

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>506</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OHIO FARMERS INSURANCE COMPANY</u> <u>P.O. BOX 5001</u> <u>WESTFIELD CENTER, OH 44251-5001</u>	1c Effective date of plan <u>12/01/1979</u> 2b Employer Identification Number (EIN) <u>34-0438190</u> 2c Plan Sponsor's telephone number <u>330-887-0101</u> 2d Business code (see instructions) <u>524150</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2025	JENNIFER PALMIERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	2919
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)	2484
	6a(2)	2585
	6b	414
	6c	0
	6d	2999
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4Q

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>506</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 OHIO FARMERS INSURANCE COMPANY</p>	<p>D Employer Identification Number (EIN) 34-0438190</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF OHIO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-0685339	54402	1075	5343	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	1884839	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	177751	
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		2062590
b	Benefit charges (1) Claims paid	9b(1)	1880431	
	(2) Increase (decrease) in claim reserves	9b(2)	-6406	
	(3) Incurred claims (add (1) and (2))	9b(3)		1874025
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	110348	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)	20626	
	(F) Charges for risks or other contingencies	9c(1)(F)	30939	
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		161913
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		48955
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	0	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN		B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO FARMERS INSURANCE COMPANY		D Employer Identification Number (EIN) 34-0438190

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

1 Coverage Information:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30009329	1747	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10	Nonexperience-rated contracts:			
a	Total premiums or subscription charges paid to carrier		10a	443884
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.		10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN		B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO FARMERS INSURANCE COMPANY		D Employer Identification Number (EIN) 34-0438190

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED BEHAVIORAL HEALTH DBA OPTUM

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-2649097	79413	21037	2470	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		67085
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO FARMERS INSURANCE COMPANY	D Employer Identification Number (EIN) 34-0438190	

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

THE BANK OF NEW YORK MELLON

13-5160382

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

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

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

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

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

UNITED HEALTHCARE INSURANCE COMPANY

41-1289245

(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?
12 49	CLAIMS PROCESSOR	2038683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED BEHAVIORAL HEALTH DBA OPTUM

41-1289245

(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?
50 99	NONE	50811	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPYREAN BENEFIT SOLUTIONS INC

20-3029813

(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?
50 99	NONE	37975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CAREMARKPCS HEALTH LLC

75-2882129

(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?
50 99	NONE	12199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN	B Three-digit plan number (PN) ▶ 506
C Plan sponsor's name as shown on line 2a of Form 5500 OHIO FARMERS INSURANCE COMPANY	D Employer Identification Number (EIN) 34-0438190

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
a Total noninterest-bearing cash	1a	231000	231252
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	197529	547056
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7470461	5867605
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	0	1604905
(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	7898990	8250818
Liabilities			
g Benefit claims payable.....	1g	3110900	4678300
h Operating payables.....	1h	0	376534
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3898728	3811293
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7009628	8866127
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	889362	-615309

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)	27118635	
(B) Participants.....	2a(1)(B)	11712948	
(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)		38831583
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	428193	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		428193
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		39259776

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	38326432	
(2) To insurance carriers for the provision of benefits	2e(2)	2299309	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		40625741
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)	1968858	
(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)	154304	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2123162
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42748903

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3489127
l Transfers of assets:			
(1) To this plan.....	2l(1)		1984456
(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: **D'AMICO WAWRIN & COMPANY CPAS, LLC**

(2) EIN: **82-1844788**

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		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Ohio Farmers Insurance Company Group Health Benefit Plan

Financial Statements and Supplemental Schedules
As of and for the Years Ended
December 31, 2024 and 2023



Ohio Farmers Insurance Company
Group Health Benefit Plan

Financial Statements and Supplemental Schedules
As of and for the Years Ended
December 31, 2024 and 2023

Ohio Farmers Insurance Company Group Health Benefit Plan

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Independent Auditor's Report

To the Plan Administrator and the
Employee Benefits Administrative Committee of the
Ohio Farmers Insurance Company Group Health Benefit Plan
Westfield Center, Ohio

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

We have performed audits of the financial statements of the Ohio Farmers Insurance Company Group Health Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and 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 the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).

