

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan OHIO FARMERS INSURANCE COMPANY PENSION PLAN 1b Three-digit plan number (PN) 001 1c Effective date of plan 06/28/1945 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address... 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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4211
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)	2247
	6a(2)	2336
	6b	1290
	6c	606
	6d	4232
	6e	136
	6f	4368
	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:
1A 1E

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" 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 checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 _____

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

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

A Name of plan <u>OHIO FARMERS INSURANCE COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OHIO FARMERS INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>34-0438190</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>693860563</u>
	b Actuarial value	2b	<u>671458059</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1378</u>	<u>214996081</u>
	b For terminated vested participants	<u>586</u>	<u>36186374</u>
	c For active participants	<u>2247</u>	<u>191290674</u>
	d Total	<u>4211</u>	<u>442473129</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>18827312</u>
	b Expected plan-related expenses	6b	<u>1003961</u>
	c Target normal cost	6c	<u>19831273</u>

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

SIGN HERE <u>BRETT J. LOGTERMAN</u> Signature of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>1001 LAKESIDE AVE, SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u> Address of the firm	<u>07/01/2025</u> Date <u>23-07485</u> Most recent enrollment number <u>215-937-4000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2359368	106359986
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	2359368	106359986
10	Interest on line 9 using prior year's actual return of <u>7.83</u> %	184739	8327987
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2544107	114687973

Part III Funding Percentages			
14	Funding target attainment percentage	14	119.29 %
15	Adjusted funding target attainment percentage	15	144.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	127.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/07/2024	13500000	0					
			Totals ▶	18(b)	13500000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13430972

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	19831273	
b Excess assets, if applicable, but not greater than line 31a	31b	19831273	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13430972	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13430972	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan OHIO FARMERS INSURANCE COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
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

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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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	507148	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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?
19 21	NONE	121574	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

D'AMICO WAWRIN & COMPANY CPAS

82-1844788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	22792	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)

BDO USA

13-5381590

(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?
16	NONE	8515	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

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(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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OHIO FARMERS INSURANCE COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1050107	1073262
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3135046	3424373
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3842541	6688284
(2) U.S. Government securities	1c(2)	232471547	211695626
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	107594456	125456327
(B) All other	1c(3)(B)	20063425	22363755
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	142383471	147671816
(5) Partnership/joint venture interests	1c(5)	113118409	121071518
(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)	65103944	68597254
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	21265093	19788767

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	710028039	727830982
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	43000	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61002	23288
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	104002	23288
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	709924037	727807694

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)	13500000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-9	
(B) U.S. Government securities.....	2b(1)(B)	9095337	
(C) Corporate debt instruments.....	2b(1)(C)	6196687	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	509457	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15801472
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3678205	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1718813	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5397018
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	45343632	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	38780241	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6563391
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-5674251	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-5674251

		(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)		6439188
c Other income	2c		311
d Total income. Add all income amounts in column (b) and enter total.....	2d		42027129

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	22745475	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		22745475
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1089421	
(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)	308576	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1397997
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24143472

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		17883657
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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		3500000
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 557881.

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

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

A Name of plan <u>OHIO FARMERS INSURANCE COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OHIO FARMERS INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>34-0438190</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-0676865

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	24
----------------------------------------------------------------------------------------------------------------------------------	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 47.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 52.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 1.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Ohio Farmers Insurance Company Pension Plan

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



Ohio Farmers Insurance Company
Pension Plan

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

Ohio Farmers Insurance Company Pension 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 Pension 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 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits 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 meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit 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 for 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 Wawrin & Company

Akron, Ohio
September 19, 2025

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value:		
U. S. Government and agency obligations	\$ 211,695,626	\$ 232,471,547
Corporate bonds	147,820,082	127,657,881
Common stocks	147,671,816	142,383,471
Partnerships	121,071,518	113,118,409
Mutual funds	68,597,254	65,103,944
Money market fund	6,688,284	3,842,541
Investments held for pension benefit obligations	703,544,580	684,577,793
Net assets held for Ohio Farmers Insurance Company		
Group Health Benefit Plan 401(h) account	19,788,767	21,265,093
Cash – noninterest bearing	1,073,262	1,050,107
Accrued investment income	3,424,373	3,135,046
Total assets	727,830,982	710,028,039
Liabilities:		
Net amount due to Ohio Farmers Insurance Company		
Group Health Benefit Plan 401(h) account	19,788,767	21,265,093
Payable to Ohio Farmers Insurance Company	-	43,000
Other	23,288	61,002
Total liabilities	19,812,055	21,369,095
Net assets available for benefits	\$ 708,018,927	\$ 688,658,944

See accompanying notes to financial statements.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Company contributions	\$ 13,500,000	\$ -
Interest and dividend income	20,524,155	19,463,718
Net appreciation in fair value of investments	7,030,887	21,855,863
Miscellaneous income	<u>311</u>	<u>9,905</u>
Total additions	<u>41,055,353</u>	<u>41,329,486</u>
Deductions:		
Benefits paid to participants	20,487,437	19,303,062
Administrative expenses	1,089,420	856,609
Federal tax expense	<u>118,513</u>	<u>76,984</u>
Total deductions	<u>21,695,370</u>	<u>20,236,655</u>
Net increase	19,359,983	21,092,831
Net assets available for benefits:		
Beginning of year	<u>688,658,944</u>	<u>667,566,113</u>
End of year	<u>\$ 708,018,927</u>	<u>\$ 688,658,944</u>

See accompanying notes to financial statements.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Plan Description

The following brief description of the Ohio Farmers Insurance Company Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

(a) *General*

The Plan is a defined benefit plan, sponsored by the Ohio Farmers Insurance Company (the Plan Sponsor) which covers substantially all employees considered to be employed on a full-time basis by Ohio Farmers Insurance Company, Westfield Bank, FSB, Westfield Services, Inc., and Westfield Specialty, Inc. (collectively referred to as the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective January 1, 2023, the Plan removed Westfield Bank, FSB as an affiliated employer. The pension benefit for employees of Westfield Bank, FSB was calculated using final monthly earnings and years of credited service as of December 31, 2022, and their pension benefit did not change based on continued service or additional earnings with Westfield Bank, FSB.

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) *Pension Benefits*

Participants become vested in a pension benefit upon completion of five years of service, as defined in the Plan document. Participants are eligible to receive pension benefits upon reaching age 65 and completing five full years of participation in the Plan; or, subject to certain age and length of service requirements, a participant may elect an early retirement date at a reduced benefit. Pension benefits are calculated based on a participant's final monthly earnings (as defined) and years of credited service with the Company. The pension benefit for a married participant will be paid as a joint and 50% survivor annuity unless another form of distribution is elected with spousal consent. The pension benefit for an unmarried participant will be paid as a single life annuity unless another form of distribution is elected and a beneficiary is named.

If a participant terminates employment after becoming vested, the pension benefit will be calculated at the time of termination. If the present value of the pension benefit is \$5,000 or less, it will be paid to the participant in a lump sum. If the present value of the pension benefit is greater than \$5,000, it will be paid to the participant at normal retirement age or earlier at a reduced benefit if certain length of service requirements are met.

(c) *Death and Disability Benefits*

The Plan provides death benefits to beneficiaries of eligible employees who meet certain years of service requirements.

Retirement benefits are available for participants who retired due to disability prior to January 1, 2003. These participants must have been covered by Section B of the Ohio Farmers Insurance Company Long Term Disability Plan in order to receive benefits from the Plan. Effective January 1, 2003,

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

disability retirement benefits are no longer available to participants of the Plan, other than those participants who commenced disability retirement benefits prior to that date.

(d) Funding Policy

Contributions are made by the Company in such amounts as have been actuarially determined to fund current costs and the amortization of any unfunded actuarial accrued liability. These funding guidelines meet the minimum funding requirements of ERISA and deductibility and funding limit requirements of the Internal Revenue Code as amended by the Pension Protection Act of 2006 (PPA). In accordance with these funding guidelines, the Company elected to make contributions of \$13.5 million for the year ended December 31, 2024. There were no such contributions made for the year ended December 31, 2023.

(e) Plan Termination

While the Plan Sponsor has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated, all participants become 100% vested in benefits earned as of the termination date. If, however, the Plan has insufficient assets, the Plan Sponsor will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

If the termination is the result of the bankruptcy or near bankruptcy of the Plan Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits which it guarantees. Under those circumstances, some participants may receive a smaller benefit than if the Plan had continued.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Valuation of Investments and Income Recognition

The Plan's investments 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 measurements.

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

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(c) *Assets Held for Ohio Farmers Insurance Company Group Health Benefit Plan 401(h) Account*

The Plan includes a health and welfare component in addition to the normal retirement benefits to fund a portion of the post-retirement obligation for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component 401(h) account. In accordance with Section 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. The related obligations for health benefits are not a component of this Plan's obligations in the accumulated plan benefit information described in Note 4, but are reflected as obligations in the Ohio Farmers Insurance Company Group Health Benefit Plan. Plan participants do not contribute to the 401(h) account. Company contributions to fund the postretirement health benefits for retirees and their beneficiaries under Section 401(h) are actuarially determined annually and are made at the discretion of the Plan Sponsor. On March 23, 2013, the 401(h) account commenced payment of retiree health benefits. See Note 6 for additional information related to 401(h) activity.

(d) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on their final monthly earnings. The accumulated plan benefits for active employees are based on their compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

(e) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(f) *Use of Estimates*

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

(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. Investment related expenses are included in net appreciation in fair value of investments.

