 | 146 | - 133,260 | 133,260 | |
| 08/05/2024 | Issue: 24703L202 - Dell Technologies Inc Cl C B | 2,918.000 | 98.2539 | 117 | - 286,822 | 286,822 | |
| 08/05/2024 | Issue: 87612E106 - Target Corp Com B | 779.000 | 134.6500 | 31 | - 104,924 | 104,924 | |
| 08/05/2024 | Issue: 166764100 - Chevron Corporation B | 1,287.000 | 144.5900 | 51 | - 186,139 | 186,139 | |
| 08/21/2024 | Issue: 037833100 - Apple Inc Com S | - 345.000 | 226.0202 | 16 | 77,961 | 4,115 | 73,846 |
| 08/21/2024 | Issue: 651639106 - Newmont Corp Com S | - 4,033.000 | 51.8615 | 167 | 208,990 | 199,290 | 9,700 |
| 08/21/2024 | Issue: 743315103 - Progressive Corp S | - 315.000 | 237.8652 | 15 | 74,913 | 20,839 | 54,074 |
| 08/21/2024 | Issue: 68389X105 - Oracle Corporation S | - 1,049.000 | 139.7299 | 46 | 146,531 | 37,160 | 109,371 |
| 08/21/2024 | Issue: 92532F100 - Vertex Pharmaceuticals Inc Com S | - 465.000 | 486.4467 | 25 | 226,173 | 92,099 | 134,074 |
| 08/21/2024 | Issue: 237194105 - Darden Restaurants Inc S | - 403.000 | 155.6050 | 18 | 62,691 | 56,897 | 5,794 |
| 08/21/2024 | Issue: 87612E106 - Target Corp Com S | - 848.000 | 160.2001 | 38 | 135,812 | 171,864 | - 36,052 |
| 08/21/2024 | Issue: 78467J100 - Ss C Technologies Holdings S | - 3,117.000 | 73.0600 | 131 | 227,597 | 189,179 | 38,418 |
| 08/21/2024 | Issue: 70450Y103 - Paypal Holdings Inc S | - 1,364.000 | 71.6000 | 57 | 97,605 | 92,082 | 5,523 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------|---|------------------------------|-----------------------|-----------------------------|---------------------------|-----------------------------|-------------------------------|
| 08/21/2024 | Issue: 872590104 - T Mobile US Inc S | - 1,140.000 | 195.8800 | 52 | 223,251 | 73,955 | 149,296 |
| 08/21/2024 | Issue: 04621X108 - Assurant Inc S | - 831.000 | 190.1954 | 38 | 158,015 | 81,258 | 76,757 |
| 09/13/2024 | Issue: 743315103 - Progressive Corp S | - 170.000 | 253.2003 | 8 | 43,036 | 11,246 | 31,790 |
| 09/16/2024 | Issue: 68389X105 - Oracle Corporation S | - 1,006.000 | 171.6601 | 45 | 172,645 | 35,637 | 137,008 |
| 09/17/2024 | Issue: 031652100 - Amkor Technology Inc Com B | 5,458.000 | 30.7262 | 218 | - 167,922 | 167,922 | |
| 09/25/2024 | Issue: 876030107 - Tapestry Inc S | - 3,959.000 | 45.3508 | 163 | 179,380 | 106,316 | 73,064 |
| 09/25/2024 | Issue: 59156R108 - Metlife Inc S | - 2,430.000 | 80.6636 | 103 | 195,910 | 145,601 | 50,309 |
| 09/27/2024 | Issue: 20602D101 - Concentrix Corp S | - 9,334.000 | 51.6178 | 387 | 481,414 | 1,196,945 | - 715,531 |
| 10/02/2024 | Issue: 466313103 - Jabil Inc S | - 825.000 | 119.0399 | 36 | 98,172 | 53,047 | 45,125 |
| 10/02/2024 | Issue: 76680R206 - Ringcentral Inc Class A B | 25,735.000 | 31.1566 | 1,029 | - 802,845 | 802,845 | |
| 10/08/2024 | Issue: 617446448 - Morgan Stanley Com New S | - 1,485.000 | 107.8100 | 64 | 160,034 | 85,775 | 74,259 |
| 10/08/2024 | Issue: 127190304 - Caci Intl Inc S | - 230.000 | 510.4510 | 12 | 117,391 | 55,895 | 61,497 |
| 10/08/2024 | Issue: 05550J101 - Bjs Wholesale Club Holdings Inc S | - 1,179.000 | 88.5100 | 50 | 104,303 | 91,922 | 12,381 |
| 10/08/2024 | Issue: 70450Y103 - Paypal Holdings Inc S | - 1,431.000 | 80.7800 | 60 | 115,536 | 96,605 | 18,931 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|---|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/08/2024 | Issue: 872590104 - T Mobile US Inc S | - 345.000 | 211.0100 | 16 | 72,783 | 22,381 | 50,401 |