D'Amico Warren & Company

Akron, Ohio
September 19, 2025

OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN

Statements of Benefit Obligations and Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Benefit obligations:		
Amounts currently payable:		
Claims payable and claims incurred but not reported	\$ 4,678,300	\$ 3,110,900
Premiums payable	376,534	-
Postretirement benefit obligations:		
Current retirees	5,500,399	9,012,011
Other participants fully eligible for benefits	3,737,291	3,370,007
Participants not yet fully eligible for benefits	2,394,542	2,505,801
Total postretirement benefit obligations	11,632,232	14,887,819
Total benefit obligations	16,687,066	17,998,719
Net assets:		
Assets:		
Investments, at fair value:		
Money market fund	5,835,733	7,470,461
Net Assets held by Ohio Farmers Insurance Company Pension		
Plan restricted for 401(h) account	19,788,767	21,265,093
Non-interest-bearing cash, restricted	231,000	231,000
Accrued income	-	47,053
Miscellaneous receivable	124,793	85,968
Federal tax receivable	74,836	64,508
Total assets	26,055,129	29,164,083
Liabilities:		
Administrative fees payable	8,533	204,260
Payable to Ohio Farmers Insurance Company	3,488,243	3,522,287
Miscellaneous payable	314,517	172,181
Total liabilities	3,811,293	3,898,728
Net assets available for benefits	22,243,836	25,265,355
Excess of net assets available for benefits over benefit obligations	\$ (5,556,770)	\$ (7,266,636)

See accompanying notes to financial statements.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Statements of Changes in Benefit Obligations and Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Changes in benefit obligations:		
Amounts currently payable:		
Claims and premiums incurred, including claims and premiums reclassified from postretirement benefit obligation	\$ 40,625,741	\$ 34,698,174
Claims and insurance premiums paid	(38,681,807)	(34,427,274)
Change in claims and premiums payable and claims incurred but not reported	1,943,934	270,900
Postretirement benefit obligations:		
Benefits earned	91,489	102,059
Benefits paid	(5,094,705)	(4,854,373)
Interest	732,558	825,539
Participant contributions	2,275,995	2,001,280
Plan amendment effects	(144,171)	-
Changes in actuarial assumptions	(914,379)	405,886
Actuarial (gains) losses	(202,374)	904,140
	(3,255,587)	(615,469)
Net decrease	(1,311,653)	(344,569)
Changes in net assets available for benefits:		
Additions:		
Contributions:		
Company	27,118,635	25,126,973
Participants	11,712,948	10,706,658
Total contributions	38,831,583	35,833,631
Interest and dividend income	428,193	586,012
Net decrease in Ohio Farmers Insurance Company Pension Plan 401(h) account	(1,476,326)	(149,489)
Total additions	37,783,450	36,270,154
Deductions:		
Health claims paid, net	36,759,032	32,260,528
Premiums paid - vision plan	369,470	433,138
Premiums paid - dental plan	1,553,305	1,733,608
Administrative expenses	1,968,858	1,809,839
Unrelated business income tax expense	154,304	96,333
Total deductions	40,804,969	36,333,446
Net decrease	(3,021,519)	(63,292)
Net decrease (increase) in net assets available for benefits in excess of benefit obligations	1,709,866	(281,277)
Excess of net assets available for benefits over benefit obligations		
Beginning of year	(7,266,636)	(6,985,359)
End of year	\$ (5,556,770)	\$ (7,266,636)

See accompanying notes to financial statements.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Plan Description

The following description of the Ohio Farmers Insurance Company Group Health Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for more complete information.

(a) General

The Plan is a health and welfare plan sponsored by the Ohio Farmers Insurance Company (the Plan Sponsor) to provide self-funded medical benefits, fully insured dental benefits and elective supplemental vision coverage to qualified employees and retirees of the Ohio Farmers Insurance Company, Westfield Bank, F.S.B., Westfield Services, Inc. and Westfield Specialty, Inc. (collectively referred to as the Company).