OHIO FARMERS INSURANCE COMPANY PENSION 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 net appreciation in fair value of investments, interest and dividend income for the years ended December 31, 2024 and 2023, that are disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan. 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) Present Value of Accumulated Plan Benefits

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

The present value of accumulated plan benefit information is summarized as follows:

	December 31	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 190,620,578	\$ 178,645,932
Other participants	166,538,540	158,178,922
	357,159,118	336,824,854
Nonvested benefits	18,114,687	16,049,498
Total actuarial present value of accumulated plan benefits	\$ 375,273,805	\$ 352,874,352

The changes in the actuarial present value of accumulated plan benefits are summarized as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2023	\$ 352,874,352
Actuarial loss	3,380,175
Additional benefits accumulated	12,502,353
Interest due to decrease in the discount period	27,004,362
Benefits paid	(20,487,437)
Actuarial present value of accumulated plan benefits as of December 31, 2024	\$ 375,273,805

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The significant actuarial assumptions used in the 2024 and 2023 actuarial valuation of accumulated plan benefits were: (a) life expectancy of participants based on the sex-distinct PRI-2012 tables, without collar adjustment or quartile adjustment, with generational projection scale MP-2021 (with the Proxy SSA long-term rate of improvement applied from 2012 forward); (b) expected annual rates of retirement between the ages of 55 and 70; (c) employee turnover, which is based on expected data; and (d) interest rate of 7.60% used to discount the obligation for both 2024 and 2023. The termination and retirement assumptions were revised to reflect experience studies performed in December 2022.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material difference.

(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.
- *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 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.

U.S. government and agency obligations: Certain securities are valued at the closing price reported in the active market in which the security is traded. Other securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Corporate (domestic and foreign) bonds: Fair value for these securities is provided by independent pricing services. Typical inputs in valuation include but are not limited to discounted future cash flow models, benchmark yields, reported trades, broker-dealer quotes, issuer spreads, benchmark securities, bids, offers, reference data, and industry and economic events.

Common stocks: Valued at the reported closing price on national exchanges as of the last business day of the Plan year.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 SEC. This fund is required to publish its daily 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 of \$1.00 per share.

Partnerships: Interests in these investment vehicles, which are not actively traded through established exchange mechanisms, are valued by the general partner or investment manager whose portfolio holds the investment in a commingled fund. Investments are valued using the NAV per unit as determined by the investment manager. Such values are consistent with the values reported by the general partner or investment manager to other entities with ownership interests in the respective partnerships. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The majority of the Plan's financial assets are valued using independent pricing services. For those securities that are publicly traded, the pricing services provide closing market prices, which the Plan uses without adjustment. For those securities for which a market price is not available (i.e. debt instruments) the pricing services provide documentation on a monthly and annual basis detailing the methodology used in determining market prices. The Plan reviews this documentation to ensure that it understands how prices are developed and has confidence in assigning fair value hierarchy categorization.

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 summarize partnership investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2024 and 2023.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Fair value of investments that calculate NAV as of December 31, 2024				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
GoldPoint Partners Select Manager Fund III, LP (a)	\$ 13,416,608	\$ —	See (a)	See (a)
GoldPoint Partners Select Manager Fund V, LP (a)	22,809,112	3,455,330	See (a)	See (a)
GoldPoint Partners Co-Invest VI, LP (a)	(109)	428,195	See (a)	See (a)
Pacific Private Feeder Fund II, LP (a)	4,155,103	3,531,125	See (a)	See (a)
Pacific Private Feeder Fund III, LP (a)	8,137,427	4,316,797	See (a)	See (a)
Pacific Private Feeder Fund IV, LP (a)	11,768,282	5,567,623	See (a)	See (a)
Performance Direct Investments IV, LP (a)	13,957,990	14,215	See (a)	See (a)
PA Co-Investment Fund IV, LP (a)	11,831,269	969,703	See (a)	See (a)
NB Sec Opportunities Fund V, LP (a)	5,229,658	6,613,183	See (a)	See (a)
RCP Secondary Opp Fund IV, LP (a)	6,219,647	4,356,494	See (a)	See (a)
Performance Venture Cap Fund V, LP (a)	6,634,135	8,856,251	See (a)	See (a)
RCP Fund XVII, LP (a)	2,202,596	7,400,000	See (a)	See (a)
PA Co-Investment Fund V, LP (a)	7,409,586	3,263,531	See (a)	See (a)
NB Strategic Capital II LP (a)	734,322	10,000,000	See (a)	See (a)
Performance Direct Investments V, LP (a)	3,803,047	6,561,017	See (a)	See (a)
Yukon Capital Partners V, LP (a)	2,609,949	7,469,141	See (a)	See (a)
Performance Venture Capital VI, LP (a)	152,896	9,855,709	See (a)	See (a)
	<u>\$ 121,071,518</u>	<u>\$ 82,658,314</u>		

Fair value of investments that calculate NAV as of December 31, 2023				
Description	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
GoldPoint Partners Select Manager Fund III, LP (a)	\$ 15,743,133	\$ —	See (a)	See (a)
GoldPoint Partners Select Manager Fund V, LP (a)	21,083,980	4,463,427	See (a)	See (a)
GoldPoint Mezzanine Partners IV, LP (a)	8,251,434	1,580,908	See (a)	See (a)
GoldPoint Partners Co-Invest VI, LP (a)	1,869	428,195	See (a)	See (a)
Pacific Private Feeder Fund II, LP (a)	5,466,135	5,511,410	See (a)	See (a)
Pacific Private Feeder Fund III, LP (a)	7,241,354	4,781,388	See (a)	See (a)
Pacific Private Feeder Fund IV, LP (a)	11,284,040	6,237,113	See (a)	See (a)
Performance Direct Investments IV, LP (a)	12,547,785	59,998	See (a)	See (a)
PA Co-Investment Fund IV, LP (a)	11,836,063	969,703	See (a)	See (a)
NB Sec Opportunities Fund V, LP (a)	4,280,251	6,902,452	See (a)	See (a)
RCP Secondary Opp Fund IV, LP (a)	5,140,392	5,806,078	See (a)	See (a)
Performance Venture Cap Fund V, LP (a)	3,758,476	10,903,064	See (a)	See (a)
RCP Fund XVII, LP (a)	438,463	9,200,000	See (a)	See (a)
PA Co-Investment Fund V, LP (a)	6,045,034	4,206,821	See (a)	See (a)
	<u>\$ 113,118,409</u>	<u>\$ 61,050,557</u>		

(a) This fund's objective is to make limited partnership investments in a select group of top-performing private equity markets across many industries. The funds seek to develop deep and long term relationships with sponsors through advisory board participation, investments in successive funds over time, and significant ongoing interaction through direct equity co-investment and mezzanine activity. These are alternative investments in which the investor intends to hold the assets through the duration of the life of the fund. Typically, these investments are illiquid.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

<u>Description</u>	<u>Total</u>	<u>Assets at Fair Value as of December 31, 2024</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Assets at fair value:				
Investments held for pension benefit obligations:				
U.S. government and agency obligations	\$ 211,695,626	\$ 82,462,545	\$ 129,233,081	\$ —
Corporate bonds	147,820,082	—	147,820,082	—
Common stocks	147,671,816	147,671,816	—	—
Mutual funds	68,597,254	68,597,254	—	—
Money market fund	6,688,284	6,688,284	—	—
Subtotal investments held for pension benefit obligations	582,473,062	305,419,899	277,053,163	—
OFIC Group Health Benefit Plan 401(h):				
Mutual funds	20,202,424	20,202,424	—	—
Money market funds	36,809	36,809	—	—
Subtotal OFIC Group Health Benefit Plan 401(h)	20,239,233	20,239,233	—	—
Total investments in fair value hierarchy	602,712,295	\$ 325,659,132	\$ 277,053,163	\$ —
Partnership Investments measured at NAV *	121,071,518			
Total investments at fair value	\$ 723,783,813			

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Description	Total	Assets at Fair Value as of December 31, 2023		
		Level 1	Level 2	Level 3
Assets at fair value:				
Investments held for pension benefit obligations:				
U.S. government and agency obligations	\$ 232,471,547	\$ 91,528,102	\$ 140,943,445	\$ —
Corporate bonds	127,657,881	—	127,657,881	—
Common stocks	142,383,471	142,383,471	—	—
Mutual funds	65,103,944	65,103,944	—	—
Money market fund	3,842,541	3,842,541	—	—
Subtotal investments held for pension benefit obligations	571,459,384	302,858,058	268,601,326	—
OFIC Group Health Benefit Plan 401(h):				
Mutual funds	21,593,850	21,593,850	—	—
Money market funds	5,758	5,758	—	—
Subtotal OFIC Group Health Benefit Plan 401(h)	21,599,608	21,599,608	—	—
Total investments in fair value hierarchy	593,058,992	\$ 324,457,666	\$ 268,601,326	\$ —
Partnership Investments measured at NAV *	113,118,409			
Total investments at fair value	\$ 706,177,401			

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(6) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to the Form 5500:

	2024	2023
Net assets available for benefits per accompanying financial statements	\$ 708,018,927	\$ 688,658,944
Net assets held for Ohio Farmers Insurance Company Group Health Benefit Plan 401(h) account	19,788,767	21,265,093
Net assets available for benefits per the Form 5500	\$ 727,807,694	\$ 709,924,037

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health and welfare benefits as described in Note 2(c).

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the 2024 Form 5500 for the year ended December 31, 2024:

	Amount per accompanying financial statements	Assets held for Group Health Benefit Plan 401(h)	Amount per Form 5500
Additions:			
Company contributions	\$ 13,500,000	\$ —	\$ 13,500,000
Interest and dividend income	20,524,155	674,335	21,198,490
Net appreciation in fair value of investments	7,030,887	297,441	7,328,328
Miscellaneous income	311	—	311
Total additions	41,055,353	971,776	42,027,129
Deductions:			
Benefits paid to participants	20,487,437	2,258,038	22,745,475
Administrative expenses	1,089,420	190,064	1,279,484
Federal tax benefit	118,513	—	118,513
Total deductions	21,695,370	2,448,102	24,143,472
Net increase (decrease)	\$ 19,359,983	\$ (1,476,326)	\$ 17,883,657

(7) Plan Amendment

The benefit payable to or on behalf of a participant included under the Plan shall not be affected by the terms of any amendment to the Plan adopted after the participant's employment terminates, unless the amendment expressly provides otherwise.