| 10/18/2024 | Issue: G02602103 - Amdocs Ltd B | 596.000 | 91.0365 | 24 | - 54,282 | 54,282 | |
| 10/23/2024 | Issue: 651639106 - Newmont Corp Com S | - 1,991.000 | 57.6000 | 83 | 114,599 | 98,385 | 16,214 |
| 11/22/2024 | Issue: 636180101 - National Fuel Gas Co Nj S | - 2,458.000 | 63.8400 | 103 | 156,816 | 104,154 | 52,662 |
| 11/22/2024 | Issue: 68389X105 - Oracle Corporation S | - 747.000 | 193.2400 | 34 | 144,316 | 26,462 | 117,854 |
| 11/22/2024 | Issue: 466313103 - Jabil Inc S | - 1,266.000 | 130.0400 | 55 | 164,575 | 81,403 | 83,173 |
| 11/22/2024 | Issue: 617446448 - Morgan Stanley Com New S | - 1,640.000 | 135.4221 | 72 | 222,020 | 94,728 | 127,292 |
| 11/22/2024 | Issue: 876030107 - Tapestry Inc S | - 4,519.000 | 58.6500 | 188 | 264,851 | 121,355 | 143,497 |
| 11/22/2024 | Issue: 24703L202 - Dell Technologies Inc Cl C S | - 2,616.000 | 142.7800 | 115 | 373,397 | 166,031 | 207,366 |
| 11/22/2024 | Issue: 559663109 - Magnolia Oil Gas Corp S | - 7,388.000 | 28.5962 | 301 | 210,967 | 167,705 | 43,263 |
| 11/22/2024 | Issue: 05550J101 - Bjs Wholesale Club Holdings Inc S | - 1,053.000 | 96.4562 | 45 | 101,523 | 82,098 | 19,425 |
| 11/22/2024 | Issue: 872590104 - T Mobile US Inc S | - 518.000 | 237.7601 | 24 | 123,136 | 33,604 | 89,531 |
| 11/22/2024 | Issue: 443510607 - Hubbell Inc Com S | - 251.000 | 459.6392 | 13 | 115,356 | 27,319 | 88,038 |
| 11/22/2024 | Issue: 04621X108 - Assurant Inc S | - 818.000 | 225.2371 | 38 | 184,206 | 79,987 | 104,220 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---|---|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/10/2024 | Issue: 76680R206 - Ringcentral Inc Class A S | - 7,205.000 | 41.5396 | 297 | 298,996 | 224,772 | 74,225 |
| 12/13/2024 | Issue: 11135F101 - Broadcom Inc S | - 890.000 | 219.6238 | 41 | 195,424 | 19,328 | 176,096 |
| Total For Cap Institutional Services Inc | | | | 8,794 | 16,496,195 | 11,204,138 | 5,292,063 |
| Broker: InspereX | | | | | | | |
| 08/01/2024 | Issue: 30225VAL1 - Extra Space LP B | 3.500% 7/01/26 500,000.000 | .9750 | | - 487,485 | 487,485 | |
| 08/01/2024 | Issue: 037833DU1 - Apple Inc B | 1.650% 5/11/30 500,000.000 | .8683 | | - 434,125 | 434,125 | |
| 08/01/2024 | Issue: 443510AJ1 - Hubbell Inc B | 3.500% 2/15/28 1,000,000.000 | .9642 | | - 964,200 | 964,200 | |
| 08/01/2024 | Issue: 756109AS3 - Realty Income Corp B | 3.000% 1/15/27 1,000,000.000 | .9613 | | - 961,250 | 961,250 | |
| 08/15/2024 | Issue: 478160CV4 - Johnson Johnson B | 4.900% 6/01/31 1,000,000.000 | 1.0405 | | - 1,040,500 | 1,040,500 | |
| 08/22/2024 | Issue: 883556CU4 - Thermo Fisher B | 4.950% 11/21/32 1,000,000.000 | 1.0327 | | - 1,032,660 | 1,032,660 | |
| 08/22/2024 | Issue: 17275RBS0 - Cisco Sys Inc B | 4.950% 2/26/31 1,000,000.000 | 1.0366 | | - 1,036,600 | 1,036,600 | |
| 09/04/2024 | Issue: 26875PAU5 - Eog Res Inc Sr Glbl B | 4.375% 4/15/30 1,000,000.000 | 1.0098 | | - 1,009,760 | 1,009,760 | |
| 09/04/2024 | Issue: 931142FD0 - Walmart Inc B | 4.100% 4/15/33 1,000,000.000 | 1.0000 | | - 1,000,000 | 1,000,000 | |
| 09/24/2024 | Issue: 744573AP1 - Public Svc S | 0.800% 8/15/25 - 750,000.000 | .9662 | | 724,628 | 738,645 | - 14,018 |