Effective January 1, 2023, the Plan removed Westfield Bank, F.S.B. as an affiliated employer. The removal of Westfield Bank, F.S.B. will not impact any benefit that may be due to an employee or beneficiary of Westfield Bank, F.S.B. under the Plan prior to January 1, 2023, including if a claim for such benefit is submitted on or after January 1, 2023.

Active full time employees of the Company and their eligible dependents are eligible to participate in the Plan. Employees hired prior to January 1, 2002 are eligible for medical and dental benefits upon retirement from active service after age 55 with ten years of service (early retirement) or upon attaining age 65 with 5 years of service (normal retirement), provided the employee was reccredited with years of service earned prior to January 1, 2002 under the Ohio Farmers Insurance Company Pension Plan.

Certain Plan assets are held in the Ohio Farmers Insurance Company Group Health Benefit Trust (the Trust), a voluntary employees' beneficiary association (VEBA) trust. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Company's Employee Benefits Administrative Committee (BAC). The BAC has overall responsibility for the operation and administration of the Plan. The BAC determines the appropriateness of the Plan's investment holdings and monitors investment performance. The Bank of New York Mellon is the Plan's trustee and asset custodian.

(b) Benefits

The Plan provides health benefits including medical, prescription drugs, dental and vision. Eligible retired employees may elect similar health benefits (in excess of Medicare coverage) except for vision. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Medical and prescription benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative service only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Company. The Company in turn is reimbursed for the claim payments by the Plan's VEBA trust and the 401(h) account (see Note 2(c) and Note 4). Claim reimbursements not yet paid by the VEBA

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

trust and the 401(h) account are included in the payable to Ohio Farmers Insurance Company on the statements of benefit obligations and net assets available for benefits. The total payable as of December 31, 2024 and 2023, was \$3,488,243 and \$3,522,287, respectively. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan fully insures the vision and dental benefits by purchasing annual insurance contracts for these insured benefits. Premiums for the vision and dental programs are paid to the insurance company from either the Plan's VEBA trust or the general assets of the Company. Vision and dental claims are paid by the insurance carrier.

(c) Contributions

Active employees electing medical and dental coverage under the Plan contribute specified amounts, on a pre-tax basis, to fund a portion of their health or dental coverage for themselves and eligible dependents. Participant contribution amounts are determined periodically by the Company based on the level and type of coverage elected by the participant. The remainder of the Plan's funding for active employees comes from Company contributions.

Active employees may also contribute specified amounts on a pre-tax basis for elective supplemental vision coverage. Participant contributions for vision are subsequently paid to a provider on a fully insured basis. There is no Company contribution for vision benefits.

The cost of postretirement benefits is shared by the Plan's participating employers and retirees. Participant contributions vary according to the ages of the retiree and dependents and years of service. For participants not eligible for Medicare, contribution rates are assumed to increase in accordance with increases in the Plan cost each year until the cap (as described in the following paragraph) is met.

The Company has limited its annual contributions for retirees' medical and dental benefits to the following: (a) For participants and their dependents, who retired on or before December 31, 2001: \$6,500 for participants younger than 65 and \$3,000 for participants age 65 or older; (b) For participants and their dependents, who retired on or after January 1, 2002 and who were age 55 or older and completed 10 years of service prior to January 1, 2002: \$6,500 for participants younger than 65 and \$3,000 for participants age 65 or older; (c) For the remaining participants and their dependents, who retired on or after January 1, 2002: \$260 times the number of years of service for participants younger than age 65 and \$130 times the number of years of service for each of the retiree's dependents, with a maximum service multiplier of 25 years. For participants age 65 or older, \$120 times the number of years of service and \$60 times the number of years of service for each of the retiree's dependents, with a maximum service multiplier of 25 years; (d) For certain participant classifications as defined by the Plan, there is no cap on Company contributions.