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(8) Related-Party and Parties In Interest Transactions

The Company provides to the Plan certain investment management services and administrative services for which no fees are charged.

Certain Plan investments are held by the asset custodian who manages those investments, which qualify as party in interest transactions.

(9) Tax Status

The Plan received a determination letter from the Internal Revenue Service (IRS) dated January 20, 2017 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from taxation. Subsequent to the issuance of this determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The BAC believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan, as amended, is qualified and 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.

(10) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

For cash management purposes, the Plan concentrated its cash holdings in a single account. The balance in this account may have exceeded the federally insured limit of \$250,000 by the Federal Deposit Insurance Corporation in case of bank failure. There was no excess at December 31, 2023 and the account was closed during 2024.

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

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(11) Subsequent Events

Effective January 1, 2025, the Ohio Farmers Insurance Company Group Health Benefit Plan's (Health Plan) retiree benefits changed from offering self-insured medical benefits and fully insured dental benefits to a contribution to a Health Reimbursement Arrangement (HRA) used to reimburse participants for eligible medical expenses. As a result, beginning January 1, 2025, the benefit component of the 401(h) account will fund the reimbursements made from the Westfield Retiree Health Reimbursement Arrangement. In addition, effective January 1, 2025, the Health Plan's name changed to the Westfield Welfare Benefit Plan (Welfare Plan).

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

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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
U.S. Government and agency obligations:				
	Fannie Mae 08/01/12 3.000 09/25/27 Ser 2012-100 Cl Ac		\$ 1,705,097	\$ 1,650,508
	Fannie Mae 04/01/13 3.000 07/25/42 Ser 2013-41 Cl Ph		1,439,494	1,336,181
	Fannie Mae 06/01/13 3.000 07/25/43 Ser 2013-77 Cl Cy		1,245,943	1,057,956
	Fannie Mae 01/01/17 3.500 04/25/45 Ser 2017-01 Cl Mp		875,157	817,599
	Fannie Mae 12/01/21 2.500 01/25/52 Ser 2021-86 Cl Cy		6,579,227	4,575,690
	Fannie Mae 10/01/22 3.500 08/25/42 Ser 2022-79 Cl Jv		14,042,492	13,879,181
	Fannie Mae 01/01/23 4.500 06/25/2052 Ser 2023-01 Cl My		4,881,714	4,594,100
	Fannie Mae 08/01/2022 4.500 08/01/2052 Pool #OMA4733		5,033,778	4,848,406
	Fannie Mae 01/01/2023 4.500 01/01/2053 Pool #OMA4917		8,825,680	8,483,979
	Fannie Mae 03/01/2023 5.000 04/01/2053 Pool #OMA4978		13,225,942	12,793,322
	Federal Farm Credit Bank 04/17/06 5.410 04/17/36		1,260,338	1,051,720
	Federal Farm Credit Bank 06/29/17 2.950 06/29/33		3,622,133	3,191,268
	Federal Home Loan Bank 07/17/2006 5.500 07/15/2036		6,073,164	5,320,550
	Federal Home Loan Bank 02/27/2023 4.375 03/11/2033		10,109,155	9,750,900
	Freddie Mac 02/01/12 3.500 01/15/42 Ser 4000 Cl Vh		790,618	764,102
	Freddie Mac 09/01/14 3.500 08/15/43 Ser 4384 Cl Lb		3,221,526	2,904,293
	Freddie Mac 01/01/16 3.500 11/15/35 Ser 4548 Cl Vb		1,073,824	1,035,349
	Freddie Mac 01/01/18 3.500 12/15/40 Ser 4753 Cl Qv		611,302	596,507
	Ginnie Mae 09/01/10 4.000 09/20/40 Ser 2010-113 Cl Pe		1,231,210	1,045,698
	Ginnie Mae 08/01/13 3.000 05/20/43 Ser 2013-113 Cl Ly		1,179,625	1,029,482
	Ginnie Mae 02/01/16 3.000 02/20/46 Ser 2016-19 Cl Ac		2,854,324	2,438,460
	Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-021 Cl Lc		2,545,571	2,082,848
	Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-031 Cl Jy		1,516,580	1,301,456
	Ginnie Mae 02/01/19 3.500 02/20/49 Ser 2019-016 Cl Db		1,990,167	1,660,200
	Ginnie Mae 02/01/19 3.500 02/20/49 Ser 2019-027 Cl MI		1,323,710	1,208,201
	Ginnie Mae 12/01/21 2.500 12/20/41 Ser 2021-215 Cl Vb		5,436,767	3,975,668
	Ginnie Mae 02/01/22 2.500 02/20/52 Ser 2022-031 Cl Kw		8,279,262	6,281,200
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Bw		3,104,804	2,970,530
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Eb		6,668,781	6,395,773
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Ed		3,856,463	3,686,687
	Ginnie Mae II 03/01/23 5.000 03/20/53 Pool #OMA8725		8,745,587	8,517,493
	Ginnie Mae II 07/01/23 5.500 07/20/53 Pool #OMA9017		4,306,541	4,285,696
	Tennessee Valley Auth 01/15/98 6.150 01/15/38		1,691,016	1,662,120
	Tennessee Valley Auth 09/15/09 5.250 09/15/39		2,508,465	2,039,960
	United States Treas Bds 08/15/09 4.500 08/15/39		4,070,310	3,263,771
	United States Treas Bds 11/15/10 4.250 11/15/40		8,434,697	6,585,740
	United States Treas Bds 02/15/11 4.750 02/15/41		6,303,696	4,832,007
	United States Treas Bds 05/15/12 3.000 05/15/42		6,057,250	4,663,130
	United States Treas Bds 11/15/14 3.000 11/15/44		10,118,739	8,053,986
	United States Treas Bds 02/15/15 2.500 02/15/45		7,586,366	5,765,595
	United States Treas Bds 11/15/15 3.000 11/15/45		12,493,356	7,528,500
	United States Treas Bds 08/15/16 2.250 08/15/46		13,387,217	8,564,933
	United States Treas Bds 02/15/20 2.000 02/15/50		2,938,811	1,745,040
	United States Treas Bds 05/15/20 1.250 05/15/50		20,030,186	13,775,000
	United States Treas Bds 08/15/20 1.375 08/15/50		19,095,775	12,995,696
	United States Treas Bds 08/15/21 1.750 08/15/41		2,640,157	2,269,120
	United States Treas Bds 11/15/21 2.000 11/15/41		2,701,151	2,420,025
	Total U.S. Government and agency obligations		<u>\$ 257,713,168</u>	<u>\$ 211,695,626</u>
Corporate bonds:				
	3M Co Mtn 03/29/07 5.700 03/15/37		\$ 1,784,296	\$ 1,538,850
	Alphabet Inc 08/05/20 1.900 08/15/40		6,389,823	4,512,876
	Alphabet Inc Sr 08/05/20 2.050 08/15/50		937,430	554,960
	Amazon Com Inc 02/22/18 4.050 08/22/47		1,198,468	827,240
	Amazon Com Inc 02/22/18 4.250 08/22/57		1,255,263	1,148,672
	Amazon Com Inc 06/03/20 2.500 06/03/50		3,813,567	2,211,231
	Anheuser-Busch Inbev 10/16/09 6.375 01/15/40		2,552,971	2,153,660
	Apple Inc 05/03/13 3.850 05/04/43		6,306,520	5,723,343
	Apple Inc Sr Nt 05/11/20 2.650 05/11/50		2,084,542	1,246,800
	Apple Inc Sr Nt 02/08/2021 2.375 02/08/2041		3,773,270	3,443,250
	AstraZeneca PLC 09/12/07 6.450 09/15/37		1,113,745	1,097,260
	Baker Hughes Inc Sr Gbl Nt 07/15/99 6.875 01/15/29		990,204	1,069,640
	Berkshire Hathaway Fin Corp 01/11/19 4.250 01/15/49		5,879,355	3,930,328
	Berkshire Hathaway Fin Corp 03/15/22 3.850 03/15/52		1,642,602	1,515,460