CHURCH MUTUAL INSURANCE COMPANY CASH BALANCE PLAN
E.I.N. 39-0712210 PLAN NO. 001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CATEGORY II) (CONTINUED)
YEAR ENDED DECEMBER 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---------------------------|--|---------------------------------|-----------------------|-----------------------------|---------------------------|-----------------------------|-------------------------------|
| 09/24/2024 | Issue: 963320AT3 - Whirlpool Corp S | 3.700% 5/01/25 - 500,000.000 | .9921 | | 496,045 | 526,600 | - 30,555 |
| 09/24/2024 | Issue: 87264ABB0 - T Mobile USA Inc S | 3.500% 4/15/25 - 250,000.000 | .9919 | | 247,970 | 247,323 | 648 |
| Total For Insperex | | | | 0 | 9,435,223 | 9,479,148 | - 43,925 |
| GRAND TOTAL | | | | 8,794 | 25,931,418 | 20,683,286 | 5,248,138 |

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Summary of Plan Provisions

Summary of Principal Plan Provisions

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

Effective Date

November 1, 1963. The plan was amended and restated effective November 1, 2012 to convert the plan to a cash balance plan. Effective January 1, 2017, the Company consents to the adoption of CM Regent, LLC as a participating employer. Effective March 10, 2022, the Company consents to the adoption of Wausau MedMal Management Services, LLC as a participating employer.

Participants

Full time employees will enter the plan on the January 1 following attainment of age 20½ and completion of 6 months of service. Employees of CM Regent, LLC shall participate in the Plan upon satisfaction of eligibility requirements, but no sooner than January 1, 2017. Employees of Wausau MedMal Management Services, LLC shall participate in the Plan upon satisfaction of eligibility requirements, but no sooner than January 1, 2023.

Years of Service

For Vesting Purposes: A year of Vesting Service means the completion of at least 1,000 Hours of Service during the Plan Year. This service will also be used for Benefit purposes.

For Eligibility Purposes: The Elapsed Time Method will be used instead of the Hours of Service Method for determining entry into the plan.

Normal Retirement

Eligibility: The January 1st nearest attainment of age 65 and the 5th anniversary of date of participation.

Benefits:

- i. **Cash Balance Account:** The Cash Balance Account as of the end of any plan year for a participant shall be equal to the Cash Balance Account for that participant at the beginning of the plan year increased by the Contribution Credit, Interest Credit, and Transition Credit for the plan year. For participants as of October 31, 2012 of the Church Mutual Insurance Company Defined Benefit Plan, the initial Cash Balance Account as of November 1, 2012 shall be equal to the actuarial conversion factor multiplied by the October 31, 2012 accrued normal retirement benefit.