The Company's annual funding of the post-retirement portion of the Plan is actuarially determined.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(d) Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. If the Plan is terminated, assets and any net earnings thereon shall be used for payment of benefits under the Plan to the extent available. No assets of the Plan may revert to the Company or be used for purposes other than the exclusive benefit of the Plan's participants.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Investment Valuation and Income Recognition

Investments held by the Plan are stated 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. The Plan Sponsor's Investment Committee determines the Plan's valuation policies and procedures and reports to the BAC. See Note 5 for discussion of fair value measurement.

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/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(c) Amounts Held by Ohio Farmers Insurance Company Pension Plan 401(h) Account

During 1989, the Ohio Farmers Insurance Company Pension Plan (Pension Plan) established a medical-benefit component in addition to normal retirement income benefits to fund the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Pension Plan for the net assets related to the medical-benefit component (the 401(h) account). In accordance with IRC 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their beneficiaries. Related obligations for health benefits are not included in the Pension Plan's accumulated plan benefit obligations but are reported as obligations in the financial statements of the Plan.

The 401(h) assets are designated to fund certain postretirement health obligations of eligible retirees and their beneficiaries. The 401(h) assets began funding postretirement health care claims on March 23, 2013. See the Ohio Farmers Insurance Company Pension Plan Financial Statements and Supplemental Schedules – as of and for the years ended December 31, 2024 and 2023.

(d) Health Claims Incurred

Plan obligations at December 31 for health claims incurred by active participants but not reported as of the end of the Plan year are estimated by the Plan's actuary in accordance with accepted actuarial

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment. Health claims incurred by retired participants, but not reported at year end are included in the postretirement benefit obligations.

The 2024 and 2023 health claims paid are net of \$174,837 and \$157,324, respectively, of prescription drug rebates. The receipt of such rebates in and for future years (if any) cannot be reasonably estimated.

(e) Postretirement Benefit Obligations

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefit obligations include future benefits expected to be paid to or for: (1) current retirees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date. The Plan's excess or deficiency of net assets over benefit obligations at December 31, 2024 and 2023, respectively, relates primarily to the postretirement benefit obligation. It is expected that any deficiency will be funded through future contributions by the Company and applicable retirees.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment, and to reflect the portion of those costs expected to be borne by Medicare, the retired participants and other providers.

For 2023 measurement purposes, the health care cost trend was assumed to be 7.00% with a uniform decline to an ultimate rate of 5% in 2028. The weighted average health care cost-trend rate assumption has a limited effect on amounts reported in the accompanying financial statements due to caps in the postretirement health care plan. If assumed rates increased by one percentage point in each year, it would increase the benefit obligations by \$16,655 at December 31, 2023. Due to plan design changes, (see Note 10) for 2024 measurement purposes, the cost trend rate assumption is no longer applicable.

The following were other significant assumptions used in the actuarial valuations as of December 31, 2024 and 2023:

Weighted average discount rate	5.77% in 2024; 5.18% in 2023
Retirement age	Rates varying by age and service
Mortality	For 2024 and 2023: Separate rates for non-annuitants (based on PRI-2012 "Employees" table without collar or amount

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

adjustments, using generational projection scale MP-2021 with the Proxy SSA long-term rate of improvement applied from 2012 forward) and annuitants (based on PRI-2012 “Non-disabled Annuitants” table without collar or amount adjustments, using generational projection scale MP-2021 with the Proxy SSA long-term rate of improvement applied from 2012 forward).

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

(f) Medicare Subsidy

In December 2003, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the Act) became law in the United States. The Act introduced a prescription drug benefit under Medicare known as “Medicare Part D” and a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. In accordance with applicable accounting guidance related to the Act, the Plan Sponsor asserts that the benefits provided under the Plan are at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy is received directly by the Plan Sponsor and not the related plan. Further, the Plan Sponsor is not required to use the subsidy to fund postretirement benefits and may use it for any valid business purpose. The postretirement benefit obligations as disclosed in the statements of changes in benefit obligations and net assets available for benefits for the years ended December 31, 2024 and 2023 do not reflect any amount associated with the Medicare subsidy. These amounts will differ from that disclosed by the Plan Sponsor because the Plan Sponsor’s amounts are net of the Medicare subsidy.