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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
	Blackrock Inc	12/10/21 2.100 02/25/32	3,555,335	3,294,760
	BP Capital Markets America Inc	08/10/20 2.772 11/10/50	1,462,211	1,352,491
	Bristol Myers Squibb Co	05/01/08 6.125 05/01/38	1,291,856	1,046,940
	Bristol Myers Squibb Co	10/31/13 4.500 03/01/44	1,066,411	864,970
	Bristol Myers Squibb Co	11/13/20 2.350 11/13/40	1,955,579	1,328,980
	Caterpillar Inc	01/15/12 3.803 01/15/42	1,681,235	1,626,560
	Coca-Cola Co	05/01/20 2.600 06/01/50	1,022,611	905,670
	Conoco Inc	04/20/99 6.950 04/15/29	1,625,281	1,626,750
	Duke Energy Progress LLC	09/11/03 6.125 09/15/33	1,091,932	1,053,480
	Eli Lilly & Co	02/25/14 4.650 06/15/44	2,274,122	1,672,240
	Eli Lilly & Co	02/09/24 5.100 02/09/64	1,886,869	1,831,280
	Emerson Electric Co	09/22/2020 0.875 10/15/2026	4,706,340	4,699,650
	Equinor ASA	08/17/10 5.100 08/17/40	1,784,771	1,446,060
	Exxon Mobil Corp	03/19/20 4.327 03/19/50	1,689,770	1,646,980
	Florida Power & Light Co	11/18/21 2.875 12/04/51	1,977,664	1,878,450
	Home Depot	03/30/20 3.300 04/15/40	3,590,677	3,119,280
	Honeywell International Inc	03/01/24 5.250 03/01/54	3,847,955	3,752,520
	International Bk For Recon & Dev	02/09/05 4.750 02/15/35	1,781,757	1,499,475
	International Business Machs Sr Nt	11/30/09 5.600 11/30/39	1,234,768	1,002,610
	International Business Machs Sr Nt	02/19/16 4.700 02/19/46	1,806,181	1,737,280
	Israel St	09/18/03 5.500 09/18/33	3,682,171	3,136,980
	Johnson & Johnson	08/16/07 5.950 08/15/37	3,681,151	3,076,176
	Johnson & Johnson Sr	08/25/20 2.100 09/01/40	3,677,060	3,326,650
	Johnson & Johnson Sr	08/25/20 2.250 09/01/5050	1,989,281	1,146,320
	JPMorgan Chase & Co	04/29/97 8.000 04/29/27	711,964	750,596
	JPMorgan Chase & Co	04/22/20 VAR RT 04/22/41	4,198,355	2,968,040
	Kimberly Clark Corp Deb	01/09/98 6.375 01/01/2028	411,737	419,496
	Leland Stanford Junior Universe	06/04/2020 2.413 06/01/2050	3,525,608	2,065,054
	Mastercard Inc	03/09/2023 4.875 03/09/2028	6,088,731	6,069,120
	Merck & Co Inc	06/24/20 2.350 06/24/40	2,938,540	2,032,830
	Merck & Co Inc Sr Glbl Deb	11/30/98 5.950 12/01/28	1,606,472	1,566,030
	Microsoft Corp Nt	11/07/12 3.500 11/15/42	2,442,732	2,145,546
	Microsoft Corp	08/08/16 3.450 08/08/36	975,050	872,020
	Microsoft Corp Sr Glbl Nt	08/08/16 3.700 08/08/46	1,958,005	1,281,872
	Microsoft Corp	06/01/2020 2.525 06/01/2050	3,504,645	3,086,300
	Microsoft Corp 144A	04/15/2023 4.50 06/15/2047	1,807,591	1,761,182
	Northern Sts Pwr Co Minn 1St Mtg	03/01/98 6.500 03/01/28	1,807,275	1,592,512
	Northern Sts Pwr Co Minn	07/21/05 5.250 07/15/35	1,153,593	984,210
	Oracle Corp	04/09/08 6.500 04/15/38	2,374,823	2,151,600
	Pacificorp	06/13/05 5.250 06/15/35	2,295,579	1,979,280
	PepsiCo Inc Sr Nt	01/14/10 5.500 01/15/40	1,807,430	1,518,795
	PepsiCo Inc	05/02/17 4.000 05/02/47	2,385,602	1,602,460
	Pfizer	05/28/20 2.550 05/28/40	2,006,932	1,386,420
	Phillips 66 Gtd Sr Nt	11/01/12 5.875 05/01/42	1,166,807	995,160
	Procter & Gamble	03/05/07 5.550 03/05/37	3,354,056	3,142,950
	Raytheon Technologies Corp	05/16/08 6.125 07/15/38	2,526,313	2,099,560
	Shell International Fin	12/11/08 6.375 12/15/38	3,021,945	2,721,875
	Shell International Fin	11/26/21 3.000 11/26/51	1,304,491	1,268,060
	Texaco Cap Inc Gtd Deb Dtd	08/01/1992 08.000% 08/01/2032	1,221,994	1,183,070
	Texas Instruments Inc	09/15/21 2.700 09/15/51	1,940,933	1,824,570
	Trustees Of Princeton Univ	06/15/20 2.516 07/01/50	3,537,884	2,117,010
	Visa Inc	08/17/20 2.000 08/15/50	4,681,523	2,677,033
	Walmart Inc	06/27/18 3.950 06/28/38	6,161,293	5,154,415
	Walmart Inc	06/27/18 4.050 06/29/48	2,587,433	1,645,300
	Walmart Inc	04/18/23 4.500 04/15/53	3,721,294	3,573,355
	Wells Fargo Bk Natl Assn	01/29/07 5.850 02/01/37	1,251,804	1,020,420
	Wells Fargo Bk Natl Assn	08/29/06 5.950 08/26/36	1,192,732	1,029,260
	Wyeth	03/27/07 5.950 04/01/37	2,338,390	2,088,559
	Total Corporate bonds		\$ 178,094,600	\$ 147,820,082
Common stocks:				
	Abbvie Inc		\$ 1,147,519	\$ 4,264,800
	Accenture PLC Class A		555,666	2,884,678
	Alphabet Inc		4,691,979	4,997,520
	American Tower Corp		3,026,829	2,512,717
	Amgen Inc		1,485,512	2,528,208

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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	
	Apple Inc	604,339	6,010,080	
	Aztrazeneca Plc	3,458,461	2,909,088	
	Becton Dickinson & Co	1,289,891	2,155,265	
	Blackrock, Inc	1,270,479	5,023,039	
	Broadcom Inc	1,368,025	6,108,984	
	Chevron Corporation	2,401,958	2,882,316	
	Coca Cola Co	2,188,114	3,735,600	
	Deere & Co	1,073,442	2,796,420	
	Diamondback Energy Inc	2,594,075	2,342,769	
	Duke Energy Corp	2,486,887	2,445,698	
	Eaton Corp PLC Shs	957,540	4,679,367	
	Emerson Elec Co	2,356,282	4,981,986	
	Genuine Parts Co	1,102,221	2,101,680	
	Goldman Sachs Group Inc	4,081,156	5,897,986	
	Home Depot Inc	2,349,666	3,695,405	
	Johnson & Johnson	1,423,926	2,776,704	
	JPMorgan Chase & Co	2,276,149	5,729,069	
	Linde PLC Com	2,107,258	4,689,104	
	McDonalds Corp	1,006,006	3,043,845	
	Merck & Co Inc	1,818,127	3,481,800	
	Microsoft Corp	561,665	4,889,400	
	Mondelez International Inc	3,527,289	3,046,230	
	Pepsico Inc	1,370,293	3,421,350	
	Procter & Gamble Co	1,757,175	3,939,775	
	Qualcomm Inc	1,070,770	2,688,350	
	Raytheon Technologies Corp	1,994,665	4,374,679	
	Shell PLC	2,130,166	2,192,750	
	Southern Co	1,520,743	2,387,280	
	Sysco Corp	752,700	1,605,660	
	T Rowe Price Group Inc	1,420,555	2,657,615	
	Texas Instrs Inc	1,906,054	2,775,148	
	Truist Finl Corp	3,364,088	3,643,920	
	United Parcel Svc Inc	2,555,023	2,837,250	
	US Bancorp Del	2,682,015	3,467,675	
	Verizon Communications Inc	2,720,378	2,279,430	
	Visa Inc Cl A	2,736,894	4,993,432	
	Yum! Brands Inc	806,862	1,797,744	
	Total Common stocks	<u>\$ 81,998,842</u>	<u>\$ 147,671,816</u>	
Partnerships:				
	Goldpoint Partners Co-Investment VI, LP	\$ 1,424,267	\$ (109)	
	Goldpoint Partners Select Manager Fund III, LP	(4,163,476)	13,416,608	
	Goldpoint Partners Select Manager Fund V, LP	16,544,670	22,809,112	
	NB Sec Opportunities Fund V LP	3,386,817	5,229,658	
	NB Strategic Capital II LP	-	734,322	
	PA Co-Investment Fund IV, LP	8,365,714	11,831,269	
	PA Co-Investment Fund V, LP	6,736,469	7,409,586	
	Pacific Private Feeder Fund II LP	915,366	4,155,103	
	Pacific Private Feeder Fund III LP	4,941,843	8,137,427	
	Pacific Private Feeder Fund IV LP	9,559,925	11,768,282	
	Performance Direct Investments IV, LP	8,500,346	13,957,990	
	Performance Direct Investments V, LP	3,440,172	3,803,047	
	Performance Venture Cap V LP	6,143,749	6,634,135	
	Performance Venture Cap VI LP	144,291	152,896	
	RCP Fund XVII LP	2,600,000	2,202,596	
	RCP Secondary Opp Fund IV LP	4,595,648	6,219,647	
	Yukon Capital Partners V LP	<u>2,488,005</u>	<u>2,609,949</u>	
	Total Partnership Investments	<u>\$ 75,623,806</u>	<u>\$ 121,071,518</u>	
Mutual funds:				
	Allspring Special M/C Value Instl	\$ 8,635,898	\$ 10,793,547	
	iShares Msci Eafe Index Fd	937,965	1,171,955	
	Janus Henderson Triton Fund N Shares	17,948,762	18,724,099	
	MFS Mid Cap Value Fund R5	7,894,586	10,661,278	
	Spdr S&P Intl Small Cap Etf Smlep	802,236	898,565	
	Spdr S&P Midcap 400 Etf Tr	3,035,774	4,955,346	
	Thornburg Intl Equity Fund R6	9,150,644	9,355,644	