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

Transition Credit: Employees age 45 with 15 or more years of service as of October 31, 2012 will receive a transition credit of 7.5% of their compensation for the 2013-2017 plan years.

Interest Credit: Each participant shall receive an Interest Credit equal to their Cash Balance Account at the beginning of the plan year multiplied by an Interest Crediting Rate equal to the greater of the 3rd segment rate as calculated under IRC Section 417(e)(3)(D) from 2nd month preceding the plan year or 4%. Simple interest method is used for partial years.

- ii. **Prior Pension Benefit:** The October 31, 2012 accrued Normal Retirement Benefit is equal to 1.40% of Average Compensation plus 0.75% of Average Compensation in Excess of 10,000, multiplied by Years of Service earned as of October 31, 2012 up to a maximum of 30 years. The 0.75% factor shall be reduced for Normal Retirement Age less than Social Security Retirement Age. Average Compensation is one-fifth of the

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Summary of Plan Provisions

Participant's Compensation for the five consecutive plan years on or before October 31, 2012 with the Employer in which Compensation is the highest.

- iii. **Compensation:** Compensation is generally defined as the total compensation that is subject to federal income tax.

The following adjustments to compensation will be made for purposes of calculating benefits:

- Amounts of compensation on a pre-tax basis to obtain certain fringe benefits will be included.
- Reimbursements or other expenses, allowances, fringe benefits, moving expenses, deferred compensation, and welfare benefits will be excluded.
- Bonuses, commission, overtime pay, and extra time pay will be excluded.

Voluntary Retirement Incentive Program

Eligibility: As determined by Church Mutual Insurance Company, S.I.

Amount: Cash balance additions to the December 31, 2023 cash balance account are (a) plus (b):

a. Two weeks of 2023 base pay for each whole year of service from the credited service date provided by Church Mutual Insurance Company, S.I. to the earlier of the date of termination and December 31, 2023, with a minimum of 26 and maximum of 52 weeks, plus

b. \$25,000

Late Retirement

Eligibility: Retirement after Normal Retirement Date.

Benefits: The greater of accrued benefit as of the normal retirement date, or Actuarial Equivalent of Normal Retirement Date Benefit.

Early Retirement

Eligibility: Not applicable.

Benefits: Not applicable.

Vesting

Eligibility: 100% vested after 3 years of vesting service.

Benefits: Accrued normal retirement benefit payable as a deferred life annuity commencing at normal retirement date.

Pre-Retirement Death Benefits

Eligibility: None required.

Benefits: In the event of the death of a Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive the cash balance account.

Disability Benefits

Eligibility: None required.

Benefits: Participant shall receive actuarial equivalent of vested accrued benefit.

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Summary of Plan Provisions

Plan Year

November 1 through October 31 prior to November 1, 2012.

Short plan year November 1, 2012 through December 31, 2012.

Calendar year after December 31, 2012.

Church Mutual Insurance Company Cash Balance Plan

EIN 39-0712210, PN 001

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

Summary of Actuarial Methods

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

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2023).

Amortization Method

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

Changes in Actuarial Methods Since Prior Valuation

None.

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

| Minimum Funding | |
|-------------------------|-------|
| Segment 1 (0–5 years) | 4.75% |
| Segment 2 (5–20 years) | 4.96% |
| Segment 3 (20+ years) | 5.59% |
| Effective Interest Rate | 5.23% |

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

Asset Returns

ERISA minimum funding: 5.50% per year (adopted January 1, 2021). It is based on the Plan's investment policy, including target asset allocation, and the advice of Valley Wealth Managers, Inc.

Compensation Increases

3.75% per year, with increases assumed to occur at beginning of year.

Cash Balance Interest Credit

5.83%

Administrative Expenses

None assumed payable from plan assets.

DEMOGRAPHIC ASSUMPTIONS

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

Mortality

Mortality for ERISA minimum funding: Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2024 Adjusted Scale MP-2021.