(g) Administrative Expenses

All reasonable expenses of administration of the Plan, including proper fees of any fiduciary, are paid from the assets of the Plan unless paid by the Plan Sponsor. Expenses paid by the Plan Sponsor are excluded from these financial statements. Earnings of the assets of the Plan shall be used to pay expenses of the Plan.

(h) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United State of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims payable and incurred but not reported (IBNR), and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(i) Restricted Cash

At both December 31, 2024 and 2023, a third-party claims administrator required an imprest balance of \$231,000. This balance will be returned to the Plan within 365 days of the contract termination.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(3) Information Certified by the Trustee

The Plan administrator, having determined it is permissible in the circumstances, has elected to have the audits of the 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. Investments held at December 31, 2024 and 2023 and investment income, including interest and dividend income, for the years ended December 31, 2024 and 2023, that is disclosed in the accompanying financial statements and supplemental schedules, was obtained by management and agreed to or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee. Auditing procedures have not been performed on this information except to compare such information to the information included in the accompanying financial statements and supplemental schedules.

(4) Amounts held by Ohio Farmers Insurance Company Pension Plan 401(h) Account

A portion of the Plan's obligations is funded through contributions to the Pension Plan in accordance with Section 401(h) of the IRC. The 401(h) assets are designated to fund certain postretirement health obligations of eligible retirees and their beneficiaries. The 401(h) assets began funding postretirement health care claims on March 23, 2013.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents the components of the net assets available for such obligations and the related changes in net assets available.

	December 31,	
	2024	2023
Investments, at fair value:		
Mutual Funds	\$ 20,239,233	\$ 21,593,850
Accrued Income	-	212
Non-Key retiree payable to Plan Sponsor	(450,466)	(328,969)
Net assets available	\$ 19,788,767	\$ 21,265,093

	Year Ended December 31,	
	2024	2023
Additions:		
Interest and dividend income	\$ 674,213	\$ 638,736
Other income	122	927
Net appreciation in fair value of investments	297,441	1,438,234
Total additions	971,776	2,077,897
Deductions:		
Benefits paid to participants	2,052,380	1,829,324
Premiums paid - Dental Plan	205,658	221,215
Administrative expenses	190,064	176,847
Total deductions	2,448,102	2,227,386
Net decrease	\$ (1,476,326)	\$ (149,489)

(5) Fair Value Measurement

The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework 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 under FASB ASC 820 are described as follows:

- *Level 1* - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.
- *Level 2* – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

- *Level 3* – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan’s best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The asset’s 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Where fair value is provided by independent pricing services, the Plan has obtained an understanding of the methods, models and inputs used in pricing, and has controls in place to validate that amounts provided represent current fair values.

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

- *Money market fund*: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded. The money market fund seeks to preserve the value of the investment at \$1.00 per share.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables provide information as of December 31, 2024 and 2023 about the Plan’s financial assets measured at fair value.

Assets at Fair Value as of December 31, 2024				
Description	Total	Level 1	Level 2	Level 3
Money market fund	\$ 5,835,733	\$ 5,835,733	\$ -	\$ -
Total assets at fair value	\$ 5,835,733	\$ 5,835,733	\$ -	\$ -
Assets at Fair Value as of December 31, 2023				
Description	Total	Level 1	Level 2	Level 3
Money market fund	\$ 7,470,461	\$ 7,470,461	\$ -	\$ -
Total assets at fair value	\$ 7,470,461	\$ 7,470,461	\$ -	\$ -

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(6) Tax Status

The Trust received an exemption letter from the Internal Revenue Service (IRS) dated February 4, 1980, stating that the Trust was tax-exempt under the provisions of Section 501(c)(9) of the IRC as a VEBA. Subsequent to the receipt of this letter, the Trust and the Plan were amended, and the Trust received letters from the IRS dated March 18, 1988, and January 14, 1999, stating that the exempt status of the Trust remains effective. The Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan administrator believes the Plan, as amended, is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related Trust is tax exempt.