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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	
	Vanguard FTSE All-World Ex-U	1,709,801	1,837,120	
	Vanguard FTSE Emerging Markets Etf	7,862,724	8,345,580	
	Wisdomtree International High Dividend Fund	1,153,170	680,040	
	Wisdomtree Trust Emg Mkts Sm Cp	<u>1,118,040</u>	<u>1,174,080</u>	
	Total Mutual funds	<u>\$ 60,249,600</u>	<u>\$ 68,597,254</u>	
Money Market Fund:				
	FH Government Obligation IS	\$ 6,688,284	\$ 6,688,284	
	Total Pension account investments	<u>\$ 660,368,300</u>	<u>\$ 703,544,580</u>	
Assets Held for Ohio Farmers Insurance Company				
Group Health Benefit Plan (401(h) Account):				
Mutual funds:				
	Vanguard Long Term Bond Index Fd Adm	\$ 7,350,095	\$ 5,647,450	
	Vanguard Mid Cap Index Fund Inst	661,735	1,914,864	
	Vanguard Real Estate Index Fd Admiral Shs	1,088,422	1,678,718	
	Vanguard Small Cap Index Admiral Shares	1,528,351	1,806,645	
	Vanguard Total Bond Market Index Admiral Shs	6,098,212	5,550,051	
	Vanguard Total Intl Stk Index Inst	1,343,775	1,738,302	
	Vanguard Total Stock Mkt Index Fd Adm Shs	<u>1,384,113</u>	<u>1,866,394</u>	
	Total Mutual funds	<u>\$ 19,454,703</u>	<u>\$ 20,202,424</u>	
Money Market Fund:				
	FH Government Obligation IS	\$ 36,809	\$ 36,809	
	Total 401(h) account investments	<u>\$ 19,491,512</u>	<u>\$ 20,239,233</u>	
	Total	<u>\$ 679,859,812</u>	<u>\$ 723,783,813</u>	

OHIO FARMERS INSURANCE COMPANY
PENSION PLAN
 EIN: 34-0438190
 Plan Number: 001
 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 (iii) - Series of transactions in excess of 5% of Plan assets:						
Bank of New York Mellon	FH Government Obligation IS	\$ 110,564,998	\$ 107,691,431	\$ 218,256,429	\$ 218,256,429	-

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	69	32	1	0	0	0	0	0	0	0	0	102
	44,143	62,774	-	-	-	-	-	-	-	-	-	49,988
25-29	51	103	46	0	0	0	0	0	0	0	0	200
	71,141	77,080	71,600	-	-	-	-	-	-	-	-	74,305
30-34	42	104	102	20	0	0	0	0	0	0	0	268
	77,580	89,864	74,201	81,747	-	-	-	-	-	-	-	81,372
35-39	44	119	88	59	15	0	0	0	0	0	0	325
	94,567	105,207	81,280	95,333	-	-	-	-	-	-	-	95,586
40-44	34	95	89	35	41	29	4	0	0	0	0	327
	122,238	126,035	90,515	109,560	125,348	113,067	-	-	-	-	-	112,254
45-49	39	88	60	34	29	38	20	2	0	0	0	310
	106,599	122,732	96,193	99,617	113,230	107,863	108,484	-	-	-	-	109,119
50-54	13	50	76	49	37	46	61	21	4	0	0	357
	-	134,871	93,742	92,539	122,371	102,233	121,824	124,329	-	-	-	110,530
55-59	13	65	52	43	46	42	41	33	29	1	1	365
	-	135,533	97,960	91,336	114,884	109,052	104,161	137,042	98,669	-	-	111,274
60-64	10	31	45	32	32	45	27	22	17	24	24	285
	-	122,220	88,494	97,238	96,765	95,986	110,567	108,330	-	70,400	-	97,779
65-69	4	13	11	5	8	11	6	3	2	7	7	70
	-	-	-	-	-	-	-	-	-	-	-	88,097
70 & over	2	3	3	3	3	6	1	1	0	0	0	22
	-	-	-	-	-	-	-	-	-	-	-	68,259
Total	321	703	573	280	211	217	160	82	52	32	32	2,631
	81,556	107,171	85,642	95,243	113,077	104,691	110,871	120,854	99,333	72,582	72,582	98,433

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ohio Farmers Insurance Company Pension Plan
 EIN / PN: 34-0438190 / 001
 Plan Sponsor: Ohio Farmers Insurance Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumption/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
-----------------	-------------------------	-----------------------------

Annual rates of increase

- Salaries 3.00%
- Future Social Security wage bases 3.00%

Expected return on assets 7.60%

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee is hired.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and service.

Percentage leaving during the year			
Attained Age	Years of Service		
	<5	5-10	10+
<30	15.0%	9.0%	5.0%
30 – 44	12.0%	9.0%	5.0%
45 – 64	10.0%	7.5%	4.0%

Retirement

Rates varying by age and service.

Percentage retirement during the year		
Age	Normal Rates	40+ Years of Service
55-61	5%	5%
62-64	15%	15%
65	25%	100%
66-69	40%	100%
70	100%	100%

Benefit commencement date

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit: The later of age 65 or the termination of employment.
- Retirement benefit: Upon termination of employment.

Form of payment

Life annuity for single participants, 50% joint and survivor for married participants.

Percent married

80%. Used to value pre-retirement surviving spouse benefits and in determining optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as the current year pay rate provided in the data.

Administrative expense

\$1,003,961

Loads

None.

Plan Name: Ohio Farmers Insurance Company Pension Plan
 EIN / PN: 34-0438190 / 001
 Plan Sponsor: Ohio Farmers Insurance Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% joint and survivor annuity for married participants.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits
The IRC §430 regulations describe the required methodology for attributing benefits among Funding Target, current year Target Normal Cost, and future years' Target Normal Costs for disability benefits, Social Security benefits, death benefits and other ancillary benefits.

Target normal cost Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets Average of the fair market value of assets on the valuation date and the beginning of the six months immediately preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using effective interest rate for the prior plan year).
The method of computing the actuarial value of assets complies with rules governing the calculation of such values under PPA. These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial values of assets will be lower than the market value in some years and greater in other years. However, over the long-term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in Appendix B of this report were valued. WTW has reviewed the plan provisions with Ohio Farmers Insurance Company and based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participant's benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

WTW used asset information supplied by Ohio Farmers Insurance Company and participant data as of January 1, 2024 extracted from eepoint, a system supported by WTW. Ohio Farmers Insurance Company furnished the date and amount of the contributions that were made during fiscal 2023 and expected to be made in fiscal 2024.

Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with Ohio Farmers Insurance Company, assumptions or estimates were made when data were not available.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in compensation, National Average Wages (NAW) and CPI

Assumed increases were chosen by the plan sponsor and represent an estimate of future experience.

Administrative expenses

Administrative expenses are the actual expenses paid from the trust in the preceding year.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality

Assumptions used for funding purposes are as prescribed by IRC §1.430(h)(3)-1.

Termination

Assumed termination rates are based on a study performed in 2022 and differ by age and service because of observed differences in termination rates by age and service.

Retirement

Assumed retirement rates were confirmed in a study performed in 2022 and differ by age and service because of observed differences in retirement rates by age and service.

Plan Name: Ohio Farmers Insurance Company Pension Plan
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Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date for deferred benefits:

- Preretirement death benefit
Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit
Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Marital Assumptions:

- Percent married
The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.
- Spouse age
The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Prescribed Methods

Funding methods

The methods used for funding purposes as described herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segmented interest rates used to calculate the funding target and target normal cost were updated from January 2023 to January 2024.

The required mortality table used to calculate the funding target and target normal cost was updated from the IRS required RP-2014 tables and MP-2021 projection scale to the IRS required generational tables for 2024 and the adjusted MP 2021 projection scale (adjusted both for no mortality improvement during COVID from 2020-2023 and a cap of 0.78% per year on mortality improvement rates after 2024).

The expected return on assets was decreased from 8.00% to 7.60%.

Model Descriptions and Disclosures in Accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained Global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits and value benefit liabilities, develop results using applicable standards, and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure that system parameters have been set appropriately and plan provisions coded correctly.

Plan Name: Ohio Farmers Insurance Company Pension Plan
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Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Quantify FR Quantify FR is intended to calculate funding results, accounting results and produce the associated client reports under selected accounting standards and funding regulations for pension and OPRB plans. The calculations and reports are based on various user specified inputs including liability results and asset values.

Quantify FR develops valuation results for various accounting and funding purposes using standard actuarial techniques.

Calculation of disclosure liabilities and results are based on roll forward liabilities

Liability roll-forwards are used in accounting scenarios where the date as of which liabilities are valued does not coincide with the fiscal year measurement date. The roll-forwards consist of adjusting liabilities for the passage of time.

The estimate of the following year's expense is calculated based on the obligations and assets used for disclosure and incorporates service cost that may be based on a projection in the associated Quantify liability run, depending on the relationship of the liability valuation date to the fiscal year.

The Roll Forward accounting calculations assume that applicable rules will not change during the roll-forward period. Actuaries make adjustments to the data, plan provisions and assumptions reflected in the calculation of the liabilities that are rolled forward so that the results reflect conditions at the measurement date, and/or make similar adjustments to the results of the roll forward, including reflecting any changes in applicable accounting standards.