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement

All participants who elected to participate in the Voluntary Retirement Incentive (VRI) program and elected lump sum payments through March 1, 2024 are assumed to receive their lump sum distribution effective January 1, 2024. All participants who elected to participate in the VRI and have not elected to receive lump sum payments through March 1, 2024 are assumed to retire effective January 1, 2025.

All other active participants retire at the following rates:

| Age | Rate |
|------------|-------------|
| 60 | 10% |
| 61 | 10 |
| 62 | 25 |
| 63 | 20 |
| 64 | 20 |
| 65 | 50 |
| 66 | 40 |
| 67 | 40 |
| 68 | 40 |
| 69 | 40 |
| 70 & Over | 100 |

Terminated vested participants who did not elect to participate in the VRI are assumed to retire at age 65.

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Termination

Annual rates of termination are based on T-1 table.

Disability

None assumed.

Decrement Timing

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

Form of Payment

90% of active employees are assumed to elect a lump sum payout. All others assumed to elect a Single Life Annuity form of payment.

Voluntary Retirement Incentive Program: 100% of participants who elected to participate in the Voluntary Retirement Incentive (VRI) program and elected lump sum payments through March 1, 2024 are assumed to elect a lump sum payout. 90% of all others are assumed to elect a lump sum payout, while 10% are assumed to elect a Single Life Annuity form of payment.

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

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

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 26a – Schedule of Active Participant Data

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

| Age | Years of Credited Service | | | | | | | | | | Total | |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|-------|
| | 0 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ | | |
| 0–24 | 6 | 29 | 2 | - | - | - | - | - | - | - | - | 37 |
| 25–29 | 8 | 43 | 14 | - | - | - | - | - | - | - | - | 65 |
| 30–34 | 8 | 47 | 39 | 5 | - | - | - | - | - | - | - | 99 |
| 35–39 | 9 | 35 | 55 | 27 | 17 | 1 | - | - | - | - | - | 144 |
| 40–44 | 11 | 55 | 29 | 18 | 34 | 7 | - | - | - | - | - | 154 |
| 45–49 | 12 | 36 | 29 | 21 | 18 | 7 | 10 | 5 | - | - | - | 138 |
| 50–54 | 12 | 35 | 41 | 11 | 31 | 8 | 10 | 14 | 5 | - | - | 167 |
| 55–59 | 4 | 25 | 27 | 14 | 15 | 8 | 7 | 8 | 10 | 4 | - | 122 |
| 60–64 | 3 | 31 | 25 | 10 | 5 | 6 | 1 | 3 | 4 | 2 | - | 90 |
| 65–69 | 1 | 5 | 7 | 5 | 1 | 1 | 1 | - | - | - | - | 21 |
| 70+ | - | 2 | 1 | - | 1 | - | - | - | - | - | - | 4 |
| Total | 74 | 343 | 269 | 111 | 122 | 38 | 29 | 30 | 19 | 6 | - | 1,041 |

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 26a – Schedule of Active Participant Data

**Average Compensation of Active Participants
by Age and Service**

The average compensation of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

| Age | Years of Credited Service | | | | | | | | | | Average | |
|----------------|---------------------------|---------|---------|---------|--------|-------|-------|-------|-------|-----|---------|--------|
| | 0 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ | | |
| 0–24 | - | 51,549 | - | - | - | - | - | - | - | - | - | 48,274 |
| 25–29 | - | 59,036 | - | - | - | - | - | - | - | - | - | 63,389 |
| 30–34 | - | 73,983 | 75,516 | - | - | - | - | - | - | - | - | 75,239 |
| 35–39 | - | 76,008 | 82,557 | 104,267 | - | - | - | - | - | - | - | 83,585 |
| 40–44 | - | 73,595 | 85,470 | - | 90,717 | - | - | - | - | - | - | 83,312 |
| 45–49 | - | 107,259 | 91,840 | 78,581 | - | - | - | - | - | - | - | 93,159 |
| 50–54 | - | 92,735 | 109,201 | - | 80,570 | - | - | - | - | - | - | 98,065 |
| 55–59 | - | 85,977 | 110,248 | - | - | - | - | - | - | - | - | 92,452 |
| 60–64 | - | 99,964 | 104,388 | - | - | - | - | - | - | - | - | 93,578 |
| 65–69 | - | - | - | - | - | - | - | - | - | - | - | - |
| 70+ | - | - | - | - | - | - | - | - | - | - | - | - |
| Average | - | 79,471 | 91,993 | 102,324 | 83,400 | - | - | - | - | - | - | |