As a result of the Plan's funding policy, from time to time, the Trust may be subject to income taxes. Net investment income earned on the Plan's assets held in the Trust is subject to unrelated business income taxes.

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 federal or state taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(7) Reconciliation of Financial Statements to Form 5500

Effective January 1, 2025, the Plan's name changed to Westfield Welfare Benefit Plan and the following plans merged into the Plan: Westfield Retiree Health Reimbursement Arrangement (Retiree HRA), Ohio Farmers Insurance Company Group Life Insurance Plan (Life Insurance Plan), Ohio Farmers Insurance Company Long-Term Disability Plan (LTD Plan), and the Employee Assistance Plan (EAP). The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	As of December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 22,243,836	\$ 25,265,355
Less: health claims payable and claims incurred but not reported, classified as a liability on the Plan's Form 5500	(4,678,300)	(3,110,900)
Less: premiums payable, classified as a liability on the Plan's Form 5500	(376,534)	-
Less: amounts held by Ohio Farmers Insurance Company Pension Plan 401(h) accounts, excluded from the Plan's Form 5500	(19,788,767)	(21,265,093)
Add: transfer from Ohio Farmers Insurance Company Group Life Insurance Plan	1,984,456	-
Net assets available for benefits per Form 5500	\$ (615,309)	\$ 889,362

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The following is a reconciliation of total additions per the financial statements to Form 5500:

	Year Ended December 31,	
	2024	2023
Total additions per the financial statements	\$ 37,783,450	\$ 36,270,154
Net decrease in Ohio Farmers Insurance Company Pension Plan 401(h) account net assets	1,476,326	149,489
Net additions per the Form 5500	\$ 39,259,776	\$ 36,419,643

The following reconciles health claims paid for participants per the financial statements to Form 5500:

	Year Ended December 31,	
	2024	2023
Net health claims paid per the financial statements	\$ 36,759,032	\$ 32,260,528
Add: health claims and claims incurred but not reported payable in the current year	4,678,300	3,110,900
Less: health claims payable and claims incurred but not reported in the prior year	(3,110,900)	(2,840,000)
Net health claims per the Form 5500	\$ 38,326,432	\$ 32,531,428

The following is a reconciliation of premiums paid per the financial statements to Form 5500:

	Year Ended December 31,	
	2024	2023
Premiums paid per the financial statements	\$ 1,922,775	\$ 2,166,746
Add: amounts currently payable as of December 31, 2024	376,534	-
Premiums paid per the Form 5500	\$ 2,299,309	\$ 2,166,746

The following is a reconciliation of transfers of assets per the financial statements to Form 5500:

	Year Ended December 31,	
	2024	2023
Transfers of assets to the Plan per the financial statements	\$ -	\$ -
Add: transfer from Ohio Farmers Insurance Company Group Life Insurance Plan	1,984,456	-
Transfers of assets to the Plan per the Form 5500	\$ 1,984,456	\$ -

Health claims payable are included in benefit obligations for financial statement purposes but are included in Form 5500 as a component of net assets available for benefits. Net assets of the 401(h) account included in the financial statements are not included in Form 5500 because the assets are held by the Pension Plan.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

The transfer of assets to the Plan are not included in the financial statements because the effective date is January 1, 2025, for the merger of the Ohio Farmers Insurance Company Group Life Insurance Plan into the plan.

(8) 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 the changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of benefit obligations and net assets available for benefits.

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

(9) Related Party and Party-In-Interest Transactions

The Company provides to the Plan certain investment management and accounting services for which no fees are charged. As discussed in Note 1, the Plan reimburses the Plan Sponsor for health claims paid on behalf of the Plan.