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ohio Farmers Insurance Company
EIN/PN	34-0438190/001
Plan Name	Ohio Farmers Insurance Company Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Brett J. Logterman
Enrollment Number	23-07485

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)


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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan OHIO FARMERS INSURANCE COMPANY PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) OHIO FARMERS INSURANCE COMPANY P.O. BOX 5001 WESTFIELD CENTER OH 44251-5001</p>	<p>1c Effective date of plan 06/28/1945</p> <p>2b Employer Identification Number (EIN) 34-0438190</p> <p>2c Plan Sponsor's telephone number 330-887-0101</p> <p>2d Business code (see instructions) 524150</p>

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

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

SIGN HERE		10-2-2025	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

OHIO FARMERS INSURANCE COMPANY
PENSION PLAN
 EIN: 34-0438190
 Plan Number: 001
 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 (iii) - Series of transactions in excess of 5% of Plan assets:						
Bank of New York Mellon	FH Government Obligation IS	\$ 110,564,998	\$ 107,691,431	\$ 218,256,429	\$ 218,256,429	-

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

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

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

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

A Name of plan OHIO FARMERS INSURANCE COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF OHIO FARMERS INSURANCE COMPANY	D Employer Identification Number (EIN) 34-0438190	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	693,860,563
	b Actuarial value	2b	671,458,059
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,378	214,996,081
	b For terminated vested participants	586	36,186,374
	c For active participants	2,247	191,290,674
	d Total	4,211	442,473,129
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.26%
6	Target normal cost		
	a Present value of current plan year accruals	6a	18,827,312
	b Expected plan-related expenses	6b	1,003,961
	c Target normal cost	6c	19,831,273

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

SIGN HERE	Brett J. Logterman Signature of actuary	<u>07/01/2025</u> Date
	<u>Brett Logterman</u> Type or print name of actuary	<u>2307485</u> Most recent enrollment number
	<u>Willis Towers Watson US LLC</u> Firm name	<u>216-937-4000</u> Telephone number (including area code)
	<u>1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172</u> Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a		19,831,273
b Excess assets, if applicable, but not greater than line 31a	31b		19,831,273
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34		0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		13,430,972
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		13,430,972
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39		0
40 Unpaid minimum required contributions for all years	40		0

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was created by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Retirement Age (1)	Assumed Rate – Normal (2)	Participants at Beginning (3)	Participants	
			Retiring: (2) * (3) (4)	(1) * (4) (5)
55	0.05	1,000	0.050	2.7500
56	0.05	950	0.048	2.6600
57	0.05	903	0.045	2.5721
58	0.05	857	0.043	2.4864
59	0.05	815	0.041	2.4028
60	0.05	774	0.039	2.3213
61	0.05	735	0.037	2.2420
62	0.15	698	0.105	6.4945
63	0.15	594	0.089	5.6094
64	0.15	505	0.076	4.8437
65	0.25	429	0.107	6.9691
66	0.40	322	0.129	8.4916
67	0.40	193	0.077	5.1721
68	0.40	116	0.046	3.1496
69	0.40	69	0.028	1.9175
70	1.00	42	0.042	2.9180
Average age at retirement				63

Plan Name: Ohio Farmers Insurance Company Pension Plan
 IN / PN: 34-0438190 / 001
 Plan Sponsor: Ohio Farmers Insurance Company
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	954,682	84,264	19,527,054	20,566,000
2025	2,663,769	192,057	19,142,145	21,997,971
2026	4,151,138	358,576	18,736,405	23,246,119
2027	5,612,811	524,220	18,308,702	24,445,733
2028	7,065,089	700,843	17,857,912	25,623,844
2029	8,530,306	1,020,808	17,383,030	26,934,144
2030	9,975,429	1,334,250	16,883,300	28,192,979
2031	11,249,987	1,571,414	16,358,311	29,179,712
2032	12,414,416	1,870,130	15,808,046	30,092,592
2033	13,489,060	2,187,914	15,232,907	30,909,881
2034	14,443,284	2,413,520	14,633,695	31,490,499
2035	15,321,148	2,616,752	14,011,594	31,949,494
2036	16,101,089	2,817,947	13,368,273	32,287,309
2037	16,808,412	3,008,068	12,705,931	32,522,411
2038	17,408,607	3,200,897	12,027,267	32,636,771
2039	17,838,828	3,322,165	11,335,454	32,496,447
2040	18,129,612	3,433,791	10,634,137	32,197,540
2041	18,380,762	3,507,988	9,927,334	31,816,084
2042	18,587,422	3,538,470	9,219,250	31,345,142
2043	18,739,385	3,555,290	8,514,160	30,808,835
2044	18,826,831	3,566,232	7,816,324	30,209,387
2045	18,834,347	3,561,037	7,129,902	29,525,286
2046	18,850,728	3,568,635	6,459,136	28,878,499
2047	18,810,550	3,566,472	5,808,379	28,185,401
2048	18,626,948	3,528,347	5,182,062	27,337,357
2049	18,334,040	3,518,058	4,584,579	26,436,677
2050	17,944,799	3,497,373	4,020,033	25,462,205
2051	17,542,124	3,424,688	3,492,164	24,458,976
2052	17,124,751	3,322,201	3,004,067	23,451,019

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	16,615,833	3,206,043	2,558,014	22,379,890
2054	16,029,082	3,082,939	2,155,364	21,267,385
2055	15,379,907	2,958,619	1,796,459	20,134,985
2056	14,696,050	2,823,629	1,480,680	19,000,359
2057	13,991,390	2,671,052	1,206,548	17,868,990
2058	13,255,180	2,509,451	971,813	16,736,444
2059	12,508,868	2,349,643	773,585	15,632,096
2060	11,754,242	2,192,379	608,529	14,555,150
2061	10,982,987	2,029,975	473,047	13,486,009
2062	10,212,143	1,870,033	363,428	12,445,604
2063	9,459,495	1,715,893	276,019	11,451,407
2064	8,728,324	1,568,482	207,330	10,504,136
2065	8,024,060	1,428,518	154,130	9,606,708
2066	7,349,947	1,296,500	113,522	8,759,969
2067	6,710,773	1,172,725	82,971	7,966,469
2068	6,110,117	1,057,294	60,311	7,227,722
2069	5,548,177	950,116	43,735	6,542,028
2070	5,024,333	850,951	31,767	5,907,051
2071	4,537,394	759,457	23,231	5,320,082
2072	4,085,858	675,227	17,206	4,778,291
2073	3,668,129	597,825	12,989	4,278,943

Plan Name: Ohio Farmers Insurance Company Pension Plan
EIN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date	June 28, 1945. Most recent amendment effective January 1, 2024 (amendment adopted in 2023 to increase the lump sum cashout limit from \$5,000 to \$7,000).
Participation date	
• Salaried	The first day of the month on or after the 12-month period measured from date of hire.
• Hourly	The first day of the month on or after completion of 1,000 hours in any 12-month period measured from employment commencement date and any anniversaries thereof.

Definitions

Credited service	A participant hired prior to January 1, 1975, is credited with one year of service for each year of uninterrupted service from the date the participant last entered employment to the date employment ceases. A participant hired on or after January 1, 1975, is credited with one year of service for each year of employment with the company. An hourly employee's service shall include each year of employment in which at least 1,000 hours of service was completed.
Compensation	Base pay, including elective contributions made pursuant to a salary reduction agreement between the company and the participant under either Code Section 401(k) or 125.
• Hourly	Earnings also include overtime pay and night-shift differential pay. Earnings exclude bonuses, extra compensation, reimbursements and profit-sharing contributions.
• Salaried	Earnings exclude bonuses, overtime, extra compensation, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and profit-sharing contributions.
Final monthly earnings	The monthly average of the highest five consecutive years of compensation during the ten-year period immediately preceding the date as of which the Final Monthly Earnings are to be determined. The determination date is the last day of employment.
Monthly Social Security covered compensation	At the participant's retirement or termination date, the monthly average of the taxable wage bases over the 35-year period ending in the year in which the participant attains Social Security Retirement Age. For years after the year of calculation, taxable wage bases are assumed to remain unchanged.

Plan Name: Ohio Farmers Insurance Company Pension Plan
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SCHEDULE SB ATTACHMENTS

Monthly pension benefit	<p>1.0% of Final Monthly Earnings, plus 1.0% of Final Monthly Earnings in excess of the Monthly Social Security Covered Compensation, times years of Credited Service accrued as of December 31, 2011, up to 35,</p> <p>plus 1.0% of Final Monthly Earnings, plus 0.65% of Final Monthly Earnings in excess of the Monthly Social Security Covered Compensation, times years of Credited Service earned on or after January 1, 2012, up to 35;</p> <p>minus any accrued benefits earned under a prior plan.</p> <p>Benefits were frozen as of June 1, 1994, for Beacon plan participants.</p> <p>Benefits were frozen as of December 31, 2022, for Westfield Bank plan participants.</p>
Normal retirement date (NRD)	First of the month on or after attainment of age 65 and completion of five years of participation.

Eligibility for Benefits

Normal retirement	Retire on NRD.
Delayed retirement	Retire after NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of Credited Service.
Deferred vested	Five years of Vesting Service.
Preretirement death benefit	Five years of Credited Service (whether or not actively employed), with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 3.0% per year for each of the first four years and 6.0% for each of the next three years by which payment precedes age 62.
Rule of 90 (must have been eligible for early retirement on or before July 1, 1999, or attained age 50 or older with five or more years of credited service on December 31, 1999, or completed 25 years of service at December 31, 1999)	<p>If the participant's attained age plus Credited Service totals 90 or more, the monthly early retirement benefit shall have the following amount added:</p> <p>1.0% of Final Monthly Earnings times years of Credited Service up to 35 years, plus 1.3% of Final Monthly Earnings times years of Credited Service (completed prior to June 30, 1999) in excess of 35 years, to a maximum of 40 years; multiplied by the factor of 100% minus the percent reduction applied to the monthly early retirement benefit. Provided, however, that the amount of the monthly early retirement benefit plus the rule of 90 benefit does not exceed the amount of the monthly normal retirement benefit.</p>

Plan Name: Ohio Farmers Insurance Company Pension Plan
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SCHEDULE SB ATTACHMENTS

Rule of 60/40 (must have been age 50 or older with five or more years of credited service on June 30, 1999)

If the participant is age 60 or older with 40 or more years of service, the participant is able to retire with an unreduced pension.

Delayed retirement

Monthly benefit determined as of actual retirement date, or participant's normal retirement benefit increased actuarially, if greater.

Preretirement death

A participant's vested benefits will be paid in monthly instalments to the contingent annuitant commencing when the participant would have been eligible to retire. Benefits are reduced for early commencement of payments and for the 50% joint and survivor form of payment.

Termination with deferred vested benefits

Monthly benefit determined as of termination date, reduced by actuarial equivalent factors if payments commence before the participant's NRD.

Other Plan Provisions

Forms of payment

- Normal form

Life annuity if single; actuarially equivalent 50% joint and survivor annuity if married.

- Optional form

Life annuity or actuarially equivalent 50%, 75% and 100% joint and survivor annuity.