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 26a – Schedule of Active Participant Data

**Average Cash Balance Account of Active Participants
by Age and Service**

The average cash balance account of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

| Age | Years of Credited Service | | | | | | | | | | Average | |
|----------------|---------------------------|-------|--------|--------|--------|-------|-------|-------|-------|-----|---------|---------|
| | 0 | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40+ | | |
| 0–24 | - | 1,485 | - | - | - | - | - | - | - | - | - | 1,366 |
| 25–29 | - | 4,203 | - | - | - | - | - | - | - | - | - | 5,449 |
| 30–34 | - | 4,611 | 17,025 | - | - | - | - | - | - | - | - | 10,542 |
| 35–39 | - | 4,556 | 19,245 | 38,830 | - | - | - | - | - | - | - | 20,608 |
| 40–44 | - | 4,695 | 18,822 | - | 57,643 | - | - | - | - | - | - | 26,901 |
| 45–49 | - | 5,192 | 23,842 | 37,077 | - | - | - | - | - | - | - | 39,166 |
| 50–54 | - | 5,328 | 24,045 | - | 58,674 | - | - | - | - | - | - | 65,328 |
| 55–59 | - | 7,209 | 28,790 | - | - | - | - | - | - | - | - | 101,565 |
| 60–64 | - | 7,000 | 23,820 | - | - | - | - | - | - | - | - | 67,870 |
| 65–69 | - | - | - | - | - | - | - | - | - | - | - | - |
| 70+ | - | - | - | - | - | - | - | - | - | - | - | - |
| Average | - | 4,816 | 21,207 | 45,780 | 59,268 | - | - | - | - | - | - | - |

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 24 – Change in Actuarial Assumptions

Cash Balance Interest Credit: Effective January 1, 2024, the cash balance interest credit was updated to 5.83% to reflect current economic conditions. Previously, the cash balance interest credit was 5.41%.

Special Retirement Rates: All participants who elected to participate in the Voluntary Retirement Incentive (VRI) program and elected lump sum payments through March 1, 2024 are assumed to receive their lump sum distribution effective January 1, 2024. All participants who elected to participate in the VRI and have not elected to receive lump sum payments through March 1, 2024 are assumed to retire effective January 1, 2025.

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age

| (1) Age | (2) Expected Active Headcount | (3) Retirement Rate | (4) Expected Retirements (2)*(3) | (5) Weighted Age (1)*(4) |
|------------|--|---------------------------|---|-----------------------------------|
| 57 | 781.6048 | 0.0013 | 1.0000 | 57.0000 |
| 58 | 802.0566 | 0.0025 | 2.0000 | 116.0000 |
| 59 | 830.3177 | 0.0036 | 3.0000 | 177.0000 |
| 60 | 843.3361 | 0.1025 | 86.4244 | 5,185.4635 |
| 61 | 780.8254 | 0.1006 | 78.5736 | 4,792.9881 |
| 62 | 716.1571 | 0.2524 | 180.7716 | 11,207.8387 |
| 63 | 549.4600 | 0.1982 | 108.9100 | 6,861.3303 |
| 64 | 449.8992 | 0.1988 | 89.4232 | 5,723.0828 |
| 65 | 371.0317 | 0.4950 | 183.6706 | 11,938.5900 |
| 66 | 193.2977 | 0.3981 | 76.9587 | 5,079.2762 |
| 67 | 123.6847 | 0.3862 | 47.7647 | 3,200.2378 |
| 68 | 77.4480 | 0.3835 | 29.7034 | 2,019.8319 |
| 69 | 48.4228 | 0.4113 | 19.9142 | 1,374.0822 |
| 70 | 29.2890 | 1.0000 | 29.2890 | 2,050.2317 |
| 71 | 1.0000 | 0.0000 | 0.0000 | 0.0000 |
| 72 | 2.9938 | 1.0000 | 2.9938 | 215.5515 |
| 73 | 0.0000 | 1.0000 | 0.0000 | 0.0000 |
| 74 | 0.0000 | 1.0000 | 0.0000 | 0.0000 |
| 75 | 1.0000 | 0.0000 | 0.0000 | 0.0000 |
| 76 | 0.9848 | 1.0000 | 0.9848 | 74.8468 |
| Total | | | 941.3821 | 60,073.3514 |
| Average | | | | 63.81 |