(10) Subsequent Events

Effective January 1, 2025, the retiree benefit changed from the current self-insured medical and fully insured dental benefits to a contribution to a Health Reimbursement Arrangement (HRA) that varies according to the Medicare eligibility of the retiree and spouse and in some cases years of service of the retiree. This Plan amendment decreased the postretirement benefit obligations by \$144,171 as reported on the statement of changes in benefit obligations for the year ended December 31, 2024.

The Plan has evaluated subsequent events through September 19, 2025, the date the financial statements were available to be issued.

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

EIN: 34-0438190

Plan Number: 506

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Federated	Government Obligation Institutional Shares	\$ 5,835,733	\$ 5,835,733

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

EIN: 34-0438190

Plan Number: 506

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - Single transactions in excess of 5% of Plan assets:						
Federated	Government Obligation Institutional Shares	\$ 1,543,956	\$ -	\$ 1,543,956	\$ 1,543,956	\$ -
Federated	Government Obligation Institutional Shares	-	3,384,201	3,384,201	3,384,201	-
Federated	Government Obligation Institutional Shares	1,541,115	-	1,541,115	1,541,115	-
Federated	Government Obligation Institutional Shares	1,547,476	-	1,547,476	1,547,476	-
Federated	Government Obligation Institutional Shares	-	3,043,749	3,043,749	3,043,749	-
Federated	Government Obligation Institutional Shares	1,549,187	-	1,549,187	1,549,187	-
Federated	Government Obligation Institutional Shares	1,545,677	-	1,545,677	1,545,677	-
Federated	Government Obligation Institutional Shares	1,552,061	-	1,552,061	1,552,061	-
Federated	Government Obligation Institutional Shares	-	2,774,494	2,774,494	2,774,494	-
Federated	Government Obligation Institutional Shares	-	450,342	450,342	450,342	-
Federated	Government Obligation Institutional Shares	1,534,093	-	1,534,093	1,534,093	-
Federated	Government Obligation Institutional Shares	1,534,224	-	1,534,224	1,534,224	-
Federated	Government Obligation Institutional Shares	-	2,143,500	2,143,500	2,143,500	-
Federated	Government Obligation Institutional Shares	1,537,933	-	1,537,933	1,537,933	-
Federated	Government Obligation Institutional Shares	1,553,013	-	1,553,013	1,553,013	-
Federated	Government Obligation Institutional Shares	-	2,976,739	2,976,739	2,976,739	-
Federated	Government Obligation Institutional Shares	1,568,400	-	1,568,400	1,568,400	-
Federated	Government Obligation Institutional Shares	-	2,883,407	2,883,407	2,883,407	-
Federated	Government Obligation Institutional Shares	1,546,407	-	1,546,407	1,546,407	-
Federated	Government Obligation Institutional Shares	1,555,822	-	1,555,822	1,555,822	-
Federated	Government Obligation Institutional Shares	1,572,589	-	1,572,589	1,572,589	-
Federated	Government Obligation Institutional Shares	-	2,564,736	2,564,736	2,564,736	-
Federated	Government Obligation Institutional Shares	852,833	-	852,833	852,833	-
Federated	Government Obligation Institutional Shares	1,575,387	-	1,575,387	1,575,387	-
Federated	Government Obligation Institutional Shares	-	3,450,835	3,450,835	3,450,835	-
Federated	Government Obligation Institutional Shares	1,533,296	-	1,533,296	1,533,296	-
Federated	Government Obligation Institutional Shares	1,545,333	-	1,545,333	1,545,333	-
Federated	Government Obligation Institutional Shares	-	2,737,243	2,737,243	2,737,243	-
Federated	Government Obligation Institutional Shares	1,377,976	-	1,377,976	1,377,976	-
Federated	Government Obligation Institutional Shares	1,548,465	-	1,548,465	1,548,465	-
Federated	Government Obligation Institutional Shares	-	295,603	295,603	295,603	-
Federated	Government Obligation Institutional Shares	-	2,606,123	2,606,123	2,606,123	-
Federated	Government Obligation Institutional Shares	1,537,227	-	1,537,227	1,537,227	-
Federated	Government Obligation Institutional Shares	387,200	-	387,200	387,200	-
Federated	Government Obligation Institutional Shares	-	4,072,685	4,072,685	4,072,685	-
Federated	Government Obligation Institutional Shares	1,537,568	-	1,537,568	1,537,568	-
Federated	Government Obligation Institutional Shares	-	3,699,831	3,699,831	3,699,831	-
Federated	Government Obligation Institutional Shares	-	295,545	295,545	295,545	-
Federated	Government Obligation Institutional Shares	1,534,470	-	1,534,470	1,534,470	-
Category (iii) - Series of transactions in excess of 5% of Plan assets:						
Federated	Government Obligation Institutional Shares	\$ 38,843,834	\$ 40,473,697	\$ 79,317,531	\$ 79,317,531	\$ -