Actuarial Equivalence

Interest: 7.00%

Mortality: 1983 GAM 50%

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Ohio Farmers Insurance Company Pension Plan
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Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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
U.S. Government and agency obligations:				
	Fannie Mae 08/01/12 3.000 09/25/27 Ser 2012-100 Cl Ac		\$ 1,705,097	\$ 1,650,508
	Fannie Mae 04/01/13 3.000 07/25/42 Ser 2013-41 Cl Ph		1,439,494	1,336,181
	Fannie Mae 06/01/13 3.000 07/25/43 Ser 2013-77 Cl Cy		1,245,943	1,057,956
	Fannie Mae 01/01/17 3.500 04/25/45 Ser 2017-01 Cl Mp		875,157	817,599
	Fannie Mae 12/01/21 2.500 01/25/52 Ser 2021-86 Cl Cy		6,579,227	4,575,690
	Fannie Mae 10/01/22 3.500 08/25/42 Ser 2022-79 Cl Jv		14,042,492	13,879,181
	Fannie Mae 01/01/23 4.500 06/25/2052 Ser 2023-01 Cl My		4,881,714	4,594,100
	Fannie Mae 08/01/2022 4.500 08/01/2052 Pool #OMA4733		5,033,778	4,848,406
	Fannie Mae 01/01/2023 4.500 01/01/2053 Pool #OMA4917		8,825,680	8,483,979
	Fannie Mae 03/01/2023 5.000 04/01/2053 Pool #OMA4978		13,225,942	12,793,322
	Federal Farm Credit Bank 04/17/06 5.410 04/17/36		1,260,338	1,051,720
	Federal Farm Credit Bank 06/29/17 2.950 06/29/33		3,622,133	3,191,268
	Federal Home Loan Bank 07/17/2006 5.500 07/15/2036		6,073,164	5,320,550
	Federal Home Loan Bank 02/27/2023 4.375 03/11/2033		10,109,155	9,750,900
	Freddie Mac 02/01/12 3.500 01/15/42 Ser 4000 Cl Vh		790,618	764,102
	Freddie Mac 09/01/14 3.500 08/15/43 Ser 4384 Cl Lb		3,221,526	2,904,293
	Freddie Mac 01/01/16 3.500 11/15/35 Ser 4548 Cl Vb		1,073,824	1,035,349
	Freddie Mac 01/01/18 3.500 12/15/40 Ser 4753 Cl Qv		611,302	596,507
	Ginnie Mae 09/01/10 4.000 09/20/40 Ser 2010-113 Cl Pe		1,231,210	1,045,698
	Ginnie Mae 08/01/13 3.000 05/20/43 Ser 2013-113 Cl Ly		1,179,625	1,029,482
	Ginnie Mae 02/01/16 3.000 02/20/46 Ser 2016-19 Cl Ac		2,854,324	2,438,460
	Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-021 Cl Lc		2,545,571	2,082,848
	Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-031 Cl Jy		1,516,580	1,301,456
	Ginnie Mae 02/01/19 3.500 02/20/49 Ser 2019-016 Cl Db		1,990,167	1,660,200
	Ginnie Mae 02/01/19 3.500 02/20/49 Ser 2019-027 Cl MI		1,323,710	1,208,201
	Ginnie Mae 12/01/21 2.500 12/20/41 Ser 2021-215 Cl Vb		5,436,767	3,975,668
	Ginnie Mae 02/01/22 2.500 02/20/52 Ser 2022-031 Cl Kw		8,279,262	6,281,200
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Bw		3,104,804	2,970,530
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Eb		6,668,781	6,395,773
	Ginnie Mae 02/01/23 5.000 02/20/53 Ser 2023-22 Cl Ed		3,856,463	3,686,687
	Ginnie Mae II 03/01/23 5.000 03/20/53 Pool #OMA8725		8,745,587	8,517,493
	Ginnie Mae II 07/01/23 5.500 07/20/53 Pool #OMA9017		4,306,541	4,285,696
	Tennessee Valley Auth 01/15/98 6.150 01/15/38		1,691,016	1,662,120
	Tennessee Valley Auth 09/15/09 5.250 09/15/39		2,508,465	2,039,960
	United States Treas Bds 08/15/09 4.500 08/15/39		4,070,310	3,263,771
	United States Treas Bds 11/15/10 4.250 11/15/40		8,434,697	6,585,740
	United States Treas Bds 02/15/11 4.750 02/15/41		6,303,696	4,832,007
	United States Treas Bds 05/15/12 3.000 05/15/42		6,057,250	4,663,130
	United States Treas Bds 11/15/14 3.000 11/15/44		10,118,739	8,053,986
	United States Treas Bds 02/15/15 2.500 02/15/45		7,586,366	5,765,595
	United States Treas Bds 11/15/15 3.000 11/15/45		12,493,356	7,528,500
	United States Treas Bds 08/15/16 2.250 08/15/46		13,387,217	8,564,933
	United States Treas Bds 02/15/20 2.000 02/15/50		2,938,811	1,745,040
	United States Treas Bds 05/15/20 1.250 05/15/50		20,030,186	13,775,000
	United States Treas Bds 08/15/20 1.375 08/15/50		19,095,775	12,995,696
	United States Treas Bds 08/15/21 1.750 08/15/41		2,640,157	2,269,120
	United States Treas Bds 11/15/21 2.000 11/15/41		2,701,151	2,420,025
	Total U.S. Government and agency obligations		<u>\$ 257,713,168</u>	<u>\$ 211,695,626</u>
Corporate bonds:				
	3M Co Mtn 03/29/07 5.700 03/15/37		\$ 1,784,296	\$ 1,538,850
	Alphabet Inc 08/05/20 1.900 08/15/40		6,389,823	4,512,876
	Alphabet Inc Sr 08/05/20 2.050 08/15/50		937,430	554,960
	Amazon Com Inc 02/22/18 4.050 08/22/47		1,198,468	827,240
	Amazon Com Inc 02/22/18 4.250 08/22/57		1,255,263	1,148,672
	Amazon Com Inc 06/03/20 2.500 06/03/50		3,813,567	2,211,231
	Anheuser-Busch Inbev 10/16/09 6.375 01/15/40		2,552,971	2,153,660
	Apple Inc 05/03/13 3.850 05/04/43		6,306,520	5,723,343
	Apple Inc Sr Nt 05/11/20 2.650 05/11/50		2,084,542	1,246,800
	Apple Inc Sr Nt 02/08/2021 2.375 02/08/2041		3,773,270	3,443,250
	AstraZeneca PLC 09/12/07 6.450 09/15/37		1,113,745	1,097,260
	Baker Hughes Inc Sr Gbl Nt 07/15/99 6.875 01/15/29		990,204	1,069,640
	Berkshire Hathaway Fin Corp 01/11/19 4.250 01/15/49		5,879,355	3,930,328
	Berkshire Hathaway Fin Corp 03/15/22 3.850 03/15/52		1,642,602	1,515,460