Church Mutual Insurance Company Cash Balance Plan
EIN 39-0712210, PN 001
Schedule SB, line 32 – Schedule of Amortization Bases

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target for the plan year beginning January 1, 2024 is determined below. The Funding Shortfall is amortized in fifteen level payments using the interest rates for determining the Applicable Funding Target for the current plan year.

| | |
|--|---------------|
| 1. Applicable Funding Target | \$110,045,085 |
| 2. Actuarial Value of Assets less Prefunding Balance | 101,113,789 |
| 3. Funding Shortfall [(1) - (2), but not < \$0] | 8,931,296 |
| 4. Amortization factor | 10.941397 |
| 5. Shortfall Amortization for current plan year [(3) ÷ (4)] | 816,285 |

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Church Mutual Insurance Company Cash Balance Plan

EIN: 39-0712210

PN: 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and | Total |
|-----------|---------------------|--------------------------------|----------------------------------|------------|
| | | | Beneficiaries Receiving Payments | |
| 2024 | 1,555,532 | 9,061,798 | 1,693,548 | 12,310,878 |
| 2025 | 7,706,429 | 20,443,249 | 1,671,383 | 29,821,061 |
| 2026 | 1,639,523 | 362,126 | 1,642,810 | 3,644,459 |
| 2027 | 1,963,387 | 404,284 | 1,613,649 | 3,981,320 |
| 2028 | 1,957,035 | 435,347 | 1,582,102 | 3,974,484 |
| 2029 | 2,496,946 | 516,079 | 1,547,923 | 4,560,948 |
| 2030 | 2,712,915 | 566,194 | 1,511,118 | 4,790,227 |
| 2031 | 2,977,311 | 612,045 | 1,471,473 | 5,060,829 |
| 2032 | 3,359,773 | 713,679 | 1,428,556 | 5,502,008 |
| 2033 | 3,459,156 | 751,498 | 1,382,619 | 5,593,273 |
| 2034 | 3,716,893 | 768,289 | 1,337,337 | 5,822,519 |
| 2035 | 3,807,321 | 859,403 | 1,275,924 | 5,942,648 |
| 2036 | 3,661,474 | 864,755 | 1,217,455 | 5,743,684 |
| 2037 | 3,502,751 | 888,918 | 1,159,222 | 5,550,891 |
| 2038 | 3,325,785 | 931,380 | 1,098,989 | 5,356,154 |
| 2039 | 3,177,772 | 969,788 | 1,036,871 | 5,184,431 |
| 2040 | 2,896,852 | 999,315 | 973,225 | 4,869,392 |
| 2041 | 2,813,382 | 1,018,148 | 908,444 | 4,739,974 |
| 2042 | 2,875,559 | 1,015,919 | 842,973 | 4,734,451 |
| 2043 | 2,778,142 | 1,067,928 | 776,531 | 4,622,601 |
| 2044 | 2,880,934 | 1,099,554 | 700,462 | 4,680,950 |
| 2045 | 2,847,241 | 1,107,453 | 635,083 | 4,589,777 |
| 2046 | 2,933,347 | 1,138,623 | 571,249 | 4,643,219 |
| 2047 | 2,988,848 | 1,135,873 | 509,577 | 4,634,298 |
| 2048 | 2,785,451 | 1,126,421 | 450,649 | 4,362,521 |
| 2049 | 2,671,110 | 1,189,341 | 394,983 | 4,255,434 |
| 2050 | 2,717,114 | 1,162,488 | 343,004 | 4,222,606 |
| 2051 | 2,336,079 | 1,178,078 | 295,040 | 3,809,197 |
| 2052 | 2,161,253 | 1,178,664 | 251,305 | 3,591,222 |
| 2053 | 2,032,054 | 1,177,062 | 211,891 | 3,421,007 |
| 2054 | 1,723,171 | 1,166,773 | 176,802 | 3,066,746 |
| 2055 | 1,584,227 | 1,150,131 | 145,956 | 2,880,314 |
| 2056 | 1,315,698 | 1,141,383 | 119,192 | 2,576,273 |
| 2057 | 1,245,063 | 1,107,742 | 96,276 | 2,449,081 |
| 2058 | 1,097,450 | 1,076,707 | 76,915 | 2,251,072 |
| 2059 | 936,838 | 1,060,347 | 60,780 | 2,057,965 |
| 2060 | 867,456 | 1,049,762 | 47,523 | 1,964,741 |
| 2061 | 735,239 | 1,014,492 | 36,786 | 1,786,517 |
| 2062 | 663,126 | 978,801 | 28,211 | 1,670,138 |
| 2063 | 563,069 | 936,982 | 21,456 | 1,521,507 |
| 2064 | 493,609 | 887,672 | 16,208 | 1,397,489 |
| 2065 | 437,762 | 839,256 | 12,187 | 1,289,205 |
| 2066 | 380,845 | 791,798 | 9,147 | 1,181,790 |
| 2067 | 334,625 | 745,342 | 6,875 | 1,086,842 |
| 2068 | 297,772 | 699,917 | 5,194 | 1,002,883 |
| 2069 | 271,254 | 655,559 | 3,956 | 930,769 |
| 2070 | 246,447 | 612,312 | 3,045 | 861,804 |
| 2071 | 225,086 | 570,214 | 2,372 | 797,672 |
| 2072 | 204,656 | 529,307 | 1,869 | 735,832 |
| 2073 | 187,484 | 489,630 | 1,487 | 678,601 |