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify)
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan OHIO FARMERS INSURANCE COMPANY GROUP HEALTH BENEFIT PLAN
1b Three-digit plan number (PN) 506
1c Effective date of plan 12/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHIO FARMERS INSURANCE COMPANY P.O. BOX 5001 WESTFIELD CENTER OH 44251-5001
2b Employer Identification Number (EIN) 34-0438190
2c Plan Sponsor's telephone number 330-887-0101
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, and Name. Row 1: JENNIFER PALMIERI, 10-2-2025. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

EIN: 34-0438190

Plan Number: 506

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (i) - Single transactions in excess of 5% of Plan assets:						
Federated	Government Obligation Institutional Shares	\$ 1,543,956	\$ -	\$ 1,543,956	\$ 1,543,956	\$ -
Federated	Government Obligation Institutional Shares	-	3,384,201	3,384,201	3,384,201	-
Federated	Government Obligation Institutional Shares	1,541,115	-	1,541,115	1,541,115	-
Federated	Government Obligation Institutional Shares	1,547,476	-	1,547,476	1,547,476	-
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Federated	Government Obligation Institutional Shares	1,545,677	-	1,545,677	1,545,677	-
Federated	Government Obligation Institutional Shares	1,552,061	-	1,552,061	1,552,061	-
Federated	Government Obligation Institutional Shares	-	2,774,494	2,774,494	2,774,494	-
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Federated	Government Obligation Institutional Shares	1,534,224	-	1,534,224	1,534,224	-
Federated	Government Obligation Institutional Shares	-	2,143,500	2,143,500	2,143,500	-
Federated	Government Obligation Institutional Shares	1,537,933	-	1,537,933	1,537,933	-
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Federated	Government Obligation Institutional Shares	1,568,400	-	1,568,400	1,568,400	-
Federated	Government Obligation Institutional Shares	-	2,883,407	2,883,407	2,883,407	-
Federated	Government Obligation Institutional Shares	1,546,407	-	1,546,407	1,546,407	-
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Federated	Government Obligation Institutional Shares	1,572,589	-	1,572,589	1,572,589	-
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Federated	Government Obligation Institutional Shares	1,537,568	-	1,537,568	1,537,568	-
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Federated	Government Obligation Institutional Shares	-	295,545	295,545	295,545	-
Federated	Government Obligation Institutional Shares	1,534,470	-	1,534,470	1,534,470	-
Category (iii) - Series of transactions in excess of 5% of Plan assets:						
Federated	Government Obligation Institutional Shares	\$ 38,843,834	\$ 40,473,697	\$ 79,317,531	\$ 79,317,531	\$ -

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

**OHIO FARMERS INSURANCE COMPANY
GROUP HEALTH BENEFIT PLAN**

EIN: 34-0438190

Plan Number: 506

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Federated	Government Obligation Institutional Shares	\$ 5,835,733	\$ 5,835,733