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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
	Blackrock Inc	12/10/21 2.100 02/25/32	3,555,335	3,294,760
	BP Capital Markets America Inc	08/10/20 2.772 11/10/50	1,462,211	1,352,491
	Bristol Myers Squibb Co	05/01/08 6.125 05/01/38	1,291,856	1,046,940
	Bristol Myers Squibb Co	10/31/13 4.500 03/01/44	1,066,411	864,970
	Bristol Myers Squibb Co	11/13/20 2.350 11/13/40	1,955,579	1,328,980
	Caterpillar Inc	01/15/12 3.803 01/15/42	1,681,235	1,626,560
	Coca-Cola Co	05/01/20 2.600 06/01/50	1,022,611	905,670
	Conoco Inc	04/20/99 6.950 04/15/29	1,625,281	1,626,750
	Duke Energy Progress LLC	09/11/03 6.125 09/15/33	1,091,932	1,053,480
	Eli Lilly & Co	02/25/14 4.650 06/15/44	2,274,122	1,672,240
	Eli Lilly & Co	02/09/24 5.100 02/09/64	1,886,869	1,831,280
	Emerson Electric Co	09/22/2020 0.875 10/15/2026	4,706,340	4,699,650
	Equinor ASA	08/17/10 5.100 08/17/40	1,784,771	1,446,060
	Exxon Mobil Corp	03/19/20 4.327 03/19/50	1,689,770	1,646,980
	Florida Power & Light Co	11/18/21 2.875 12/04/51	1,977,664	1,878,450
	Home Depot	03/30/20 3.300 04/15/40	3,590,677	3,119,280
	Honeywell International Inc	03/01/24 5.250 03/01/54	3,847,955	3,752,520
	International Bk For Recon & Dev	02/09/05 4.750 02/15/35	1,781,757	1,499,475
	International Business Machs Sr Nt	11/30/09 5.600 11/30/39	1,234,768	1,002,610
	International Business Machs Sr Nt	02/19/16 4.700 02/19/46	1,806,181	1,737,280
	Israel St	09/18/03 5.500 09/18/33	3,682,171	3,136,980
	Johnson & Johnson	08/16/07 5.950 08/15/37	3,681,151	3,076,176
	Johnson & Johnson Sr	08/25/20 2.100 09/01/40	3,677,060	3,326,650
	Johnson & Johnson Sr	08/25/20 2.250 09/01/5050	1,989,281	1,146,320
	JPMorgan Chase & Co	04/29/97 8.000 04/29/27	711,964	750,596
	JPMorgan Chase & Co	04/22/20 VAR RT 04/22/41	4,198,355	2,968,040
	Kimberly Clark Corp Deb	01/09/98 6.375 01/01/2028	411,737	419,496
	Leland Stanford Junior Universe	06/04/2020 2.413 06/01/2050	3,525,608	2,065,054
	Mastercard Inc	03/09/2023 4.875 03/09/2028	6,088,731	6,069,120
	Merck & Co Inc	06/24/20 2.350 06/24/40	2,938,540	2,032,830
	Merck & Co Inc Sr Glbl Deb	11/30/98 5.950 12/01/28	1,606,472	1,566,030
	Microsoft Corp Nt	11/07/12 3.500 11/15/42	2,442,732	2,145,546
	Microsoft Corp	08/08/16 3.450 08/08/36	975,050	872,020
	Microsoft Corp Sr Glbl Nt	08/08/16 3.700 08/08/46	1,958,005	1,281,872
	Microsoft Corp	06/01/2020 2.525 06/01/2050	3,504,645	3,086,300
	Microsoft Corp 144A	04/15/2023 4.50 06/15/2047	1,807,591	1,761,182
	Northern Sts Pwr Co Minn 1St Mtg	03/01/98 6.500 03/01/28	1,807,275	1,592,512
	Northern Sts Pwr Co Minn	07/21/05 5.250 07/15/35	1,153,593	984,210
	Oracle Corp	04/09/08 6.500 04/15/38	2,374,823	2,151,600
	Pacificorp	06/13/05 5.250 06/15/35	2,295,579	1,979,280
	PepsiCo Inc Sr Nt	01/14/10 5.500 01/15/40	1,807,430	1,518,795
	PepsiCo Inc	05/02/17 4.000 05/02/47	2,385,602	1,602,460
	Pfizer	05/28/20 2.550 05/28/40	2,006,932	1,386,420
	Phillips 66 Gtd Sr Nt	11/01/12 5.875 05/01/42	1,166,807	995,160
	Procter & Gamble	03/05/07 5.550 03/05/37	3,354,056	3,142,950
	Raytheon Technologies Corp	05/16/08 6.125 07/15/38	2,526,313	2,099,560
	Shell International Fin	12/11/08 6.375 12/15/38	3,021,945	2,721,875
	Shell International Fin	11/26/21 3.000 11/26/51	1,304,491	1,268,060
	Texaco Cap Inc Gtd Deb Dtd	08/01/1992 08.000% 08/01/2032	1,221,994	1,183,070
	Texas Instruments Inc	09/15/21 2.700 09/15/51	1,940,933	1,824,570
	Trustees Of Princeton Univ	06/15/20 2.516 07/01/50	3,537,884	2,117,010
	Visa Inc	08/17/20 2.000 08/15/50	4,681,523	2,677,033
	Walmart Inc	06/27/18 3.950 06/28/38	6,161,293	5,154,415
	Walmart Inc	06/27/18 4.050 06/29/48	2,587,433	1,645,300
	Walmart Inc	04/18/23 4.500 04/15/53	3,721,294	3,573,355
	Wells Fargo Bk Natl Assn	01/29/07 5.850 02/01/37	1,251,804	1,020,420
	Wells Fargo Bk Natl Assn	08/29/06 5.950 08/26/36	1,192,732	1,029,260
	Wyeth	03/27/07 5.950 04/01/37	2,338,390	2,088,559
	Total Corporate bonds		\$ 178,094,600	\$ 147,820,082
Common stocks:				
	Abbvie Inc		\$ 1,147,519	\$ 4,264,800
	Accenture PLC Class A		555,666	2,884,678
	Alphabet Inc		4,691,979	4,997,520
	American Tower Corp		3,026,829	2,512,717
	Amgen Inc		1,485,512	2,528,208

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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	
	Apple Inc	604,339	6,010,080	
	Aztrazeneca Plc	3,458,461	2,909,088	
	Becton Dickinson & Co	1,289,891	2,155,265	
	Blackrock, Inc	1,270,479	5,023,039	
	Broadcom Inc	1,368,025	6,108,984	
	Chevron Corporation	2,401,958	2,882,316	
	Coca Cola Co	2,188,114	3,735,600	
	Deere & Co	1,073,442	2,796,420	
	Diamondback Energy Inc	2,594,075	2,342,769	
	Duke Energy Corp	2,486,887	2,445,698	
	Eaton Corp PLC Shs	957,540	4,679,367	
	Emerson Elec Co	2,356,282	4,981,986	
	Genuine Parts Co	1,102,221	2,101,680	
	Goldman Sachs Group Inc	4,081,156	5,897,986	
	Home Depot Inc	2,349,666	3,695,405	
	Johnson & Johnson	1,423,926	2,776,704	
	JPMorgan Chase & Co	2,276,149	5,729,069	
	Linde PLC Com	2,107,258	4,689,104	
	McDonalds Corp	1,006,006	3,043,845	
	Merck & Co Inc	1,818,127	3,481,800	
	Microsoft Corp	561,665	4,889,400	
	Mondelez International Inc	3,527,289	3,046,230	
	Pepsico Inc	1,370,293	3,421,350	
	Procter & Gamble Co	1,757,175	3,939,775	
	Qualcomm Inc	1,070,770	2,688,350	
	Raytheon Technologies Corp	1,994,665	4,374,679	
	Shell PLC	2,130,166	2,192,750	
	Southern Co	1,520,743	2,387,280	
	Sysco Corp	752,700	1,605,660	
	T Rowe Price Group Inc	1,420,555	2,657,615	
	Texas Instrs Inc	1,906,054	2,775,148	
	Truist Finl Corp	3,364,088	3,643,920	
	United Parcel Svc Inc	2,555,023	2,837,250	
	US Bancorp Del	2,682,015	3,467,675	
	Verizon Communications Inc	2,720,378	2,279,430	
	Visa Inc Cl A	2,736,894	4,993,432	
	Yum! Brands Inc	806,862	1,797,744	
	Total Common stocks	\$ 81,998,842	\$ 147,671,816	
Partnerships:				
	Goldpoint Partners Co-Investment VI, LP	\$ 1,424,267	\$ (109)	
	Goldpoint Partners Select Manager Fund III, LP	(4,163,476)	13,416,608	
	Goldpoint Partners Select Manager Fund V, LP	16,544,670	22,809,112	
	NB Sec Opportunities Fund V LP	3,386,817	5,229,658	
	NB Strategic Capital II LP	-	734,322	
	PA Co-Investment Fund IV, LP	8,365,714	11,831,269	
	PA Co-Investment Fund V, LP	6,736,469	7,409,586	
	Pacific Private Feeder Fund II LP	915,366	4,155,103	
	Pacific Private Feeder Fund III LP	4,941,843	8,137,427	
	Pacific Private Feeder Fund IV LP	9,559,925	11,768,282	
	Performance Direct Investments IV, LP	8,500,346	13,957,990	
	Performance Direct Investments V, LP	3,440,172	3,803,047	
	Performance Venture Cap V LP	6,143,749	6,634,135	
	Performance Venture Cap VI LP	144,291	152,896	
	RCP Fund XVII LP	2,600,000	2,202,596	
	RCP Secondary Opp Fund IV LP	4,595,648	6,219,647	
	Yukon Capital Partners V LP	2,488,005	2,609,949	
	Total Partnership Investments	\$ 75,623,806	\$ 121,071,518	
Mutual funds:				
	Allspring Special M/C Value Instl	\$ 8,635,898	\$ 10,793,547	
	iShares Msci Eafe Index Fd	937,965	1,171,955	
	Janus Henderson Triton Fund N Shares	17,948,762	18,724,099	
	MFS Mid Cap Value Fund R5	7,894,586	10,661,278	
	Spdr S&P Intl Small Cap Etf Smlep	802,236	898,565	
	Spdr S&P Midcap 400 Etf Tr	3,035,774	4,955,346	
	Thornburg Intl Equity Fund R6	9,150,644	9,355,644	

OHIO FARMERS INSURANCE COMPANY PENSION PLAN

EIN: 34-0438190

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
		Description of investment		
Identity of issue, borrower, lessor, or similar party		including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Vanguard FTSE All-World Ex-U	1,709,801	1,837,120
		Vanguard FTSE Emerging Markets Etf	7,862,724	8,345,580
		Wisdomtree International High Dividend Fund	1,153,170	680,040
		Wisdomtree Trust Emg Mkts Sm Cp	<u>1,118,040</u>	<u>1,174,080</u>
		Total Mutual funds	<u>\$ 60,249,600</u>	<u>\$ 68,597,254</u>
		Money Market Fund:		
		FH Government Obligation IS	<u>\$ 6,688,284</u>	<u>\$ 6,688,284</u>
		Total Pension account investments	<u>\$ 660,368,300</u>	<u>\$ 703,544,580</u>
		Assets Held for Ohio Farmers Insurance Company		
		Group Health Benefit Plan (401(h) Account):		
		Mutual funds:		
		Vanguard Long Term Bond Index Fd Adm	\$ 7,350,095	\$ 5,647,450
		Vanguard Mid Cap Index Fund Inst	661,735	1,914,864
		Vanguard Real Estate Index Fd Admiral Shs	1,088,422	1,678,718
		Vanguard Small Cap Index Admiral Shares	1,528,351	1,806,645
		Vanguard Total Bond Market Index Admiral Shs	6,098,212	5,550,051
		Vanguard Total Intl Stk Index Inst	1,343,775	1,738,302
		Vanguard Total Stock Mkt Index Fd Adm Shs	<u>1,384,113</u>	<u>1,866,394</u>
		Total Mutual funds	<u>\$ 19,454,703</u>	<u>\$ 20,202,424</u>
		Money Market Fund:		
		FH Government Obligation IS	<u>\$ 36,809</u>	<u>\$ 36,809</u>
		Total 401(h) account investments	<u>\$ 19,491,512</u>	<u>\$ 20,239,233</u>
		Total	<u>\$ 679,859,812</u>	<u>\$ 723,783,813</u>

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The expected return on assets assumption was decreased from 8.00% to 7.60% to align with expectations for future asset returns based on the plan's asset portfolio as of January 1, 2024.

Plan Name: Ohio Farmers Insurance Company Pension Plan
IN / PN: 34-0438190 / 001
Plan Sponsor: Ohio Farmers Insurance Company
Valuation Date: January 1, 2024