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

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 Church Mutual Insurance Company Cash Balance Plan | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Church Mutual Insurance Company, S.I. | D Employer Identification Number (EIN) 39-0712210 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | 118,221,808 |
| | b Actuarial value | 2b | 121,097,282 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 100 | 19,139,763 |
| | b For terminated vested participants | 433 | 41,762,227 |
| | c For active participants | 1,041 | 48,792,641 |
| | d Total | 1,574 | 109,694,631 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | 5.23 % |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | 3,967,025 |
| | b Expected plan-related expenses | 6b | 0 |
| | c Target normal cost | 6c | 3,967,025 |

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 | Timothy J. Herman T J H Signature of actuary | 06/13/2025 Date |
| | Timothy J. Herman, F.S.A. Type or print name of actuary | 23-05628 Most recent enrollment number |
| | Milliman, Inc Firm name | (262) 796-3318 Telephone number (including area code) |
| | 17335 Golf Parkway Suite 100 Brookfield WI 53045 Address of the firm | |

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

| Part II | Beginning of Year Carryover and Prefunding Balances | (a) Carryover balance | (b) Prefunding balance |
|----------------|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 18,382,387 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 18,382,387 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.71</u> % | 0 | 1,601,106 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38a from prior year) | | 12,841,261 |
| | 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>5.27</u> % | | 676,734 |
| | 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 | | 13,517,995 |
| | d Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 19,983,493 |

| Part III | Funding Percentages | | |
|-----------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 91.88% |
| 15 | Adjusted funding target attainment percentage | 15 | 110.04% |
| 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 | 94.13% |
| 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 |
| 03/20/2025 | 575,000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | 575,000 | 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 | 540,502 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

| | | | | |
|--|------------------------|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.96 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 64 |
| 23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | | |

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|--------------------|---------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c) | 31a | 3,967,025 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | 8,931,296 | 816,285 | |
| 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 | 4,783,310 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | 0 | 4,245,914 | 4,245,914 |
| 36 Additional cash requirement (line 34 minus line 35) | 36 | 537,396 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 540,502 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 3,106 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | 38b | 3,106 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| |
|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|--|